

and patients will have to settle for an unsatisfying mixture of unduly scary alarms and false reassurances.

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## Close Calls

Perri Klass, M.D.

I didn't realize I was on call that night until we were at Fenway Park and the ball game was well under way. Call started at 9 p.m., and frankly, I was lucky I even heard my beeper chirp its forlorn, reproachful, you-have-a-page-you-haven't-looked-at alert. But around 9:02, I found myself taking leave of my family and making people stand up all along the row of seats so I could get out and look for someplace reasonably quiet to take my call. And thinking, resentfully, "Damn it, am I actually on *call* tonight? Can't a person even go to a Red Sox game in peace?"

Of course, there is no reasonably quiet place at Fenway during a game. I found myself on an open-air stairway cantilevered out over the street — you could tell from the scent that people went there to sneak cigarettes. It was early in the 2005 season, my last full summer in Boston, and the Red Sox roster was full of uncertainties. Yes, there was the delirious, improbable high after the 2004 World Series championship, but there were also lots of questions about

the pitching rotation, and things were looking dicey for both Curt Schilling, the past season's star of a starting pitcher, and Keith Foulke, the past season's rock-solid, dependable closer.

The first call was pretty routine. Yes, you can give her the amoxicillin and the ibuprofen together. No, you don't give a child fever medicine according to age, you give it according to weight. The crowd was screaming. I apologized for the noise, asked the child's weight, converted pounds to kilos in my head, and verified the ibuprofen dose.

I made my way back to my seat. Fenway Park is a glorious historic shrine to baseball, but there isn't a lot of room between the rows of seats. And though a certain amount of coming and going is de rigueur during a ball game, what with trips to buy beer and trips to buy hot dogs, I felt sure that the people in my row could tell that I was not disturbing them for any proper ballpark business. My son greeted me and updated me on the progress of the game.

Baseball has been used as a

metaphor for everything in the world. Baseball is theater, baseball is war, baseball is life. And medicine is full of sports metaphors. As a medical student doing my first rotation on the internal medicine wards, I struggled to master the medico-baseball jargon, as if that would reflect my clinical knowledge. How many hits did your team get last night? You're kidding — a no-hitter? Hey, did you hear that? Team A had a no-hitter!

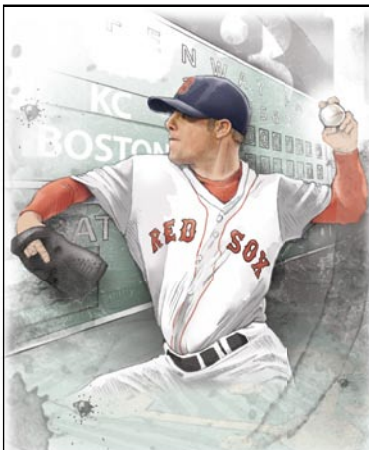
But sitting at Fenway Park and waiting for the answering service to page me, I couldn't extend the metaphor in any trenchant way. I didn't think about the way life deals out balls and strikes to parents as they struggle from inning to inning, or any such nonsense. I was angry at myself for not having checked the call schedule; I could have switched evenings with someone else. I was irritated with my job, which seemed regularly to reach out of right and reasonable boundaries to claim other little pieces of my life — there I was at Fenway Park on a nice spring evening with my family, and in-

stead of sitting with them and cheering, I was stuck answering calls. Now that I knew I was on call, I had to keep my beeper somewhere where I would be sure to hear it. In a decisive ballpark fashion statement, I clipped it to the neck of my shirt, right up near my ears. And then I prayed silently that it would be a quiet night — and, since all prayers in Fenway Park are required to end this way, that the Red Sox would hold it together and win the game.

The beeper went off again. I considered returning the page from my seat. After all, people do talk on their cell phones during ball games — all around me, I could hear people announcing their location to friends at home (“Yeah, I’m at Fenway Park!”) or trying to locate friends in the park (“Meet me near the place where they sell beer — no, not that one, the other one!”). But I couldn’t imagine being on the phone with a patient’s mother surrounded by this much noise — and sure enough, the umpire made an obviously ridiculous call right around then and the noise level rose dramatically, and not all the language being used would have been, shall we say, appropriate in a pediatric context.

So I excused myself back out of the row, making everyone stand up once again, and found my spot on the stairway. Another pretty routine call, a baby with a bad cold. Lots of coughing, lots of mucus, not eating as well as usual, but no fever, no wheezing — not so sick, by the sound of it. I talked about humidifiers and fever control and what to watch for. I apologized for all the background noise.

It was getting late in the game, toward 10:00. They had stopped selling beer. The Red Sox were not playing brilliantly. Plenty of fans had left, and there were empty



seats in our section, so I sat in one right on the aisle so I could respond to pages more easily. I felt a little more relaxed, no longer resenting my job so much — in fact, it seemed to me that the job was part of what connected me to Boston: here I was in this civic shrine, cheering on the home team, while responding to questions from worried parents all over the city. I felt established and appropriately involved — and hopeful that the Red Sox might win the game for me. And my beeper went off.

And that time, I got it — the page that you don’t want as an on-call pediatrician — let alone from a parent who doesn’t speak English very clearly, let alone when you’re stuck in a noisy public place. Picture me, standing out there on the stairs, yelling into my cell phone: *How high is his fever? How much temperature? How many times did he throw up? What are you saying about his neck? Does*

he have *pain* in his neck? Is it stiff? His *neck*, I’m asking you if it’s *stiff*? Does it hurt? Pain? Does he have any pain there in his *neck*? But the poor father on the other end didn’t really have the vocabulary for this, or maybe it was hard to hear me. All I could tell for sure was that there was a child with fever, and something wrong with his neck, and he kept vomiting.

