More Than a Diagnosis: Why I Chose Medicine to Humanize Care

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When I saw how the power of caring could turn someone from a person who is lost in the disease to someone who feels he/she is alive, this decision to become a doctor became clearer and clearer to me as I spent more time in the lonely room with my grandmother, going through her struggles with leukemia. I had noticed as a teenager the effect of how her physician was empathetic and took time to explain to her about her treatment as well as listen to her fears, which alleviated her pain, when medicine alone could not. This was an experience that allowed my interest in medicine to explode as the benefits of medicine were made visible to me: it is a healing process that helps the body and the soul. The experiences of volunteering, shadowing, and self-development guided me to become a physician who is concerned about the human aspect of healthcare. According to this personal statement, I am choosing medicine because of my passion to humanize care by building trust with patients, advocating for disenfranchised communities, and connecting empathy with scientific rigor, in which a patient will not be viewed as a diagnosis but as a human being.

Building Trust with Patients

When I was a volunteer at a free community clinic, I gained the experience that humanizing care should start with establishing trust with patients by demonstrating that the interaction is significant to them. Working as a volunteer, I was in charge of directing patients, so I was frequently faced with people who had the experience of being (or feeling) marginalized by the healthcare system because their appointments were rushed, or their provider did not take them seriously. The instance of one elderly patient who had been unwilling to talk about his symptoms of diabetes due to bad experiences in the past opened up after I took my time and

listened to validate his concerns. His anxiety turned into relief when he could hear my words clearly, in a language he could relate to, about how I was going to treat him. I have seen enough occasions that prove the importance of trust in the healing process. This encounter helped me realize that good medicine must take into account a patient and their fear, values, personal history, in addition to their medical chart. The role of trust in fostering effective patient–physician relationships remains central to improved health outcomes (Lee & Lin, 2022). The issue of dealing with the time limits, on the other hand, contributed to developing the process of communication so that I will always be able to connect with patients authentically. I even got to know how to overcome this obstacle in language by using simple explanations and visual aids, rendering difficult medical information in a simple manner. These experiences solidified my vision to centralize trust in my practice where therapy alliances are gained, resulting in patients feeling appreciated, respected, and understood in treatment.

Advocating for Underserved Communities

I further strengthened my commitment to humanizing care by serving vulnerable populations by promoting their interests as an advocate within underserved communities, where a lack of access to care usually deprives the therapeutic process of humanity. During a time spent shadowing a family physician during a visit in a rural clinic, I encountered patients who had to travel a long distance to seek essential medical treatment, as there were minimal resources provided to them locally. A mother who could not afford the medications her child needed to treat his asthma told how the financial pressure aggravated the health of her family, which unraveled the coil justified the poor conditions of healthcare inequities. I was touched by her plight and initiated a community health fair to bridge the connection between families and free screenings, a medication assistance program, and health education. This effort not only brought

immediate solutions but also showed the necessity of a systematic shift to solve the disparities. The obstacle of working with restricted budgets and the ambivalence of the local population helped me realize the importance of working with local authorities and leaders to establish trust and achieve the best results. Advocacy for underserved populations is increasingly recognized as a core responsibility of physicians, bridging health inequities (Bettigole, 2021). This has made my beliefs stronger that I will employ medicine as a tool to advocate so that people who are less privileged get care that considers their condition and dignity. Contributing to fair access means to me that every patient that I treat will have access to healthcare as a right and not as a privilege.

Integrating Empathy with Scientific Rigor

I am also interested in medicine because it combines heart and science, a combination that I cultivated when working at the neuroscience lab dedicated to researching Alzheimer's disease. At that institution, I was working on brain scans that would map how the brain was degenerating, and I was amazed by how the brain worked in a really complex way and how the research could lead to new possible cures. However, the familiarity with the patients, who participated in our studies, added the human element to the statistics, because their experiences of loss of memory and their power to overcome it turned my work into something meaningful. Empathy in clinical practice not only enhances patient satisfaction but also improves adherence to treatment plans (Yuguero et al., 2020). Having an accelerating condition, one of the patients still felt thankful in response to our work, not to mention it is a reminder that humanity needs to be served by scientific advances. The lesson of this experience is, according to me, that the issue in medicine should be viewed not only intellectually but also with a sensitive approach, and that the treatment should be used to treat the person rather than the disease. My experience with the process of making difficult research accessible to patients reinforced my skills in how to

communicate science to the general population, which I will use in my clinical practice. The combination of evidence-based medicine and empathy would allow me to provide patients with the latest science that would be highly sensitive and make them feel there is someone on their side.

Conclusion

The decision to study medicine reflects my vision of making care human and the diagnosis an opportunity to connect and create advocacy and healing. Working in the free clinic has taught me how to establish a sense of trust due to active listening and communicating in a clear manner that would make the people feel that they are special. Our experience in shadowing in a rural clinic triggered the idea of promoting systems change by supporting underserved populations in different states by using the grassroots approach and advocating for changes on a policy level. As demonstrated in my research, I learned the importance of the interplay between empathy and scientific rigor to underpin state-of-the-art discoveries in their human impacts. All these experiences have made me a person who believes that being a doctor is not only a job; it is a mission to serve with understanding, act justly, and connect science with humanity. My motivation to go more in-depth into this route is to become a physician that listens to patients, speaks up on their behalf and cures them in totality, making sure that each individual patient is considered to be more than just a set of symptoms and conditions alone and that they are individuals with unique experiences and value on their own.

References

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