White Coat, Black Face

A Doctor's Guide to Overcome Your Emotional Flatline

Pamela Buchanan, MD

ISBN-13: 979-8-9988072-0-6
Library of Congress Control Number: 2025910798

Book cover design by Nathan S.
The Author's Journey Publishing Co.

Dedication

For my children, Zealand, Zurich, and Caren. Thanks for letting me work on this and being such great children as well as my inspiration.

Table of Contents

Get Your Free Guide

The StrongHER Method™

10 Ways to Banish Stress for Good

How It Works:

01 Scan the QR Code

Open your camera or QR code scanning app and point it at the code below.

02 Provide Your Email

Subscribe to the StrongHer email list to receive your free guide. Be sure to confirm your subscription.

03 Look Out for Invite

Check your email for an invite to the STrongHer Purpose Circle.

Having trouble with the QR Code?
Try this: https://bit.ly/4cRQRn3

Foreword

When I first entered the world of healthcare, it was from a place of understanding and care, as a physical therapist dedicated to helping people heal. In recent years, I've also become a patient, experiencing firsthand the challenges of the medical system. Through my journey, I've come to realize that we must extend our support to doctors, not only because they care for our health, but also because their well-being is intrinsically linked to our own.

As a healthcare professional and someone who has battled cancer three times in just two years, I know the weight of navigating both the physical and emotional challenges of illness. What I didn't anticipate, however, was the profound grief and sense of loss I felt upon learning that one of my trusted doctors had taken his own life.

In that moment, I felt the weight of his absence, not just for myself but for the thousands of patients who had lost a doctor they trusted, someone who had made a life-changing difference in their care, and in my own. I wasn't alone in feeling the grief. I came to understand that approximately one doctor dies by suicide every day—this is not just a personal loss but a systemic crisis within the medical field.

Doctors are under immense pressure, facing mounting administrative burdens, moral distress, and,

tragically, a lack of systemic support. This doesn't just impact physicians; it affects us all. When a doctor takes their own life, thousands of patients are left without care, creating a ripple effect that can be devastating. A good doctor is irreplaceable. And yet, we ask these same doctors to carry enormous responsibilities with limited resources, often in environments that don't foster their well-being.

I've spent countless hours in conversation with physicians, some who have contemplated suicide, some who have survived suicide attempts, and even spouses of doctors who have died from suicide. This is a stark and painful reality that we cannot ignore! The toll on our doctors is real, and it's affecting our healthcare system in profound ways. More than half of physicians are experiencing burnout, which is directly linked to poorer patient outcomes. When you feel depleted, it's impossible to perform at your best and provide the best care. This is the reality for many physicians right now. They are human, too. And they are silently crying out for our support.

Dr. Kathy Stepien said, "Everyone wins when physicians are well." It's a simple truth; doctors are people, too. They experience stress, fear, frustration, and sadness just like anyone else. They are not invincible or superhuman, and they need our empathy, our kindness, and our support.

If you want your doctor to be there for you, you need to understand the challenges they face. Kindness

is a powerful tool we all can offer. It doesn't have to be complicated. A simple "thank you," a gesture of appreciation, or a moment to let your doctor know they are valued can make a world of difference.

We need to address the systemic issues that contribute to burnout and distress as well. Overwhelming workloads, administrative hurdles, and moral injury are just a few of the contributors to a healthcare environment that leaves physicians vulnerable.

The physician crisis we are facing requires all of us to step up, not just in caring for our doctors but in ensuring that they have the resources, systems, and support they need to thrive. This is not just about caring for physicians; it's about protecting the heart of our healthcare system, our doctors, and ensuring that they are able to care for us when we need them most.

In the pages of this book, you'll hear from a doctor who has walked through the darkness of contemplating suicide, who has faced the emotional flatline, and who continues to navigate the complexities of healing not only her patients but herself. Dr. Pamela Buchanan's bravery in sharing her story is a powerful reminder of the importance of taking care of those who care for us.

I have made it my mission to support doctors in any way I can. I listen to them. I amplify their voices and build a sense of community through my "Stand Up (for) Doctors!" YouTube channel and Substack newsletter, as

well as LinkedIn posts. I invite others to join me in showing support to help ease the burden on the medical professionals who dedicate their lives to helping others.

The fight against physician burnout and suicide requires a collective effort. As patients, we can make a difference. We can be the support our doctors so desperately need. Let's Stand Up for Doctors!

