

## Medical School Personal Statement

My aunt leaned towards the auto-rickshaw driver. "She is a doctor from America," she said, pointing proudly to my mom. The driver was a thin man dressed in a white shirt muddied with dirt and his pants had only one working pocket. His softly spoken Hindi seemed to hint at how life had beaten him down. His posture reflected his relief that there was a doctor behind him. He needed medicine--"anything," he patiently said --for his sick wife who had given birth prematurely and was in agonizing pain in their little village uptown. With very little to support his growing family, he was desperate and could not afford a doctor. At a red light, he turned around to the three of us bundled in our sweaters and explained his dire situation. Then he continued driving.

My mom expressed her sorrow and offered him money so he could get his wife to a doctor. While he refused the money, he was grateful for the concern. At that moment, glancing at my mom, my confidence was certain: "This is why I want to be a doctor," I thought. The driver, I knew, was one of 293 million people--25% of India's population--under the poverty line, while I was fortunate to live where food, water, and shelter were without question. Born and raised as a young child in India, growing up in Saudi Arabia and Canada, and currently living in the United States of America, I have seen similar impoverished conditions in each of these places. Following a career in medicine would allow me to make the driver's life--and the lives of other underprivileged people--a little better.

To learn about the medical profession, I volunteered at the Montreal Chest Institute in the summer of 2006. Filled with nerves on the first day, I reluctantly raised my hand when the program director asked for a volunteer to deliver tea to a patient. I followed the head nurse to the patient's room and was asked to suit up because the man had tuberculosis. Bringing him tea turned into a weekly ritual. I made tea with one sugar and milk, took the elevator to the third floor, placed the tea down outside his room, suited up head to toe, and held the tea with a straw while "Mr. Sharma" drank it amidst our conversation. He expected family on weekends and thus was alone during the week. We spoke about politics, science, and his passion for cricket. With the TV channel turned to cricket matches, he got excited about his favorite players and made predictions for the next match. Through listening intently and being sensitive to Mr. Sharma's needs, I gained his trust and he shared his life stories with me. I realized that I, like any good physician, have the necessary traits to develop rapport with patients. The weekly 30 minute tea time allowed me to look to "Mr. Sharma" as more than just a patient in the hospital.

To understand the complex role of the doctor as a healer, I continued to volunteer and shadow in hospitals and clinics in Montreal and Michigan. These experiences exposed me to both the administrative and clinical aspects of health care. Shadowing Dr. Tomchick, a family physician, allowed me to observe the physician-patient relationship, perform minor procedures, such as the removal of an abscess, and learn

about the various cases presented to doctors on a daily-basis. I listened to the doctor's prognoses and watched the treatments come alive.

Shadowing also demonstrated that a doctor-patient relationship is not only about clinical skills but also bedside manner. I still remember a specific Tuesday morning in the clinic. I entered exam room number three, following behind the doctor, and took my place in the corner. The doctor shook a young woman's hand, introduced himself in a pleasant voice, and sat on the usual maroon stool. I listened as a twenty-year old female discussed her rape and requested a pregnancy test. The doctor paid close attention, giving her moments to breathe and letting her explain the circumstances at her own pace. In a calm soothing voice, he made her feel secure--he reassured her that she could trust him for her care. I saw him repeat this respectful interaction with other patients. I observed that physicians must have excellent communication skills and, more importantly, strength of character combined with a compassionate and caring nature.

Though I have focused on patient care, I would be remiss if I didn't mention my passion for science. I began a semester long-research project that required developing methods to look at mRNA through Northern Blotting. This turned into a summer research project--and part of a year-long planned senior honors thesis--about mRNA and its regulation by a pathway called Nonsense Mediated Decay. This experience helped me develop several important skills, such as interpreting scientific literature, applying the scientific method, analyzing data, and developing scientific presentations, which will be helpful to me as a medical student and physician when I read about new research and scientific breakthroughs in current medical literature. My interest in science and rewards that I have gained through volunteering and shadowing reaffirmed my ambition to attend medical school so that I can provide patients like the rickshaw driver and "Mr. Sharma" with the kind of quality care they deserve.