

Unfinished

For all the progress medicine celebrates, I hope its work toward gender equity remains unfinished.

Medicine often tells its story through milestones. We name the first woman to lead a department, the first woman to enter a specialty, the first lawsuit won, the first barrier broken. These moments matter, and they deserve recognition. But milestones can quietly suggest finality, implying that once something has been achieved, it no longer requires attention. My vision for gender equity in medicine resists that sense of arrival. I hope equity remains unfinished not because progress is insufficient, but because improvement should never end.

I did not come to this belief through a single defining moment, but through accumulation. Through experiences that revealed how systems can appear complete from a distance yet grow more nuanced up close. Over time, I have learned that gender equity is not a box to be checked, but an evolving practice. It must remain open to revision as medicine, society, and understanding change.

I grew up as an immigrant child, learning early how to navigate spaces that were not built with me in mind. I became fluent in reading rooms, especially when clarity required extra effort. There was often an unspoken expectation to translate myself, including my background, my family's experiences, and my way of understanding the world. These lessons were not framed as hardship. Instead, they taught me attentiveness, adaptability, and the importance of noticing what systems overlook. They showed me that belonging is not static, and that it can be actively cultivated.

Only later did I recognize how closely these experiences mirrored the way medicine itself evolves. Medicine is constantly learning, refining diagnostic criteria, revising guidelines, and improving standards of care. Yet when it comes to equity, there is sometimes pressure to declare success too soon. My experiences taught me that just as science advances through iteration, so must the culture of medicine. Growth requires the humility to remain unfinished.

As a medical student, I have begun to see how this mindset plays out in training. Women are often praised for being dependable, thorough, and resilient, qualities that strengthen institutions and teams. At the same time, I see increasing conversations around leadership, compensation, and sustainability that were once considered taboo. While challenges remain, there is also momentum. Peers are advocating for transparency, mentors are modeling openness, and institutions are beginning to recognize that progress is most durable when it invites continued scrutiny rather than closure.

Unfinished systems, I have learned, are not inherently broken. When approached intentionally, they are responsive.

Dr. Linda Brodsky embodied this philosophy. When she challenged pay discrimination and won, she did not treat that outcome as an endpoint. Instead, she recognized it as part of a larger process that required sharing knowledge, mentoring others, and building structures that could adapt over time. Through Women MD Resources, she created tools that empowered women physicians to navigate evolving professional landscapes with confidence. Her work was not about declaring victory, but about ensuring that progress remained active.

What resonates most deeply with me about Dr. Brodsky's legacy is her understanding that equity must be tended. She recognized that medicine changes, and that advocacy must change with it. By refusing complacency, she preserved space for continued growth.

The word *unfinished* captures my vision because it values curiosity over complacency. It allows us to celebrate achievements without letting them become ceilings. It encourages us to ask what else can be improved, who else can be better supported, and what new barriers may emerge as old ones fall. In this sense, unfinished is not a marker of inadequacy. It is a commitment to vigilance and possibility.

As I continue my medical training, I carry '*unfinished*' into patient encounters, where listening carefully can reveal new ways to provide care. I carry it into institutional spaces, where policies can always be refined. I carry it into mentorship and leadership, where each generation has the opportunity to shape a more inclusive culture than the one before it.

Carrying this word means approaching advocacy as a practice rather than a reaction. It means remaining open to learning, sharing knowledge generously, and understanding that meaningful progress is often incremental. It also means resisting the comfort of finality and instead embracing the responsibility to keep asking how medicine can do better.

Dr. Brodsky's story reframes unfinished work as a source of strength. It reminds us that medicine is at its best when it remains willing to examine itself.

As I move forward in my career, I hope gender equity in medicine always remains unfinished, not because harm persists, but because our capacity for improvement does. To me, unfinished means alive, responsive, and growing. It means there is always room to discover new ways to support physicians and patients alike, and to shape a profession that continues to become more just, thoughtful, and humane.