Life on the Line: Young doctors come of age in a pandemic

Featured topic and speakers
In 2020, the next generation of doctors were plunged into their responsibility for patients at the beginning of the COVID-19 pandemic. In her compelling new book, *Life on the Line: Young Doctors Come of Age in a Pandemic*, author and New York Times reporter Emma Goldberg follows the journey of fresh medical school graduates in the pandemic’s epicenter, New York City.

**Speakers**

- Emma Goldberg, author and New York Times reporter
- Gabriela Ulloa, MD, pediatric resident at NYU Langone Health

**Moderator**

- Kimberly Lomis, MD vice president, Undergraduate Medical Education Innovations

**Host**

- Todd Unger, chief experience officer, American Medical Association

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**Transcript**

**Unger:** In 2020, the next generation of doctors were plunged into the responsibility of caring for patients at the beginning of the COVID-19 pandemic.

**Goldberg:** I think people just realize that no matter how prepared you spend medical school, getting, you can still be thrown into a situation that tests you in unexpected ways and that you'll just tap into the humanity. And like the reason that you decided to do this work in the first place.

**Unger:** That was Emma Goldberg, a reporter for the New York Times and author of *Life on the Line: Young Doctors Come of Age in a Pandemic*.

In this episode of Moving Medicine, she shares the experience of following six fresh med school graduates amid the COVID-19 pandemic in New York City. She’s joined by one of those graduates, Dr. Gabriela Ulloa, a pediatric resident at NYU Langone Health.

This conversation is led by Dr. Kimberly Lomis, AMA vice president for undergraduate medical
education innovations.

**Dr. Lomis:** Hello everyone. I'm Dr. Kimberly Lomis. I serve as vice president for undergraduate medical education innovations at the AMA and I coordinate the efforts of our AMA Accelerating Change in Medical Education Consortium.

**Goldberg:** Hi, my name is Emma Goldberg. I'm a journalist at the New York Times and the author of Life on the Line.

**Dr. Ulloa:** Yes, hi, I'm Dr. Gabriela Ulloa. I'm a pediatrics resident at NYU Langone Hospital and I also worked as a temporary internal medicine resident during the first wave of the COVID-19 pandemic.

**Dr. Lomis:** Wonderful, thanks. It’s great to have you both here. So we’re here to talk about Emma’s book, Life on the Line: Young Doctors Come of Age in a Pandemic. In which, Emma, you charted the course of some of these graduates who went out to serve the COVID-19 response and Dr. Ulloa, you were part of that. So we’re curious to learn just how all this started. Emma, can you share what prompted you to write this book in the first place? Where did the idea come from?

**Goldberg:** Absolutely. So it started with a piece of reporting I did for the Times, in which I wrote about the medical schools that had decided to graduate their fourth-year students early and send them to the front lines, including NYU. And I was just really captivated by the story, by some of the doctors who had started to speak within writing that article. And so I decided to see if it would be possible to stay in touch with them and hear about their experiences as they were working and going through the really unusual process of just going straight from graduation, days later into serving patients in such a complicated and challenging time. And I was really grateful that they made the time to share their experiences, including Gabriela. It was a really intense period and they were so generous to make the time to connect with me every week. And so, I was just grateful to be able to document those experiences and share them with readers.

**Dr. Lomis:** And for you, Dr. Ulloa, I imagine you did have a lot on your plate at this time, is a big step to take on this responsibility. What made you want to add the vulnerability of sharing your story with Emma and all of us?

**Dr. Ulloa:** Yeah, so I think, you know—in speaking to Emma—it was one, kind of selfish for me in the way where I feel like that was really the only times that I was able to kind of process and debrief kind of the severity of the situations and everything that happened and really detail it to Emma and going through that was a therapeutic process. I also feel like it's very important to document these things in this, in the perspective of trainees because often we kind of get left by the wayside when medical documentation and medical books are written in this way. And so, I felt like Emma was really shining a light on the unique circumstances that that was our becoming a doctor in this situation. So I was
honored to be able to speak with Emma and I feel like she respectfully and beautifully wrote our experiences. And I also, in addition to that, she really highlighted how I felt as a Hispanic doctor in the midst of all of this as well, which I was … amazing to read, and my family loved to read it as well.

