A Totally Expected, Legitimate Question

Why be a doctor? The answers are humbling. By Bonnie Miller, M.D.

This year more than 3,500 aspiring physicians will apply for one of 104 positions in the Vanderbilt University School of Medicine Class of 2008. Along with providing grades, MCAT scores, and information about their extracurricular activities, these applicants will be asked to respond, implicitly and explicitly, in essays and interviews, to a simple question asked of nearly everyone who has ever applied to medical school: Why do you want to be a doctor?

It is a totally expected and legitimate question. We’d ask the same of anyone choosing any career, whether physician, teacher, or firefighter. It’s a great topic of conversation and a way to begin to know someone. But the question has more than just conversational value: Our applicants are judged by their answers. This might seem strange. When we daily read about some new crisis in health care—soaring malpractice premiums and doctors on strike; astonishingly high rates of medical error and mismatched lung transplants; declining rates of reimbursement and vanishing public trust—we should be grateful that anyone decides to become a doctor, regardless of the reason. As long as you choose to do the right thing, should it matter at all what moves you?

Our admissions process continues to query applicants about motivation with the notion that it truly does make a difference. Physicians can expect to face myriad major and minor ethical dilemmas in the lifetime of their careers, and how they navigate the murky waters of moral crisis will be partly determined by the values that brought them to medicine in the first place. Their goals and aspirations could well determine whether they help to solve the problems currently facing medicine, or help to create new ones.

Application essays are never truly personal statements. They are written for the eyes of others, and applicants are savvy enough to know that some answers are more acceptable than others. In my role as associate dean for medical students, however, I have the great privilege of talking to these students after the delicate dance is over, the dream of doctoring secured. I’ve questioned hundreds about why they chose medicine, and I’ve repeatedly been humbled by the sincerity and sustained idealism of their answers. While every student is unique, certain themes emerge.

Many of our students have witnessed serious illness in family members, or experienced illness themselves. That alone is not earth shattering. Many young adults have closely encountered disease, whether they’re inclined towards a career in medicine or not. But like combustible material exposed to high heat, these students find something in that experience that lights a fire. For some it’s gratitude. They are grateful to doctors who provided them compassionate care and are inspired to repay with emulation. For some it’s the opposite. Disappointed by a doctor’s lack of caring or skill, these students are determined to be different, better, more empathetic or knowledgeable. For others it’s a sense of frustration and futility. With all its wondrous capabilities, medicine could not prevent the loss of a loved one. Rather than becoming cynical or skeptical or disparaging, these students become inspired to find the answers and seek the cures that would prevent such loss in the future.

And then there are the “Doctors’ Kids.” These sons and daughters of physicians generally fall into two groups. The first group decided on medicine as toddlers, when they first became aware that mom or dad took care of those who were ill. They ignored the long hours and interrupted meals, and with precocious certainty they skipped the usual adolescent wanderings and remained unwaveringly true to this goal. The second group took another path. Discouraged by the long hours and interrupted meals, they focused their energies on anything but medicine, sometimes establishing other highly successful careers. But some force, some attraction that was there all along finally overcame them. No longer able to resist, they enrolled in post-baccalaureate courses and found themselves explaining why they wanted to become doctors.

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This particular sense of service is the most
pervasive and humbling. We have gathered
together a group of young people who want
to serve in Third World countries, want to
equalize access to care, want to practice “pover-
ty medicine,” want to find a cure for AIDS.
They want to educate, communicate and un-
derstand.

I suppose I feel most humbled when I try
to recall my own reasons for wanting to become
a doctor. It seems so long ago, and I can’t
remember if my reasons now are the same
as my reasons then. I did indeed love biology,
and I’ve always enjoyed talking to people. My
father was a veterinarian, and I loved going on
farm calls with him, not just to watch him treat
the cows that were “down,” but also to hear
him banter with the farmers about their crops
and their kids and the weather. But when I
asked about following him into veterinary
medicine, he answered simply, “Be a doctor.”

