THE REST OF YOUR LIFE

The Inspiring Journey of a Triple Amputee

When Dr. Kellie Lim was an 8-year-old growing up in suburban Detroit, she acquired a case of bacterial meningitis so severe that one physician put her chances of survival at 15%.

The infection claimed both of her legs about 6 inches below her knees, her right hand and forearm, and three fingertips on her left hand. Her hospital stay lasted 4 months.

"The whole experience was pretty terrifying," said Dr. Lim, who graduated from the University of California, Los Angeles, in May of 2007 and is now in a pediatric residency program at the university. "I was in dreamlike states for the first couple of weeks because I was so ill, so it's very hard to decipher what was going on and what was happening to me physically."

During her hospital stay, the team of physicians who cared for her gave her "weekend passes" to go home and acclimate to life as an amputee. Those visits, "were fun because I was stuck in the hospital for such a long time not seeing my familiar surroundings," recalled Dr. Lim, who learned to use her left hand for primary tasks despite being right handed. "But it also was a lot of stress on my family. My mother was blind and she was the main person who was going to take care of me, so it was a huge challenge for her, too."

She was fitted with prosthetic legs and used a wheelchair sporadically throughout middle school, high school, and college, but she has not used one in about 5 years. That's just as well, she said. Since she does not use a prosthetic arm, she would be unable to propel a manual wheelchair and would be relegated to a bulkier motorized version.

These days she gets around fine on her prosthetic legs and uses a special turning knob on the steering wheel when she drives her car. She also learned to draw blood and administer injections with one hand. "I haven't found that I've needed too much in terms of physical accommodations," said Dr. Lim, who is now 27 years old.

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Advice Dr. Kellie Lim gives to physically challenged physicians is that success comes down to conviction—believing in yourself and in the goals you set.

She credits her bout with meningitis for inspiring her to become a pediatrician. Physicians "saved my life," she said. Her family supported her efforts to attain that goal, especially her mother, Sandy, who passed away 4 years ago. "My mother was an inspiration," she said. "She had a disability and she was able to have a fulfilling life. My family gave me a lot of support. That led me to do whatever I wanted—to fall flat on my face if I wanted; to succeed and make my own decisions; and to live my life through my own decisions."

Dr. Lim describes her pediatric residency program as "challenging and complicated" but is confident she made the right career choice. "It's rewarding in that when you ask patients questions, they actually answer them [even if the questions are] very personal," she commented. "I'm a stranger and yet they're able to tell me a lot of things in a straightforward way. That's a different aspect about being a physician that I didn't think about when I applied to medical school."

There are awkward moments, such as when young patients ask, "Why don't you have fingers?" After all, Dr. Lim said, the visit is supposed to be about the patient and his or her concern, not about the physician. "I do acknowledge their question," she said. "I say, 'yes. I don't have fingers. That's a great observation.' "

Then she gets down to business. "You have to put up that divide between being professional and being personal with the patient," she said. "That's a very important thing to keep in mind, to practice that every day."

Dr. Lim's adviser in the residency program, Dr. Virginia M. Barrow, said that Dr. Lim is gifted in engaging young patients. "They really like her and move past [her physical challenges] pretty readily," she said. "She is a very warm person. I think kids in particular pick up on that. She quickly puts her patients at ease, which is an important skill for any resident."

Dr. Barrow also praised Dr. Lim's work ethic. "She sets a very high standard for herself in her patient care, her attention to patients and the families, and her attention to detail in her note-writing," she said.

When Dr. Lim reflects on her accomplishments to date, she credits her success to gritty determination. "If I want something I usually get it," she said, noting that she hopes to specialize in pediatric allergy and immunology after residency. "But I also know that if something I want is not reasonable, I can recognize that and accept that. There are challenges to being a physician, but overall it really fits my personality. I'm not doing it to prove it to anyone or anything like that."