Kim Downey
Physical Therapist
Stand Up (for) Doctors!
Community Ambassador for Medicine Forward & Dr. Lorna Breen Heroes' Foundation

PART 1

The Emotional Flatline

Chapter 1

The Doctor Is In (And Always Was)

Don't wait around for other people to be happy for you. Any happiness you get, you've got to make yourself.

—Alice Walker

Since the age of 12, I've wanted to be a doctor. In my family, trips to the doctor's office were always a treat. The night before, Mom would press my hair and make two ponytails with rollers at the end. The next day, she'd add ribbons or ballies, and I'd put on a cute dress and shoes. Afterwards, if it was a school day—and if I behaved—she would take me to get something to eat. Back then, trips to McDonald's, Burger King, or Best Steakhouse were just a few of the rewards.

We were poor, and I loved going to the doctor. My favorite was pediatrician Dr. Helen Nash. She was so inspirational. Her office was located in the hood, and the brick building reminded me of the TV show *Good Times*. Ironically, I eventually worked in a free clinic that resembled that building.

Inside, the waiting room looked like someone's living room. It had red walls with cute little paintings and magazines neatly fanned out across coffee tables. Also, there was a donut shop across the street. Stopping there became another reward for visiting the doctor—and it was probably my favorite. You couldn't get donuts like that in the suburbs.

I was never afraid of doctor visits or even getting shots because Mom made every trip feel like a treat. Also, Dr. Nash and her staff were warm and kind, and Dr. Nash would take time to encourage me to stay out of trouble and get an education. She would tell me I was a smart girl. To a young girl who was teased for being "slow," that meant a lot.

They were such great memories; I've kept the tradition going with my own kids. They understand that going to the doctor was more than a medical necessity;

it was a special occasion wrapped with tradition. And they know, just like I did, that a special lunch always comes next. As a doctor, I try to carry the same comfort my mother embodied and make each visit a positive experience for my young patients, just as Dr. Nash did for me.

Success and Challenges in the ER

With almost two decades of practice, I can say that I've been pretty successful. I started out in private practice but transitioned to emergency medicine for the shift work hours and better pay. My career has not only flourished, but I've also been routinely praised by patients young and old. I'm doing what I love and never desired to do anything else.

As an emergency room (ER) doctor, we are taught to "treat and street" patients. Colleagues jokingly refer to us as "whores of medicine" because we have no relationships with patients. We are in triage mode when it's busy, and the system is not designed for us to be primary care, although many people use the ER that way. We take a few minutes to make a diagnosis then refer the patient for continuity of care. That was part of

the allure for me. No after-hours call. When the shift is over, it's over.

Now sadly, the ER is referred to as the garbage can of medicine. These days, patients are angry because they wait too long in a stress-filled, understaffed emergency room, and they take their frustrations out on us. When we're having a good day, they're discharged within a couple of hours. They're either given a prescription and directions to follow up with their primary care physician, or if they're really sick, we send them upstairs to the hospital. But on a typical day, just waiting to be seen can be longer than a couple of hours.

I worked 12-hour to 24-hour shifts, often getting little to no sleep, and struggled to maintain a work-life balance. The challenges of the ER are that we have to see everyone. It's the law. And there are people who abuse the system and come weekly for the same issue. We know they don't have a medical problem, but we must see them anyway. Some of these people are violent or psychotic, so I am constantly worried about safety.

Recently, someone threatened to come back and harm me, and has called the hospital to see when

I'm on shift. This has caused me to work days only, and I'm extra careful when walking into and out of the hospital.

In an effort to spend more time with my children, I chose to work at a rural hospital one and a half hours away from home. Also, the pay was better. In addition to the 12-24 hour shifts, I also had a one and a half hour commute to and from work. But after more than ten years of commuting to and working in the ER, everything gradually started to weigh on my emotional health—I was on the path to burnout. The Agency for Healthcare Quality and Research (2017) describes physician burnout as a long-term stress reaction marked by emotional exhaustion, depersonalization, and a lacking sense of personal accomplishment due to packed workdays, the demanding pace, time pressures, and emotional intensity.

In addition, the long hours and commute meant I missed important moments in my children's lives, and I knew I couldn't get them back. I was a mother of three, and one of my sons was diagnosed with Crohn's disease. Soon after taking this role, all I could ever think about was home. I was losing out on priceless family moments

that I could never relive. I missed games, PTA meetings, everything. When my daughter's senior tennis night came and went without me, she said, "It's okay, Mom," her voice tinged with the disappointment she tried to hide. "I know your work is important." Those words stung more than any rebuke. I knew it wasn't okay, and I'd spend the rest of my life making it up to her.

