

Q&A: How the power of stories can help reshape medicine

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When AMA member Luis Seija, MD, was growing up, his family didn't have a lot. What they did have, though, was each other. It was him, his sister and his mom. Yet while the three were attached at the hip, it was hard for Dr. Seija to pursue his training in New York City without feeling like he was leaving them behind. But his mom always reminds him that is not the case and the work he is doing is important.

"My mom—she is a bilingual librarian in Austin, Texas, and loves to read books—put a bookmark in writing her own story so that me and my sister could write our own," said Dr. Seija, a chief resident in internal medicine and pediatrics at the Icahn School of Medicine at Mount Sinai in New York City, and the delegate for the AMA Minority Affairs Section (MAS) Governing Council. He will be joining the National Clinician Scholars Program at the University of Pennsylvania this summer following graduation.



Luis Seija, MD

In an interview with the AMA, Dr. Seija discussed why the illustrative power of stories is essential to his physician advocacy, and how he has worked to address social justice, health equity and the public health threat of racism.

AMA: Many physicians come from physician families. How has your family background shaped your work as a physician and advocate?

Dr. Seija: I am the son of a librarian. I grew up seeing the world through the lens of a story and books, in general, which taught me how to be the hero of my own life.

And sometimes kids can't see it. Families can't see it. They might have grown up like me—with not a lot—and feel like they're not going to go anywhere in life, but when it comes to books, that's your chance to get lost in another world and see yourself in a person or a character who you connect to in ways that you didn't think you could in the real world.

In my experience—whether that's in organized medicine or patient care—you could present facts and data, but a lot of that is just going to go over people's heads. My mom taught me, as a librarian, that the impact of a story is not what the words are. It's not what's said. It's about how it made you feel.

For a lot of things, that feeling is what we do. That's how I like to focus and center my advocacy—through the lens of a story. I call it strategic narratives, because numbers and statistics are going to be lost on many. When you have to rally people behind a cause, pull them at their heartstrings or come to them with a story and realize this is not just a clinical trial that included 1,000 people. This is a person.

Being able to personalize it and realize that this is an issue and, even though it's not affecting you, it still matters and will always matter. That's where it comes in for me in terms of my basis in advocacy and telling stories.

I also recognize that when I'm telling these stories, it's not just my own. As the MAS delegate, for example, I'm representing a section of thousands of members, so it is my job. I was elected to tell those stories for a purpose and just because it's not your reality, it might be someone else's. It's a privilege to tell those stories.

AMA: How does achieving awards like the “40 Under 40 Leaders in Minority Health,” set out by the National Minority Quality Forum (NMQF), help you continue to be a voice for others?

Dr. Seija: When I look at the award from NMQF, that was the cherry on top. But when you look at the whole cake, the awards that I was recognized for—all the work that I did in my community in medical school and residency—those are the ones that are the most meaningful to me and the ones I look back on and I'm the most proud of. That's because those awards directly were for projects that I did to benefit my community.

I remember someone asked me about the Aggie Health Project, which was a comprehensive hepatitis C screening-and-treatment program that we ran out of our free student-run health clinic—and why I

was doing it. And I said that if we were able to just identify one person with hepatitis C and link them to care and cure their hepatitis C for free, that makes it all worth it.

When I think of all the other changes at Texas A&M University College of Medicine that I advocated for, one of the ones was from being on the admissions committee and I interviewed someone, and the applicant asked me if they were going to be safe here because they didn't see a gay-straight alliance or similar affinity groups. So, I decided to do something about it and within a week we were able to get that funding to start up the Gay-Straight Alliance again.

Being able to say that's my legacy, that I'm able to advocate and create those spaces and have sustainable initiatives, that's what makes it so worth it for me and why those projects in particular are so meaningful. So yes, it is the cherry on top, but when I look at the whole cake, the most delicious part, the most savory part, is those experiences.

AMA: You also helped champion the adoption of AMA policy to recognize racism as a public health threat and race as a social construct. Tell me more about that experience.

Dr. Seija: When I was elected for the AMA Minority Affairs Section as their delegate my intern year of residency—this was pre-pandemic—I had thought I needed to focus on residency and step back from the AMA.

And then this opportunity came along to run for the MAS delegate, and I had experiences prior to that being the Chair of the Minority Issues Committee within the AMA Medical Student Section and then also as the MAS Governing Council as the Medical Student Section Representative for two years. So, I always felt it was a natural transition and then on a whim I put my application in and I was elected the MAS delegate.

Then the murder of George Floyd happened, the pandemic happened, and it reinforced the idea to me that you don't choose the issues, but the issues choose you. And that drove that year leading to the November 2020 AMA Special Meeting. There was a lot of momentum going into this meeting about addressing racism in all its different forms and how we can dismantle it as the AMA, as medical students, residents, fellows or just members. As members moving medicine, how can we do that?

I know from a lot of my previous experiences—not just my lived experiences—as someone of color or someone with the last name Seija that I have to work twice as hard to get half the result. So, I remember working within this coalition and all the organizing strategies leading up to November was the hardest thing I have ever done because I knew this would be something that would be picked apart by those in opposition. But you could not destroy our argument about racism as a public health issue. That you can't argue.

Also, I led and represented MAS in the House of Delegates, introducing resolutions reinforcing our AMA's commitment to embed racial justice and advance health equity and their historic adoption, including the establishment of the Open Forum on Health equity and organizational task force on truth, reconciliation, and healing as well as voting as a social determinant of health, among others.

AMA: Any parting words you'd like to add?

Dr. Seija: Equity is about opportunity. The difference between me and my white counterparts—and for many people of color—it's opportunity. Keep that in mind. And then we as physicians, we are advocates. This is something that I tell my interns all the time, especially when there might be a patient who is labeled or perceived as difficult. We are advocates for all patients. Some are just easier to advocate for than others.