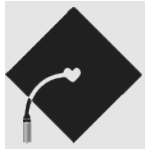


Emergency Doctor

Emergency Medicine Physician at Rutgers-
Robert Wood Johnson University Hospital



Aakash Shah

Ursinus College, Class of 2010



What is your current position and the journey that led you here?

(To read more about Aakash's beginning journey, please check out his alumni profile). Once we settled into the suburbs of New Jersey, I attended public schools up to selecting Ursinus College. I had some incredible teachers and life changing mentors up to that leg of my journey. From Ursinus, I ended up at a school in Boston, and was lucky enough to get a scholarship to take some time off. From there, I would go to the United Kingdom to get my Masters. I met my far better half abroad and moved back to Boston to finish med school. I am now residing in New Jersey to finish my residency as an emergency room doctor at Rutgers-Robert Wood Johnson University Hospital.

What makes your work meaningful?

I enjoy the medicine. When someone walks into the emergency room, they could have a number of things going on. I think, from a clinical standpoint, it is incredibly challenging and engaging to parse through all the noise and hear an individual's story to figure out what is wrong. Emergency medicine allows you to make a tangible difference in the life of another in a very real and direct way. That could come in the form of a broken bone reset or a laceration closed. Perhaps it is through a blood transfusion for an individual in desperate need of it. That ability to make a direct impact on the life of another is very rewarding. I think, in keeping with some of the social justice values Bonner imparts, this is the population I certainly wanted to work with. For all of those reasons I think I was drawn to emergency medicine.

What does an average work day and year look like for you?

I am in my last year of residency at the moment. I do about 60 hours a week in the emergency room itself. It is usually broken down into about five, twelve hour shifts. For example, I might start my shift at 7am and end at 7pm. Each shift is different because the folks who walk in are different. It is very much what you might expect. A patient comes in and I sit with them. I listen to their story and examine them. The final part is working with the rest of the team to figure out what is going on. I can then decide what tests need to be done in the emergency room. The decision will be made for the patient to go home or come into the hospital. I do that with a handful of patients during a given shift. Outside of the emergency room, I am currently serving as the Medical Director of New Jersey Reentry Corporation. It is a nonprofit that is effectively statewide, helping members of the justice involved population reenter society. They provide a week retreat of intensive education or workshops that address a number



of barriers they face upon reentry. My role is reviewing what the healthcare needs of this population are and developing programs and partnerships to help address them more effectively.

What are some positives and negatives of working in your current role or sector?

Medicine is a long road, but you can find a balance between what is important to you on that road. I knew being able to do policy and nonprofit work was important to me. Therefore, one of the practical considerations was, how do I do both? And, that is the nice thing about emergency medicine. Ideologically it fits the social justice perspective and practically it fits well with outside interests. I would say that for scholars debating whether or not to go into medicine, be mindful. You will find this in any other field. All these dynamics and nuances are present in all professions. Be mindful of whether your desired path fits ideologically, but do not feel like you have to sacrifice the practical considerations. Everything may be situation specific and there are ways to strike that balance. Emergency medicine does this for me.

On the other hand, the way the emergency room is currently structured is limited in its ability to address some of the larger social issues that bring someone into the emergency room. It is not lost on me that a child with an asthma exacerbation is here for the third or fourth time in a number of weeks. What he/she needs is not a couple of breathing treatments or steroids. What they need are linkages to programs in the community that provide transportation to and from school. What is triggering their asthma is the mile and a half walk to school at a certain time of year when allergies are full blown. Therefore, they are going to keep coming in, but they are only going to go back to that same routine that will trigger the same attack. For many important but stubborn social determinants of health, the best the emergency room can do is put a band aid on them.

What has been the biggest impact Bonner has had on your life or work?

The Bonner values are not a noun. They are not a state of being or an object to possess. They are a verb. They are a state of doing and an action to be undertaken. For example, the Bonner values do not ask you to see the glass half full, but really believe the glass can be full. I view it as, putting your head, heart and hands in conversation to do the work of filling it. Bonner has provided clarity and purpose to all subchapters of my life. Additionally, it has provided me with access to a community that reinforces those values. I come to appreciate it more and more each passing year. Those ideals are easily lost in the cross currents of life and the practical demands that get placed on you as you move from one chapter to the next. As I grew older, it was easy to be pulled in many different directions and, by extension, your values and ideals to go adrift. However, when you are connected to a community and surrounded by young folk still committed to those ideals and values, it reminds you of what you should be doing.

