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referral center notifies us that re-staining of the tumor indicates that it is of thyroid rather than lung origin. The appointment with the pulmonary-oncologist is replaced by a visit with an endocrine-oncologist who recommends an adrenal biopsy to determine the differentiation of the metastatic tumor. Independent of the tissue of origin, it is apparent that a genetically altered monster is running rampant in my daughter's body.

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Overnight admission to the hospital is recommended for "observation" and rest prior to the trip home. Fifty years of experience have taught me that admission to an academic hospital is not restful. I have stopped counting the patients who want to be discharged to get some rest. However, I fear she will not survive the trip home without supplemental oxygen, which only can be obtained via hospitalization. She receives very little rest due to everything that happens on admission to a hospital – histories and physical exams by several residents, more blood tests, vital sign checks seemingly every 30 minutes. I try to run interference – no echocardiogram, no anticoagulation, no cardiology consult, limit the vital sign measurements, etc. – but by 8 am she and her husband, who stayed in her room overnight, are exhausted. My daughter and son want immediate discharge, but discharge requires an attending physician visit. I intercept the attending physician at about 10 am and explain that my daughter has extensive metastatic carcinoma and all that is desired is rapid discharge with home oxygen. We are assured tha t this oxygen and discharge meds will be provided as rapidly as possible. Three hours later, we are still at the hospital. It is difficult to set up home oxygen on the weekend, and the pharmacy apparently has difficulty filling a prescription for a common drug. On my 3rd visit to the hospital pharmacy, about 1.5 hours after they have received the prescription, I am informed it will be another 30 minutes until the

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Her oncologist arrives in a few minutes. Comparison of chest C-T's shows that the undifferentiated tumor in her lung has doubled in size in less than three weeks. The hopelessness of the situation is discussed with her husband, and a decision is made with the assistance of a hospice physician to provide comfort care. She receives ice chips, and morphine is administered. About four hours later, she enters a peaceful coma and dies at 6:30 am on August 29, just 20 days after the initial MRI demonstrated the brain tumors.

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An excerpt from the book: When to rob a bank