

# dear residents

The Connective Tissue of Medicine

April 19, 2026

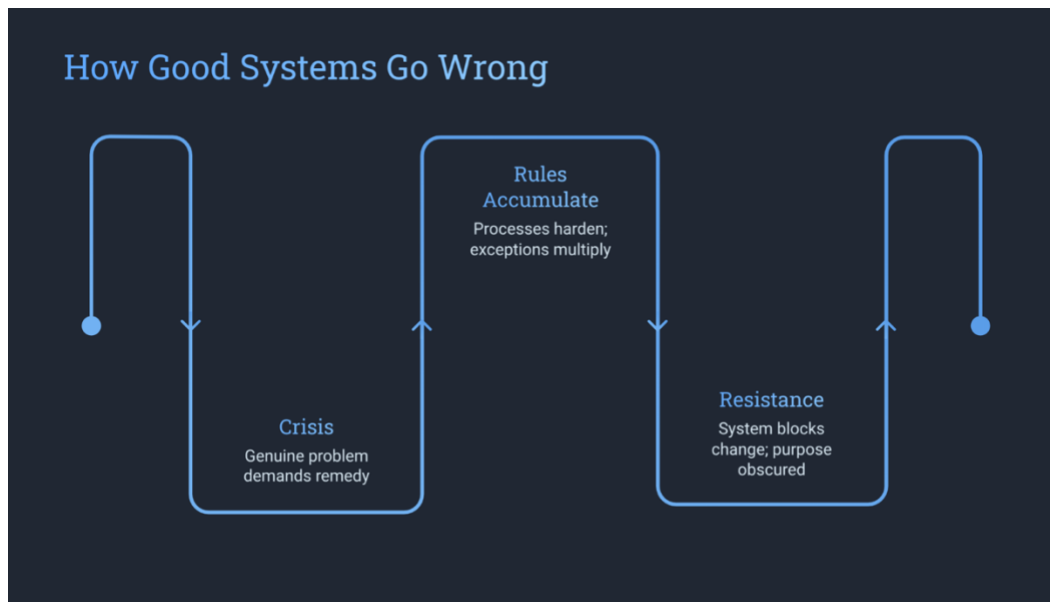
Dear Residents,

One of you wrote to me recently in response to a prior reflection on "interpreting the interpretation." The note was generous, but what stayed with me was not simply the kindness. It was the reminder of how much the resident of today is asked to hold.

I can only imagine what it feels like to stand at the center of a **modern admission**: the torrent of emergency department data, the radiology reports that arrive before the patient reaches the floor, the musings of consultants, the assessments from physical and occupational therapy, the messages in Epic chat that seem to multiply by the hour, and the steady need to reconcile all of this with what the patient perceives, fears, and feels.

**The work of medicine has always been cognitively demanding.** But there is something different now. The difficulty is not only in making the diagnosis or choosing the right treatment. Increasingly, it lies in managing the sheer volume of information, interruptions, and systems layered around the patient.

I have been reading [Abundance](#) by **Ezra Klein** and **Derek Thompson**. One of their central arguments is that advanced societies often create systems of regulation and oversight to solve real problems, only to find that over time these same layers begin to impede the very progress they were meant to enable. Rules accumulate. Processes harden. What once served a purpose can become an obstacle. Medicine is not immune to this.



**Many of the layers that now define our daily work were created with good intentions.** The patient safety movement arose because patients were harmed by preventable errors. Quality metrics emerged because variation in care could no longer be ignored. Documentation standards sought to improve communication, accountability, and continuity. Each new process was, in its time, a response to something that mattered. The problem is not regulation. The problem is accumulation without audit.

**Modern medicine sometimes feels this way.** The average hospitalized patient may now encounter dozens of people in a single admission. A short hospital stay can generate more than a hundred notes. Every note may contain useful information, but beyond a certain point, it can begin to obscure rather than clarify.

We see this at the bedside. The patient may have heard from five consultants, received ten alerts in the portal, and been visited by a stream of clinicians, each sincere and well-meaning. Yet by the end of the day, what they often need most is not more input, but coherence.

**That task increasingly falls to you.** Your work is not simply to gather data or execute a plan. It is to create meaning amid abundance. To **recognize signal in the noise**. To discern what matters most. To translate complexity into something humane and understandable.

This is difficult work, and it can be exhausting. It is easy in such an environment to feel that the burden you carry reflects some personal insufficiency. You interrogate yourself: if only you were more efficient, more organized, more resilient, the day would feel less overwhelming.

But some of what you feel is not failure. It is the **weight of a system that has become very good at adding and much less practiced at subtracting**. In complex systems, growth alone is not a sign of health. There must also be a way to let go, what [some](#) have described as a kind of “apoptosis” of information systems, where outdated processes and excess structures are intentionally allowed to fall away.

That does not mean we should romanticize a simpler past. The past was often less safe, less equitable, and less transparent. But progress is not measured simply by how much we build. **Sometimes progress requires the courage to remove what no longer serves.**

I have hope that technology, including AI, may help us do some of this work better. Not by replacing judgment, but by **reducing friction**. Not by making medicine less human, but by helping us recover time and attention for the parts of care that matter most.

The future of medicine will not depend only on how much information we can generate. It will depend on whether we can restore proportion, clarity, and meaning within it. Sophisticated systems are not defined by how much they can add. They are defined by what they are wise enough to let go.

I remain in awe of how much you hold and how well you do it,

Dino Kazi