Despite loving what I do, I started to feel agitated, and it wasn’t long before self-doubt, a common symptom of burnout, crept in. I found myself second-guessing decisions I made thousands of times before, even routine ones. The once-comforting feel of my stethoscope started to feel like a noose.

In addition, the harsh fluorescent lights of the ER had never bothered me before, but they had started to blur into one continuous glare, causing eye strain. Sleep became a luxury, and real meals became a distant memory. The acrid taste of energy drinks and protein shakes had become substitutes for the four main food groups, barely masking the tang of exhaustion on my tongue.

Instead of addressing these thoughts and feelings, I dismissed them, convincing myself that they

were a normal part of life for an ER doctor. But, like a patient ignoring the warning signs of heart disease, I was setting myself up for a crisis. Little did I know that another crisis, a global crisis, was just around the corner.

COVID Burnout

The COVID-19 pandemic hit the medical community like a massive heart attack and transformed the ER into a warzone, the air thick with fear and the sharp, bitter, artificial smell of disinfectant. I felt like a soldier on the battlefield running out of ammunition. The weight of my quarantine protection gear—the N95 respirator, face shield, boot covers, hood, and gloves—was heavy but offered little protection against the enemy.

As you may recall, the rural community strongly resisted precautionary measures and often criticized those who followed them. During COVID, I witnessed this resistance all too frequently. Despite our best efforts, we simply couldn't reach many of them in time. For example, during the start of the quarantine, a couple held their wedding anyway, an event we dubbed the "Red Wedding." It included guests from the

neighboring towns of Cypress and Cedar Hills, and before the wedding, the ER was relatively quiet. Residents were even saying, “See? COVID isn’t that bad.”

The bride was an obese white woman with plain brown hair, and the groom was lanky and endearingly awkward-looking with a blondish-brown buzz cut. The bridesmaids' dresses were magenta, hence the name "Red Wedding." A few days after the nuptials, a little old man came in with a cough and sniffles. Then the best man followed, feeling seriously ill, and it snowballed from there. The ER became overwhelmed for the next five to six months. Despite the worsening situation—illness, job loss, death—the townspeople insisted on living their lives as usual.

Ignorance about the virus spread just as quickly as the disease, often tinged with racism and xenophobia. There were people who called and asked if eating Chinese food gave them the "Wuhan flu," and they were as serious as cancer. We also had patients who refused care from our Filipino or Asian nurses out of fear of contracting COVID-19 from them.

I was the medical director and the only Black doctor in the workplace, and I felt isolated and constantly on edge. When patients noticed that I was treating them, some would ask for another doctor or the supervisor. Each time, I calmly explained that I was the only option, and every time, I was met with racial slurs, surprise, or refusals to be treated by me.

This went on for months. Every interaction was contentious and political, with patients slurring racial epithets at me and the staff, questioning my abilities, or simply surprised that I spoke well. Many antagonized me about masks and other preventive measures, and I found myself working to avoid arguments. When the subject of COVID came up, I simply stated that I wore a mask and hadn't contracted COVID-19, then focused on doing my job and getting out of there.

It wasn’t long after the Red Wedding that every ER patient’s vitals were dangerously unstable. It was chaos—alarms blaring constantly and machines wailing like sirens, warning us that something was terribly wrong. The truth was, everything was wrong.

Before COVID, those alarms were manageable. They would only go off occasionally. In the ER, you’d

have maybe two or three patients hooked up to a monitor at any given time, and those alarms were useful. When we heard the alarms go off, it meant we could respond, triage, stabilize a patient, and move on. I longed for the days of being a prostitute doctor.

But during COVID, I couldn't rely on those alarms anymore because they all screamed at once. The constant noise became white noise, and it was impossible to tell the difference between what was urgent and what was catastrophic.

It was terrifying. So, I had to create my own mental triage system and make gut-wrenching decisions. Who was most likely to make it? Who wasn't? Which patient had the best chance of survival? Is it the 85-year-old with asthma but otherwise healthy or the 35-year-old with multiple chronic conditions? You're forced to choose, knowing full well that someone might not make it because you couldn't be everywhere at once.

