Jessica Maher, MD2026 University of Ottawa

The Small Moments

It begins not with the what, but with the who.

In medical school, when asked about our specialty of interest, we often respond with a list of organ systems or procedures—an attempt to name what excites us or where we excel. But the reality is, this choice is far more nuanced than a match between interest and expertise. It unfolds within a web of relationships, responsibilities, and realities—shaped not only by our interests, but also by the needs of patients, the dynamics of care teams, and the practical constraints of the healthcare system. The question, then, is not just what we want to do, but who we want to do it with, who we hope to serve, and who we might become in the process.

In my earliest clinical encounters, I found myself drawn not to the flash of the OR lights or the thrill of a code blue, but to the quiet in-between moments. The hand on a shoulder after a difficult diagnosis. The stillness before an end-of-life conversation. The silence that sits heavy after news you wish you didn't have to give. These moments were rarely about the medicine itself, and yet, they carried the greatest weight.

One of the most formative of these moments happened during a routine clinic visit. The appointment was supposed to be quick—just a follow-up—but something in the patient's expression made me pause. I stayed longer than scheduled. We talked, at first, about pain—how it had become a constant companion through her cancer treatment. But as the conversation unfolded, she confided that the pain had become so overwhelming, so isolating, that she had begun to wonder whether she wanted to keep going. "I don't want to die," she said, "I just want the hurting to stop." I had no medical solution to offer in that moment. What I could offer was time. Presence. A willingness to listen without rushing, to hold space without judgment. That conversation didn't change her prognosis—but it mattered. To both of us. It reminded me that sometimes, the deepest healing begins with being heard.

What resonated most was how certain physicians held these spaces—not with answers, but with presence. I saw in them not just clinical expertise, but something deeper: the ability to help patients feel seen in their most vulnerable moments. That, to me, is the truest power of a career in medicine. It is the privilege to be present when someone's world is breaking and to offer, not a fix, but a hand to hold.

As I explored specialties, I paid attention not only to the pathologies but to the personalities. I started asking: who are the people here? Do I feel at home among them? Do their values align with mine? In some rotations, I admired the technical brilliance but felt out of place. In others, I felt something that resembled belonging—a resonance between my internal compass and the team around me.

A framework I found helpful during this discernment process was one that emphasized how specialty choice is shaped by multiple layers of influence—individual experiences, interpersonal relationships, institutional culture, and broader societal needs (1). It reminded me that this decision is not static; it's shaped by the evolving intersections of who we are and what the world needs from us.

I've come to believe that choosing a specialty is not about finding the most prestigious or most exciting field. It is about finding your people. It is about identifying the kind of conversations that feel natural, the kind of work that feels meaningful, and the kind of community that both challenges and supports you. It is about finding a role where your strengths can contribute meaningfully to the well-being of others—where your presence can change the trajectory of someone's story.

I've noticed that I gravitate toward settings where I can follow patients through time, witnessing their growth, their struggles, their joys. I am drawn to the relational continuity that allows for trust to build, for stories to unfold. In these spaces, I've learned that even the smallest moments can leave a lasting impact: remembering a patient's dog's name, recognizing the fear behind a parent's anger, noticing when someone's light seems just a little less bright than before.

This impact, however, doesn't occur in isolation. While our attention as medical trainees often rests on the immediate—our patients, our teams, our clinics—these moments are shaped by, and ripple through, the broader architecture of the healthcare system. Medicine operates on many layers: from the individual encounter, to the dynamics of interdisciplinary teams, to institutional structures and the national health landscape (1). At each of these levels, there are opportunities to foster connection, advocate for justice, and build systems that serve patients more equitably.

In the exam room, I hope to be the physician who makes patients feel heard. On a care team, I hope to be the colleague who brings compassion to challenging situations. Within my hospital, I hope to be the voice that pushes for accessibility, inclusion, and support—for patients and providers alike. And within our health system, I hope to contribute to policy and programming that ensures all patients can access the care they deserve—that everyone deserves.

When I think about where I fit in this structure, I see myself not as confined to one layer, but shifting fluidly between them—grounded in the immediacy of individual care, but always attuned to the larger forces that shape outcomes. I want my clinical practice to be informed by systems thinking, and my systems work to stay rooted in the human stories that drew me to medicine in the first place.

That is the kind of physician I want to be—not just skilled, but present. Not just knowledgeable, but kind. Not just effective, but deeply attuned to the multiple dimensions of care.

In truth, I still don't know exactly what my specialty will be. But I do know what I'm looking for. I'm looking for the work that makes me feel most human. For a community that makes me feel seen. For a path that allows me to walk with others through darkness, and maybe, just maybe, bring a little light.

Because at the end of the day, it's not just a career. It is a way of showing up for people—and if we're lucky, finding ourselves somewhere along the way.

Reference List

1. Pfarrwaller E, Audétat MC, Sommer J, Maisonneuve H, Bischoff T, Nendaz M, et al. An expanded conceptual framework of medical students' primary care career choice. *Acad Med.* 2017 Nov;92(11):1536–42. doi:10.1097/ACM.0000000000001676.