

dear residents

The Connective Tissue of Medicine

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Dear Residents,

It is **fellowship application season**. Some of you may have known early on what you wanted to pursue. Others may have changed course along the way. And many of you may still be weighing competing possibilities, trying to discern not simply what interests you, but what fits who you are becoming. I have felt versions of this tension in my own career.

Recently, the American Board of Internal Medicine sent me a certificate marking more than 30 years of continuous certification in both internal medicine and rheumatology. More than anything, it made me pause. Not to look back, but to reflect on how long I have tried to remain faithful to two different ways of seeing medicine.

Trying to remain both an internist and a rheumatologist has often meant living at the intersection of different ways of thinking, different rhythms of practice, and different expectations of what it means to be “good” at one’s work. Breadth can be deeply rewarding, but it is not without cost. There is a quiet pressure in modern medicine to narrow, to define oneself by what can be more easily measured or contained. Yet some of the most meaningful work still happens at the intersections.

When I first applied to residency, I imagined a career in infectious diseases. Having grown up in Pakistan, where typhoid, malaria, and tuberculosis were common, I was drawn to the diagnostic clarity and public health importance of that field. That was the story I told in my personal statement.

Then came the inevitable change of mind that so often accompanies training. As I rotated through different specialties, my interests evolved. For a time, I was drawn to endocrinology where the elegance of hormones, receptors, and feedback loops had an almost mathematical beauty. There was something deeply satisfying about systems that seemed to obey their own internal logic.

And then came rheumatology. What drew me in was its very refusal to stay neatly contained. Rheumatology lives at the intersection of the immune system, inflammation, autoimmunity, and multiple organ systems. Its diseases are often protean in presentation, challenging in diagnosis, and only incompletely captured by biomarkers. There is often uncertainty, and with it, the need for patience, pattern recognition, and humility.

What also appealed to me was that it still felt close to internal medicine. I was reluctant to give up the breadth of generalism and the privilege of thinking across systems, of seeing the whole patient rather than a single organ in isolation.

It is fitting, perhaps, that many rheumatic diseases came to be known as “connective tissue diseases.” The term emerged in 1942, when pathologists such as **Paul Klemperer** described lupus and scleroderma as [diffuse collagen diseases](#) rooted in the body’s supporting tissues. The name has endured, and not just because of histology.

"It is reasonable, therefore, to consider these maladies as systemic diseases of the connective tissues. The justification for the concept of a systemic disease of the connective tissues depends on the actual existence of a connective tissue system."

There is something deeply resonant in that phrase. Some of the most important work in medicine happens not within the clean boundaries of a specialty, but in the connective tissue between them. In the conversations between teams. In the synthesis of ideas. In the physician who can tolerate uncertainty long enough to make sense of complexity.

As you think about your own path, you are likely asking questions that go beyond fellowship applications: What kind of doctor do I want to become? What kind of life do I want? What am I willing to let go of? What parts of myself do I want to preserve? These are important questions, and there are no universally right answers.

You may be drawn to the physiological elegance of the heart seeking to understand blood flow, valvular function, rhythm, and output. Or to the lungs, where pressure, volume, and gas exchange reflect an extraordinary choreography. You may want to understand the intricacies of the liver, the mysteries of the gut, or the biology of cells that have ceased to obey the normal rules of growth and repair. One of these worlds may speak to you more clearly than the others. But whatever you choose, remember this: a specialty is not simply a body of knowledge. It is a way of seeing. A way of spending your days. A way of being useful to others.

There is a tension in medicine between breadth and mastery. You do not need to resolve it perfectly. No career choice preserves every possibility. Every path opens some doors and closes others. What matters most is not choosing the most prestigious field, or the one others expect of you, or even the one that seems most efficient. What matters is choosing work that will sustain your curiosity, preserve your sense of meaning, and allow you to become the kind of physician you hope to be. Medicine needs experts. But it also needs people who can see connections, hold uncertainty, and move thoughtfully between worlds.

Some of the most enduring work you will do may happen not in the certainty of a chosen path, but in the connective tissue that still binds all of medicine together.

Warm regards,

Dino Kazi