I'll never forget one of the worst nights. There were so many patients in the ER. People were gasping for air and struggling with every breath. At one point, I stood still, feeling frozen in place. I had eight patients,

all in varying degrees of crisis, and only one me. The exhaustion was unlike anything I'd ever felt before. It wasn't just physical—it was mental and emotional depletion on a level I couldn't even process. I had to choose who to save.

And then came the worst sound of all: flatline. As patients were dying and being put on ventilators, they would ask for vaccines as a last resort. I had to explain that it wouldn't help at that stage; vaccines were effective for those who hadn't contracted COVID-19. This took an emotional toll on me, driving me to a dark place where I questioned my own care for those who didn't believe in the virus's severity.

One night, after losing two patients in a single shift, I retreated to my call room. The silence was a stark contrast to the ER's constant cacophony. I broke down, tears streaming down my face. The full weight of everything hit me, crushing my chest and making it difficult for me to breathe; it was a panic attack. I felt utterly useless, a fraud in a white coat. The passion that once drove me to medicine had flatlined completely.

I'd always been someone who could handle stress, or at least that's what I told myself. I'd been

through a lot in my life, and I always found a way to keep moving forward. But the pandemic changed everything. It wasn't just the fear of the virus or the exhaustion from the long hours—it was the isolation. Despite the world coming to a halt and everyone staying at home, I remained an "essential worker." That meant I had no choice but to keep showing up, even when I felt like I couldn't anymore.

I experienced a level of isolation that I had never experienced before. I was unable to spend time with my children in the way I desired. To mitigate the risk of exposing them to COVID, I lived in the room above our garage, keeping my distance but yearning for a hug.

Every day, after my 12- or 24-hour shift, I'd drive one and a half hours home and strip down in the garage to shower. With my son on immunosuppressants for Crohn's disease, the fear of bringing the virus home to my children never left me. So for months, I didn't see my children but would hear them in the house talking, laughing, and playing. I couldn't touch them, couldn't sit with them, couldn't breathe around them, and couldn't be the mom they needed and I wanted to be.

Have you ever been afraid you would kill your child by just breathing on him? The thought of hurting my children by bringing this deadly virus into my home was unbearable, so I remained isolated and worked more hours. The hours piled up even more because I never contracted COVID and would fill in for those who were out sick. But staying away from my family was making me depressed.

Driving to work through empty streets was a strange, almost surreal experience that amplified my sense of isolation. It reminded me of an apocalyptic movie. The normally bustling roads were now eerily silent, stripped of their usual morning chaos—no rush-hour traffic, no school buses, no commuters hurrying to their jobs. Each mile felt like traversing a landscape between reality and some dystopian nightmare.

The emptiness was more than a visual phenomenon; it was a visceral representation of collective fear and withdrawal. Storefronts stood dark, their windows reflecting my vehicle like blank, unseeing eyes. Parking lots that would typically be filled with cars sat as expansive, desolate concrete plains. Traffic signals

changed colors with robotic precision, mechanically obedient, indifferent to the stillness.

I knew mental health mattered. I knew, logically, that this too would pass. But I couldn't admit I wasn't okay. It felt like the movie *Groundhog's Day*, only darker—no jokes, no do-overs—just a loop of pain with no exit. Drive 1.5 hours. Work 24. Get called a nigger bitch. Watch people die. Drive 1.5 hours. Work 24. Get called a nigger bitch. Watch people die. Drive 1.5 hours.

At the height of the pandemic, I'd cross a long steel bridge over the Missouri River, the streets behind me a ghost town, the road ahead empty. I dreaded both destinations—work and home. At work, death. At home, loneliness. And every day, as the virus claimed more lives and loneliness claimed what was left of me, I'd cross that bridge with the same thought echoing in my head: Jump. Just jump.

Chapter 2

Code Blue for the Soul

You don't have to control your thoughts. You just have to stop letting them control you.

—Dr. Judson Brewer, psychiatrist & neuroscientist

The thing about depression is that it doesn't care about logic or reason. It sneaks in quietly, like a shadow slipping under the door, and takes hold of you, no matter how "good" life might look from the outside.

And I wasn't alone. There were countless other healthcare professionals who silently carried the weight of the world on their shoulders. Burnout became a shared affliction with no mental health resources offered and no debriefing after a particularly brutal

shift. The hospital was quick to shove a swab up my nose if I so much as sneezed, but no one ever asked, “Are you okay?” To truly understand the lack of compassion shown to healthcare workers, let me share a few stories I’ve had to process on my own.

