In response to COVID-19, medical schools—like all other academic institutions—initially told their students to stay home. For first- and second-year students, this meant moving preclinical courses online. For third- and fourth-year students, this meant a pause in training because their classroom was the frontlines.

Last year, my third year, was hard. It was my first try at being a doctor; so, inevitably, I was constantly stumbling into mistakes and mishaps—or, what my mentors kindly called, learning moments. I spent long days not only learning medicine but also learning how to be helpful in this team sport. And, as a neurosurgical resident informed me in my first week, I learned that third-year medical students should never be doing nothing.

So, if you had told me then—while I stood stone-still and bleary-eyed in the operating room—that I would get time off as a fourth-year student, I might have wept with joy. Not because I hate medical practice. It has been said that teaching how to operate is the ultimate insight. It turns out that my third-year mantra—to always do. We all were. But, to my surprise, my first reaction to the stay-at-home order was not even a twinge of relief. Instead, I felt guilt.

From afar, I watched doctors sacrifice their bodies and time (just as they always had). I watched them treat patients at the expense of seeing their own families (just as they always do). The shortage of personnel even ushered some almost-graduates into their careers a couple of months early.

As all this was happening, I sat at home doing nothing.

The guilt was overwhelming. I chose a career in medicine so that I could help—a simple but true fact for most doctors-in-training. And there, in the midst of a pandemic, I felt completely helpless.

An emergency medicine physician had warned me about this doctor guilt. She told me how, on one of her days off, she had driven by a car accident on the freeway, and her child asked her why she did not stop to help. At first, I did not understand: Doctoring is a job, and the job has limits. To me, her child was simply naive.

But, as they drove past the flashing lights, the innocent question alluded to the ethical obligation of physicians. The Code of Medical Ethics outlined by the American Medical Association requires physicians to be heroes in plain language: “Because of their commitment to care for the sick and injured, individual physicians have an obligation to provide urgent medical care during disasters. This obligation holds even in the face of greater than usual risks to physicians’ own safety, health, or life.”

Of course, with emergency medical personnel on the scene of a car accident, a physician does not have to stop. But she might feel ethically obligated to at least look as part of the “is-there-a-doctor-present?” phenomenon. In this way, it seems that our personhood coalesces with our profession. Now I understand that the naivety of her child’s question actually epitomizes the physician’s professional struggle: What is the extent of our duty as doctors?

Because to us, every medical emergency is a building on fire, and we are taught to run toward the flames. Walking by can be an ethical quandary and a precipitant of moral distress; it can feel like we are disobeying our fundamental oath. In this way, doctoring is often defined by action and intervention. And this is precisely why learning to do nothing is often the hardest lesson of all.

But, it seems that inaction is actually the spiritual enlightenment of medical practice. It has been said that teaching how to operate is easy but learning when to operate is the ultimate insight. It turns out that my third-year mantra—to always do something—is decidedly not the mantra of medicine.

Instead, in quarantine, I have learned the brutal lesson of doing nothing. I have learned that no matter how much I study and practice, there will come a time when I cannot help—or, even worse, when my help is not wanted. While such moments do create the potential for moral distress, they also offer space for renewed motivation. In this way, learning inaction has only made me more grateful for the times when I can intervene. In other words, I realize that as a doctor I will not be a panacea for illness; I will not be able to fix every accident I drive past or put out every fire I encounter. Nor will that always be my role. But, when I can offer healing, it will be a privilege.

This newfound awareness of my own limits and the ensuing gratitude has reignited my passion for a career in medicine. Now, becoming a doctor is about learning how to be helpful coupled with an appreciation for feeling helpless.

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Reference