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The clinical trial had not worked, and there was nothing more that could be done, the oncologist said. My grandpa had been diagnosed with small cell lung cancer in November of 2006 and this latest development was devastating news for my family. For seven months my family often questioned and second-guessed the oncologist's erratic treatment plan, which didn't seem to make any sense. The doctor never gave my grandpa any options; instead, he dictated how the treatment would proceed. My grandpa had been taken off chemotherapy in order to be enrolled in a clinical trial that the oncologist himself was running. The benefits of the clinical trial were unclear and my family felt my grandpa was being enrolled for the sake of the trial and not his own health. Once chemotherapy ended and the trial started, my grandpa's condition worsened greatly and after the clinical trial ended, the oncologist informed him there was nothing more that could be done, but he had at least six months left to live. The following week Hospice Care came to see my grandpa and told him he had two weeks to live. He died a few days later. At many times during the process I personally became very frustrated with his oncologist and I wished I could have done something to help my grandpa get better.

Looking back on my grandpa's death, it is hard not to question the motives of the oncologist. While I will never know for sure what actually happened, I can learn from the experience and make sure that none of my future patients go through similar situations. During my shadowing experience with Dr. Smith, I was able to observe many of the qualities I believe physicians should possess. I believe that doctors have a responsibility to let the patient decide how he is treated. As a doctor, I would listen to each patient's concerns and explain all of his options clearly and thoroughly. I would recommend what I felt was the best course of action but ultimately leave the decision to the patient. I would also spend the time necessary to stay current with medical research so I could provide the best care possible. Dr. Smith embodied these characteristics and they were greatly appreciated by his patients, who felt like they were actively involved in the decision-making and healing process.

When I first came to college, I wanted to cure cancer. I had always been fascinated by science and I loved helping others, so cancer research seemed to combine my passions. However, as I progressed in college, I realized there was something about the research atmosphere that was missing for me. When I worked in Dr. Grey's cancer research lab during the spring of my sophomore year, I enjoyed applying the science but I missed human interaction. That summer, I volunteered in the emergency room of Seattle Grace Hospital and I knew I wanted to be a doctor.

Working with the concierge volunteers, I helped patients out of their cars and into wheelchairs, brought patients to their beds, and helped visitors find their family members. Most patients would arrive miserable, either very sick or injured. I had the

opportunity to observe many of their interactions with the doctors and nurses and I realized this is what I want to do with my life. The patients placed their trust in the doctors, and the doctors worked hard to diagnose and treat their problems. When the patients left, they were generally much happier and often they would even thank me for my minimal role in their care. This is the kind of impact I want to make as a doctor. I want to be able to send a patient home knowing I have helped her become healthier and made a positive impact on her life. This is also the impact I wished I could have made on my grandpa.

As a doctor I would also like to make a difference in the lives of those who are disadvantaged. I grew up in an area that was economically disadvantaged and I witnessed first-hand the hardships that this situation presents. My high school was made up of 75% minorities and many of my friends could barely afford gas and only dreamt of receiving proper medical care. Despite the challenges, I thoroughly enjoyed my childhood experiences in my neighborhood and became very interested in learning the culture of recent immigrants and even undocumented families. I came to realize that although they might not have the means to pay, they are hard-working and deserve proper care. Another thing that I noticed was missing is the knowledge of basic preventative care measures. For whatever reason, information about how to prevent disease and basic risk factors did not reach the community. I would like to be able to return to my community, or a similar one, as a doctor and give back to those who are less fortunate by helping them receive proper care and educating them about preventative medicine.

While I have come to realize that curing cancer in a research setting is not for me, many of my underlying goals remain. Rather than working towards a cure in a lab, I want to work toward curing individual patients on a more personal level. During my shadowing experience with Dr. House, I came to understand that a total cure might not be possible for each patient. Nonetheless, I know that as a physician I can make a positive impact on the lives of my patients and that is why I want to go into medicine.