ed with methadone (from 36.1 per 1000 person-years among people not receiving methadone to 11.3 per 1000 person-years with methadone treatment); 3 of the 16 studies described care by general practitioners and showed similar safety profiles.[1]

The ability to obtain a prescription for methadone in the course of routine primary care is especially valuable for people living in nonurban areas, in which the infrastructure required for a methadone clinic may be too expensive and disproportionate to the level of need. Regardless of cost, establishing a new methadone clinic can be challenging in any setting, given the common "not in my backyard" sentiment, which pits perceived local concerns against public health benefits. Allowing physicians to prescribe methadone in primary care settings obviates both of these challenges. What's more, it could reduce the stigma associated with opioid use disorder and place its management more in line with that of other medical conditions that are treated seamlessly in primary care.

In the United States, methadone has been prescribed in primary care settings under rare circumstances in which extensive efforts were made to meet all pertinent regulations. Our experience in Boston over a 10-year period with a very limited number of patients who were transitioned into a primary care–based methadone program after being stable on treatment at a methadone clinic was excellent. Medication prescriptions and clinical care were provided without adverse incident. Indeed, one patient in the program, in which she received a prescription for methadone treatment as well as general health care in a primary care setting, told us that the experience "is to me like winning the lottery — better actually."

The last act of Congress that expanded access to effective medications for opioid use disorder in primary care, the Drug Addiction Treatment Act of 2000, enabled buprenorphine to become available to thousands of patients in the United States. Expanding access to methadone in primary care will require more than legislation. It will also be necessary to enhance training for physicians on opioid use disorder, consider incentives for prescribing medications to treat it, and integrate treatment into existing models of care. But the solution to a complex problem often begins with small, pragmatic steps. We believe the time has come to update laws that regulate the prescription of methadone in primary care in order to reduce barriers to access and extend the benefits of a proven, effective medication to people throughout the country.

Disclosure forms provided by the authors are available at NEJM.org.

From the Boston University Schools of Medicine and Public Health and Boston Medical Center (J.H.S.), the Grayken Center for Addiction, Boston Medical Center (J.H.S., M. Botticelli), and the Massachusetts Department of Public Health (M. Bharel) — all in Boston.

1. Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. BMJ 2017;357:j1550.
2. Dole VP, Nyswander M. A medical treatment for diacetylmorphine (heroin) addiction: a clinical trial with methadone hydrochloride. JAMA 1965;193:646-50.
3. Fiellin DA, O'Connor PG, Chawarski M, Pakes JP, Pantalon MV, Schottenfeld RS. Methadone maintenance in primary care: a randomized controlled trial. JAMA 2001;286:1724-31.
4. Merrill JO, Jackson TR, Schulman BA, et al. Methadone medical maintenance in primary care: an implementation evaluation. J Gen Intern Med 2005;20:344-9.
5. Saloner B, Karthikeyan S. Changes in substance abuse treatment use among individuals with opioid use disorders in the United States, 2004-2013. JAMA 2015;314:1515-7.

DOI: 10.1056/NEJMp1803982

Will You Forgive Me for Saving You?

Torree McGowan, M.D.

I remember the day I first met you. It was a quiet Sunday, early in the morning. I heard a commotion out by the check-in desk, and your mom's scream: "My baby's not breathing!" The first time I saw you was in your mom's arms. Heartbreakingly, you weren't snuggled like a baby should be, or even limp. Your tiny body was twitching, seizing. The cold clinical term "decorticate posturing" that flashed in the physician part of my brain seemed too rigid to be applied to your chubby toddler arms.

We rushed you to our trauma room, and the entire hospital came to help you. In moments, I had every hand available, every heart pulling for your tiny body. All those hands let me do the hardest thing: step back and start making decisions that would alter your life forever.

Your tiny heart was so slow. Children's hearts should be fast, like running feet and quick smiles. Yours beat at the slow stuttering pace of a heart about to surrender.