Unforgettable Cases

Early in my career, a man came into the ER after being electrocuted by a power line. He was a lineman, and the electricity had scorched him so badly that his skin looked like charcoal. His back was blackened and swollen, puffed up from the burns. We had to perform an escharotomy—a procedure where you make deep cuts into the burned skin to relieve pressure and allow the body to breathe.

I’ll never forget the sound when the scalpel sliced through his burned flesh. It was horrifyingly similar to the sound of cutting into a brisket when you let it rest after cooking. Then there was the smell—an acrid, sickly scent that lingered far longer than it should have. We worked on him, knowing, deep down, that he wasn’t going to survive. He was too far gone.

Even now, 17 years later, I can't barbecue with charcoal. I have a pellet grill because I can't bear the sight of charcoal briquettes. Every time I see them, I'm transported back to that day in the ER, the sounds, the smells, and the overwhelming sense of helplessness. That image haunted my dreams for years and still lingers in the back of my mind.

One of the worst cases I ever worked on was a man who'd been in a motorcycle accident. By the time he came to us, he was nearly decapitated—his head was barely attached, held on by a thin strip of skin.

I remember having to manipulate his head to see if there was anything we could do. As I turned it, his head almost rolled off the table. It was like something out of a horror movie. I had to fight to stay composed, to focus on the task at hand. There was no mandatory counseling after that. No one sat me down to process the sheer trauma of handling something so gruesome.

But that's the thing about working in the ER—what you see sticks with you. You don't just walk away from cases like that and go back to normal. You carry it with you, whether you want to or not.

These stories occurred before COVID and had contributed to my burnout and depression. And during the height of the pandemic, there were several more cases that added to it, and eventually, an emotional flatline. Here's one that stuck with me for months.

Nursing home residents were among the hardest hit. We treated so many elderly patients with COVID, and most of them didn't survive. But there was one patient I'll never forget. She was frail and gaunt, her body ravaged by age and illness. She looked like something out of a horror movie—like the Crypt Keeper, with sunken eyes and skin stretched tight over her bones.

As she was dying, she grabbed my arm with what little strength she had left. Her grip was weak, but the moment was powerful. I could feel the life draining out of her, her energy slipping away as she looked at me with fear and desperation.

For months, I couldn't shake the feeling of her touch. In my dreams, I'd see her crawling across the floor, like the girl from *The Ring*, grabbing at my leg and pulling me down. I'd wake up kicking and gasping for air, still trapped in the nightmare.

What makes these stories harder to bear is the lack of support for people like me—ER doctors and nurses who are exposed to horrors like this every day. Paramedics and police officers who bring these patients to us have mandatory counseling before they're allowed to return to work.

But in the ER? We don't get that. No one checks in on us after a bad call. No one asks how we're doing or whether we're okay when those moments stay with us. It wasn't just the incidents that wore on us. It was also the silence that followed them. I didn't talk about what I'd seen or how I felt, and no one asked or spoke about how it made them feel. The weight kept piling up until I couldn't tell the difference between normal stress and something far more dangerous. It wasn't a burnout. It wasn't depression. It was something I didn't yet have language for.

The Insidious Nature of the Emotional Flatline

An emotional flatline doesn't barge in like a fire. It seeps in like carbon monoxide—quiet, invisible, lethal. It starts with small things. You ignore fatigue, burnout, and depression. You rationalize the constant tension in

your shoulders. You normalize skipping meals, skipping sleep, skipping joy. You think, “This is just what it takes.”

And for a while, it is. I loved being a doctor and didn’t take issue with all of its demands. I felt honored every time I walked into a room and someone trusted me with their life or the life of someone they loved. I never took that for granted.

That said, it wasn’t easy getting here, getting to an emotional flatline. I fought through the whispers of people calling me slow before we understood why. I stood toe-to-toe with sexism that told me I was too emotional, too soft, too loud, too much. I stared racism in the face—sometimes subtle, sometimes sharp—and refused to let it decide who I could become. I failed more than once. But I got back up every time. Becoming a doctor was my dream, and I lived it fully. I didn’t want to give up.

But somewhere along the way, the dream shifted. The call room started to feel like a cage. The stethoscope around my neck felt heavier. I could do everything I was trained to do—intubate, resuscitate, diagnose, lead a code—but I couldn’t *feel* it anymore.

