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 was my first try at being a doctor; so, it was my first try at being helpful. But, as they drove past the flashing lights, they did not stop to help. At first, I didn’t understand: Doctoring is a job, and the job has limits. To me, her child was simply naive.

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 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 be doing 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