I knew your heart was strong, but your brain was so hurt that your body was fading.

The next minutes were a blur of activity. I barked sharp, pointed orders, like the needles we used to drill into your bones. Monitors started to beep, not a single number reassuring. I was looking at you, every inch of you, measuring, assessing, cataloguing all the places that needed our gentle fingers.

My eyes kept wandering to your forehead. It was on your right side, just above your eyebrow. A big, violent, purple lump — my gaze kept stumbling over it. Such an ugly wound on the surface, and still it was no match for the devastation hidden underneath.

My team worked so hard for you. I had so many smart people helping me with medications, IVs, monitors. Hands so big there wasn't enough of your minute body for them all to touch still reached for you, stroked gently, as we talked softly so as not to scare you.

I clearly remember the moment I put you on the ventilator. I've done this procedure hundreds of times, but I noticed that my view was shaky. No, it was my hand. I had to stop, stare at those trembling fingers until they steadied. Two deep breaths for me, and your breathing tube was in.

After the ventilator began its metronome to mark the time, things quieted down. Your body started to respond to the seizure medicines, and your curling arms relaxed. Your heartbeat, once so frighteningly lethargic, had responded to medication and ticked along. The pupils in your beautiful blue eyes shrank back, evenly sized once again.

The beat of the helicopter announced the arrival of your next phalanx of guardians. I had called for them in the first minutes you were here, shouting information across the trauma room as my hands prodded your body, pleading for help to come. This small-town hospital was not equipped for your tiny life and its huge injury, and I am forever grateful to those who answered my call and stood ready to help you.

The frenetic pace of doing slowed as you rolled out the door, mummified in pumps and vents and tubing. As you left my care, I looked over to the people who loved you, who came to be with you during your fight. There was one man, the one who told me the first lies of your day, who would not meet my eyes. You fell and hit the corner of a wall, he said. He knew I knew better.

I wondered about you and worried about you. On the backs of my eyelids, I can see your forehead, the dividing line between that part of your life and this. I see your left hand, spasmed to your chest, then finally falling lax. I hoped for your miracle.

In the way of small towns, I heard bits of your story. I heard rumors of your surgery, saw pictures of you in day care as a smiling, happy child before that Sunday. I felt a sad pride the day I heard you went home. I read the newspaper account of the evil of the man who did this to you, all because you wouldn't hold still for a diaper change.

Then one morning, I was back in the same ED, sitting in the same chair as when I first heard your mom scream. The radio crackled, fading in and out: "recent TBI, trach/peg . . . difficulty breathing." My skin felt too tight; I knew it was you.

The lump on your head was gone, replaced by a curlicue of scars. Your skin had taken on the slightly waxy appearance that seems so common in brain-injured patients. I'm not sure if that's something that happens because of your injury or because of the medical care, but I'd recognize the sheen anywhere.

I talked to your mom again. She gave me a hug and thanked me for saving her baby. Your grandma is amazing; she loves you so completely and perfectly, caring for you every day. We got to spend a little more time together, but you probably don't remember either of our visits. I will never forget them.

As I watched you lie on the bed, I saw the occasional flicker of what I hope is a smile that means you find some joy. You love *Moana*, so your mom plays it over and over. I'm not sure if you know happiness, but you definitely know pain. When the nurse began looking for an IV site, you fought as best you could, grimacing and trying to pull away. I hope that pain is not all you know.

I hope you forgive me. You were so close to gone, and I was so afraid you wouldn't make it. Even then, I knew that "making it" would be relative, and the life I was saving you for would be troubled at best. I hope some part of you finds joy and that it overshadows the pain. I hope you remember a little, because I will never forget you.

I wonder: Did I save you for a good life? Are you glad I did it? Will your mom and grandma still thank me when the endless days of caring for you heap into years of sacrifice? Will you forgive me for saving you?

Disclosure forms provided by the author are available at NEJM.org.

From St. Charles Medical Group, Bend, OR.

DOI: 10.1056/NEJMp1804030