

THE REST OF YOUR LIFE

The Inspiring Journey of a Multiple 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 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 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 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.



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

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 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.

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 effect 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

LAW & MEDICINE
ERISA's Tangled Web

Can a managed care enrollee sue his plan if he is injured because of what he claims was the result of poor care and treatment by a plan physician? If he dies, can his estate sue the plan for damages?

Before 2004, the answers were uncertain. The legal cases that had been decided were definitely a mixed bag, depending upon whether the assertions against the managed care plan were found to involve strictly patient care, administrative decisions, or both.

Strict patient care would fall under state law governing medical negligence cases. If the allegations were solely administrative, the case would come under a federal statute known as the Employee Retirement Income Security Act, or ERISA.

ERISA was originally intended by Congress to govern the rights of pension plan beneficiaries. But legal cases morphed this legislation into protection for ERISA health plans against state-filed lawsuits based on medical malpractice.

When allegations involved both patient care and administrative decisions, some cases were not preempted by ERISA while others were—it depended on how the court interpreted what the injured party asserted. If the court decided that the lawsuit

fell under ERISA, that party would be entitled only to the cost of the denied benefit (generally just the cost of the treatment or procedure in question). If ERISA did not preempt the lawsuit (or if the health plan was not governed by ERISA), the enrollee would be entitled to all remedies allowed under state law.

The landscape for these types of decisions changed in 2004, when the Supreme Court decided two cases—

Aetna Health Inc. v. Davila and *Cigna Corp. v. Calad*—in which the patient sued for wrongful denial of coverage.

In the *Calad* case, Ruby Calad's physician recommended an extended hospital stay after Ms. Calad had a surgical procedure. The managed care plan, through its dis-

charge nurse, thought the extension was unnecessary, and Ms. Calad was discharged from the hospital. Once home, she experienced postsurgical complications that required follow-up care.

In the *Davila* case, Juan Davila had various ailments, including diabetes, gastric ulcer disease, and arthritis. He was insured through Aetna's managed care plan. His physician, who was not in Aetna's network, recommended Vioxx (rofecoxib) for the treatment of his arthritis.

However, before allowing the use of Vioxx, Aetna required that Mr. Davila try two other medications, both less expensive than Vioxx. While on those "preferred" drugs, he experienced bleeding ulcers, internal bleeding, and a near heart attack. Because of the additional gastric impairment, he was no longer able to take medication absorbed through his stomach.

Both lawsuits eventually made their way to the Supreme Court, which decided that the lawsuits fell under ERISA and that both concerned benefits (coverage) promised to the plaintiffs. The suits were not interpreted as asserting inappropriate medical care and treatment. Therefore, the plaintiffs

could seek only the benefits promised but not delivered and no other damages.

Justice Ruth Bader Ginsburg, citing the words of an appeals court judge in another case, said, "I also join 'the rising judicial chorus urging that Congress and [this] Court revisit what is an unjust and increasingly tangled ERISA regime.'" That is to say, ERISA has been interpreted to provide protections to managed care plans that were never intended.

This decision means that if a physician is named in a lawsuit together with a managed care plan, and the suit falls under the ERISA statute, the odds are great that the only exposure to both parties will be the cost of the benefit denied.

The physician might still be sued separately. But unless and until Congress revisits the ERISA statute, physicians might find that being part of an ERISA plan isn't such a bad position to be in. ■

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