**Dr. Lomis:** Well, your point about capturing this unique experience is really valid. I remember reading parts of the book and certainly reflecting 30 years ago plus to my own internship. And so, some of the things feel very familiar. But it's hard to remember that there was this whole other layer of uncertainty and chaos on top of everything. And so this really is framed as a coming-of-age story. And I recall at this time that our community of medical educators were collaborating across institutions to try to figure out how to best support ongoing learning of everybody who was in our system. And I feel like the book really serves to humanize the challenge that both our health system and our health professionals and educators faced.

So, Dr. Ulloa, was there a moment of realization for you, of what this was really going to be like after you kind of got into the work of caring for COVID-19 patients?

**Dr. Ulloa:** So beforehand I definitely did not have much of an idea of what I was getting myself into, especially compared to afterwards. And I felt like that expectation and that realization actually changed. I realized that it was very multifaceted and much more complex than I could've ever imagined. I went into it. And in the beginning days of treating these patients, I really was thinking about the acute time period and not recognizing the sequelae of this virus and the consequences that it has down the road in many different areas. So for example, right now in pediatrics, I'm dealing with the aftermath and the continued difficulties with education, development, social support as well. We have a huge mental health epidemic amongst our adolescents right now. So we're dealing with a lot of eating disorders and also financial help for families who have lost their job.

It's been profound how we've had to our care for the pediatric patients but then also the adult patients as well beyond just the scope of this virus in the acute phase. I think, I didn't realize how kind of expansive the consequences of this virus would be at the beginning and how long that they would last. I think in that, that was very surprising to me. But at the beginning of the pandemic, I kind of started to become used to caring for the COVID-19 patients, even though it was both emotionally and physically difficult as well.

**Dr. Lomis:** Oh, I imagine what you're expressing. No, none of us really understood at the beginning how incredibly expansive the impacts would be. And so, it's interesting to see you reflect on that shift mentally from taking care of the patient immediately in front of you to thinking about these larger systems issues. And that kind of insight is a big focus of our Accelerating Change in Medical Education Consortium—is helping to better train physicians to understand the health system and how we're one component of something that's much, much bigger. And yes, unfortunately COVID elucidated that for all of us.
Emma as you know, you were following these young physicians as they were going through a really challenging time. How did you see them change over the period in which you were interacting with them to generate the material for your book?

**Goldberg:** Yeah, it's a great question. I mean, I think that one of the things that I realized is that for some of the doctors I was speaking with their concept of readiness changed a little bit or just the concept of like how you can be prepared for a given situation. Cause my understanding and I haven't been in medical school but it seems like from doing this reporting and speaking with people, that you kind of spend all these years leading up to residency, preparing and learning as much of the clinical information as you can learning or the technical information learning clinically, how to conduct yourself and go about your clerkships but then you sort of just get thrown into it. And I think the getting thrown into it was taken to new heights during COVID because there were just circumstances that no one could have been prepared for in any way, whether it was taking in a patient who didn't have their family member there with them to hold their hand or just communicating with patients from behind all these layers of PPE, where it's so much harder to read facial expressions.

So I think people just realize that no matter how prepared you spend medical school, getting, you can still be thrown into a situation that tests you in unexpected ways and that you'll just tap into the humanity and the reason that you decided to do this work in the first place. And I think Gabriela speaks to that in a lot of ways because it was so clear to me that from the moment I first started talking with her that she wanted to do this work because of like the relationships and the comfort and support she wanted to provide patients. And I mean, in addition to just the clinical and technical expertise, just wanting to be there for them emotionally and supportively. And so, I think just that realization that you have all these reserves of emotional depth and courage that you can tap into, even in situations that challenge everything that you've learned and prepared for.

