



Everything I Need to Know to be a Good Doctor, I Learned from My Mother: The Emergence of the Softer Face of Medicine

By Ovinia Rodrigo, MD, MSc

My mother is not a physician. She spent a significant portion of her adult life as a homemaker and now runs a successful business. However, long before I graduated medical school and added those two sacred letters to the end of my name, my mother taught me some of the most valuable skills in becoming a competent and compassionate doctor.

Lesson #1: Being organized is the first step to success. As a child, my toys were tidily stored in brightly-colored bins long before everyone got organized with The Home Edit. Even in elementary school, my folders and notebooks were color-coded by subject, and all my homework assignments were neatly recorded in my planner. These meticulous habits that my mother instilled in me from a young age translated to the detailed information-gathering in taking a patient's history and identifying pertinent positive and negative findings on a physical exam.

Lesson #2: Always ask why. My parents always encouraged me to question everything and refuse to accept statements as fact until I had gathered supporting evidence. In medicine, we should always question why a patient is presenting with a particular constellation of symptoms and continue to ask why until we reach a satisfactory explanation rather than attempting to fit a patient into a neat diagnostic box when there is conflicting evidence.

Lesson #3: Lending a sympathetic ear is a powerful gift. My mother is one of the most calming and encouraging people I know. She will spend hours listening to friends as they unburden the trials and tribulations of their lives and offering quiet words of comfort. As a resident, I am often the face of the medical team to a patient which may translate into becoming the punching bag when patients and their families are upset. Though I might not have the power to fix systemic problems in the healthcare system or the knowledge to answer some of their questions, I have often found that giving my patients the time and space to express their frustrations and communicating my understanding of the difficulty of their situation can be one of the most therapeutic interventions I can offer.

Lesson #4: Practice compassion universally. One of the central themes of my childhood was that practicing compassion and kindness in every interaction is key to having a positive impact on society. It is easy to be kind to those who look like us or belong to the same communities. If we practice compassion in every patient encounter, we can build the foundation for a stronger therapeutic alliance with each of our patients.

Lesson #5: Love yourself before you love anyone else. My mother would say this every night as she tucked me into bed. I didn't fully understand what she meant by this when I was a child, but I gained a new appreciation for this sentiment as I got older. My mother meant that you have to take care of yourself before you can be of service to anyone else. It's the same principle as putting on your own oxygen mask on an airplane before assisting others. As physicians, we have to remember to take time to care for ourselves so that we can be at our best to help our patients.

These lessons have served me well through medical school and into residency, providing a solid foundation from which I could strive to become the ideal physician. These non-clinical skills have

become invaluable given the person-centered evolution that has slowly transformed the field of medicine. A substantial fund of knowledge and sharp clinical acumen will always be highly prized traits in the medical field. Yet as we move further and further away from the image of a doctor as a paternalistic upper middle class white male in a starched white coat to a more diverse and inclusive healthcare workforce with physicians -- of every gender, race, socioeconomic background, sexual orientation, religion, political affiliation, and so many other defining features-- clad in embroidered Patagonia fleeces, I am happy to observe a deeper shift occurring. Pure intellect and clinical brilliance are no longer the only characteristics we expect from a doctor. Physicians should have an approachable, pleasant bedside manner. Medical students are now taught to see their patients as human beings with full, rich lives aside from the medical conditions that forced them to seek a doctor's care rather than a faceless pathophysiologic mystery. Across all specialties, physicians have begun evaluating for biopsychosocial causes of illness in addition to physiologic etiologies, and social workers have become a more central component of the healthcare team. In recent years, we have started to talk more openly about imposter syndrome, work-life balance, and physician burnout. These concepts did not even exist fifty years ago.

I believe that this evolution can be attributed largely to the increasing presence of women in medicine. In my own medical school, we were acutely aware of the fact that the senior faculty were generally white males and the younger faculty tended to be women from a variety of cultural and ethnic backgrounds. There was a stark dichotomy in their approaches to being a doctor and their visions for the medical field. Fifteen years ago when Grey's Anatomy first premiered, the title character was a stoic, reserved white female entering the male-dominated, cutthroat field of surgery; she embodied many of the stereotypic male personality traits. Over the years, as the show continued to evolve, Meredith Grey and the other characters began to soften and embrace fundamental changes in the practice of medicine. The show reflects the emergence of a softer face of medicine -- led by women doctors -- with an emphasis on the holistic well-being of both patients and physicians, which can only have positive reverberations to our society as a whole.

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