

NARRATIVE ESSAY

Doctor, Reconstructed

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My deconstruction was not a choice. It began quietly. One moment, everything was woven together. The next, something loosened that I couldn't ignore.

It started with a patient in the student-run free clinic. I was a second-year medical student, eager if a little naïve. The man in his 50s sat on our borrowed exam table, pale and fatigued. He'd lost weight and had months of stomach pain and bloody stools. He hadn't seen a doctor in years, not since losing his job and with it, his health insurance. At the time, he worked two jobs just to keep housing.

We did what we could with limited resources. When his stool test returned positive, we called specialists and pulled every string. After 2 months, he got a colonoscopy, revealing advanced colon cancer. Palliative chemo was offered. A few months later, he was gone.

I had entered medical school anchored in beliefs shaped by my upbringing in 1990s Evangelical Christianity. This was a world of Bible memorization drills, purity culture, and altar calls at the end of Sunday service. Faith was a structure and a way to understand the world. The Bible was clear: Jesus was the cornerstone. Salvation was an individual decision. Christianity meant a life of personal responsibility, hard work, good choices, and God's blessings. Struggle, whether financial, emotional, or social, was either a test of faith or evidence of its absence.

Charity was how we showed Christ's love, but it was more about saving souls than changing circumstances. Poverty was distant from my reality. Systemic solutions, such as universal health care and government aid, were dangerous socialism. Not our problem. And yet, here was my patient, whose only sin was not having access to health insurance. The wages of that sin is death.

I met more patients like him: people choosing between insulin and rent, and wheezing through asthma attacks without an expensive inhaler. This wasn't simple misfortune; it was a system prioritizing profit over people.

Where my faith had once provided me with clarity, it now left me with questions. If Jesus called me to love my neighbor, how could I accept a world where survival was a privilege? I had always believed suffering was part of God's plan in the fallen world, but what if the suffering I was seeing wasn't divine, but designed?

I watched people who claimed to follow the same Jesus who healed the sick without charge argue that health care was a privilege, not a right. In the pews, I listened as pastors prayed for the unborn but remained silent on the suffering of the already living. I saw church leaders solicit donations for overseas missions while decrying Medicaid expansion. I heard fellow believers mock welfare queens and the Supplemental Nutrition Assistance Program, revealing whose lives they were willing to see and whose they were willing to dismiss. The contradictions triggered a crisis of faith.

As I unraveled, something new emerged. I began to see a different kind of faith, lived out daily in the work of my teachers in family medicine. They filled the gaps left by a broken system, caring for every patient and pushing back against inequities that kept people sick. In their work, I came to understand that faith wasn't about rigid dogma; rather it was revealed through action. They modeled the kind of physician I wanted to become: one who met people where they were, challenged systems that failed them, and saw justice as a form of healing.

Residency immersed me further in injustice, showing how redlining, food deserts, and poverty shaped patient's lives. My faith began to rebuild itself in small, quiet acts: fighting to get patients medication and advocating for the many ignored.

Then the pandemic came. The crisis was overwhelming. I fought misinformation, watched patients reject lifesaving treatments, and saw fractures in our system widen. Still, goodness remained. My patients who refused vaccination still trusted me enough to care for their families and even changed their minds—sometimes. Those who dismissed COVID-19 sewed masks anyway. My colleagues showed up, exhausted but unwavering.

Hope, I learned, isn't something you have—it's something you practice.

And yet, this work is still constrained by the structure of modern primary care that reinforces inequities I wish to undo. Insurance contracts prohibit discounted care. Twenty-minute visits leave no time for listening. Policy becomes pain, and bureaucracy denies basic care. The system rewards volume over justice and asks us to trade compassion for compliance.

Still, this is where I've come to understand my faith, not as a simplistic belief in a perfect world to come but as a commitment to serve in the imperfect world we have. As a family physician, I carry the tension of practicing within a system that forces me to choose daily between what is and what should be. Even in contradiction I've found meaning mentoring students as they begin to see medicine as moral work and speaking up for every image bearer that has long been overlooked.

In medicine, I have found the gospel I thought was lost, a calling to healing, justice, and love in action. I returned to the red letters I'd memorized as a child and found a different truth.

For I was hungry and you gave me something to eat, I was thirsty and
you gave me something to drink, I was a stranger and you invited me in,
I needed clothes and you clothed me, I was sick and you looked after me.
I was in prison, and you came to visit me.

(Matthew 25:35-36, NIV)

These words are a commission. I no longer believe the kingdom of heaven is a distant promise. It is something we are meant to build in our complicated present, in every act of compassion and every fight for equity.

The faith I choose is not one of personal piety or waiting for the afterlife. Rather, it requires presence, action, and hope.

Faith. Hope. Love. And the Greatest of These Is Love.