**Dr. Lomis:** Well, I think this issue of preparedness was one of several issues that you ended up highlighting in the book. I really enjoyed the way that you organized the stories that you were hearing from these young physicians to align them with issues that were already present in medical education, major themes that we're trying to address but—like many other things—COVID elevated them and made them more visible to us. And so that concept of readiness definitely was one of those issues. And I wonder Dr. Ulloa, if you'd share with our listeners, were there specific aspects of being ready or not being ready that really jumped out to you as you look back on that experience?

**Dr. Ulloa:** Yeah. I feel like in medical school, we do learn how to be very adaptable and comfortable with the uncomfortable, as I always like to say. I feel like clerkship year is basically designed to that for that, right. It … we jumped from one rotation to the next rotation, not knowing where we're going to be, not knowing where to stand. So medical school does a good job of making us adaptable. I think this was the highest test of that, in the way that I think not only us as freshly minted doctors had to had to enact this adaptability but also everyone around us had to as well. So the things that we were
taught would be our roles as physicians weren't necessarily our roles in this situation about kind of digging through the evidence, which we definitely did. However, there was really not much evidence-based medicine being done at that time because of the lack of evidence, because of the quick onset of all of this.

So I think in that way, it's hard to say that you're ever ready to do these things but to have the resources and the foundation to be able to do them. I feel like I received from NYU for medical school and also an orientation in them teaching us the basics of it. And I feel like my senior residents and fellows and attendings as well supported me enough so that I could grow from there and figure out different methods and treatments for my patients that would have been difficult otherwise. So I think the support was the most necessary thing to make me feel more ready but readiness is also a very complex sentiment.

Dr. Lomis: Yeah, I absolutely agree. And I think what you're expressing—and Emma touched on this as well—is it, I think sometimes we equate readiness with very concrete technical skills or areas of knowledge. I think most, transitions into internship, the young physicians really focused on that. ‘Do I know enough?’ And ‘can I, do I have the skills that I need?’ But I think what you're expressing is that this is underlying agility, adaptability, you know, to keep going is critical. And as Emma also just pointed out that notion of presence. We often underestimate just how powerful it is to actually just be there and care, especially in a time where being there was somewhat dangerous and a little bit scary for the providers as well. So that's really an interesting reflection. We should embrace that as a medical education community—how do we really look at readiness and are we adequately measuring that agility and adaptability that you're referring to.

Emma, are there other issues beyond readiness that you’d like to highlight that came up? There were several themes that ran throughout your book.

Goldberg: I think just another thing that emerged for me is also the changing conception of what courage looks like, in a given situation. Because I think I mean, when I started talking with the doctors in the book, I thought baseline, these are such courageous people who in a moment when everyone's so scared. They're stepping forward, even though they know the risks that might pose to their own health or to their families or to their partners. But I think over the course of the weeks of talking to people, it seemed to me like people learned that there was a layer of courage even beneath that, of like knowing when you kind of had to do work that actually was not at all what you’d signed up for. Like, I think that the doctors in this book and all doctors really like, are signing up to heal and to help people recover into, you know, be with people through really challenging times.

But in some instances, during the weeks of COVID care, that wasn't even possible because I was talking with doctors who the very first patients who they took care of, passed away almost immediately after they got to the floor. So that's a situation where you just really can't even do the work that you were trained to do because maybe you're coming there to heal but there's no way to do
that. This is a person who might pass away within an hour of meeting you. And there's the courage of kind of moving through those situations and then still showing up again the next day. And what struck me is that like none of the doctors who I was speaking with for this book at all, expressed any regret about doing the work that they did and it didn't make any of them question wanting to pursue these careers in medicine.

