

dear residents

The Lived Experience

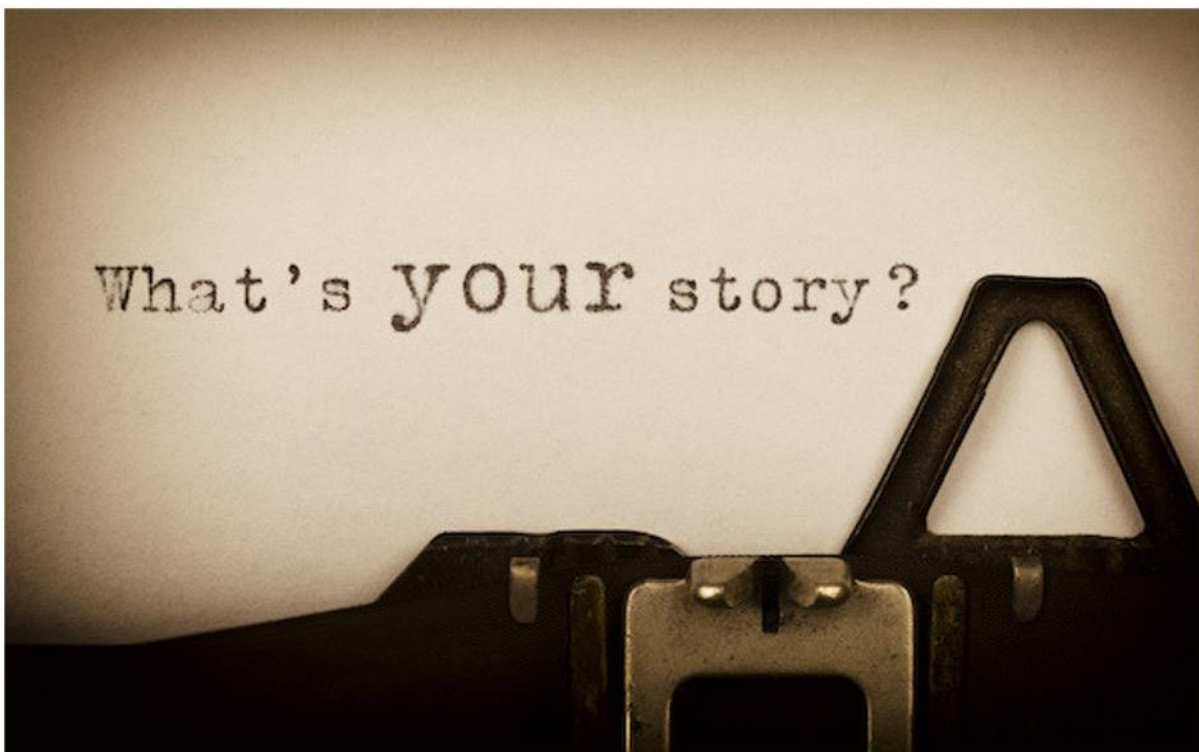
August 13, 2023

Dear Residents,

I recently finished reading Abraham Verghese's new book – [The Covenant of Water](#). It finds a place among the best contemporary novels I've read (*One Hundred Years of Solitude* – Garcia Marquez, *Midnight's Children* – Rushdie, *The Unbearable Lightness of Being* – Kundera, *The Magus* – Fowles, *Disgrace* – Coetzee, *The Rains Came* – Bromfield, *Norwegian Wood* – Murakami). I'm sure you have your own list of favorites and acquired it like I did – recommendations from friends, teachers, and serendipity.

Based in Kerala and Madras (Chennai), and with echoes of the British Indian Empire and traditional Anglo-Indian medical education – you would think that I would have some familiarity with the characters and the context in *The Covenant of Water*. I had some, but I was stunned with how much I learned about Malayali ethnography. Reading does that. Authors take us to people, places and settings that help us grasp the lived experience of others.

I am so grateful that you, our residents, represent such a broad swath of lived experience*. Some like me, grew up in another part of the world. For some, your parents immigrated to the US. And a few of you were the first to attend college in your family. Many of you speak a second language and several have had past careers. All of you are here because you are driven, curious, and drawn to the medical profession for one reason or another.



The opportunity to interact with a varied population of patients from distinct ethnolinguistic and economically diverse backgrounds offers insight in all sorts of gaps that exist in our society. And because our teams are equally varied, our patients can see themselves in us. This leads to better care and a heightened understanding of the gaps they face.

There is more to medicine than anion gaps and osmolar gaps – there are economic gaps, health literacy gaps, opportunity gaps, and gaps created by implicit and explicit structures that prevent whole swaths of people from realizing their full potential. There is more to medicine than treating the patient. *Social determinants of health, health disparities, and health equity* are neat and tidy phrases that sanitize ugly and pervasive societal inequity. People live their daily lives in the context of larger societal structures and systems. Even though they have personal agency and choice, they do not have control over the barriers or constraints that these structures and systems often impose.

Your lived experience and the assimilation of that of your colleagues and your patients results in a better you. And a better you will mean a better future for all – especially if you put your wisdom to good use. My hope is that the raw and immersive experience that is residency training, will motivate you to do your part in dismantling these barriers and closing these gaps.

We are at an inflection point in medicine. Our recent successes with recruiting and supporting a diverse group of residents are facing cultural, political, and legal impediments – but as long as we remain committed to our core values and to the premise that we and our patients are better off with a diverse workforce, we will continue to move forward.

It is my hope that our various medical school and residency ranking systems will evolve beyond their traditional metrics and that those who rank us will make efforts to incorporate our capability to educate a diverse group of doctors for the betterment of society. NRMP match data do not capture diversity at all (other than degree and schooling), and while ERAS has basic demographic information, these data are not easily accessible. Moreover, diversity is more than what is routinely collected - gender, race, ethnicity, and national origin. The lived experience is much richer than that.

Warm regards,

Dino Kazi