

As a child, I had the chance to meet my grandfather a couple of times, but my memories of him are faint. Pictures littered my wall, but minimal remains in my memory. A couple of years later, at ten, I listened intently as my parents spoke in hushed tones about his battle with pancreatic cancer. Though he was thousands of miles away, the weight of his illness settled in the somber expressions on my parents' faces as each day went on. Suddenly, in the middle of the school year, my father left for a couple of weeks, much to my confusion. I longed for answers—what happened? Why him? How long? But more than anything, I wished there was something I could have done.

That same sense of helplessness resurfaced years later when I began working as a Nursing Assistant. The job description was standard: assist with basics like feeding, bathing, monitoring vitals, and providing support. But my role, particularly in psychiatric care, was far more than providing bedside care. I was their advocate, confidant, and sometimes the only person who saw them as more than just a diagnosis. Any help they need with any concerns they have, I relay the message to the providers. Clock in by 7:30. Safety Check 1 by 7:45 AM. Check 2 at 8:00 AM. Check 3 at 8:15 AM. The same tune every 15 minutes for the next twelve hours. The rigid structure of psychiatric care contrasted with the unpredictability of the human mind. As I clocked in and looked at the patient board, one left a lasting impression. Not only was he just admitted, he was my age, a fellow student from my undergraduate school. Yet this time, as I work, here he was—in a crisis stabilization unit. Stuck between the common room and his shared hospital room. All of which have now been stripped of anything deemed dangerous. Just the day before, he was using silverware and his own plates to eat, and now we were serving him food on disposable plates.

While I did not know him personally, his story spread over campus via social media. To many, he was just another news headline, someone who needed help. The moment I began that shift, to me, he was a reminder that illness is not just physical and it does not discriminate. As he tried to blend in among other patients, it was my job to make sure he felt seen in a room where he was the youngest by decades. The checks probably seemed annoying to him and the other patients, but it was one step in the process to make sure they were not feeling hidden in the crowd.

As I helped care for him and assisted with his daily needs, I realized that medicine is not just about diagnosing and treating diseases; it is about how the puzzle pieces fit the patient as a whole person. I think back to my grandfather and how distant his suffering had felt to me. Unlike then, this time, I can be a direct source of care, to provide comfort in real-time rather than from afar. My grandfather's cancer had ever so briefly introduced me to the world of medicine, me being too young to remember much of it. But this introduction prompted something in me.

Medicine is problem-solving but also requires empathy and dedication, it is not just a science. Through my experiences as a CNA, I found myself drawn to the art of patient care—the delicate balance between medical knowledge and emotional connection. I realized that being a physician is about more than just treating an illness; it is about understanding the human being behind the diagnosis. Healthcare is not just about the

body—it is about the mind as well. Each experience makes up the control center which can impact the entire person. A holistic approach is necessary to truly heal.

Through shadowing, I observed the meticulous thought process behind complex diagnoses, the collaboration required of all proponents of the team, and the profound impact a physician's words and actions, either negative or positive, can have on a patient's life. Each patient is a puzzle who has a problem they need and want solved. I watched as doctors navigated the uncertainty of medicine, sometimes unable to provide immediate answers yet working in their off-time to provide the most accurate diagnoses they could. Each encounter reaffirmed my desire to become a physician, someone who not only provides medical expertise but also serves as a pillar of support during a patient's most vulnerable moments.

These experiences have shaped my understanding of what it means to be a physician—someone who not only seeks answers to medical mysteries but also walks alongside patients when they need it most. As I pursue this path, I carry with me the lessons learned from both my grandfather's battle and my patient's struggle. I am driven to provide compassionate, holistic care, ensuring that no patient feels alone in their fight, just as I once wished for my grandfather and my peer. For me, medicine is rooted in empathy, resilience, and an unwavering commitment to human connection. It is a commitment to presence, to understanding, to healing.