tivity analyses are conducted, presented, and interpreted responsibly will promote the scientific integrity of trials and advance the quality of both medical knowledge and patient care.

The views expressed in this article are those of the authors and do not represent the views or policy of the *Journal*, where Dr. Hogan is a statistical editor.

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No One in Charge

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I didn't know him, didn't even know his name. He said hello when he took the aisle seat beside me on our 4-hour flight to the West Coast, and then we didn't speak. In silence, I ate my omelet while the stranger beside me ate his French toast. Then I dozed and worked on my knitting project while he watched a movie. Neither of us saw a reason to introduce ourselves.

Then, about 45 minutes before we landed, my seatmate had a discussion with a flight attendant about congested airport lounges. When the flight attendant resumed her duties, I asked him a question about the lounges, and we began to talk. I learned that he was a retired military officer, and he learned that I'm a retired pediatrician. We chatted about our beautiful home state of Michigan and about our children.

I could tell from the way he spoke and what he said that he was a leader. His sentences were carefully constructed, and his words well chosen. His voice was confident and commanding. He explained what he used to tell his troops, the rigors of basic training, the unique, ordered culture of the military.

In a quiet voice, with his eyes focused on the seat ahead of him, he told me that his wife had died about a year earlier, and that his kids were pressuring him to move closer to one of them, to either the Atlantic or the Pacific coast. He praised his late wife, describing how she had made a beautiful home for their family wherever in the world they found themselves, whether in Saudi Arabia, Germany, or Washington, DC. I noted the gold wedding band that still encircled his left ring finger.

He took a deep breath, turned toward me, and said, "She was diagnosed with cancer and was dead 6 weeks later."

"That's pretty tough," I said, looking into his solemn eyes.

He nodded. "The hardest thing about her long hospitalization was that no one was in charge."

No one in charge? I hesitated and then, awkwardly, I explained that every inpatient has a physician of record — the doctor in charge.

What did he mean by "no one in charge?" He was probably referring to "the team," the physicians, nurse practitioners, physician assistants, nurses, residents, and students who provide clinical care at teaching hospitals. His comments made it clear that he saw this group as disorganized and leaderless.

Every medical team has a leader, I thought, the person ultimately responsible for setting the goals, for designing the therapeutic and diagnostic plans, for organizing the rest of the team. Who, I wondered, was that person for my seatmate's wife? It might have changed from day to day or week to week, but the man should have known who was at the top of the chain of command in his wife's care. Like his wife-the-patient, he, too, had been desperately fighting the proverbial war on cancer, and he had felt lost.

"Well," he said in measured tones as he slowly ran his fingers up and down the sides of his coffee cup, "when she was first admitted, a guy introduced himself as her oncologist, but I never saw him again." He paused a moment, and then added, "Never." The word sounded like the thrust of a dagger.

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I shook my head. His previously very ordered world had been disintegrated into chaos, and he clearly knew that was no way to win a war.

During his military career, he and everyone around him had always known who was in charge; they could tell immediately from the rank titles and the ribbons on the uniforms. This man — who had spent years as the man in charge; who, faced with his wife's devastating illness, had needed to know who was ultimately responsible for all aspects of her medical care; who so desperately depended on the medical system — deserved to know the identity of the person he suddenly needed to trust more than anyone else on the planet.

How had the team seen him, I wondered? As merely the spouse of their patient, the woman with cancer whose needs had been reduced to items on a very crowded checklist of duties for the day? As a defeated person seated at her bedside? As the guy who asked the many questions they didn't have time to answer?

This man was intimately familiar with hierarchy — generals over colonels over majors over captains over lieutenants. Medicine has also been characterized by, and soundly criticized for, its hierarchy — senior physicians over junior physicians over physician assistants and nurse practitioners over nurses over nursing aides. The concern has been that care providers at the top of the hierarchy may not recognize or sufficiently value the expertise of those thought to be at a lower tier, and that the result may be poor communication, poor care coordination, and reduced efficiency and productivity in delivering medical services. But programs designed to cure the ills of the medical hierarchy focus solely on benefits to team members or to the health system rather than to patients and families.[1-4] In the effort to flatten the hierarchical mountain, something very valuable has been lost.

How did my seatmate come to feel the way he did about his wife's care? Had he not been made aware of behind-the-scenes activities of his wife's physicians as they consulted radiologists, surgeons, and other medical specialists, combed the oncology literature for reports of new treatment options, and debated next steps? Clearly, he hadn't. But none of that was what mattered most. His greatest need had been to see and speak with, however briefly, the person in charge.

His eyes, grave and lonely, revealed his sadness — but also his strength and resolve. The man knew systems, and the medical system, to which I had devoted my own professional life with great pride, had failed him terribly.

As the plane landed, and I watched him brace against the impact, I wished he had had a better experience with the health system; that he'd been able to know and trust the person in charge; that he could have felt confident that order prevailed in the apparent chaos. From my many years as an infectious diseases physician, I knew that the teams can, and must, do a better job of meeting the seemingly nonmedical needs of a man like him, a loving spouse whose job was to comfort, support, and reassure his dying wife.

We headed toward the jet bridge. I wished him well as he moved forward in his new life. He smiled and nodded and disappeared into the crowded airport.

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