

COMPELLING COMMENTS

Finding a Sense of Gratitude and Purpose in Medicine Through Positive Role Models and a Diversity of Passions, Experiences, and Practices

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ABSTRACT

As burnout is an issue facing our profession, developing and nurturing a greater purpose which promotes a sense of gratitude and meaning in medicine is important for physician wellness and resilience. We often develop our sense of purpose through the internalization of values and ideas of people we have met in life. Mentors play an important role in helping us realize and develop our skills and talents, which may not have been readily apparent to us.

In this essay, I, as a physician pursuing dermatology, describe my experiences and what I've learned from inspirational teachers and mentors in my education and training that helped me realize the gifts and talents I have to offer the world as a dermatologist. Then, my mentors describe how a specific experience or hobby has helped them develop a greater sense of purpose and gratitude in their careers. These are a few of the infinite possibilities which can nurture a sense of gratitude and purpose in our lives, and our goal is for others to reflect on and to expand on these possibilities and share them with colleagues.

INTRODUCTION

When I¹ was younger, I thought that people who had achieved their dreams had done so heroically on their own and carried a special set of talents to do so. However, in my life

experiences I've learned that many great accomplishments often come with collaboration, sharing of ideas, and support from others. I have been very fortunate to meet inspirational people in my education and medical training, who helped me realize and develop the gifts and talents I have to offer others. They encouraged me to reach my potential, develop ideas, and achieve accomplishments that I would not have been capable of without their support.

¹ I is in reference to the first author in this essay, Haley D. Heibel, except when denoted by each individual author's response throughout the manuscript.

In this essay, I share some of the valuable lessons I have learned from inspirational teachers and mentors that I've met at various stages in my life. Then, each of them describes how a practice, a project, and/or an experience they have been involved in has led to a greater sense of gratitude and purpose in their career. This essay begins with my experiences in medical residency and research and then continues in reverse chronological order.

We hope that this will encourage others to reflect on and appreciate the positive mentoring relationships in their lives and to consider how they may use these experiences in a creative way to help others. By sharing our stories, we hope to cultivate a sense of purpose and gratitude in the practice of medicine, to promote physician well-being, and to prevent burnout.

DISCUSSION

Research

Dr. Clay Cockerell has been an inspirational mentor for me, and his papers, "Pressure and disenchantment in physicians—Part I: Developing an approach to reconnect with what is noble about medicine"¹ and "Pressure and disenchantment in physicians—Part II: Lessons for physicians from the Tao Te Ching"² have influenced me to write this current paper. Dr. Cockerell is a dermatologist and dermatopathologist in Dallas, Texas, and owner of Cockerell Dermatopathology Laboratories.

Service to others has been an important part of his career through teaching several students and residents. He also became an expert in HIV dermatology through reading about and helping this patient population when the pandemic affected New York City during his residency training. He later

formed an HIV dermatology clinic for these patients when there was a great need.

Dr. Clay J. Cockerell's response on how being involved in HIV dermatology has nurtured a greater sense of purpose and gratitude in his career:

When I was a resident and fellow at New York University in the 1980s, we witnessed the advent of the HIV pandemic first-hand. The census of patients at Bellevue Hospital with HIV infection (the cause of which was not known at the time) went from zero to over 50% of the hospital beds in a matter of months. Many patients had skin disorders and, in many cases, skin conditions were the first manifestation of their disease. When I moved to Dallas in 1988, there were many patients in the community and in Parkland Hospital with similar conditions, but there was no coordinated effort to take care of them. As such, I founded an HIV-associated skin disorders clinic where we saw many patients over a number of years and were able to better care for them as well as to gather information that led us to make important observations about those conditions. This was a charity clinic that provided us the opportunity to serve our community as well as these individuals. Fortunately, as better treatments emerged, the number of skin problems these patients faced diminished as did the need for the clinic. This was a very gratifying experience for many fellows and others who rotated with us in the clinic as well as for me personally.

Internship

Community advocacy

Dr. Christina Guillen was my program director during my internship in pediatrics at SUNY Downstate Health Sciences University. Dr. Guillen developed and taught a curriculum called, "Residents as Teachers," and gave us a skill set to make

the medical students feel valued as members of the team and to nurture their growth.