The highs didn't lift me. The lows didn't faze me. I wasn't tired; I was numb. I wasn't broken; I was blank.

That's what no one tells you. The emotional flatline doesn't scream—it whispers. It disguises itself as discipline, as hustle, as sacrifice. And by the time you realize you're drowning, you've already gone under.

Deep down, I knew I needed to define it because it was more than exhaustion, burnout, or depression. And naming it meant I could dissect its parts and find a cure. So I defined emotional flatline as:

> *A clinical and cultural phenomenon marked by the chronic suppression of one's emotional needs in response to prolonged stress, trauma, or role-based overfunctioning. Common among high-achieving professionals—particularly those in caregiving, mission-driven, or marginalized roles—this state is not defined by sadness or despair but by emotional numbness disguised as composure. The emotional flatline presents as quiet endurance, blunted joy, and a dangerous normalization of self-neglect. It is not the absence of emotion, but the strategic silencing*

of it for the sake of survival, perceived strength, or societal expectation. Left unaddressed, it erodes identity, purpose, and mental health—one silent heartbeat at a time.

I wasn't going to stay there because I refused to give up my dream of being a doctor. But it took another incident for me to finally seek help.

Losing a Mentor to the Pandemic's Toll

This doctor seemed to have it all, the kind of person who could light up a room—a real happy-go-lucky type, like Robin Williams. But just like Robin, he carried a pain no one could see.

To me, he was more than a colleague —he was a guiding star in the chaotic early years of my career. He taught me to navigate medicine with purpose and integrity. His energy was infectious, and he had this incredible way of making everyone feel seen, valued, and capable.

During residency on my ER rotation, when days blurred into nights and exhaustion was my constant

companion, his words were often the only thing keeping me going.

"Take it one patient at a time," he'd say, his voice steady and calm, even in the middle of the ER chaos. "You can't save everyone, but you can always make someone's day better."

For that, I admired him deeply. He wasn't just a brilliant doctor—he was a father, a husband, and a pillar in his church. He played guitar in the worship band on Sundays and could bring humor into even the most tense situations.

But even the brightest lights have shadows. I first noticed something was off during my residency. He took an extended leave, and while rumors swirled among the staff, no one dared to ask him what was going on. When he returned, he seemed quieter, a little more withdrawn, but still kind and supportive. It wasn't until years later, when I worked with him at his standalone urgent care, that I learned the truth.

One night, after a particularly long shift, we were sitting in the break room, sipping lukewarm coffee and decompressing.

“I broke my back years ago,” he said, almost casually. “Got hooked on pain pills during recovery. Rehab helped, but... it’s a fight every day.”

I was stunned. He didn’t seem like someone who struggled with anything. To me, he was the epitome of resilience and composure—or at least that’s what I thought.

“You’d never guess it,” he said with a tired smile. “And that’s the problem. People see what they want to see.”

His words stuck with me. Even though I didn’t fully understand the weight he carried, I admired his honesty and the fact that he kept showing up, even when it was hard.

But the pandemic stretched us all to our breaking points, and he was no exception. Running a standalone urgent care during such a chaotic time was grueling. Financial pressures mounted, patients were relentless, and the days seemed never-ending.

Still, he tried to stay positive. He posted inspirational messages on Facebook almost daily, urging everyone to “keep your head up” and “stay strong.” I

found comfort in his words, thinking that if he could stay optimistic, so could I.

Then one morning, I overheard a nurse speaking in hushed tones. “Did you hear about him?” she asked. “I can’t believe it.”

My heart sank. I felt my stomach twist as I demanded to know what had happened. “He’s gone,” she said softly. “He took his own life.”

I felt like I’d been punched in the chest. It didn’t make sense. How could someone so strong and so capable feel so hopeless? I replayed every interaction in my mind, searching for signs I might have missed.

I learned later that he’d been struggling more than anyone knew. The financial pressures of running the urgent care, his history of addiction, and the relentless stress of the pandemic had become too much.

In the weeks that followed, I couldn’t shake the guilt. I kept asking myself if there was something that could have been done, some way the system could have helped him. I thought about his family, his children, his patients—everyone who had relied on him. And then I

wondered, “If someone like him could feel that hopeless, what hope is there for the rest of us?”

His death forced me to confront my own breaking point. The pandemic had taken its toll on me too, and I could feel the cracks in my own mental health growing wider. For the first time, I realized I couldn’t keep carrying it all on my own. I wasn’t okay, and I finally had to admit that to myself.