

A Father's Letter to His Graduating Daughter

Advice to the Medical School Class of 2013 as They Go Forth Into Uncharted Waters

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Perm J 2013 Spring;17(2):e111

<http://dx.doi.org/10.7812/TPP/13-064>

Introduction

On March 15th, 16,390 American medical school seniors successfully matched to first-year residency positions in the National Resident Matching Program.¹ The more than 40,000 registrants made it the largest resident match in the program's history. In many ways, these first-year residents will be facing a rapidly changing health care world, probably with much more uncertainty than when I graduated from medical school in 1973, and possibly even more than when my father graduated in 1944.

My daughter, Julie, is one of these medical school graduates. The following is a letter I wrote to her to provide encouragement and some direction as she goes forth into uncharted waters. I'm presenting it here in *The Permanente Journal* with the hope that a few of her 16,000 classmates might benefit from the advice.

— Lee D Jacobs, MD,
Associate Editor-in-Chief

Dear Julie,

I want to tell you how proud your mother and I are of you. You have worked hard and endured a tough journey. I'm certain that you'll always look back on graduating from medical school as one of the major accomplishments in your life. You did it!

As you venture out from medical school to start a residency, I want to provide some suggestions that may help you, your colleagues, and, most importantly, your patients over the next few years.

First of all, you will be entering a health care environment in a state of flux, a condition that will probably remain for years to come. Regardless of the array of complexities—and there are many—people will continue to be patients. People not too much different than the people your grandfather cared for in northern Vermont in the 40s and 50s. In light of the MD after your name, people will believe in you and will trust that you will meet their needs. With that in mind, here are a few imperatives that definitely have not changed with time:

- Your patients will continue to want you to listen to them—that is how they define *respect*.
- Empathy is an essential element of quality communication with patients.² If patients believe you understand their situation and empathize with them, you will be taking great strides to gaining their trust.
- It is all about their history! If you have not arrived at a likely diagnosis after listening to your patients, start asking questions all over again. Most frequently the diagnosis is discovered from the patient's history rather than from the physical examination.

Your medical license is like a new car—there is no telling where the vehicle will take you and what horizons will be opened to you over the years. Family, friends, and neighbors will all know you have skills and knowledge that might help them with their health concerns. Here is a philosophy that I have found important in my medical life:

- Be generous. You have earned a special gift—use it freely.
- Locally, there will always be a need for health care clinics for the homeless, the uninsured and the underinsured. As a primary care and emergency room pediatrician, volunteer your time as you have in the past. Ask your specialty care colleagues to open their office schedules to care for a few of these patients in need. Just think of the impact if each of the 16,000 graduates in the class of 2013 provided free community care in the future!
- There are also meaningful opportunities to serve around the world. As you know and have experienced, the need worldwide is great and involvement in medical missions can be life changing. This will instill a sense of hope in their lives.

In conclusion, my daughter, I want to again congratulate you on an amazing accomplishment and wish you many wonderful years as you care for those in need.

Your loving father.

References

1. www.nrmp.org [home page on the Internet]. Washington, DC: National Resident Matching Program; updated 2013 Mar 27 [cited 2013 Apr 1]. Available from: www.nrmp.org.
2. Halpern J. Gathering the patient's story and clinical empathy. Perm J 2012 Winter;16(1):52-4. DOI: <http://dx.doi.org/10.7812/TPP/11-107B>