

## A PIECE OF MY MIND

## Unseen Scars

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**Ten months** into my first year as an attending surgeon, I canceled a major cancer operation to fly home. My father, a retired surgeon himself, had just suffered a stroke. At first, I told myself I'd go in 2 days; he was stable, and the operative schedule was booked. But I couldn't sleep.

I kept thinking about *The Remains of the Day*,<sup>1</sup> a novel I had just finished. In it, the butler Stevens chooses duty over family, serving guests while his father—also a butler—lies dying upstairs. His father tells him to stay downstairs and do his job. And Stevens does. He pours wine and tends to the dinner party, missing his father's final moments.

That story haunted me. My own father had modeled a tireless work ethic, often at the expense of being present for his family. And now, from a hospital bed, he was telling me not to worry. "It was just a mini stroke," he said. I saw the parallel too clearly.

I didn't want to be Stevens. I booked a flight for that afternoon. I told the patient I was about to operate on that morning that I would be leaving after the surgery to be with my father. The patient understood. When I called her the following week to check on her recovery, the first thing she asked was "How's your father?"

The patient's words stayed with me. That gesture reminded me that the relationship we have with patients is often built on mutual respect, compassion, and shared humanity. Many times, after a technically demanding surgery—procedures that take years to master—what patients comment on most often are the scars: how big they are, how they look. Surgeons spend hours navigating delicate anatomy, making split-second decisions, but the most common follow-up question is about the size of the incision—something we spend so little of the actual operation thinking about. But this patient didn't talk about her scars. She asked about my father. She saw the effort I was putting into her care and recognized the person behind the procedure. That simple exchange reminded me: presence, not perfection, is often what patients remember most.

During medical training, we learn to prioritize clinical work above all else. We skip weddings, miss holidays, and answer emails at midnight. It's a culture of sacrifice. And it doesn't stop when training ends; the stakes just get higher. My daughter turned 2 the month I started my first faculty job. My wife, also an academic surgeon, was 2 years into practice. Halfway through my first year, we found out she was pregnant—with twins. We were both trying to build careers while building a family.

Both of our fathers were physicians, hard-working, deeply committed to their calling and to providing for their families. But their jobs often demanded long ab-

sences, and we were mostly raised by our mothers. We carry no resentment, only the lessons. My wife and I knew we wanted something different. We wanted to be present for our families.

I started my days at 5 AM to write grants and papers before breakfast, so I could end my workday earlier and pick up our daughter. We coordinated operative schedules to avoid overlap and alternated weekend morning shifts. Work-life balance didn't just happen, it had to be built, one careful decision at a time. But even with that intention, the weight of clinical responsibility sat heavily. I lost sleep before and after big cases. I replayed steps, questioned decisions, wondered if I was the only one. Eventually, I started reaching out—to colleagues, to friends, to a therapist, to a journal. I learned that others carried this too, that naming it helped. There were no major complications, no missed diagnoses. I was well trained. The anxiety I experienced wasn't a flaw; it was the growing pains of new responsibilities.

Meanwhile, I recognized that my academic work was suffering. I had a new postdoctoral fellow, a growing research enterprise, and a major grant to shepherd, but little time to do it. I had modeled my schedule on residency: always available, always saying yes. But that model wasn't built to last.

So I made changes. I reworked my calendar with my scheduler—protected time for research, half-day blocks for writing, regular adjustments. I rediscovered small things that grounded me: lifting weights before clinic, playing guitar at night. That Martin & Co acoustic, gifted by my wife when I finished fellowship, felt like her way of reminding me to slow down, to breathe.

None of these changes came easily. As physicians, we often wait for permission to care for ourselves, permission that never seems to arrive. But during that first year after fellowship, I stopped waiting. I gave myself permission to leave the hospital, to be with my father, to parent alongside my wife, to step into the kind of life we were trying to build.

I still work hard. But I no longer believe that sacrifice defines me. What defines me now is intention—choosing when to work, when to rest, and when to show up for the people who matter most.

That patient never knew how much her simple question meant to me. But in that moment, I felt seen, not just as a surgeon, but as a son. Her gesture reminded me that we build our lives not just for our families but for our patients too. We choose to be present at home so that, when we're in clinic or in the operating room, we can be fully present there as well.

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1. Ishiguro K. *The Remains of the Day*. Vintage; 1988.