

# One Person at a Time

Category: New Voices

written by Fiona Miller | July 9, 2024



## My aesthetic exudes teenage boy --not Mom...

*Editor's Note: This piece was awarded an honorable mention in the Pulse writing contest, "On Being Different."*

By medical-student standards, I'm old.

While it's increasingly common for applicants to take one, two or even three gap years between college and medical school (usually to do research or engage in an activity to be featured in their application), taking ten years off, as I did, is unusual. I fondly refer to this hiatus as my "gap decade."

After spending a year teaching English in Indonesia, six years working for the small nonprofit that had arranged that teaching opportunity, two years of postbaccalaureate premedical coursework and then one year on the application process, I finally entered medical school at age thirty-two.

I'm significantly older than most of my classmates, but the age gap has felt starkest during my clinical rotations. I am almost always older than the residents who supervise me and am often in the same life-stage as my attending physicians. The group of people with whom I share the most life experience are those who rank furthest above me.

You might think this would be a setup for awkwardness, but it has actually provided an avenue for connection. Small talk about kids has been a great icebreaker with senior colleagues, and an antidote to the often stifling hierarchy of medical training. When it comes to raising a family, in my experience, everyone—from medical students to senior physicians—is on level

ground.

My kids have played a big part in my medical-school experience. They were four, six and eight years old when I started medical school, which made that period much easier than my postbaccalaureate years, when they were babies and toddlers. Millions of women parent while working or going to school (often both); with the support of my incredible spouse, I felt confident that I could, too. In the words of E.L. Doctorow: "You can only see as far as your headlights, but you can make the whole trip that way." We continue to make it through each day, each year, each stage.

Parenting as a medical student made some things easier: Learning the pediatric developmental milestones was a piece of cake. On the other hand, I faced many challenges—especially during the early months of the COVID-19 pandemic. Like most parents around the country, I suddenly found myself needing to keep up with my own work while also homeschooling my third- and first-graders and grasping at any activity that would entertain my four-year-old, whose preschool was closed until further notice. Meanwhile, the first curriculum I was scheduled to study during "shelter-in-place" was infectious disease: The irony was brutal.

I tried to cram classes of antibiotics into my brain while glued to the news to find out what would become of my children's education. I had no way of knowing that it would be fourteen months before they returned to their classrooms. The uncertainty of that time felt overwhelming; the headlights had never been so dim.

Putting the pandemic's unique difficulties aside, being a parent has deeply influenced how I approach my role as a medical student. I study at night after my kids go to bed, and when setting my alarm for the morning, I factor in the time needed to prepare their school lunches. I also avoid signing up for extracurricular activities that would cut into my family time on the weekends. Many people see this as heroic; the reality is far from it. I just have a different set of considerations and obligations to manage than most of my classmates do. I don't feel like I'm missing out: I'm actually getting exactly what I want.

The people I interact with in the medical world are often surprised to find out that I'm a parent. I'm five-foot-two, wear boy's clothing from Target and sport a short buzz cut. My aesthetic exudes teenage boy—not Mom. This has worked well for me in San Francisco, where I'm privileged to attend an extremely progressive medical school, with large cohorts of students who identify as people of color and as queer. Many, like me, identify as both. At a school that champions diversity, I feel less different here than I probably would anywhere else.

I'm far from the only queer student in my class, or the only student of color. I'm certainly not the only queer student of color, I'm not the only student older than thirty, and I'm not the only student who didn't take a single science class in college. I'm not even the only parent. I am, however, the only queer person of color who's older than thirty, and the only queer person of color who has kids.

In my class, I'm the only multiracial, gay ex-poetry major with three children and a previous career in international education. I may be the only such person in the history of my very diverse medical school—and quite possibly in any medical school.

When I layer on all those dimensions of difference, they stop being facets that set me apart and become just a *part*. A part of who I am and of the individual self that I bring to my classmates, my colleagues and my patients every day.

If being “different” has taught me anything, it's that if I have the patience and the desire to peel back the layers of humanity in the people I encounter, I will never be bored. That's what I love so much about medicine: It's basically a job that requires me to get to know other human beings intimately, one person at a time.

I love people's surprise when they find out how old I am, or that I'm a writer, or that I'm a mother. What I love even more is *being* surprised as I learn about someone I've just met, or even someone I've known for a while. I love finding out that my senior resident and her mom both started college at the same time. I love finding out that my patient used to live in the same small city—across the country—where I'm about to start my ob-gyn residency. I love it when one of my interprofessional colleagues at the clinic confides that she's pregnant. All of these things actually happened in just one day.

Reflecting on these interactions reminds me of what Dr. Sheila Ojeaburu writes in her story “The Push”: “Medicine is only transcendent when it is at its most curious—assuming the best in others, while humbly seeking to understand.”

When I think about how much potential we all have, every day, to learn something new about each other, my heart beats a little faster. What could be better? I feel lucky to be different, but I feel even luckier to be entering a profession that contains so much of the beautiful kaleidoscope of our human community. In the words of palliative-care physician and writer Dr. Raymond Barfield, “Medicine is all story. It is dense with story.”

As a longtime writer and soon-to-be physician, I cannot wait to learn those stories, in all of their richness and remarkable singularity. Every curve in my meandering path to medical school has led me to this vantage point, where I find myself peering beyond graduation to a career that I'll get to spend “humbly seeking to understand.”

The view is spectacular.