This abstract summarizes a presentation delivered by Linda Mayes, MD at the New Haven County Medical Association Annual Meeting on November 18, 2025, focusing on the evolving professional identity of physicians and the role of healing in modern medical practice.

Modern medicine is experiencing profound external pressures—from corporatization and productivity demands to the erosion of physician autonomy—that increasingly challenge the core professional identity of physicians. While these systemic forces are widely discussed, far less attention has been given to the internal experience of physicians: the dissonance between the reasons they entered medicine and the realities of contemporary practice. This abstract, as well as the full presentation, explores that inner landscape and argues that preserving the physician's identity as a healer is essential to sustaining both the healthcare workforce and the quality of patient care.

Physicians often cite a personal or formative experience that first drew them to medicine: a role model, a crisis in their own lives, or a desire to care for others. Beneath the "public" explanations lies a deeper and often more intimate origin—a moment of being healed or witnessing healing that shaped their sense of purpose. These stories anchor medicine not only in science but in human connection.

Two examples illustrate this enduring identity. Dr. David Hosack, who attended Alexander Hamilton at his fatal duel, exemplified devotion to the whole person—not simply disease—remaining with his patient and family through suffering and death. Over two hundred years later, Dr. Thomas Phelps opened a free rural clinic, spending an hour with each new patient and organizing community partnerships to address untreated hepatitis C. Both embody an identity grounded in healing, not just curing: caring for the full experience of the patient, regardless of outcome or financial return.

Professional identity—formed through training, mentorship, and cultural expectations—shapes how physicians make decisions, uphold ethical standards, and understand their purpose. While generally stable in mid-to-late career, it is vulnerable to social and structural forces. Today's environment has introduced a business-driven model of care that emphasizes productivity metrics, reduced time with patients, and the transformation of the clinical encounter into a transaction. Physicians interviewed across specialties, ages, and practice settings describe feeling increasingly distant from the idealism that brought them into medicine. Many stay in the profession out of commitment to patients, yet express frustration that their work no longer aligns with their identity as healers.

Depersonalization exacerbates this fracture. Technological tools intended to streamline care often instead create barriers between physicians and patients, leaving both feeling

unseen. This disconnect raises an urgent question: What will draw future generations into medicine if the central reward—the relationship with patients—is diminished?

The answer may lie in reaffirming what has always given medicine its meaning: the desire to care for others at their most vulnerable. Preserving this identity is not nostalgia; it is a strategic imperative. Reinvesting in the healer's role can help reduce burnout, improve patient experience, and restore a sense of professional peace—"the peace of mind," as William Carlos Williams wrote, that comes from entering into another's condition and working toward their wholeness.

Moving forward requires intentional steps: designing systems that use technology to expand, not restrict, time with patients; creating spaces in training and practice for conversations about professional identity; and understanding what patients most value in their physicians.

At a moment of turbulence and rapid change, the medical profession must protect the core identity that has sustained it for centuries. If we fail to honor and support physicians in their role as healers, we risk losing not only the workforce but also the very soul of medicine.