My path to becoming a physician began at University of California-Davis, 13 years ago. Segueing from medical school to residency to 2 fellowships, it seems surreal that this implausibly nomadic journey is coming to a close. The biggest challenge during this journey has been walking the tightrope of maintaining my true character and who I am, all the while allowing the training process to mold me into the cardiologist I have become. Although the walk has taken an enormous effort, I am particularly proud to have completed the last of my training at the University of California-San Francisco, where I was surrounded by colleagues and incredible mentors who allowed the true “me” to develop my talents in electrophysiology. Where I feel humbled by and grateful for the experience, the end of my postgraduate year 10 brings me to reflect on another key element in my training that I have not acknowledged sufficiently: my patients.

I recall my excitement on the first day of the human anatomy course. The distinct smell of formaldehyde, that olfactory cue known to all first-year medical students, was poignant and peculiar. I felt detached from what did not seem to resemble a “real” human body. Unlike the glossy illustrations in anatomy books, the arteries, veins, nerves, muscles, and the various soft tissues were almost indistinguishable, with ashen colors—until I saw a jarring flash of color: tiny remnants of pink nail polish still remaining on the fingernails. The monochrome sea of tissues suddenly became part of this person who had so selflessly donated their body to science and medical education. That first week a donor memorial service was held, and at that moment I first appreciated the magnitude of the privilege we were being given to study medicine. My first patient—without a chief complaint, history of present illness, or medical history—was my first teacher, who taught me the intricate human anatomy without saying a single word.

Reflecting back over the years and the many patients I have treated as a trainee, young or old, rich or poor, medically sophisticated or not, very rarely was I not permitted to participate in their care. Almost all patients agreed to be examined by me, “the medical student.” Some jokingly volunteered to being the “guinea pig,” and they trusted me with their intimate health stories, even though they knew they would be repeating the same information to the attending physician. But in those moments, they were transformed from patients seeking care to teachers imparting knowledge. The lessons taught were life lessons, given in simple exchange for my willingness to listen. And I did my best to listen, particularly to those who were not heard by all, the Spanish-speaking patients whose concerns—in spite of the presence of interpreters—were often lost in translation and whose care suffered because of it. Many of my most memorable patients were at the Los Angeles County Hospital, where I had the opportunity to care for many underserved patients, who commonly carried the descriptor “appears older than the stated age.” One particular frail patient with mitral stenosis stands out in my mind. Despite a two-bus journey to the clinic, she would show up promptly and patiently waited as I scrambled to get through a busy afternoon. Each time she would bring her bag of medications and joyfully watch as I listened to her heart and lungs, examined her lower extremities, and applauded her compliance! Mitral stenosis and its sequelae, pulmonary hypertension, and atrial fibrillation, became more than didactics covered in lectures. The patient carrying the...
diagnosis became the textbook from which I was learning. I would like to believe I had a role in managing her care, and she was a datapoint in my refining the relevant practice algorithms. Given the high risk of surgical options, we opted to pursue medical management. But more than the diuretics and beta-blockers, she shared with me conversations about life, and the importance of quality of life. All I had to do was listen. As I encouraged her to restrict salt in her diet, I learned that *fiambre* is served on the Day of the Dead (Dia de los Muertos) in Guatemala, and she proudly shared her unique recipe with me. She reported feeling improved but that she missed the country and family she had left behind. It was humbling to get to know her as a person who trusted her care to me (Figure 1).

Despite the procedure-intensive nature of cardiac electrophysiology, I remain fascinated with patients’ stories. Without the trust and contributions of these patients to our growth, we would not be the physicians we have dreamt of being. We are deeply indebted not only to our mentors but to our patients for the privilege to develop our skills and knowledge. Even those (and perhaps particularly those) we cannot save from illness have contributed to our learning, in our attempts to provide closure and understanding for the families who will never see their loved ones again (Figure 2). We thank you for the gift and privilege of being physicians.

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