As with much parental advice, I placed
these words on the back burner—not dis-
carded, just set aside to simmer. I enjoyed a
broad liberal arts education, sampling anthro-
pology and religion and lots of literature, but
I always returned to biology. So the question
for me, like many of our students, became
one of how to use it. I thought about ecolo-
gy and teaching and writing middle-school
textbooks, but in the end I succumbed to the
force. Of all the possibilities, medicine seemed
like it would be the most fun.

Fun. Compared to the depth and altruism
of my students’ motivations, this seems so
shallow. And yet I know that we are all moti-
vated to seek rewards, and what differenti-
es us are the rewards we seek. Money is
rarely a true reward for anything, and it can’t
be the motivation that sustains a life in med-
icine. All the money in the world could not
induce me to do some of the things I’ve
had to do in the past 20 years—it was simply
duty and obligation. And all the money in
the world cannot match the reward of some
of my most memorable moments—a suc-
cessful outcome against all odds, the grati-
tude of patients, the meeting of souls.

**Holdings continued from page 21**

Lewis was one of my all-time favorites. The
Amati was even used on a commercial for
Miller High Life, the Champagne of Bottled
Beer!

His last recording session was in 1981 for
Barbara Mandrell. Katahn again put away the
Amati and wrote several best-selling diet books.

“I wasn’t using the violin, and it seemed
that it would be nice for it to be played by stu-
dents or faculty who would appreciate it. So
I decided to make a permanent loan to Blair.”

A few months ago, before the Blair School
took possession of the instrument, Virginia
Payne, director of development for Blair, flew
with it—rather apprehensively—to New York
for an appraisal for insurance purposes.
The official verdict sets its value at $375,000.

“The appraisers were very impressed with its
condition,” says Payne. “They said it is in excel-
ent shape.” Katahn also donated two valu-
able bows.

Unfortunately, because Blair lacks a secured
space for displaying the instrument, the Amati
will be kept locked away. But it most defi-
initely will be played, and discussions are under
way within Blair to determine how best to
use the instrument.

Blair School Dean Mark Wait is excited
about the possibilities the Amati presents.
“Many of our students come from middle-
class backgrounds and have parents who have
sacrificed much for their educations since
childhood. This presents an opportunity for
our students of special merit to perform impor-
tant recitals and competitions on a truly great
instrument. I suspect we will have a special
celebration of this gift with a performance by
one of our faculty violinists, a performance
that can be enjoyed by the public.”

“[Instruments such as these truly need to
be used],” Teal confirms. “Musicians call it
‘playing in.’”

The Smithsonian Institute, which has one
of the most spectacular collections of musical
instruments in the world, adheres to that
philosophy with its most valuable pieces—
notably four Stradivari instruments appraised
collectively at $50 million and donated in
1998 by Herbert Axelrod. The self-taught
ichthyologist, who made a fortune publish-
ing handbooks on pets, gifted the Smith-
sonian with two Stradivari violins, a Stradivari
viola and a Stradivari cello. Axelrod also donat-
ed a set of Amati instruments and, subse-
quently, the Smithsonian renovated a gallery
in the American History Museum dedicated
to displaying these remarkable and beautiful
objects. But they are not held forever in repose.
Many of the instruments are used in master
classes and chamber concerts along the Wash-
ington, D.C., mall, as many as 20 per year.
The Institute’s quartet, known first as the
Smithson, then the Party of Four, is now the
Axelrod Quartet.

“I can’t wait to put a bow across it; it is such
a lovely instrument,” says Teal of Blair’s Amati.
“There is certainly a period of becoming fami-
lar with an instrument such as this, and get-
ing to know its characteristics. One would
have to practice on it for a couple of months.
But I believe there will be an ease of play one
doesn’t find in a new instrument. New instru-
ments in the violin world are considered a lit-
tle dangerous, unknown and unproven. But,
after 300 years, you know what you’ve got.
What we have with the Amati is a very excit-
ing prospect not only for the school, but for
the entire music-loving community.”

**VJournal continued from page 9**

Perhaps the most common theme is “love
science, love people.” Our students have been
gifted students, many since kindergarten,
although a few late bloomers always emerge.
While VUSM collects poets and historians,
economists and anthropologists, most of our
students found their greatest gift in the study
of science and, specifically, the life sciences.

But science was not enough. Working alone
in a lab did not satisfy their social natures.
They needed to be with people. Or science in
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