She was also a strong proponent for community advocacy and made resident wellness a priority. When the COVID-19 pandemic hit our hospitals, she demonstrated great strength and calmness as we experienced many challenges and adjusted to many changes in our program structure. She supported us, regularly thanked us, and told us how proud of us she was.

Dr. Guillen: What is a community advocate, and how does being involved in community advocacy give you a sense of gratitude and a greater sense of purpose in your profession?

A community advocate is a person who has a vested interest in bringing a positive change that benefits a community. This “vested interest” can be sparked in many forms and by many experiences, but it is the personal experiences that spark the fire and passion to do the work that will improve the lives of others. As a young child, I fondly remember traveling to the Dominican Republic every summer with my parents to visit my family. Preparing for these trips involved filling many boxes with much needed resources that would be sent to organizations that provided aid to people in need. This was the first time in my life that I saw the impact that health disparities had on communities. I would often visit these organizations with my family and meet the people that were doing the outreach work and listen to them discuss the various issues that were affecting the people they served. What was most inspiring was seeing the passion that they had in creating projects and programs that improved the lives of people, especially that of children in their communities. These experiences sparked

my interest in advocacy, and it gave me a sense of gratification.

My mother often said, “When one is fortunate to have blessings in their lives, it is their duty to pass those blessings along to others in order to make their lives better, and they in turn will do the same.” This to me is the “vested interest” that I have in community advocacy work.

While growing up in New York City, I would often spend weekends with my aunt who was a nurse participating in countless community advocacy and outreach projects that ranged from speaking to local politicians about safe housing conditions to participating in neighborhood health fairs. I have always been amazed by her energy and commitment, but it was her passion that continually resonated with me.

My career choice as a pediatrician has allowed me to expand on my humble life lessons to a greater cause through advocacy. One of the roles of a pediatrician is to be an advocate for our patients, families, and the community they live in. I want my residents to know the power that they have as advocates, and with this power the positive changes that they can foster. Understanding that being an advocate for your patient is sometimes as important as caring for their medical needs and that, in order to improve a child’s health, you must improve the community that they live in. SUNY Downstate Health Sciences University is located in Brooklyn, New York, it serves an underserved and diverse immigrant patient population that is affected by health disparities. Through community advocacy and outreach, I know that I can make significant changes that will improve the lives of generations of children to come, and there is no greater sense of purpose as a doctor than this.

Building trusting relationships with patients and their families

I met Dr. Oluwatoyin Bamgbola during my pediatric nephrology rotation. Prior to this, I had met some of his patients on the inpatient pediatric floors that were admitted under the pediatric nephrology service. I recognized how much his patients trusted his care because the patients would reference things that Dr. Bamgbola had said in clinic to them prior to admission and believed wholeheartedly in the recommendations that Dr. Bamgbola had given them.

Then, I attended clinic with Dr. Bamgbola. He would give me a comprehensive narrative of the patient's story and medical condition that was so descriptive prior to the patient coming into the room. I was amazed at how much he remembered about his patients. As a result, I retained and learned so much from each patient experience. He treated each patient like a family member, and he had known some of his patients for several years. It seemed that his patients wanted to stay in his care forever, even when they were moving into their adult years. He provided comprehensive care and took his time to meticulously provide the best care to his patients. He told me that his motivation was, "To make a difference in people's lives." It seemed that he truly saw medicine as a calling.

Dr. Oluwatoyin Bamgbola's response on being a clinician as a teacher of life experiences:

Early life experience has a strong influence not only in my decision to become a physician, but it is also a major determinant of my professional behavior. As a private practitioner in an urban African city, my family physician had a unique ability to attract a waiting room full of patients. At the

expense of their comfort, dozens of patients would rather have him attend to their needs than seeing another physician who might possess a better academic qualification.

He served as a role model for me in the cultivation of attributes that I consider necessary for an effective clinical practice: empathy, patience, listening skills, cultural regards, and boundary. He spent quality time with every patient, treating them with compassion, respect, and dignity. He worked very hard but was full of fun, making every minute spent in the waiting room worthwhile. He exuded a powerful aura that made me feel he was more than just a physician as he could easily pass for an Uncle. In regular conversation, my daddy would refer to him as a friend many more times than calling him a doctor.

