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Two stories were relevant in shaping my perception of neurology. To articulate a response to the proposed question, I would like to narrate them. On a summer dawn, while I was at a musical festival, I was awakened by an intense headache. Something heavy had hit me. The odour of urine that hovered in the air was unexpected too. Drowsy and with pain, I opened my eyes to an image that up to this day disturbs me. One friend whom I was sharing the camping tent was in a strange position. Instantly, I realized something was wrong with him. His eyes were open, although he did not respond to my voice. I also noticed that I couldn't open his mouth. I thought he was dead. I pulled him by his ankles in a single motion out of the tent and cried for help. After then, I can't remember much. It was my first contact with an epileptic seizure. The feeling of guilt for not knowing how to act correctly led me to learn more about epilepsy in my free time. The signs that my friend presented challenged me to discover the onset location of his seizure. It was the first time I learned about the human brain and how it is mapped. I felt amazed by this deductive thinking coordinated with the celerity needed in an urgency.

The second story is in fact a person. My grandma. She started living with me, my mother and my sisters after a series of unfortunate episodes. She was a very energetic lady, always with an anecdote to tell. But as time passed, her behavior changed. Some days she was feeling blue, some days she was herself again. However, a few months later she started to forget to turn off the stove. One day, she couldn't find the way back home. Sometimes she was aggressive, sometimes she was sweet. After that, she moved in with us. Later I found out she suffered from dementia. It is cruel how a neurologic disease stole my grandmother. I would lie if I said this experience was easy. It was not. While part of me felt delighted living with her, the impact on the mental health of my family was enormous. We lived together for 8 years, until her last breath.

Ironically, these two stories were the beginning of my love for neurology. In this specialty, I could have the adrenaline of deciding well plus acting fast in life-threatening situations, quickly making an important difference in that patient. But I could also conjugate with the opportunity to follow people for a lifetime, supporting them in their hardest times. My friend taught me the prudence and humility needed in death limbo situations- learning is a continuum. The experience I had with my grandma made me realize how important is to understand more than the disease, comprehend the individual living with it. I need to always attend to the suffering that is felt. I recognize that the curiosity and fascination for many neurological disorders need to be equilibrated with the way we approach the patients. I cannot forget that behind a fascinating Wernick aphasia, or a left hemineglect, a Brown-Sequard syndrome, an astereognosis, an anosognosia, a prosapognosia, or even Alice in Wonderland syndrome, there is a person. Because what is extraordinary to my eyes, is a functional incapacity to theirs. A prison for them and their loved ones. And the role of a physician is nourishing these spheres as well.

I am considering pursuing neurology because it balances harmoniously the trinomial of study, investigation, and more importantly contact with patients. I truly feel passionate when I am studying it, and imagine myself exploring this field for the rest of my life. Secondly, it has become a fast-growing specialty with space to develop interesting research. Lastly, I could have the privilege to establish a longtime relationship with patients, concretizing my idea of the true meaning of being a doctor. That's why Neurology is my goal.