Ghosts

Elizabeth J. Trout, MD, MLS

(Fam Med. 2020;52(10):757-8.) doi: 10.22454/FamMed.2020.219155

he first patient I lost had beautiful brown eyes. Their exact shade stands out in my mind as I recall his last morning-his eyes staring at me, wide with fear and confusion, as I hurried through my explanation of the physiological process that would soon claim his life. I was only half present, distracted by countless other concerns. The next time I saw him was mere hours later, but his beautiful eyes were glazed in death as his body was throttled by the force of our chest compressions. His code is etched in my memorythe sinking feeling in the pit of my stomach as I ran to his room, the high-pitched whine of monitors, the sickening crunch of bone beneath my hands as we desperately tried to resuscitate him. The bile rose in my throat as I tried to block out the cries of his mother, because I already understood that it didn't matter how many bones I broke, or how many futile prayers I flung into an empty sky—I was powerless to bring him back. I had not been present earlier that morning when he needed me, and now he was gone.

The last time I saw those brown eyes was as the nurses covered his body. I stood, stunned, listening to the muffled cries of his loved ones behind the glass doors of the intensive care unit. I watched my attending comfort his mother in silence. I told myself they didn't need me there, but in truth, I was too ashamed to face them. I walked out, stood on an empty curb in the dark parking lot, and sobbed. I cried in sadness for the patient I had lost, and for the family I felt I had failed. I cried in anger for my inability to save his life, and in shame for having dismissed him so easily. Shame isn't lessened by tears and choices can't be undone. As I drove home that night, a deep sense of wrongness remained, a sense that I had lost something important, and that some part of myself remained in that room with the cooling corpse of my patient.

NARRATIVE ESSAYS

In the days following his death, I felt unmoored and adrift. My mind repeated every detail of the final days of his life, and I agonized over the thought that if I had been more diligent, he would still be alive. I recalled how I rushed through his last morning. I went through the motions of my rotations, throwing myself into long hours and busy shifts. But my wrists still ached from doing compressions on his chest, a constant reminder of the life I couldn't save. Moreover, I could not escape the brown eyes of his ghost; they haunted me in my quiet moments. Every time I closed my own eyes, I would see his staring back at me, wide with fear, then glazed in death. I felt the cold fingers of his ghost at my back as I walked the halls of the hospital, as I saw patients, as I did charts, as I slept. He was never far from me. I couldn't understand how something so intangible could be so heavy, I was crushed beneath the weight of it with every passing day. Uncertain how to move forward, I walled off his memory, like the body walling off a disease.

Months later, I found myself back in the same hospital where he had died. I fell into the same routines, until one morning I was discussing a procedure with an elderly patient. His speech was disjointed and rambling; I felt my aggravation rising, until a pair of brown eyes flashed in my mind. I realized I was making the same mistake, putting my distractions before the needs of my patient. But this time. I could choose to do things differently. I put down my notes, sat down, and listened to him. He confided he was afraid of dying because he didn't want to leave his children alone. I felt ashamed for my earlier aggravation. I held his hand, and comforted him. His eyes welled with tears, and he thanked me for spending time with him. For the first time, I felt a wave of gratitude toward my brown-eyed ghost for reminding me of what truly mattered and pushing me to grow.

I realized then it was time to stop running from my ghost, and embrace him instead—embrace the regret, the pain, the shame, and the

From Novant Health Family Medicine Residency Program, Cornelius, NC.

understanding I had gained since his death. He had given me a singularly important lesson: that the enemy is not death, nor disease, nor even suffering. The enemy, in truth, is our own inconvenience; it's our aggravation, our frustration, and our exhaustion that numbs us as we become so unfeeling.

I can't save every life that I care for, and contrary to what I used to believe, that isn't my job. Death will come for each of us in time, and as bitter as it may seem, it is beyond my power to determine when and where it arrives. Instead, my job is something much harder; it is to be present with my patients in their suffering. It is to acknowledge their fears, share their burdens, and to walk with them, step by step, down their road until they walk into a place where I can no longer follow. It is to make decisions, every day, that I can be proud of at the end. My brown-eyed ghost taught me that.

To this day, I wish I could go back, and live that morning again; but he is beyond my reach now. I can only embrace the lesson he gave me, and allow him to help me become the doctor he deserved.

CORRESPONDENCE: Address correspondence to Dr Elizabeth J. Trout, Novant Health Family Medicine Residency Program, 19475 Old Jetton Rd, Ste 200, Cornelius, NC 28031. 252-939-0424. ejtrout@novanthealth.org.