So I think that there was this layer of courage that emerged even beneath the kind of baseline courage of showing up in a challenging situation, which is moving through days and weeks of even when the work is so much more challenging and so different than anything you could have expected to be doing. And then just kind of showing up again the next day and even with positivity and an upbeat spirit or not when that wasn't possible. But that really struck me is just all the layers of kind of depth that people brought to the work.

**Dr. Lomis:** And I love that you apply the word courage to that. Because again, I think it's something that we often in medicine don't give ourselves credit for. But that showing up each day in and of itself can be really richly rewarding to the physician. Even though you might not have the ultimate impact that you would hope that you had. So, I do think it is hard for folks who are outside of medicine to really understand that intensity of caring for people who are in distress or caring for someone who's dying, caring for the family members of someone who's dying. Dr. Ulloa, when you look back, is there any way that you could articulate what that felt like? Have you talked to your friends or family or to anyone that you can try to describe it? Is it just really tough for people to comprehend?

**Dr. Ulloa:** I think it was very tough for people to comprehend, who weren't in medicine around me. And I also felt it was difficult to communicate as well because everybody was having their own struggles with this pandemic in different manners. So yes, I was in the hospital. However, my mom was also having issues with her business because of the pandemic and having to be in quarantine and all of that. And my husband was trying to figure out his job situation from being remote. I think it's difficult when everybody was feeling the weight of this pandemic in many different angles. So it was hard to reach out about something that is so devastating and anxiety inducing as is at baseline in daily life for the people around me to then add on top of that, what's actually happening in the hospitals, even though I was asked frequently what was happening in the hospitals.
However, it's hard to communicate those devastating things in fear of making things worse for those around you. However, my husband was amazing at listening to me and just giving me that support and my friends who decided not to volunteer to work in the hospital also were amazing sources of support. It is difficult, I think in residency in general to lean on your co-residents, even though we do tend to do this very often because you're … they're all dealing with some sort of events that they need to process themselves. I think it can be difficult when talking to other people in medicine as well and having that barrier of knowing that the other person is also probably going through something. But I guess that happens in most fields as well.

Dr. Lomis: Yeah. So you're right. Everybody in and outside of medicine had burdens related to this and were faced with so many challenges. Were there things that your institution did to help support the residents who were going through this? Not just those who transitioned early but all of the residents and for that matter, the practicing physicians who were trying to respond? Did you get, were there avenues there to help you talk through some of these things?

Dr. Ulloa: I think it was difficult in that time since so many of our hours were spent in the hospital and the social workers, the people that we normally have available, that NYU has available for us to debrief with were all remote and all virtual at that point in time. For example, right now we have debriefs after episodes of grief or deaths that were really traumatic in our pediatrics program. However, at that time we did have debriefing sessions. However, they were few and far between just because of the nature of the work environment at that point. So I think a lot, what a lot of us did was we were kept so busy that it was difficult to process all of the events during that period of time. And we're kind of left over for later, which can be difficult and also can happen in residency now where if you have back-to-back deaths, there's not much time to process. So I think that's just a common issue but it was definitely highlighted during the surge of the pandemic.

Dr. Lomis: Yeah. I imagine you're still trying to process what you went through and you jumped right into your scheduled residency, which doesn't leave a whole lot of time either. And I think what you're raising is a clear systems issue that emerged during this—is that we don't have surge capacity, not only in the clinical environment but in our educational systems that wrap around the trainees. So normally the mechanisms that we would try to put in place to support you were also overwhelmed. We definitely saw that we were talking to our medical educators, that we kind of dance on this thin line of barely pulling it off—everything we need to do on a daily basis. And they just don't have that “extra.” At least people put in a ton of effort as they could but there's not a lot of wiggle room there.

So I think that is definitely an issue that came out. You know, I think another issue, Emma, that you highlighted importantly, was issues around diversity, equity and inclusion. And we certainly saw from the clinical manifestations of the pandemic there were significant health disparities across populations but underneath that, there is also educational inequities throughout our entire education system but also present within medical education itself. So I wonder if you both might want to talk a little bit about
how the pandemic brought to light even more the problems with inadequate diversity or equity inclusion within the field of medicine and medical education.