His attitude to patient care epitomized humanism as a fundamental ingredient of clinical effectiveness. Not surprisingly, all his 3 children became physicians, taking over his job after his demise. In the course of my medical training, I easily identified the physicians in the mode of my family doctor. They are result-oriented and are exceptionally successful in their chosen career. I have grown over the years to share in the same professional values. I see each patient as an opportunity to sow a seed, a seed of life that only germinates with the provision of empathy and altruism. I see all of their parents as partners. I listen to them to gain insight of their knowledge (or misunderstanding), synthesize the information to reach a diagnosis, and consciously empower them with skills to tackle the future encounter.

I create a friendly atmosphere that encourages patients and their caregivers to relate their stories. If a sibling is around, I do not ignore them. In a non-threatening

manner, I seek information on his/ her relationship with the patient. We talk about sports, schoolteachers, academics, and close friends. I inquire concerning the health of the parents, not necessarily to reach a diagnosis, but as an opportunity to relate with the family holistically. By so doing, I can create an image that is larger than just being a doctor; I become a part of their home. The major impediment is time, many physicians will say. However, I've learned over the years that by building a trusting relationship with the family on the first visit, I can spend less time on follow-up care without arousing animosity.

Drawing from my own life experience: unpleasant clinical events, medical training in a resource-depleted environment, and being the father of two autistic kids, I have learned to use lessons of my unfulfilled expectations of medical care for the perfection of my approach to clinical services. My life scenario and its moral responsibility have provided me with an avenue for a spiritual awakening. It authenticates my role as an academic physician and at the same time validates my duty as a caring parent.

In the hope of cultivating an exemplary professional identity for my students, I have used the same humanistic principle as an effective tool in the teaching of clinical skills. I frequently tapped into my past years of experience to provide stories of relevant clinical encounters. Creating such impressionistic images provides an opportunity for an exchange of decision-making skills. More importantly, it creates an enduring memory bank that serves as a template for effective experiential learning and a reinforcement of reflective practice.

Medical School

Leadership education

Dr. John Schmidt taught a longitudinal course in my medical school education called, "The Art and Science of Leadership," and he was also the clerkship director for my pediatrics rotation as well as an attending physician in the neonatal intensive care unit. I really enjoyed the leadership course because it made clear to me that the humanistic side of medicine is as important as being competent in the basic sciences. I also realized from an early point in my medical education the importance of using my leadership position and power as a physician in a positive way in the medical team to provide good patient outcomes and to advocate for patients' needs and for the greater good of society.

Dr. John Schmidt's response on how teaching leadership to students provides a greater sense of purpose and gratitude in his profession:

The actual process of caring for patients and achieving outcomes always seemed to be addressed as simply making the correct diagnosis and using evidence-based medicine to formulate the best plan of care. As a medical student and physician in training, it was rare that anyone ever addressed the breakdown of the process of achieving outcomes. Breakdowns occur due to a myriad of factors, such as Groupthink, the potential negative effects of holding a position of power, the inherent stresses involved in high-stakes situations, or due to how the "environment" in which you work and inadvertently maintain has huge impacts upon the kinds of outcomes that occur. These leadership issues were rarely a part of my training, and even more rare (non-existent even) was any conversation about the impact that witnessing life in all of its intricacies has on us as individuals. We never discussed the

moral imagination of our field, and how this influences our state of being as we go about grinding through our jobs and lives.

Collaborating with colleagues in the leadership science field and reflecting upon the influences of my institution's mission/philosophy/teachings, I sought to choose to be purposeful in teaching leadership to medical students in a way that was not about boosting one's CV or about becoming more efficient using management tricks to get people to do what you want. Instead, I wanted to have a conversation first and foremost about why we do what we do (why do we care about achieving good outcomes) and couple this with an understanding of and have a discussion about our blind spots, our susceptibilities to getting caught up in power and prestige, our insecurities, our medical culture, etc., etc., and how all of these things impact our ability to achieve good outcomes for our patients. Additionally, we discuss our personal ability to maintain a sense of purpose and fulfillment with being a physician.

The adequacy of my ability to "teach leadership" is certainly tested daily when interacting with students. Even the adequacy of my ability to practice what I preach is frustratingly difficult at times and evokes feeling like an imposter. Yet, I find a lot of fulfillment and am grateful for the opportunity to challenge ourselves (our field) to be mindful and purposeful with the time that we have together.

