

Linda Brodsky MD Essay Award
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Inheritance

If I had to choose one word that captures my vision for gender equity in medicine, it would be **inheritance**. It's a word that once frightened me, because in my family, inheritance meant limitations, not possibility. It meant that women learned to make themselves small: obedient daughters, quiet caregivers, and custodians of traditions that were not always kind to them. Growing up as a first-generation medical student in a traditional household, I absorbed the message that women did not belong in science, and certainly not in medicine. My inheritance, I thought, was a life carefully folded into the edges of other people's needs.

But inheritance can be rewritten. I learned that not all legacies are meant to be repeated. Some exist so that we may gently set them down.

My first glimpse of this came from an unlikely place: a ball of yarn and a crochet hook. My grandmother taught me to crochet when I was eight. At the time, it was just a way to sit beside her, our hands moving in rhythm while she told stories of the women before us- women who rarely attended school but could weave lace from scraps, mend whole lives with their patience, and carry families through wars and immigration. For years, I believed these domestic arts were small things, feminine things, things unworthy of the bright sharp world of science.

But as I grew older, I began to understand the radical power in what she had given me. Crocheting taught me how to build something strong out of a single fragile thread. It taught me precision, innovation, and endurance, skills I now use in research. My craft became the first inheritance I chose to keep, not because it was expected of me, but because it allowed me to move through the world with creativity and intention. It grounded me when I began caregiving for my chronically ill sibling, changing ileostomy bags, managing medications, and learning both the texture of fear and resilience. It steadied me as I learned to advocate for myself as a young woman entering spaces where I rarely saw someone from a home like mine.

Eventually, it shaped the way I see my patients: not as problems to be solved, but as intricate, storied tapestries woven from struggle and hope.

My medical career began the moment I met the female physician-scientist who saved my brother's life. At the time, his rare form of Crohn's disease dominated our family's days with hospitalizations, procedures, and uncertainty. She walked into the room with calm conviction, explaining his treatment plan with clarity and compassion. She was brilliant, of course, but what struck me most was her kindness. She spoke to my mother, a woman intimidated by medical jargon, with dignity. She treated my brother as a whole person, not their pathology. She treated me, a quiet teenage girl standing in the corner, as someone capable of understanding.

I had never seen a woman command a room that way. Something shifted inside me. I realized that inheritance could also mean possibility.

Years later, I now work in the very research world she once opened for me, studying monogenic pediatric IBD, modeling diseases in zebrafish, and searching for precision therapies for families like mine. But the path here has not always been smooth. As a first-generation woman in medicine, I've had to navigate cultural expectations, financial strain from a low-income family, and the subtle ways that women are still discouraged from speaking too loudly, aiming too high, or wanting too much. Dr. Brodsky understood that struggle intimately. Her mission wasn't only to help women physicians "get the jobs they want, be paid what they deserve, and have it all." It was to replace an inheritance of inequity with one of empowerment.

I see my own advocacy as part of that work. In women's shelters, I sit with women whose lives have been shaped by inequities far deeper than mine, including women who fled violence, poverty, or family systems where their voices were lost. Sometimes, all I can offer is a warm blanket I crocheted, a small gesture stitched in defiance of the belief that feminine work is lesser work. Other times, I can offer something more enduring: mentorship. I mentor younger first-generation students who remind me of myself. Bright, hopeful, unsure if there is room for them in medicine. I help them navigate applications, rejections, and doubts.

Inheritance is a word that captures all of this. It reflects my family's past, the limitations I once believed were mine. It reflects the women who intervened, from my grandmother with her craft, my brother's physician with her confidence, the women in shelters with their resilience. And it reflects the legacy I hope to create as I continue my career: a medicine where young women, especially those who come from families like mine, inherit not fear, but freedom.

In medicine, I will carry this word, inheritance, with me into every exam room, every research meeting, every mentoring conversation. It will remind me that equity is not a moment; it is generational work. It asks us not only to challenge the systems that constrain women, but to build new ones worthy of those who will come after us.

I will not pass down the limitations I was given.

I will pass down possibility.