What we don't say

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I was not sure if I should submit this. The words resilience and respite remind me of the ongoing, age-old discussion in medicine about work-life balance and managing personal commitments alongside our commitment to the field. That is something that we have all reflected on, answered in interview prompts, and assess daily. While I could absolutely write an essay relating a personal tale of a challenging experience that led to deep self-reflection, where I ultimately took appropriate respite and crushed societal expectations in the name of patient safety, this topic actually made me think of something else.

There are parts of surgical training that are rarely spoken about because they cannot be named without risk. I am deliberately being vague, not out of uncertainty, but out of necessity. These are not isolated incidents but patterns of interpersonal dynamics that leave you feeling unsettled. They are heavy moments that make you question yourself and make you feel like you don't belong, like you need to earn the right to exist in the room. It is particularly challenging when they originate from fellow trainees, people you looked up to, who you should be able to rely on for support and guidance. It is an even more particular challenge and very specific subset of circumstances when those individuals have close ties with high-status faculty members. It is not spoken about often. It's too taboo to talk about openly. It's too hard to name without risk or without consequence. Yet, it is ever-pervasive in medicine, and especially within surgery. It should be talked about.

I don't like nepotism, but in a field built on hierarchy, proximity to power matters and is a reality, so we learn to accept it. What I do have a problem with is when those individuals use such power to intimidate, isolate, and invalidate others. This creates a sort of restrained, handcuffed feeling. You learn to stay silent because when power is so intertwined with the problem, speaking up is no longer a valid option. The safest path becomes the quiet one. You adjust. You stay silent. You focus on the work and the patients. You tell yourself that if you just keep your head down and perform, things will be okay. You convince yourself that every hurt builds resilience. It carries you for a bit.

After years, however, something does truly shift. The effort required no longer relates to knowledge acquisition, nor operating, but to survival. It starts to wear on you in small but persistent ways. Your confidence erodes. Your sense of belonging becomes conditional. Your faith in the specialty and in the people dwindles. Your once easily accessible excitement for the field becomes increasingly elusive. You rinse and repeat for several years until you are a shell of who you used to be, desperately clinging onto a distant green light that everything will all be worth it in the end.

Respite has been non-existent. Resilience has not been a choice. It was the only option. The reality is that I've already lost a lot of hope in our specialty, and it had nothing to do with the work itself at all. I grieve what the environment has made of it for me, and I cannot help but wonder how was I ever meant to find any respite?