

Example of Pediatrics Personal Statement 2

“Pediatrics? Why on earth would you want to do something like that?” Whenever I tell one of my peers that I’ve decided to pursue a career in Pediatrics I always get one of three responses. The first (and most common) is the typical: “Yeah, I really liked the kids during my peds rotation but I just couldn’t stand the parents.” Now while I can’t begin to know what it’s like to be a parent, I can imagine the dismay that parents must experience when they realize their cute little baby is unfortunately lacking an instruction manual. How do they know if that was a hungry cry or a sick cry? Where do they go to find out if that rash is really something they should be worried about? The answer is their pediatrician. I will never forget the trauma of watching my mother bury my brother; the love for which she had for him was something larger than life itself. The pain of losing a child is something that I hope to never experience. It is something however, that I hope to constantly remind myself of when I’m the tired resident sent into talk with an “annoying” mother. Parents aren’t being annoying when they’re barraging their doctors with questions; they’re simply looking out for their kids. What better venue do we have to improve the care of our patients than through their primary caregivers?

The second response that I get to my enthusiasm for pediatrics is: “Inpatient peds was great but the well child visits were just really boring.” While they may not always receive as much enthusiasm as a difficult case on the wards, well child visits are a great place to enact significant change in a child’s life. Giving parents the tools they need to raise happy, healthy kids has to be one of the most important jobs in the world. Working in a Romanian failure to thrive clinic showed me first hand the devastating effects of just what can happen when parents are simply misinformed. Here were these small lives overwhelmed by the effects of malnutrition, maltreatment, and miseducation. How different would Dimitru’s life have been had his parents known that an infant needs to eat more than just crackers and water? Being a great physician isn’t just about making a diagnosis and prescribing a treatment, it’s also about preventing those diseases from ever occurring. Through my work with JeffHOPE for kids, I was able to provide practical and much needed anticipatory guidance to the Philadelphia homeless. I’d like to think that some of those kids will benefit from the information their moms received through our smoking cessation and nutritional programs.

If I’ve convinced people that pediatrics is a great specialty after my first two responses I inevitably get the: “I couldn’t handle taking care of sick kids, it’s just too sad.” Taking care of sick kids is sad, but what’s more heartbreaking is not taking care of the kids you know you can help. When I look back at my experiences in the children’s ward of Margaret Marquat Catholic Hospital in Kpando, Ghana, I am disturbed more by the children who didn’t receive treatment than by the children who I tried to treat and lost. It was not Prince’s fault that he lived in a country that could not provide him with the technology needed to treat his empyema. We are fortunate to live in a country that provides life saving treatment for our children. It’s the sadness over losing patients I knew could have been saved that gives me the fire and determination to work just that much harder as a future pediatrician. Whether it’s spending time abroad or right here in Philadelphia, I’ve turned my sadness into motivation. While I may not save every child from an early death, it is through pediatrics that I hope to devote my time and energy into changing the lives and futures of the kids I can help.