

Ghosts

IN 1978, AT THE BEGINNING OF THE SECOND YEAR OF HIS internal medicine residency, my father got sick. He was admitted to the hospital with a splitting headache and, after myriad tests, was diagnosed with aplastic anemia. It was from a toxic exposure, and over the next few months, his fellow residents admitted him on several occasions for transfusions and antibiotics. He had brief periods of wellness and worked intermittently, but in the spring, after a bone marrow match was unable to be found, he was admitted a final time and died of sepsis. I was born three months later, around the time a new batch of residents just set foot in the hospitals.

A little over a year ago, in June 2006, I walked into Hennepin County Medical Center in Minneapolis, Minnesota, for my first day as a physician in the internal medicine program. I started my first day on call on the wards, and after working for three hours catching up with the patients I had inherited, my senior resident called to say that I had an admit waiting: a 36-year-old woman with diabetes and a terrible foot infection. After a deep breath, I walked into her room and was surprised to hear her call me “Doctor.”

Like other residents, I had my share of scary as well as exhilarating moments during my first few months of internship. I remember when my senior resident had to rewrite orders after I accidentally started a heparin drip instead of low-dose for deep venous thrombosis prophylaxis. I remember running up several flights of stairs to a Code Blue while trying to remember the causes of pulseless electrical activity—all the while hoping that a more experienced resident would beat me to the patient to run the code.

My year has also been marked with tiny moments of redemption. I have had small epiphanies where fragments of teaching from medical school have come back to help me piece together a patient’s confusing symptoms into a clinical syndrome. I have learned more about managing acute renal failure and infections in the intensive care unit, but I have also had the satisfaction of having family members thank me for spending enough time to explain a complicated diagnosis and treatment plan. More than in medical school, I have learned the difficulties and nuances of keeping patients well rather than fixing only the admitting diagnosis.

Every new resident has had similar highs and lows in his or her new career. Similarly, every attending physician I know has a war story or two about their time in residency, about long work hours, memorable patients, or zebra diagnoses. Being able to share these stories is part of what draws the residents together. But also I’ve had other shared experiences that the other residents may have never felt.

I never knew my father. I never got to hear his stories from residency—moments of success or sadness or just extreme fa-

tigue—and so this year, I began inventing my own. Maybe we both took care of someone with congestive heart failure who “diuresed” 50 pounds in a week and looked like a new person by the time of discharge. Maybe he also had to tell a young man’s mother that he had died suddenly during the night and we didn’t quite know why. Maybe he overslept through morning rounds or got nervous when asked detailed questions by an attending. He might have had stories of strange patients like I do, who mix their pills in a bowl and take a handful each morning or who miss dialysis when they go on winning streaks at the race track. Now, as a physician, I’ve been able to invent a history of our shared moments, whether or not they’re true.

I’ve also remembered stories of my father’s terrible illness, as I’ve learned more as a resident. When I saw my first patient with immune thrombocytopenia purpura, whose arms and legs were covered in purple blotches, I remembered a story my mother told about how she arrived in the hospital to find that my father’s eyes had turned black. When I walked into the room of a teenaged chemotherapy patient to find him hunched over a wastebasket vomiting, I remembered the time my mother said she drove my dad to the hospital frantically while he was vomiting blood in the back seat of the car.

The stories from my family have helped bring me closer not only to my dad but also to the patients I see every day. Remembering stories of his illness has helped me understand how much families suffer through their relatives’ illnesses and the impact that diagnoses have long after they are remembered by residents only as a puzzle to be solved.

The county hospital where I work has a long hallway in the Red Building on the fifth floor where most of the general medicine patients stay. It has four nursing stations and 70 beds; the walls are brown and gray. A few weeks ago, I finished my intern year and began to guide a new class of interns down these plain hallways to see their first patients, write their first prescriptions, and order thousands of tests. I get to watch them meet the patients who will animate their memory of residency years from now—their first patient who coded, their first patient who remembered something remarkable they did, their first patient who died. I hope to teach the other residents some part of what I’ve learned this year. I am able to sympathize with their nervousness and mixed emotions. I’ll tell them a story or two from my crazy first year and try to comfort them when they make mistakes. But I don’t plan to tell them one thing: that when I look closely, I can see that these halls are filled with ghosts.

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