The minute in the car

Ali Sherazi

Division of Urology, Northern Ontario School of Medicine, Thunder Bay, ON, Canada

Cite as: Sherazi A. The minute in the car. *Can Urol Assoc J* 2026;20(8Suppl2):S131. http://dx.doi.org/10.5489/cuaj.9907

At 3:17 am, my pager went off for a difficult catheter in the emergency department. Before dawn, there was a transfer from a remote community, calls about a postoperative patient, and the quiet math of how many hours remained before rounds. By morning, the hospital was awake, and I was expected to be too.

After nights like that, I sometimes sit in my car for a minute before driving home. Not because there is more to do, but because after hours of pages, consults, and fluorescent hallways, I need a little silence before I can feel like myself again.

Medicine loves the word ***resilience***. For good reason. Patients need physicians who can stay calm when plans change, think clearly under pressure, and keep showing up when the work is hard. As a first-year urology resident in Thunder Bay, I have already learned how necessary that is. In a northern system, distance is never abstract. Patients arrive after long transfers, stretched resources, and delays that larger centers may never see. You cannot do this work without resilience.

But resilience without respite is not wellness. It is only endurance.

Endurance gets you through the night; respite is what keeps the night from taking too much with it. It is not escape from responsibility but recovery for it. It is the meal you eat before the operating room instead of after, the hour of sleep you protect, the phone call on the drive home, the minute in the car before stepping back into the rest of your life. These things sound small until they are gone. Then you realize they were never small at all. They are what keep the work from taking everything.

What worries me is how easily medicine can make depletion look like dedication. We admire the resident who stays later, carries more, asks for less, and seems untouched by it all. Exhaustion starts to look like commitment. Silence starts to look like professionalism. Need starts to look like weakness. In that kind of culture, rest can feel like failure, and being worn down can start to seem like part of the job.

It should not be.

The first thing fatigue steals is not competence, at least not visibly. It steals the softer things first: the extra 30 seconds at the bedside, the calm explanation at the end of a long night, the patience to hear the fear inside a simple question. A resident may still answer every page, finish every consult, and move the list. But patients can feel the difference, even when no one names it.

That is why wellness is not a choice between resilience and respite. We need resilience to meet the hard moments, and respite to make sure those moments do not take more than they should. If medicine wants physicians who can care for others over a lifetime, not just survive training, the rest cannot be treated as a reward for toughness. It must be recognized as part of good judgement, good training, and good patient care.

We do not become better doctors by learning to need nothing. We become better doctors by protecting the part of ourselves that patients meet in their worst moments.

The minute in the car is not where I stop being a doctor. It is where I make sure I can keep being one.