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### Ghosts

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## Ghosts

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There are ghosts on my white coat.

And in the pocket of my scrubs. They reflect in the computer screen and bury themselves in the laboratory section of our Electronic Medical Record. They hide in the crevices of my busy ED, crouching behind the crash cart and encircling the bar of my GlideScope (Verathon) camera. They attach themselves to the curtains between rooms, billowing with the movement of nurses and physicians running room to room. Watching. Reminding.

I am not afraid of them, and they are not meant to be frightening. Although they are often marred with the memories of their last moments, those scars serve as reminders of paths I have walked before. Some are warnings—*Did you check a venous blood gas? His breathing doesn't look quite right.* Some are reminders: *You know that smell. It's rotting flesh; turn her over and check for gangrene.* Some are simply there to keep me humble, to remind me that the human body is a frail and unpredictable landscape fraught with unexpected and undocumented complications of a living, breathing, complex organism.

There are times when I can see the ghosts' faces; they show themselves to me during the care of the living. In the crevasse between the frail temples and sharp angled cheekbones of a cancer patient, deep in the throes of chemo, I remember a grandmother fueled by a will to live but hollowed out by relentless malignant cells. In the face of a patient struggling to breathe I see a dozen different-colored

eyes—each with the same fear and desperation, each begging for help and crying for relief. In the pale, sweat-sheened face of a man with chest pain, I suddenly see the features of a Latinx father of five, stoic and insistent that “I am okay.” In the screaming, writhing dance of an elderly female in the resuscitation bay, I flash the image of the young, healthy boyfriend who started the night by cussing out security but later died on the operating table from his ruptured aorta. Although I can remember the sound of their voices, I mostly hear the echo of their anguished cries or the deep reverberations of their resigned sighs as I walk down the halls and witness variations of the same releases. I relive these faces, features, and stories, all the time. The patients are different, but the memories are the same. I welcome their ghosts as I work out the ailments of the ones I strive to save.

We joke about these ghosts sometimes. Quipping “Oh, this room is haunted.” And “Can we move him to another room? I think the juju is getting the best of him here.” We laugh, because we want to think the ghosts aren't really there, but deep down, we know they are. We don't actually want them to leave because their absence will leave us virginal, filled with questions and parched by desire for direction.

Some people push their ghosts away. Hide them from the world. Whether for fear of judgment or preservation of reputation, they rage against the persistence of their past. I talk about my ghosts openly. I weave their stories into rounds, gently telling their tales to guide my residents down the path to knowledge and understanding. I tell them about the paracentesis gone wrong; the central line that veered up toward the brain instead of centrally toward the heart. I use these stories to show them that medicine is not perfect; it's not a textbook or a linear path from ailment to salvage. There are branches and variations, successes and failures. In telling these tales, I am reminding my residents our medical education is dependent on our prior experiences to set the cast for our future.

Our scariest ghosts are the ones we cannot see. The ones we don't remember. The ones whose lessons fall beyond our grasp.

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