“Go to the emergency room,” I shouted, as the crowd roared its approval of a well-pitched strike — or maybe of a clumsily thrown ball; I no longer knew which team was batting. I had lost track. “You have to take the baby to the hospital! To the emergency room!”

The father said something I couldn’t quite make out — I think he was asking me if he could just give the child Tylenol to bring the fever down.

“Take him to the emergency room — to the hospital!” I belated. “He might be very sick! This is very important!”

Another crowd roar for a strike or a ball — we were getting to that tense end-of-game zone where you react to every pitch. And all I could imagine was disaster — the kid had bacterial meningitis, I was sure of it — and the worried parents, summoning every shred of their English, called the health center and struggled heroically to communicate with the answering service, and then the doctor called back and it sounded like she was in some crazy place, surrounded by a screaming mob — so much noise, so hard to understand her. There was no rule against taking call from Fenway Park, and yet in that moment I could envision a front-page scan-

dal — the heedless doctor disporting herself at the ball game, the worried parents watching their child get sicker and sicker.

“TAKE HIM TO THE HOSPITAL!” I roared. “RIGHT NOW! TO THE HOSPITAL!”

Okay, the father said. Okay, they would do it.

I called in an expert, made my way off the staircase, and sank down again into the aisle seat. Yes, please, they should take him to the emergency room, they should listen to me, no, they shouldn't decide just to give him some fever medicine instead. And at the ER, he should please not

ward, counting every pitch along with the crowd. We were loyal to Foulke but worried. In fact, he had a rocky time, and he didn't close it easily, but the Red Sox won, and we all applauded and shuffled our way out of Fenway Park, and I thought that at least now I would be able to answer any other calls in peace.

Needless to say, once I got out of the ballpark, the calls stopped. I did call the ER, and they told me the child had looked kind of sick but had revived significantly after being given antipyretics and a few glasses of juice. Yes, they had done the lumbar puncture, be-

CSF would be clear and, thanks to my many years of medical training, my prediction turned out to be correct. But I had no easy lesson to learn, no easy profundity to teach — I remembered being on call at Fenway, even though I never did it again.

I thought about that night again this past May, when Jon Lester pitched his no-hitter for the Red Sox against the Royals. There he was, 24 years old, and as he made his way into the seventh inning, the radio announcers started discussing the no-hitter with every out, which makes me nervous, because you really aren't supposed to mention that there's a no-hitter in progress. They also had to remind us, at least once an inning, that Lester had survived cancer 2 years before and had come back to pitch in the final game of the 2007 World Series after finishing treatment for lymphoma — and now here he was, the cancer survivor, pitching a no-hitter.

I couldn't listen to the eighth inning. If it fell apart in the eighth, I didn't want to know about it. But I came back for the ninth — who could stay away? Lester walked the first batter but got the second to ground out. And while I was out of the room for the eighth, I had thought about that on-call night at Fenway 3 years ago, and about conflating the baseball gods and the medical gods, and I wondered whether there actually was some parallel to be drawn.

I thought about statistics and probabilities — what's the chance that that child really had bacterial meningitis, in this age of vaccination against Hib and pneumococcus? What are the odds that

### *Baseball is a game of statistics — knowing the statistics, defying the statistics, celebrating the statistics.*

have meningitis. And all should be well — and could the Red Sox please just hold it together long enough to win the stupid game?

After that, my beeper was quiet. The game was almost over, and the Red Sox were clinging to a lead. They put Keith Foulke in to close — the man who had pitched the final victorious inning of the last game of the 2004 World Series, who had fielded the last out, flipping the ball to first base to end the game. I was watching carefully now, though I was still aware of my beeper. If the Red Sox win, I thought, it will be okay: I will call the ER, and they'll tell me the child was fine, no meningitis, maybe a minor torticollis. If the Red Sox win, there will be no white cells in the boy's CSF. I was leaning for-

cause the history was suggestive of meningitis, but they hadn't been surprised that the tap was negative. It really didn't look like meningitis.

“It was hard to tell, over the phone,” I said. “You know how it is.”

I would like to be able to offer you a profound metaphorical connection between baseball and medicine. I would like to be able to say that taking calls from the ballpark taught me something other than the obvious lesson that there are moments when patients' lives and doctors' lives intersect in a way not quite like what you read in the medical textbooks — like on that night when I really did feel sure for a little while that if the Red Sox hung on to the lead and won the game, the child's

a child's fever represents bacterial meningitis? You know the answer: it's unlikely, but if it's your child, your patient, it's 100%. What's the 5-year survival rate for any particular kind of cancer? What's the next batter's batting average? What's his lifetime record against left-handed pitchers? Baseball is, after all, a game of statistics — knowing the statistics, defying the statistics, celebrating the sta-

tistics. And the odds of a no-hitter are small indeed, even for great and experienced pitchers.

There was definitely something to be learned here, about baseball, about medicine, I thought, as Lester got the second out in the ninth. Maybe something about how it's not only about the odds of survival — and sometimes about beating those odds — but also about how surviving means

open odds on all the other likely and unlikely things you can do with the rest of your life. And Jon Lester struck out the last batter in the ninth, and the announcers let us know: one for the record books.

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