She considers herself "very career oriented because there are specific goals that I can actually see," she said. "I have the ability to affect change now and prepare for it and see it as a concrete goal that will happen at a certain time. That's comforting to me." When Dr. Lim finds spare time she spends it at home with her boyfriend or with a good book of fiction. She also swims. "Medicine has overtaken my life and I need a break from it when I'm at home," she said. "I read a lot and see my friends as often as I can."

She doesn't sugarcoat the advice she gives to physically challenged physicians. The way she sees it, success comes down to conviction—believing in yourself and in the goals you set. "Always be aware that failure can happen, but that's not necessarily a reflection on you," she emphasized. "Your life is not a vacuum. It's a combination of events that are beyond your control." ■

By Doug Brunk, San Diego Bureau

E-MAIL US YOUR STORIES

No one remembers which nature lover first said: "Take nothing but pictures, leave nothing but footprints" when in the wild, but it clearly was not a stalker of game. Please tell us about the hunting or fishing traditions in your family. Send an e-mail to d.brunk@elsevier.com.

Proposed Regulations Take Aim at Errors in Inpatient Care

BY DENISE NAPOLI
Assistant Editor

Draft federal regulations more than 2 years in the making aim to give hospital networks, physician groups, and similar organizations the ability to help doctors reduce medical errors and improve the quality of care they provide to patients.

The 72-page proposed rule offers the government's first pass on how to implement the Patient Safety and Quality Improvement Act of 2005 and gives guidance on how to create confidential patient safety organizations (PSOs). Comments on the proposed rule are being accepted until April 14.

Dr. Dan Solomon, chair of the American College of Rheumatology's Quality of Care committee, said that although the ACR does not have a specific position on this Act, the College is in support of any effort to increase patient safety. "PSOs may be a method for improving patient safety by improving the reporting of potential safety issues, but I think the devil is in the details with how this information flows from providers and patients to these organizations and then how it flows to the health care providers," he said.

"I think it is too early to know [whether they will be effective]." First called for by the Institute of Medicine in its 1999 report "To Err is Human," PSOs will be entities to which physicians and other health care providers can voluntarily report "patient safety events" with anonymity and without fear of tort liability. PSOs will collect, aggregate, and analyze data and provide feedback to help clinicians and health care organizations improve on those events in the future, according to the law and proposed rule.

In an interview, Dr. Bill Munier, director of the Center for Quality Improvement and Patient Safety at the Agency for Health Care Research and Quality, said that patient safety events can be anything from health care associated infections and patient falls to adverse drug reactions and wrong-site surgery.

According to the proposed rule, "a patient safety event may include an error of omission or commission, mistake, or malfunction in a patient care process; it may also involve an input to such process (such as a drug or device) or the environment in which such process occurs."

The term is intentionally more flexible than the more commonly used "medical errors" to account for not only traditional health care settings, but also for patients participating in clinical trials, and for ambulances, school clinics, and even locations where a provider is not present, such as a patient's home, according to the rule.

Until now, there has been no clear guidance on how an organization can become a PSO. But according to the proposed rule, public and private entities, both for profit and not for profit, can seek listing as a PSO. This includes individual hospitals, hospital networks, professional associations, and almost any group related to providers with a solid network through which safety information can be aggregated and analyzed, said Dr. Munier.

Insurance companies, accreditation boards, and licensure agencies cannot be PSOs because of potential conflicts of interest.

"We know that clinicians and health care organizations want to participate in efforts to improve patient care, but they often are inhibited by fears of liability and sanctions," said Dr. Carolyn M. Clancy, AHRQ director. "The proposed regulation provides a framework for [PSOs] to facilitate a shared-learning approach that supports effective interventions that reduce risk of harm to patients."

Dr. Munier said that the rule took a long time to issue partly because its authors had to be sure it didn't conflict with state reporting requirements and the Health Insurance Portability and Accountability Act (HIPAA). ■

To view the proposed rule and learn how to comment, go to www.regulations.gov/fdmspublic/component/main?main=DocketDetail&d=AHRQ-2008-0001. Comments will be accepted until April 14.