Goldberg: Yeah. Well, I just want to say, I just want to start out by saying, first of all, that I think the pandemic amplified the calls for representation and diversity in the field and just brought into light how much more critical and high stakes the effort to boost representation of communities of color in the field is an area of research that I really got to dive into is around concordance, which is the area of research that shows that patients actually have better health outcomes when they're seen by doctors who come from the communities that they come from. And there's really powerful research on this, especially a study called the Oakland men's health disparities project, which looked at a group of patients in Oakland and found that they were actually more likely that, this was a group of Black men, and it found that they were more likely to consent to things like cholesterol tests and diabetes screenings when they were seen by Black doctors, as opposed to non-Black doctors. And I think what that kind of research shows is just that when we talk about diversity and representation in the medical field, it's like really … the stakes are people's health and people's lives. And it's just critically urgent work. And I think a pandemic that disproportionately devastated communities of color, just amplifies that even more and makes it clear how important that work is. And Gabriela has actually been doing that work at NYU. I just wanted to say to me, it just … the pandemic has been a moment when more than ever we're aware of how urgent the stakes are around this issue.

Dr. Ulloa: Yeah. I completely agree with Emma and I feel like the amplification during the pandemic here, it reached levels that I think were being reached before. So for example, I think kind of the people who have a higher financial status and are in different, you know, classes and not in specific neighborhoods, they weren't feeling the inequities because they hadn't experienced them. However, I think with this pandemic and amplified the inequity so much and it affected them because of the rates of COVID in New York City and the country as a wider population that I think finally people started to pay attention to it. And it's unfortunate that it took something to amplify it, so profoundly for it to get a little bit more attention. And it's something that's been talked about very much recently about diversity specifically with medical students and residents as well.
And only 5% of practicing physicians are Black and 6% are Hispanic. And I was very aware of those statistics when applying to medical school, that it would be definitely a barrier for me and that I would work to have to work 10 times as hard to be able to get in, with not as many resources as my colleagues. So I think I was so adamant to become a doctor because I really, especially a pediatrician, because I wanted to show people and kids who looked like me and who were like me, that they could get to this level, that they could get to somewhere and do something that we weren't doing 30, 40 years ago in the United States. So I think that was important for me and with the pandemic. It was definitely an emotional experience for me because I saw people who could have been my family members, receiving care and super sick from COVID and disproportionately so, compared to white patients.

So I think that was really difficult to deal with. However, I felt very lucky that I was able to have contact with them because I was able to speak Spanish to the majority of the patients. And I think it brought them a sense of comfort and understanding that they wouldn't have necessarily gotten otherwise, not to say that a translator is not, translators aren't needed or amazing. However, it's just different when you have the person with you and you're able to relay your concerns. So I think it's definitely necessary that residents and medical students reflect the diversity of the community because you're basically having patients in trust their bodies and their health with you. And so they want to know that they can trust you. And unfortunately, a lot of times that depends on who looks like they're from their community.

And I'm finding this now, for example. So we, during pediatric visits, discuss the COVID vaccine with parents during each of our visits at Bellevue, to make sure that everybody from that community is getting vaccinated because we serve a low socioeconomic status and largely minority patient population. So we are doing our due diligence to try to get everybody vaccinated. However, I do find I have more success with Hispanic patients because I'm able to answer their questions from a standpoint and with the cultural knowledge that I don't think they received prior to then or at least that was what was communicated to me from them. So it's a beautiful thing to be able to be a Hispanic doctor in this environment because I feel like I'm able to provide so much help and so much support and understanding but it was definitely this pandemic, definitely shed light on the need for further diversity recruitment and retention as well. So keeping those underrepresented doctors in practice for longer periods of time and it's wildly important. And I think the pandemic has shown that.

