

ON BECOMING THE “GOOD DOCTOR”

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It was my final year of surgical residency. A 17-year-old boy wrapped his parents’ SUV around a tree. In the trauma bay, we thought he was stable. But while in the CT scanner – where we had been trained that a patient should never crash – it became obvious he wasn’t. The room erupted into motion. I opened his chest. A shocked housekeeper covered my shoes so they would not be soaked in blood. My intern tucked in beside me, sharing the motions of trying to save a life.

I held the boy’s heart in my hand with gentle rhythmic pressure intended to stop his death. His eyes looked directly into mine.

Then he was gone.

During the required debrief, some nurses cried and some went home. I remember feeling confused, unsettled. How could they allow themselves to feel so openly? How could they just walk out in the middle of a shift?

I could not feel anything.

Not grief. Not horror. Not even sadness. Only numbness, and perhaps gratitude that I did not need new shoes, and then the urge to keep going without deeper reflection.

As the girl who once passed out in high school health class, I felt confident this numbness was proof that I was becoming a “good doctor.”

It took many years to understand it differently.

These were the early days of disappearing from myself.

Physicians are never explicitly taught to disconnect from their bodies. But we are rewarded for this behavior so consistently that it eventually becomes difficult to recognize as injury. We enter training as healthy, happy young adults and quickly learn to override nearly every internal signal we have. Hunger is denied. Exhaustion is weakness. Emotion is inefficient.

I learned to ignore fatigue, sustained by an occasional quick nap against the microscope eyepiece. Fear and grief were suppressed quickly so they could not interrupt performance. Compartmentalization facilitated survival. At its pinnacle, the performance of the “good doctor” displays as seamless self-denial.

Initially, numbing aligns with success. A surgeon cannot collapse during unexpected hemorrhage. An emergency physician cannot take time to process a prior tragedy before stepping into the next room. Over time, what begins as performance regulation hardens into suppression and denial. Graciously, our bodies adapt to being ignored.

Medical training reinforces this at every turn. “See one, do one, teach one” quietly implies that mastery should come quickly to those worthy of belonging. Struggle should be hidden. Uncertainty is shameful. Rest is negotiated against guilt. Grieving is a luxury we cannot afford. Importantly, all of this unfolds during the years of young adulthood: coupling, uncoupling, raising children, navigating aging parents, accumulating and repaying debt, all while trying to construct identities large enough to hold both ambition and a full human life.

Meanwhile, with reinforcing strength, the healthcare enterprise relies on physicians to navigate all of it with relentless productivity.

For a long time, I interpreted this adaptation as professionalism. So did everyone around me.

A decade later, I sat beside a patient who needed surgery. I remember recognizing fear in his eyes. I felt the familiar instinct to move quickly toward reassurance and solutions, to regain control of the room before uncertainty could fill the space.

This time, something in me paused.

Instead of filling the silence, I simply sat there with him.

Human with human. Space for uncertainty, for both of us.

In that moment, although I could not name it, I felt the full weight of what medicine might actually need from me. Not perfection. Presence.

I called my closest friend, my college roommate. I excitedly shared, “I think I finally understand why this is so hard. We must be perfect at work and then somehow go home and try to be normal people... laundry, homework, dinner... It’s not possible. Doctors struggle because we must be superheroes.”

She was quiet for a moment before answering.

“You don’t need to be perfect,” she said. “You just need to be your imperfect self.”

I remember reflecting on this after we hung up, resisting the idea. She wasn’t medical; she didn’t understand. Maybe I hadn’t chosen the right words to help her see the real issue.

Perfection had been my armor for years. Perfection created distance. Distance allowed performance. If I stopped controlling the room and allowed myself to experience uncertainty, grief, or limitation, what would happen to the version of me medicine had built? Nope. Not me, I concluded. “Good doctors” cannot afford to feel.

At the time, I could not see the reality that perfection was not protection.

Pushing to perfection simply allowed me to ignore the pain of losing my humanity.

Around the same period, I began noticing how deeply medicine admires self-erasure. I sat in physician meetings listening to stories held up as examples of greatness: the off-call physician who left Christmas dinner to save a life; the specialist who kept rounding while his house burned; the boastful normalization of skipping maternity and bereavement leave; the children and spouses passing milestones alone in service to the physician family; the understanding that the needs of the profession superseded everything else. Literally everything and everyone else.

Years earlier, I applauded those stories without hesitation. Witness to our devotion.

Now, I found myself wondering what happens to the people who love us. I wondered when the profession had fused self-abandonment and virtue.

For me, the illusion finally collapsed through personal loss of my three daughters.

The premature birth of my triplets was filled with fear, sepsis, pulmonary edema, hemorrhage, and messy humanity. I remember the glaring lights of the operating room and the relentless sound of monitors I could not control. The impossibly slow passage of time. Counting days to viability. I remember struggling to breathe before surgery while the anesthesiologist placed a mask over my face and told me to take deeper breaths.

“I’m in pulmonary edema,” I cried. “I can’t breathe.”

He looked at me and asked, “Are you some kind of nurse?”

“I’m a doctor,” were my final words before I lost consciousness.

Before I finally lost my ability to control.

Only hours earlier, I had been lying alone in a hospital room, so weak from magnesium toxicity that I could not reach the nurse call button. So thirsty, nothing-by-mouth in case my daughters came early and I required surgery, I managed to walk my fingers to the corner of a washcloth in the washbasin and brought moisture to my lips. In that terror of fear and loss, that dirty washcloth brought incredible comfort.

For years, I had believed being a good doctor required endless self-abandonment. Every patient. Every time. No limits.

But in those moments, stripped of certainty, capability, and control as I lost my daughters, there was no level of preparation, intelligence, discipline, or control capable of guaranteeing safety.

And beneath that realization was something subtler, and much more significant:

Medicine is not better when it requires the destruction of the healer.

Healing does not live solely inside technical mastery or perfectly executed interventions. It also lives in the willingness to remain present in the face of uncertainty, in the ability to sit beside suffering without fleeing, and in staying connected enough to ourselves that we can remain connected to others.

For years, I thought the goal was to feel less. Now I think the goal is to remain human enough to keep feeling it all.

We are not machines practicing on bodies. We practice medicine from within the human condition. One fragile human being holding another through sickness, healing, joy, and loss.

Perhaps the real myth of the “good doctor” is not that physicians must silently endure impossible things. It is that excellence in medicine ever required leaving our humanity behind. ■

Biographical Note

Brooke M. Buckley, MD, MBA, FACS, DipABLM, is a physician executive and maintains a chronic wound care practice at Henry Ford Health. Her work explores physician identity, leadership, human capacity, and the organizational conditions that allow clinicians to remain connected to themselves and others throughout a career in medicine.