Reading for leisure

Dr. Poonam Sharma is the chair and a professor in the Department of Pathology at Creighton University. Dr. Sharma encouraged me to do reading outside of medicine and gave me a book to read during my rotation. I hadn't realized it, but before she had given me this book, my time spent

for reading outside of medicine had dwindled. Having this book to read as an assignment was refreshing, and it made me feel good to read something that contributed to my personal growth. The book she gave me to read in the rotation has influenced my approach to life and medicine in an important way, and it's made me a braver person. As someone who had changed career paths, she also taught me the importance of listening to my inner voice, following where my dreams led me, and how to negotiate with others.

Dr. Poonam Sharma's response on how reading non-medical literature and sharing books with her students provides a greater sense of purpose and promotes gratitude in her career:

Practicing medicine affords us the great privilege of helping others, saving lives, and pursuing an impactful career. Medical school is intense and rigorous. The lives of medical students are overwhelmingly absorbed by medical training. Their stamina and determination are tested repeatedly, leaving many students feeling disillusioned and completely exhausted. Reading as a leisurely activity brings a new perspective and an immediate connection to the world outside medicine. Simply opening a book is an invitation to an excursion that distracts us from daily stressors. A library of *well-selected books* offers opportunity for intellectual growth in areas that are not typically taught in medical school, but are a necessary component of becoming a competent, confident, and compassionate physician. Mental stimulation from recreational reading helps improve focus, memory, critical reasoning skills and overall well-being. There is a positive correlation between the amount of academic achievement and the amount of recreational reading. Physician burnout is a pervasive problem that appears to be getting worse.³

Reading is an incredibly inexpensive hobby that provides an excellent resource for building resilience in medical school and life thereafter. A research study conducted by cognitive neuropsychologist, Dr. David Lewis, revealed that reading for just 6 minutes can reduce stress by up to 68%, compared to performing other activities such as listening to music (stress levels reduced by 61%), or taking a walk (stress levels reduced by 42%).⁴ This is because reading leads to intense concentration on the present moment, distractions and stresses are eliminated from consciousness, allowing us *to enter a “flow” state in which awareness is focused on the here and now.* Reading non-medical literature on a regular basis is associated with a significantly decreased likelihood of burnout in the medical profession.⁵

Getting lost in leisurely reading (compared to “hastily drinking water from a firehose” during medical training) is the ultimate joy. It is a source of personal pleasure to be able to encourage students to rekindle and cultivate a love of reading non-medical books in order to broaden their perspective, redirect their focus, and reduce stress. It doesn't matter what book you read, by immersing yourself in a book, you can shun worries of the day and delve into the author's imagination. So, go ahead and indulge in a (non-medical) book of interest for you!

Undergraduate Studies

Advocacy

As a Psychology major, I was excited to take the course entitled, “Psychology and Medicine,” in my final semester at the University of Notre Dame. Dr. Robert White, a neonatologist in the community of South Bend, Indiana, and an alumnus of the University of Notre Dame, was one of the

faculty members who taught the course. This course was excellent because it connected my interest in psychology with an education and exercises that developed my understanding of my greater purpose in my community as a physician.

Dr. White introduced me to the concept of advocacy. He taught us that as physicians we will be seen as leaders in our communities, and that we have a duty to use this position to improve and positively impact our communities. I learned from him the importance of getting to know my community and understanding who they were and what their concerns were so that we could work together to make positive changes.

Dr. Robert White's response on how being involved in advocacy in neonatology promotes a greater sense of purpose and gratitude in his career:

In the early days of neonatology, we imagined that we knew how to care for sick newborns. We had learned about surfactant, the basics of nutrition for preterm infants, and how to identify and treat infections and jaundice. We built NICUs that were monuments to a particular form of hubris – that babies only needed our wisdom and skills to have their best chance to survive. We didn't just ignore the importance of parents; we considered them vectors of disease and therefore excluded them for all but a few minutes each day when they could see and perhaps touch their baby - but only if they wore masks and gloves. Breast milk was “proven” inferior to formula, both in sterility and nutritional value, so that too was excluded. Most of the first generation of babies who graduated from modern NICUs had minimal human contact during the first weeks or months of life, instead spending their time in an environment that was too bright, too noisy, and too often painful.