Dr. Lomis: Well, thanks for sharing your awareness of your personal barriers of entry to try to come into the field. And, you know, it's interesting to look back that you're exactly the kind of person who stepped up just when society truly needed you. And so I think certainly, our medical education community has been talking about this and thinking about this for some time but what I'm hearing—with Emma's discussion as well in terms of this notion of concordance—I think to date, we've largely experienced this as a “willingness” to include others with different perspectives. And instead of
really seeing it as an absolute imperative, that we cannot function well without that broader inclusion. And so it will be good to see if we can capitalize on this moment of time and this attention to these issues and really shift the conversation to not just including people but really helping them feel like they absolutely belong and they're critical to the process. I know our consortium on Accelerating Change in Medical Education is very invested in trying to really make them move to improve in these areas.

So when you look back Dr. Ulloa, overall, there's so many things that you experienced, how do you feel like you've changed based on this—you know, we said it was a coming-of-age story. Do you feel like you've “grown up” specifically related to this experience? It's hard to dissect it from just becoming resident physician in general but what are your thoughts?

Dr. Ulloa: I think I've definitely grown and kind of evolved. I think it's shaped the way that I am becoming a doctor. I did not expect an experience like this but it really showed me how important it was to be able to educate and to explain very difficult concepts in a palatable manner. And I use this now every single day in my practicing pediatrics is really trying to explain very complicated issues like the COVID vaccine and also different systems issues of why, what barriers are in the way for specific patients. I didn't necessarily think that would be so integral and used every day in my practice prior to that and I think it was just, you know, maybe a lack of knowledge of what my day-to-day life would be like in medical school. Now as a resident but I find myself explaining things better to the general population than I think I would have without this experience.

And especially since you're talking to families over the phone and on iPad, so really relaying that emotional sentiment and that empathy through technology was something that I think as a medical student, we weren't really prepared to do. We don't necessarily have simulations where we need to call somebody on the phone and break bad news. We don't really have the situation where the patient's family can't visit and we need to communicate health care plans and clinical statuses via iPad and patient communications via iPads. I think in that way, I'm ... I definitely became better with technology and allowing patients to feel comfortable on the other end of that line. So that changed how I practice as well. And I think it's in a positive manner but I do think medical education is now becoming more of a predominant practice than it was before the pandemic.

So in that way, I changed on a personal note as well. I feel like I'm more outspoken about the different systems issues and different thoughts that could be presented for systems fixes and solutions. Because I now realize which I don't think I necessarily fully fathomed before how systems and different barriers to accessing care could truly affect patients and also functioning of the hospital and providing care. I knew basically about it but I really didn't experience until that moment. I think I've become better at that. And that's actually been very helpful at Bellevue specifically because they allow residents to really kind of take the onus and implementing changes there. It's been really
expeditious for my kind of interest in medical education to be able to propose those different solutions and changes. And also, I just appreciate more time with my family and my friends, I think more so now than I ever have before.

Dr. Lomis: Well, your point about the systems issues so important. I think that historically physicians have really focused on the patient in front of them and certainly have been aware of larger issues. But again, I think the pandemic was a crash course for everyone in what we call Health Systems Science. And I love your point about technology because obviously telehealth has the potential to continue to be a very important platform to reach populations of patients that have difficulty accessing health systems. And so, it sounds like we need to learn from you and others who went through this period to really think about how do we best embed some of the more humanistic elements of an interaction through these technological platforms, which offer us so much possibility with regard to access.

I’m curious to Emma, did you feel like you matured in any way by interacting and hearing some of these stories? How did it, how did writing this book change you?

