How the Boston area's rookie doctors are navigating medicine's big challenges

Infectious diseases, shortages, and political attacks on health care are adding complexity to their already demanding lives

By Jenna Perlman Globe Staff, Updated August 31, 2024, 6:00 a.m.



Jack Borucki, left, a first-year resident at Beth Israel, posed with his partner, Stephen Mostek, and their cat, Schrö, at their apartment. JONATHAN WIGGS/GLOBE STAFF

<u>Every summer</u>, a new generation of doctors descends upon the Boston area's renowned teaching hospitals, providing care to patients for the first time. They are armed with

years of medical education but lack on-the-ground experience that turns novice practitioners into experts.

These physicians are entering health care at a pivotal time for medicine. The ebbing of <u>COVID-19</u>, the rise of new infectious <u>diseases</u>, <u>burnout</u>, <u>shortages</u>, <u>the mental health</u> <u>crisis</u>, and <u>the political attacks on health care</u> add layers of complexity to their already demanding lives.

The Globe interviewed half a dozen residents and collected audio diaries from them to better understand life as a freshly minted MD in three specialties: emergency medicine, anesthesiology, and neuropsychiatry.

Dr. Jack Borucki, emergency medicine, Beth Israel Deaconess Medical Center

With every step of his medical education, Borucki, 26, migrated northward until he reached Boston. As a self-identified queer man, the Atlanta native sees Boston as a safe place for him and his partner. After graduating from Davidson College in North Carolina, he went to University of Virginia Medical School and <u>researched</u> how doctors can better support their transgender patients.

Like many in the <u>LGBTQ+ community</u>, Borucki has struggled to find compassionate, identity-affirming care. And, in a time when Republican led-states are enacting a variety of <u>restrictions on transgender care</u>, Borucki wants to give his patients the compassion he wishes he received.



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A day in the life of an emergency room doctor

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Nothing compared to the first time Borucki cared for a critically sick person. One month into residency, he recalls caring for a patient in organ failure who deteriorated as Borucki's shift progressed. For hours, Borucki did whatever he could to keep them alive, consulting every specialist he could think of, relaying important information to the people around him, and ordering medications he describes as "scary."



"I felt just truly overwhelmed. I have never in my life felt so acutely like I was holding a person's life in my hands," he said.

The patient was transferred to the intensive care unit, where they remain today. But Borucki hasn't stopped thinking about them, wondering what, if anything, he could've done differently. Still, feelings of pride overshadow the doubt.

"Four years ago, I would never believe that I could have handled something like that, and I did."

Dr. Annie Leamon, emergency medicine, Mass General Brigham



Dr. Annie Leamon donned her new white coat. PAT GREENHOUSE/GLOBE STAFF

For as long as Leamon, 28, has been studying medicine, there have been shortages of supplies as well as providers. Originally from Williamstown, she went to Albany Medical College. There, she saw people waiting hours in a noisy and busy emergency room for a handful of psychiatric beds. In residency, she's seen Mass General Brigham quickly adapt to supply chain shortages.

And, she sees the impact that primary care shortages have on patients, especially those with chronic illnesses. "They're sicker than they should have been," she said. "It's really sad."

While shortages don't faze her, her new routine has presented new challenges. Emergency medicine residents have a constantly changing schedule, going from day to night shifts in a single week, she said. Her days can stretch to 12 hours long, and she can work up to 60 hours a week at three hospitals: Mass General, Brigham and Women's, and Boston Children's. "It can disrupt your sleep schedule pretty majorly," she said.



Dr. Annie Leamon is a new resident, in emergency medicine, at Mass General Brigham. PAT GREENHOUSE/GLOBE STAFF

Leamon is constantly studying, often outside her working hours. She wakes up and opens textbooks on her off time to augment what she's seen in the hospital. On her commute from the South End, she listens to medical podcasts. Every Wednesday, she attends a five-hour class with her co-residents to learn about medical situations they don't typically encounter in the hospital. And, after every bedside visit, Leamon meets with her supervising attending physician to go over the case.

But for the young doctor, training at Mass General Brigham has been like coming home. She was born at the Brigham as a triplet, with a large tumor on her neck. Surgeons at Children's removed it and "saved my life," Leamon said. She credits this chaotic start to life for sparking her passion for medicine, telling her parents at 4 years old that she wanted to be a doctor.

"It's kind of been the thing I've always wanted to do."



<u>Globe Audio</u> A tumor sparked Dr. Leamon's passion for medicine

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Dr. Margaret Bayliss, anesthesiology, Tufts Medical Center

In our fifth summer with COVID-19, infections have been unexpectedly high.

But the coronavirus is just one of several viruses dominating headlines this summer. A highly pathogenic strain of <u>avian flu</u> is spreading through the nation's farms. Dengue fever, a potentially fatal mosquito-borne disease, has been <u>diagnosed</u> more than 185 times in Massachusetts this year, with global levels at their <u>highest on record</u>, according to data from the Centers for Disease Control and Prevention. And the state has seen its first cases of <u>eastern equine encephalitis</u>, the mosquito-borne disease known as EEE, since 2020.

"It's definitely uncertain times," Bayliss said. The 30-year-old anesthesiology resident started July 1 in the surgical ICU, working six days a week overnight caring for the sickest patients. "A hospital can be full of uncertainty regularly," she said. "We have to be comfortable working around it."

In critical care units, death is a part of life. Bayliss sees it often. "There are good days and bad days," she said. "Everyone's time of need is great in an ICU."



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Bayliss, from Canton, recalls a younger patient she cared for; it wasn't the patient's condition that stuck with her, but their attitude. "We don't see a lot of younger folks in critical care. She had a lot of hopes and dreams ... and she was just trying to make it out of the hospital. I just have an immense amount of respect for her," she said.

Dr. Mina Botros, neuropsychiatry, UMass Chan Medical School

In Botros's mind, everything leads back to the brain. The 29-year-old initially wanted to be a cardiologist but realized during medical school that heart problems, in many cases,

are caused by mental health disorders. Taking medication, exercising, sleeping, and eating well are a lot harder to do when you're struggling, Botros said.

The Lowell native credits a childhood neighbor for sparking an interest in mental health care. When the father suffered a brain aneurysm, his daughter developed post-traumatic stress disorder. That exposure led Botros to study suicide intervention training and conduct neuropsychiatry research.

"I was really drawn to this fascination between the brain, the mind, and behavior. All those things are interconnected," he said.

In the wake of the COVID-19 pandemic, public attention has focused on the <u>teen mental</u> <u>health crisis</u>, a significant shift from 10 years ago, Botros said. If he were to tell his immigrant parents that he was depressed or anxious, they'd say it's a choice. But now, society is more accepting.

"If anything, it's a strength to say, 'Hey you know what, I think I need some help."

Botros was surprised to learn how much of his job goes beyond medicine. He spends a lot of time working with social workers and case managers to make sure patients stay well after they're discharged. He has learned that a lot of the time, patients end up in the hospital because of external factors, like lack of green space, unemployment, homelessness, loneliness, or lack of resources.

"It's been eye-opening, and [it's] probably impacted how I'll practice for the rest of my career."



Inside a psychiatric hospital

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