

## KATIE SPINA

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**VITALS:** *Fourth-year at BU,  
27, from Denver*

**GOING INTO:** *Undecided*

**TEN YEARS FROM NOW:**

*"Practicing medicine and  
starting my own lab"*

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"You can answer really interesting biological questions in a lab, but disease and health are about much more than cells that aren't working properly. Some researchers will study a protein for 10 years, but ultimately, how is that going to help a patient? To jump back and forth between the lab and the clinic—that's going to be very challenging. To support a lab you have to be writing grants, and that's incredibly time-consuming. There's also a personality issue, since the typical lab researcher is not necessarily the typical clinician. But my goal is to be both: While I'm seeing patients I'll still have my research hat on, and when I'm in the lab I'll be taking the patient into consideration."

TOP  
DOCTORS  
2009

## ANDREA GIRNIUS

**VITALS:** *Fourth-year at BU,  
25, from Cincinnati*

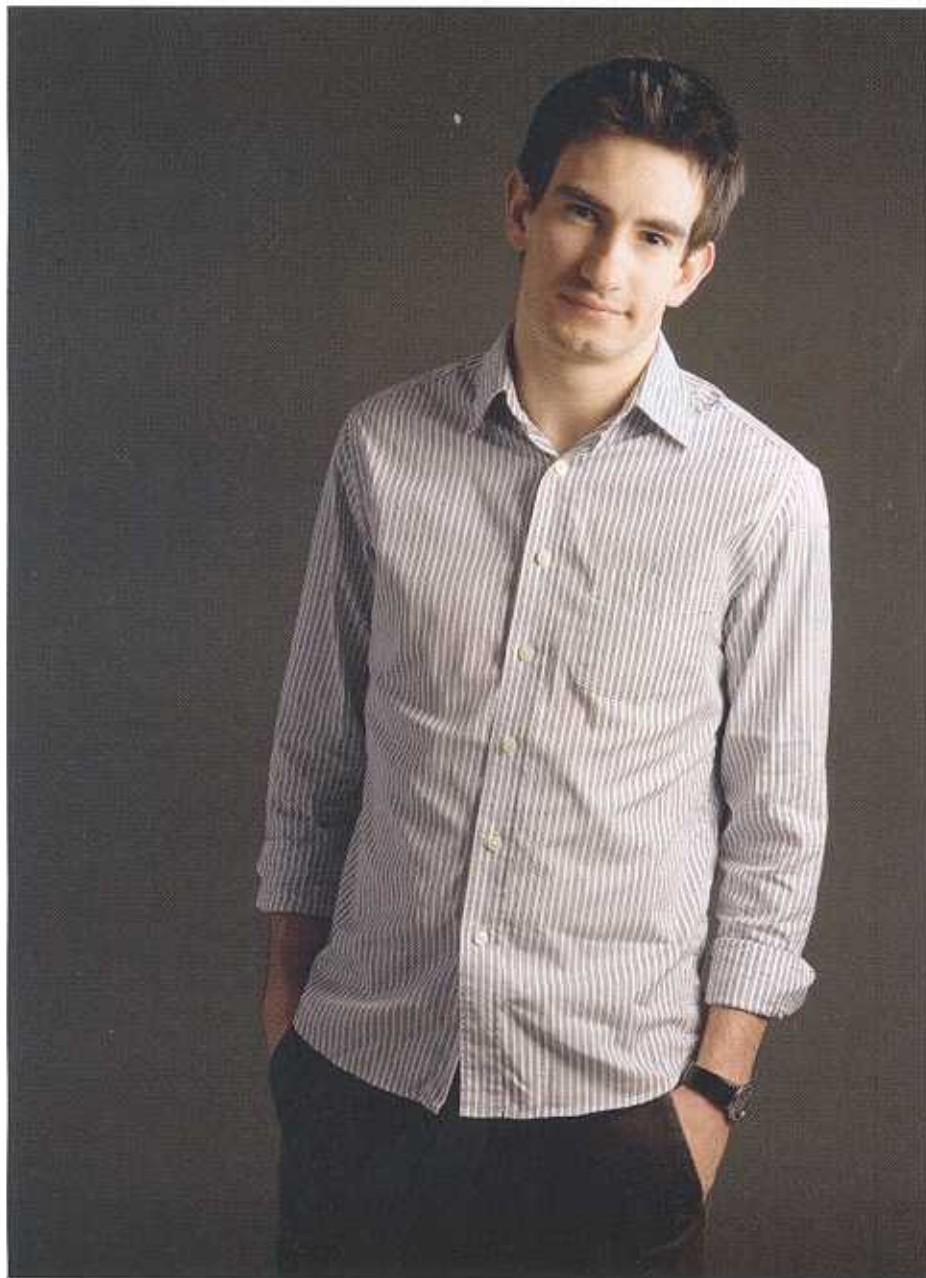
**GOING INTO:** *Anesthesiology  
and critical care*

**TEN YEARS FROM NOW:**

*"Working at an academic  
medical center that helps the  
underserved, and balancing  
that with a family"*

"The coverage of the 'death panels' really upsets me. That controversy will make people more leery of having an end-of-life conversation with their doctor in the first place—a conversation everybody should have. There's nothing worse than seeing someone who's not in the right mindset to make medical decisions, and their family is dealing with their own grief and having to make the decision for them. A lot of doctors are hesitant to raise the issue because they don't want to seem like they're giving up. I know people who are great, great doctors, but they never have end-of-life discussions. I think they're just too nice."





## JOHN CUARON

**VITALS:** Fourth-year at BU, 26, from Denver **GOING INTO:** Radiation oncology  
**TEN YEARS FROM NOW:** "Balancing patient care with cancer research"

"My mother had breast cancer when I was really young, and we didn't know how she was going to do or how long she was going to live. She's fine now, but the treatments were pretty tough on her and our family. So cancer was frightening: It was the unknown. In college I started to see that kind of uncertainty and fear as a formidable opponent. I wanted to know more about cancer, rather than run away from it. ¶ Radiation oncology is also very team-oriented, and I've been on teams all my life—I was a runner in junior high and college. My field is definitely a small, competitive one, and it seems to be getting more popular every year. But it's something that I've set my sights on, so I'm not letting that get to me."



## JOANNANG

**VITALS:** Fourth-year at BU, 25, from Honolulu

**GOING INTO:** General surgery

**TEN YEARS FROM NOW:** "Being at a big-city teaching hospital, applying for attending jobs while I build up my roster of patients"

"I remember as a kid making a list of things I did *not* want to be, and 'doctor' was on the list. I wanted to be a paleontologist; I was going to study dinosaurs. But growing up, I realized that a lot of people I knew weren't in the greatest of health—including my mother, who was diagnosed with type 2 diabetes—and that medicine was a way I could give back to my community. ¶ At first I thought I would go into family medicine, but when I did my surgery rotation I absolutely loved it. It's so amazing to see the patients' bodies inside and out, to actually see how your work takes effect. So I still feel I can help the underserved, as long as I work in the right setting. It doesn't have to be through primary care."