Goldberg: Definitely. I mean, I think I was just so touched by what the doctors who I was getting to know were witnessing and what they were having to get up and do every day, in terms of just being present for patients and families at some of the hardest moments of their lives. And it was really inspiring for me too because I think in the early weeks of the pandemic, I felt a little bit of a sense of paralysis because it felt like the city was being ravaged by COVID and the hospitals were overwhelmed. And yet it was also this moment of so much isolation and people were more disconnected from each other than ever. And it wasn't even really clear how people could sort of help their friends and neighbors because we were all being told to really lock down and as a reporter and just as a neighbor and a person in New York, it felt really confusing kind of navigating what can we do to be helpful in this moment?

And I think it was really inspiring for me just to get to connect with people who are waking up every morning and doing the most that they possibly could and contributing the most possible to their patients, to their hospitals, to their communities and just to the city as a whole. And I remember the first few times that I went and did the 7:00 p.m. applause for health care workers, I would picture like the people who I'd been talking to and whose experiences I've been following. And it just felt like it gave me this extra level kind of connection to that tribute and to the work they were doing into the city. All of that's to say, yeah, I just felt really, really moved by the reporting and the stories I heard.

Dr. Lomis: Yeah. It sounds like it gave you a real sense of purpose and connection, which was so desperately needed in that time. You know, I'm sure you had a lot of material that you were sifting through. Were there any pearls or pieces that didn't make it to the book but that you'd like to share with us?

Goldberg: Yeah. This is a story that I wasn't able to include in the book but I did write a subsequent
article about it but it was a story that just really stuck with me. And this was a doctor, who I remember. So, he took in a pair of patients, a mother and a daughter and they both had COVID. And he was caring for both of them and they were in the same room and then the mother coded and passed away one night, and the daughter was in the next bed and she heard and saw the entire code, and she was playing this song to kind of drown out the noise of it. The song that her mother loved the most. And the doctor wrote an email. He left the room, he was an intern and he left the room right afterward, and then just kind of wrote out his thoughts. And the thoughts were just sort of feeling almost like this was a moment of moral crisis for him, watching this almost like unconscionable situation play out. And it was a story that really stuck with me because it felt like these moments of just so much grief and loss and doctors had to just be there for patients in the midst of that and help them make sense of what was incomprehensible. And then still, also that he was able to offer kind of some degree of comfort to the patient and to the daughter. And to suggest that she played this song that her mother loved in that moment. And so that was just a story that really stuck with me of the people just witnessing all the kind of lowest lows and still coming out of that, resilient and dedicated to the work.

**Dr. Lomis:** And that's an intense story. And it's … you know, it reflects well upon him, I think, the fact that he was even conscious of how upsetting that was. It says a lot, when you're in the midst of trying to deliver all this care. It speaks highly of him as a professional that he was mindful of how uncomfortable that situation was for the daughter and do what he could to help. Maybe we can flip it a little bit. And Dr. Ulloa, was there any particular point in time that you felt particularly empowered—some part of this that really made you feel rewarded in terms of the effort that you and your colleagues were going through?

**Dr. Ulloa:** I don't know if I felt empowered but I definitely felt supported. And I think the moments that remember the most or where I felt hopeful, in seemingly a hopeless environment. I think the hopeful kind of feelings that I did have were when patients were starting to recover, when I saw them get so sick and we were on the border of sending them straight to the ICU and all of a sudden, they would bounce back and it just reminds me how resilient people are. And so that, that made me very hopeful. And especially this one woman who I really bonded with she looked like my grandmother and it's … it was just so nice to see her be able to get out of the hospital and to discharge her was so nice. However, at the same time that we were having those discharges, they were also scared as well. Right? Because they don't know, we don't know the long-term effects at that point and what would happen next.

However, it's just so nice to see the recovery from that. And I think that's what keeps you going during these situations where it feels hopeless when everybody's dying around you. However, you do see those cases where they get better. And just knowing that, that that's possible, keeps you going. And now I get hopeful every time that I'm able to get somebody vaccinated. And I feel like the hope is kind of coming back into the city. And it's a little bit more of a hopeful place now.
Dr. Lomis: Yeah. I agree. Clinging to those little glimmers of hope during that time must have been so critical and you're right, that as much as we can move our population to getting vaccinated and protect them as much as we possibly can with the tools that are at our hands, is wonderful.

