Finding My Belonging in Critical Care

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A rapid response alert was paged overhead. I dashed upstairs and followed the signs to the patient’s room. I found a swarm of white coats and scrubs crowding the doorway. Someone from inside shouted that there were too many people. Those who weren’t needed were instructed to make space for those who were. I stood back, several feet from the patient’s door. I didn’t belong in that room, I thought.

And then I remembered.

“Colleen,” I said to myself, “you are a critical care fellow. You need to go into that room.”

I took a deep breath, and then moved through the crowd. I kept moving until my feet were firmly planted at the patient’s bedside. The patient was hemorrhaging from his tracheostomy; his family members were crying in the corner of the room. My attending and two senior fellows were already there, assessing the patient. I took my place beside them and got to work.

Looking back on that day, just a few months into my pulmonary and critical care fellowship, I realize that asserting I belonged in that patient’s room was scarier for me than his bleeding airway. My persistent, nebulous feeling that I don’t belong in critical care had crystallized in a moment.

I don’t doubt that I made the right choice of specialty for my career; that’s not what I mean. It’s that I often feel like a misfit or an outsider. Sometimes I feel that I’m playing the role of a critical care physician, but that’s not really who I am. I have tried to ignore this feeling, hoping it will dissipate with time. But after a year, it lingers. So I’ve decided to try to understand it.

One reason I struggle to feel I belong in critical care is that I’m a woman, and critical care is a male-dominated field. Amongst practicing critical care physicians in the United States in 2019, men outnumbered women nearly three to one. Even among the younger cohort of pulmonary and critical care fellows like myself, in 2018 only a third were women.

I am fortunate to train in division with exceptional women faculty who are my role models and supports. But even so, women are sorely underrepresented in the highest ranks of our field. As of 2018, only 14% of pulmonary and critical care division chiefs nationwide were women. A 2017 review found that only 13% of authors for critical care clinical practice guidelines were women. With such low representation in the field’s leadership, I suspect many women have, like me, at times felt like outsiders.

However, while my struggle to feel I belong is tied to my gender, there is also more to it. My feeling of not belonging in critical care also stems from the unusual path I took to the field.

When I began residency, I fully intended to become a primary care physician. I chose an internal medicine program that emphasized home visits, communication skills, and social determinants of health. But to my great surprise, over the course of residency I fell in love with the ICU.

In the ICU I forged deeply rewarding connections with patients and families, which was what I had hoped to find in primary care. In the ICU, these relationships formed over hours to days, not months to years as in the clinic, but I loved their intensity. I loved the challenge of having to address both complex physiology and deep human emotions simultaneously.

I learned, too, how easy it was for patients’ humanity to become buried in critical illness. I once cared for a man with advanced cancer complicated by profound hypoxic respiratory failure. He was confused, agitated, and terrified. When the airway team came to intubate him, his agitation only increased. Someone told him to “calm down,” a tone of annoyance in their voice. Soon, he was given induction medications and drifted into unconsciousness.
I left the man’s room feeling that I had failed him. Those moments before he was intubated were likely the final moments of consciousness of his life. I could have asked if there was someone he wanted to call or if he wanted a moment to pray. I could have held his hand and really been with him, not just near him. But instead, I had stood by silently. Experiences like that made me want to become the kind of critical care physician who would not just successfully intubate, but fully tend to my patients’ humanity in the process.

Throughout my medical training, I have felt most at home in fields that place a high value on emotional intelligence and sensitivity: psychiatry, palliative care, geriatrics. It took me years to realize that even though my personality “fit” those fields, intellectually they didn’t quite captivate me. I loved my ICU rotations in residency, but for nearly a year I was so convinced that I was the wrong “type” for critical care that I wouldn’t even let myself consider the field as an option. In the ICU, I saw how tough emotional exteriors and domineering authority were often rewarded. Of course those traits don’t describe all critical care physicians, but a few notable examples made a lasting impression.

When I think back to that moment early in fellowship when I stood frozen outside a critically ill patient’s room, I realize I didn’t feel like the type of person who could walk through that door and take charge. There’s a part of me that has swallowed a myth that says I’m too sensitive, too soft, too introspective for this role. I have to remind myself that true belonging doesn’t come from fitting in or conforming to a type, but from having the courage to show up as you are. I am so glad that I found the courage to become a critical care physician because I love the work we do and the patients we care for. When I am really with my patients, I know I am exactly where I’m meant to be.

I doubt my experience is unique, which is why it feels important to share. I imagine there are medical students and residents who are captivated by critical care but worried they aren’t the right “fit,” that they’re “too sensitive” or “not tough enough.” I hope they are told by their faculty and mentors that this field benefits from a diversity of backgrounds, interests, and ways of relating to patients. I hope that if this is the field that ignites their curiosity, they will find the courage to join us. When they do, I hope we will greet them with open minds and welcoming hearts and let them know they are exactly where they belong.

References