

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 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



Dr. Kellie Lim tells physicians who are physically challenged that in the end, success comes down to conviction—believing in yourself and your goals.

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.

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 resi-

dency 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

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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 hunter-gatherer. Please tell us about the hunting or fishing traditions in your family. Send an e-mail to d.brunk@elsevier.com.

Aetna to Refuse Payment for Some Preventable Inpatient Errors

BY MARY ELLEN SCHNEIDER

New York Bureau

In a move that could have significant implications for physicians and hospitals, the insurer Aetna has said it will not pay its network hospitals for care necessitated by certain preventable errors.

The announcement follows a policy shift by the Centers for Medicare & Medicaid Services, which has finalized plans to stop paying for eight preventable events as of October 2008.

Aetna has added language to its hospital contracts calling for waiving all costs related to a number of serious reportable events. The language comes from the Leapfrog Group's "never events" policy that includes a list of 28 events considered so harmful that they should never occur. The list, compiled by the National Quality Forum (NQF), comprises events ranging from surgery performed on the wrong body part or on the wrong patient, to stage III or IV pressure ulcers acquired after admission to a health care facility.

The policy instructs hospitals to report errors within 10 days to the Joint Commission, state reporting pro-



In some situations, the message might be to stop reporting rather than to prevent the never events.

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grams, or patient safety organizations. Hospitals also are asked to take action to prevent future events and to apologize to the patient or family affected by the error. Aetna is the first health plan to endorse the Leapfrog policy. "The major goal is to get hospitals to focus on having the systems in place to prevent these events from happening," said Dr. Charles Cutler, Aetna's national medical director. Adopting the never events policy is not about saving money—in fact, many of the never events carry no additional cost, he said. Instead, Aetna is seeking to send a consistent message to hospitals about quality. "The intent here is not to be punitive."

But the Aetna announcement ran into some skepticism from the physician community.

The NQF list of never events is much broader than the eight preventable events selected under the Medicare policy, said Cynthia Brown, director of the division of advocacy and health policy at the American College of Surgeons (ACS). One reason that many of those events were not included on Medicare's list is that they are difficult to measure with the current coding system, she said. Another problem is that it's hard to affix blame to a hospital or a par-

ticular physician. "If there's a problem with blood incompatibility, is it the surgeon's fault?" she asked.

When used properly, the NQF never events list protects patients and directs a patient environment enriched with safety and quality, said Dr. Frank Opelka, chair of the ACS Committee on Patient Safety and Quality Improvement. But he cautioned that if payers drift from the intentions of the NQF never events, the specifications could be lost and overreporting could create unintended consequences.

He also questioned whether hospitals would continue to report these types of serious preventable errors if they aren't being paid for the care. "If the reports are generated from a hospital claims system and the payer no longer recognizes the events as payable, isn't the message to stop reporting rather than to prevent the never events?" asked Dr. Opelka, also vice chancellor for clinical affairs at Louisiana State University Health Sciences Center, New Orleans.

The policy is likely to affect all of Aetna's network hospitals over the next 3 years as the company renegotiates its contracts, Dr. Cutler said.

Since Medicare announced its policy shift last summer, other insurers have considered changes to their policies. Officials at Cigna, for example, are evaluating how to implement a similar policy within their hospital network and plans to have a national policy in place by October 2008, said Cigna spokesman Mark Slitt. ■