So, Emma, what do you hope that people get from reading this book? What's the main takeaway that you would aspire that they would achieve?

Goldberg: I don't know if there's one main takeaway but I hope that it just, in one sense, humanizes what doctors went through during this year but also that, what doctors often go through when they're making the transition from medical school into intern year. And I think one of the reasons I started getting into reporting on medical education and medical training at the Times is that I felt like there weren't a lot of stories being told of the culture of medicine. And I think that's something that can be so foreign to people who haven't gone through medical school and medical training and residency. There's all the jargon and the kind of terminology that not everyone understands. And so, I wanted to bridge that gap a little between people who don't have a background in medicine but want to understand what it's like to go through that period.

But then I also just wanted to document the stories of people who are going through that period, extraordinary people at an extraordinary time and kind of capture that and then start to shed a light on some of the ways in which the field can learn and change from what it's gone through over the last few years. Whether that's kind of seeing all the ways that really junior people in the field worked alongside the most senior people because some of the hierarchies were shaken up a little bit or whether it's all the ways that talking about preparing for end of life care, got more normalized during COVID. So I think all of these kinds of subtle shifts, we started to see, I wanted to put a spotlight on those give people fodder for conversation about it. And then for the non-medical readers, just help them sort of understand what people went through.

Dr. Lomis: Well and I must say, I respect—you mentioned culture—and I respect your writing and that you challenged us on areas where our culture needs to improve, which there are many opportunities within the culture of medicine to improve, but yet at the same time you respected the things that are very positive and particularly illustrated by the stories of these young physicians.

How about you, Dr. Ulloa, any major hope that you get, hope that people get from this book?

Dr. Ulloa: Yeah. I hope for medical trainees that they can read this and just know that even though we are trained to be solution-oriented and really driven to find diagnoses and treatments, that it is also okay to just be there for your patients. And in that way, that's a therapy too for these patients. And I think sometimes we don't necessarily learn that in medical school. We learn how to diagnose, we learn how to treat. However, just to be there and provide the emotional and empathetic support that people need. Sometimes that's all that we can do and that I hope that they understand that there is an
emotional toll that can come with that. However, it's a treatment nonetheless, that you are giving them at that point in time. So I think from a medical trainee standpoint, I hope that people realize that everybody struggles as well with these difficult decisions and schedules and emotional experiences.

And they're not alone if they're also struggling. And I hope to the other doctors and people who are in charge of diversity recruitment of their class and residents, that they understand that we have some long strides to make in that process. And I think we're already talking about making them and I think it's amazing to be here during this period in time and medical education. And for those readers who are not medical, I hope that they realize that doctors are here for them and that they can ask us any questions about anything, and they will have our support in that.

**Dr. Lomis:** Well and I thank you for your willingness to be there in a very difficult time. And so it's, I think you're right, that is a very critical aspect of this and so appreciate your willingness and those of your peers to who stepped up at a time when it was quite difficult to be there. Thank you both for being here—it has been a great conversation as we discussed Emma's book, Life on the Line: Young Doctors Come of Age in a Pandemic. I really appreciate engaging with both of you. It's been a pleasure.

**Goldberg:** Thank you so much.

**Dr. Ulloa:** Thanks for having us.

**Goldberg:** Thanks Gabriela to you, but thanks for having us on.

**Unger:** That was New York Times reporter and author, Emma Goldberg, with doctors Gabriela Ulloa and Kimberley Lomis, discussing Life on the Line: Young Doctors Come of Age in a Pandemic. Pick up your copy of the book online or at a bookstore near you.

**Disclaimer:** The viewpoints expressed in this podcast are those of the participants and/or do not necessarily reflect the views and policies of the AMA.