

way?” Here, he found other patients who were dealing with the same issues and the same lack of understanding by doctors about the severity and impact of the side effects, and even their potential causation by treatment. But nothing can alter the fact that our lives, both personal and professional, have been changed forever.

 An audio interview with the authors is available at [NEJM.org](https://www.nejm.org)

Unfortunately, the research community has failed to study and address the psychological, social, spiritual, and financial impact of living for years with in-

curable cancer. We believe the time has come to study metastatic-cancer survivors and better educate the medical community about the needs and challenges of this growing population.

Disclosure forms provided by the authors are available at [NEJM.org](https://www.nejm.org).

From the Department of Surgery (T.L.) and the Harry J. Duffey Family Patient and Family Services Program and the Sidney Kimmel Comprehensive Cancer Program (T.J.S.), Johns Hopkins Medical Institutions, Baltimore.

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## Pulling Strings

Casey Hester, M.D.

Saturday, September 22, 2018, 4:00 p.m. I look at my phone. Five missed calls in 5 minutes. Same number. Local. It pops up again. Incoming call. “Hello?”

“Hello, is this Mrs. Hester?”

The voice is measured, grave, infused with empathy. My blood runs cold. I’ve made these types of calls myself.

He gives his name. He is with the state highway patrol. *God, no.*

“Your daughter has been in a car accident.”

“Oh my God. Which daughter? Is she okay?”

“The 14-year-old. She’s awake and alert. She’s being taken to Children’s Hospital by ambulance. Do you know where that is?”

I know exactly where that is. Because I have spent a good portion of the past 20 years of my life there, training and practicing in the Department of Pediatrics. I’m a general pediatrician and the residency program director.

I begin pulling strings. Because I can. I call the Children’s ER — I still know the back number. The

physician in charge is one of my former residents, now a fellowship-trained colleague. She is a friend. She says, “Your daughter’s on her way. We just got the call — she’s got some abrasions and says her back hurts. Awake and alert. Slow down and take your time.”

I call her dad. And sister. And the chief of the Section of Emergency Medicine. Why wouldn’t I? We are friends. She should know, just in case. In case of what, I do not know. Just . . . in case.

I arrive at the ER. They say my daughter is in room 12. That doesn’t make sense — she only has some abrasions and some back pain, why is she in the trauma room? I use my badge to push past triage and see with relief it isn’t my daughter in room 12. This is some poor child covered in blood.

There is so much blood. Her hair is matted with dirt, grass, blood. There is blood everywhere. I look up to the head of the bed and meet the worried, steady eyes of my colleague and friend. I re-

alize this broken, bloody child is mine.

I find out the details of the accident in pieces. Rollover MVA.

Friends and family begin pouring in — social media has done its job. Word is out. Pictures of the crash are everywhere, my daughter’s narrow, bare feet sticking out of the crushed, upside-down car. The paramedic has told me he thought she was dead. He had to cut her out — her hair was pinned under the car. He is shaken, needs to debrief, hugs me tightly. He is young. Looking at the pictures from the scene makes me vomit.

My daughter peers at me through the one eye she can still open.

“Mom. Let me see your phone.”

I know instantly she wants to see her face. I consider it briefly — then say no, let’s wait.

“Mom. Hand me. Your phone.”

I tell her there is a lot of blood. She holds the phone up and looks. I hold my breath, ready to rush in and comfort. I am pre-

paring my wise doctor-mom words: We are getting you the best plastic surgeon, there should be minimal scars, it looks worse than it actually is.

She studies her image. I am steeled for the breakdown. Instead, she manages a crooked grin. Selfie muscle memory intact, she posts the gruesome picture to Instagram. Normally, I am annoyed by the constant posting. This time, I watch in abject relief, recognizing that the task requires an intact brain and upper spinal cord.

X-rays, CTs, laboratory. Puking, writhing, sleeping. Fentanyl, Zofran, Dilaudid. Vertebral fractures, orbital fracture, sternal fracture. Pulmonary contusion. Pneumothorax. Multiple facial lacerations, snaking around her right eye. Her right brow is transected into three distinct parts.

We pull strings. Her dad is an ophthalmologist. No, we don't want the plastic surgeon on call. We want a specific oculoplastic surgeon; no, we don't care that she isn't on call. We call the surgeon on her cell phone. She comes immediately and spends 2 hours meticulously and beautifully reapproximating our daughter's face with 75 impossibly tiny sutures.

Several thoracic vertebrae are compressed, unstable. She needs a spinal fusion. No, we don't want the spine surgeon on call. He's an adult doctor, and we don't know him. We're sure he's fine, but we want the pediatric spine surgeon I know and trust. We are friends. I make the call.

As a program director, I spend my professional life nurturing and supporting trainees and fiercely defending their right to an inclusive, comprehensive learning environment. I am notoriously intolerant of parents who request that no trainees be involved in their children's care.

"Sorry, that isn't an option here. We are a teaching hospital."

The night after my daughter's accident, I am comforted by the presence of "my" pediatric residents working in the ER. They are my family too, and family cares for one another in times of crisis. They do not participate in my daughter's medical care — it would be too awkward, too close. They are simply there, silently supportive.

My daughter's injuries necessitate the involvement of multiple specialties. Their trainees arrive in succession. I say nothing, because I know that's the protocol, but I know with chilling certainty that hell will freeze over before a trainee will sew up my daughter's face or repair her spine. Ultimately, I dismiss the plastic surgery resident. Thank you, but we have someone else on the way in.

Please know, this isn't me. I fiercely defend learners! I loathe entitlement!

Weeks later, with my daughter healing and back to school, I am left to ponder: *Who was that woman that night?*

I was Mama Bear, protecting her cub. Nothing else mattered in this world. Was this behavior odious or defensible? Is it our "right" as physicians to pull strings in such circumstances? Request favors? Refuse trainee involvement? What if your professional role is to advocate for trainees? What then?

Her dad is blissfully unencumbered by such ethical gymnastics. When I express my thoughts, he looks at me like I've grown three heads. Of course we are going to pull strings! It's her face! And spine! Sixteen years of collective medical training and 45 years of collective medical practice have earned us that right!

But I can't let it go. What effect did it have on my daughter's

care? On others' care? The doctors who were on call, in training and otherwise, whom I politely yet summarily dismissed? What cosmic disruption occurred as a result of my string pulling? What education wasn't received by a trainee that night that could affect the care of future patients? Should I have been stopped? If so, by whom?

But the mother in me is unrepentant. *Who's gonna stop me? Nobody. In fact, I dare you to try to stop me. Wouldn't you do the same thing if it were your kid? Now get out of my way, and out of my daughter's room. Turns out it's invitation only in here.*

Does this make me a bad person? A bad program director? A hypocrite, masquerading as a medical educator? I have no earthly idea. But now, months later, I know with certainty I wouldn't do a thing differently with regard to my daughter's care. I had the ability and resources to pull strings, so I did, and would do so again in a heartbeat.

What has changed, however, is my compassion and tolerance for other parents who refuse care by trainees. What gives me the right to deny their child the same opportunity I so readily afforded to my own? I'm left to ponder whether perhaps the solution lies beyond the decidedly nonobjective physician in the desperate role of patient or family member. Should the health care system itself regulate string pulling, as a means to protect equality and limit unintended malfeasance? I might be all for it — just not, of course, if it involves my daughter.

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From the Department of Pediatrics, University of Oklahoma Health Sciences Center, Oklahoma City.

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