I was determined to learn all I could about the impact of these environmental influences—parental interaction, sound, light, touch, and more—on the health and development of the high-risk babies I was going to spend my career with. New research and new philosophical insights reinforced one another; it soon became apparent both scientifically and philosophically that the optimal place for an ill newborn was in a parent's arms and, whenever that was not possible, in the most nurturing environment possible for a developing brain. Accomplishing this would mean addressing both operational issues – how we saw parents as integral members of a care team rather than visitors and how we understood brain development in the newborn, and structural ones – how we designed our NICUs so they would welcome families and promote a sensory experience that was more suitable not only for babies but for families and caregivers.

At the end of my training I made the opportunity to build a new world-class NICU one of the conditions of my employment at the hospital near my childhood home. It was a reach; a modest Midwestern hospital had no particular reason to commit to the cost or concept of a world-class NICU, but visionary leadership sometimes thrives in unexpected places. Five years later, we had built that world-class NICU; one that looked and felt and operated much differently from others around the world. That gave us a platform on which to promote this structural and operational concept of the optimal environment of care for babies, families, and caregivers. Over the ensuing years we have written standards, held conferences, written research, review, and opinion papers, and enjoyed seeing more and more research supporting the validity of this concept. The science of neonatology has advanced in many other fields as well; there are many

diseases we never see any more, and many more we still see but can treat far more effectively. But the most gratifying aspect of my career is not counting how many babies have been made better by our care but seeing how different the experience is for families, not only in our NICU, but around the world. I cannot take credit for most of this; there are dozens of other visionaries who contributed as much or more to this advocacy, but it has been a wonderful ride on the crest of this wave.

That's how advocacy usually works, after all—it is rarely a solo performance. Instead, it takes the work of many, many people—some with vision, some with focus, all with perseverance. Shared joy is the best reward—in a large group of advocates, or in the room of a family with their baby, knowing what that would have looked like at the beginning of this journey.

Developing a passion for the opera

I was fortunate to have Dr. Susan Youens as my teacher in a course that studied Mozart's operas during my undergraduate studies at the University of Notre Dame. The class was exciting for me because I knew of Mozart from playing the piano when I was younger, but mostly because of Dr. Youens's passion in teaching the class. Her great enthusiasm and how she put her heart in the material made me excited to come to the class. As an eager learner, she supported my diligence and invited it. Later, I found out from a classmate that she was very successful and well-renowned in the music and opera community. It did not surprise me, as I knew she was very talented. However, I would have never known how successful she was by her sense of humility and her focus and awe on the operas themselves and her students.

When I was living in New York City, I reconnected with her to inquire about the operas she would recommend seeing at the Metropolitan Opera. She spoke very highly of *La Traviata*. When I attended the opera, I felt very special to be the student of a teacher who had written the program note for the opera. The experience at the opera made me feel like I had entered into an entirely new world of creativity.

Dr. Youens's response on how nurturing a passion for the opera and teaching it to others provides a greater sense of purpose and gratitude in her career and how an interest in the opera and fine arts can offer physicians a greater sense of purpose and gratitude in their careers:

For many of us, finding our vocation and purpose was mediated through people who made experiences available to us that we might not have had otherwise and that changed us, that made us want to spend our lives exploring beauty. For me, it was being taken to my first opera (Richard Strauss's *Der Rosenkavalier*) by my beloved piano teacher in Houston, Texas, when I was thirteen years old. I was too young, of course, to understand much of what happened in that ultra-sophisticated and complex creation, but somehow I felt---felt rather than knew---that the final scene was my first immersion in beauty writ large. This was, and is, music that amplifies and exemplifies the Big Things in life, the things that matter: love and its loss, age, wisdom, acceptance of time and change. Later, I was supremely lucky to encounter (life, in one sense, is about those we meet along the way) teachers who awakened me to the music I love most, especially Mozart, Schubert, and Bach, and to my vocation as a teacher and writer who 1) explains what makes the music I love tick and what it means and 2) tries to transfer my adoration of these works and their creators to new

acolytes who will love them as much as I do. Music for me is the justification for the human race, and I cannot imagine a better way to spend my life than these past decades of teaching students and readers its wonders. It also enables me to "pay it forward" in homage to the magnificent teachers (and a few villains who taught by negative example!) who set me on my path. I have also encountered physicians throughout my life whose sense of the beauty, wonder, tragedy, and passions of the people they tend has been greatly enhanced by their love of music, which teaches us how better to be human. I always tell my students that music goes to the heart of things; since we are all mortal, will all grow sick and die, will pass from the scene, what more magnificent way is there than opera, symphony, song, chamber music and more to teach us how to listen more closely and feel more deeply?

Childhood

Most everyone considers their parents to be influential figures in their lives. However, having a dermatologist, Dr. Mark Heibel, as a father has created a unique mentorship experience for me. My parents have been my coaches and best supporters. They always created an environment where I could explore what I was passionate about, and they celebrated my accomplishments and provided unwavering support through my toughest challenges.

From an early age, my parents taught me about the importance of service to others. My parents are very generous people. I will always remember how happy it made me to go with my family to the homes of less fortunate families in my hometown to give Christmas gifts. I always liked to see the excitement on my mother's face when she was giving to others.

My father has heavily influenced my development as a physician, but not in a direct way. I learned from my father great discipline and work ethic. He says he developed it when he had a job working on the paper route when he was young, which was reinforced by being involved in athletics and then being around likeminded individuals in the military during his residency training in dermatology. He probably doesn't realize how much he's shaped my approach to life and medicine. I was fortunate to have parents that encouraged me to follow my own dreams. Through my own course, I came to be very passionate about dermatology. However, this came later in life, and had it not been for my open exploration in other studies and hobbies prior, I would not have gained such a deep appreciation for the field of dermatology.

My parents nurtured my creativity and intellect. They also took part in and supported my ambitious ideas and plans, and they still do now. For example, I have the pleasure of developing ideas for projects and writing academic papers with my father. We also organized a free dermatology clinic in my hometown of Lincoln, Nebraska, and it has been my most memorable community service project to work together to serve the underserved of our community.

Dr. Mark Heibel's response on how service in the military has provided a greater sense of purpose and gratitude in his life:

My family had very modest financial resources when I was growing up, and they could not offer any financial support for my education. After meeting with a student loan officer and recognizing the debt I would incur, I was prepared to decline my acceptance to medical school, until I was accepted into the military Health Professional Scholarship Program. This

allowed me to attend medical school debt-free in exchange for an obligation of four years of active duty service. With training in dermatology in the military as well, this became eight incredibly impactful years, for which I am very grateful. During this time, I had the opportunity to be educated by and work with a wonderful group of physicians and dermatologists, many of whom have had, and continue to have, a huge impact in the field of dermatology. I also had the opportunity to serve in a combat field artillery brigade in Germany during a tumultuous period that included heightened tensions of the Cold War, the fall of the Berlin wall and reunification of Germany, and the beginning of the first Gulf War.

All of these experiences reinforced my already internalized sense of duty and responsibility to use God-given talents and education in the service of others that had been instilled by my parents and previous education including a medical school that stressed duty and obligations of being in the medical field. This often has led to sacrifices of time and energy – many missed events, children's athletic activities and programs, vacations, etc., but it is a sacrifice worth making for the greater good. I feel fortunate to live in such a great country and free society, and my past experiences have made me well aware that this is not easily achieved, and we all have responsibilities in order to maintain it.

CONCLUSION

Medicine is a profession which comes with great privilege and opportunity. We experience the intricacies of life and work with our society and our community in an intimate way. This is a magnificent responsibility that is associated with great rewards and challenges. Developing an

awareness of the higher purpose in our lives and professions is valuable not only for creating a life that will be considered to be one of integrity and generosity, but also for instilling resilience through the difficult times. We often develop our sense of purpose through the internalization of values and ideas of people we have met in life. Sometimes, these positive influences may not be readily apparent to our conscious mind without deep reflection and thought. Each of us has an individualized experience in the world, and the way that we share our talents, enthusiasms, and insights developed along the way is what helps us feel appreciated and helps others feel appreciated.

We have discussed our involvement in a variety of experiences and hobbies, including developing an expertise in and serving patient populations in great need, community advocacy, internalizing positive role models within our life experiences to develop a humanistic approach to patient care, creating a curriculum and sharing with medical students the meaning of medical leadership, reading for leisure, exploring music, creating and establishing a form of medical care that provides joy to families and medical professionals, and service to the military. These are only a few out of the infinite possibilities which can nurture a sense of gratitude and purpose in our lives, and we encourage you to expand on these possibilities and share them with others.

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