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R.I.P. Little Tiny Tim

Harry Flaster

When Kim Young, a third year medical student at Stafford, first saw the ghost, he felt nervous because he was not sure he could correctly recall the SPGP, the Stafford Pediatric Ghost Protocol.

The ghost was a young boy, dressed in a hospital gown, standing with one arm on an IV pole for support, looking out the window of the 4th floor Pediatric ICU, watching the rain splatter and run down the panes, the rain drops disappearing into the mist rising from the street below.

Gathering his composure, Mr. Young struggled to remember what he had first been taught in lecture, then read about in textbooks, then tested on exams, reenacted in role-plays, and then tested on exams again. Like everything else in medicine, dealing with a ghost had a proper protocol, based on empirical evidence, which he had been required to memorize. He felt nervous because he was not sure if he could remember the protocol now.

He struggled to recall the relevant lecture.

“Remember, when you first see a ghost, do not panic. Remain calm. Remember that you have been prepared for this situation, and that you can easily call on the experiences of your colleagues and the resources of the hospital, should you need help...”

He could not recall what the Professor had said next, and he had no desire to wake up a Resident to ask for help. It was bad enough that he consistently pestered the Residents with questions about the management of living patients, that he should wake them up to help him manage the dead.

Frowning, he stared at his own murky reflection cast by the window, scattered by raindrops but still recognizable. His white coat, ID, stethoscope, small books and notes bulging in his pockets stared back at him. Fortunately, at this distance, the blood shot eyes accentuated by dark circles from lack of sleep were not visible, and he felt slightly more confident. The professional uniform and tools were reassuring to Mr. Young, a sign that at least he didn't look as unprepared for clinical medicine as he knew he was.

The ghost, of course, did not have a reflection. Nor did it breathe. Most relevant, it was clearly the same boy that his team had treated yesterday, a ten-year-old with Duchenne Muscular Dystrophy (DMD), an X-linked disorder that leads to muscle wasting and physical deterioration such that most children are wheelchair dependent by 10 to 12 years of age. This was a particularly severe case of DMD. Along with the more prominent muscles necessary for walking, the muscles needed for respiration also were severely weakened. Even the cardiac muscle had begun to be replaced by fat and connective tissue. This boy...his name was Eduardo Martinez, he forcefully recalled...had acquired pneumonia perhaps because his respiratory muscles could no longer completely inflate his lungs...and then yesterday he had a heart attack. My. Young had participated in the Code, and before he watched him die, a Resident had given him the opportunity to practice chest compressions on his small, fragile body. During the chest compressions, he had broken one of Eduardo's ribs. Straddling his small body, he had felt and heard a snapping, like a small branch giving way underfoot in a forest. This was not unexpected. It meant he was doing the chest compressions the right way, hard enough to force blood to Eduardo's brain.

Now Eduardo was back and Mr. Young could not recall the ghost protocol. It was 12:30am. He stared at Eduardo's back. The small boy, standing, was now suddenly more real to him in death than he

had been in life. Minutes passed, but they could have been hours, with the dull hum of respirators, the sound of the rain on the glass, and sheer exhaustion combining to make Mr. Young feel as if he had stopped breathing also. Maybe, for a few seconds too long, he did stop breathing. It was hard for him to tell.

Then, with a start, it started to come back to him. Some neuron, somewhere, had started firing with the right frequency to recruit others. The lecture returned, in a haze, but recognizable, the Professor droning on in his memory...

“Most ghosts are innocuous and temporary. Studies have shown that 75% of ghosts will disappear within 24 hours of the first sighting, and that 95% of all ghosts will be gone within the first week. Most of the time, it will be sufficient and best to do nothing, and wait for the ghost to leave on its own... However, please recall that you have been taught the proper protocol, developed at this University, to hasten the departure of a ghost. It may help to remember ‘R.I.P. Little Tiny Tim.’”

He stared at Eduardo, trying to recall the meaning behind the acronym. Again, his tired mind fired blankly, but then came through, like an old car rumbling to life after the ignition had been turned several times.

“I think R stands for...Reason...What are possible reasons for the ghost to return? I – Introspection – What were your feelings about the person before they died? and P is for...Plan – What is the proper protocol to hasten the departure of the ghost? Little is for Location – Where the ghost first appears is significant, also, to whom it manifests... Tiny – What Type of ghost is it? The protocol differs depending on the age, appearance and behavior of the ghost, and Tim – Timing. When did the ghost appear? How long after death?”

There, that was it. R.I.P. Little Tiny Tim. He felt a mild sense of triumph, when the mnemonic worked. He felt less nervous now. There was still the problem of the ghost, but since 75% of ghosts disappear within 24 hours, he thought he would take his chances with this one. There was no requirement to report a ghost unless it – oh shit – what was it again?

There was no requirement to report a ghost unless it...interferes with patient care...or is present for over a week. This ghost had done neither, so Kim was not required to report it. This meant he had less paperwork to complete, and the trip to Revenant Affairs across the hospital was not required.

He paused, watching Eduardo before turning to leave. He was not bothered much by the apparition, though the lack of reflection was a bit eerie. He thought about saying goodnight to Eduardo before he left. Too weird, he decided. What if Eduardo turned around? Better to keep a low profile. It was time to get some sleep.

Five Days Later

Five days later, and Eduardo was still hanging around the 4th floor pediatric ICU.

This time, he appears on morning rounds while Mr. Young was presenting one of his patients to the team, an 8-year-old girl with cystic fibrosis and community-acquired pneumonia, resistant to first-line antibiotics. She was now struggling on a ventilator and they had just started a new course of antibiotics.

He felt he was getting the hang of his pediatric rotation, and so when he began to present, it was with confidence, and he was finally loud enough so the entire team could hear him (one attending, two residents, two medical students, and one nurse). He felt prepared for interruptions and questions from

the physicians.

“Jessica Parker is an 8-year-old girl with cystic fibrosis exacerbated by a community-acquired pneumonia who...”

His voice trails off because Eduardo is back, again, and this time is walking beneath the white coat of an attractive, young female Resident and staring up beneath her skirt, smiling, then looking at Mr. Young and laughing.

The team looks at him, as he pauses, mid-sentence, and there is a moment of awkward silence before he recovers and continues:

“...failed empiric therapy of cephalexin started at Lakewood Community Hospital three days ago. Cultures are pending and she is now receiving IV antibiotics with Tobramycin with ceftazidime...”

While Mr. Young struggles on, Eduardo has stopped looking up the Resident’s skirt and has walked over to the computer, mounted on a table with wheels, adjacent to Mr. Young. Mr. Young tries to ignore him and continue with the presentation, but Eduardo has started to push the computer over at Mr. Young. Mr. Young attempts to casually rest his hand on the computer, to stop it from rolling, while he continues to stammer through his presentation.

He forgets to report Jessica’s past medical history.

Eduardo has given up pushing the computer, but is now reaching for Mr. Young’s notes. He struggles to continue with the presentation, but he is waving his notes in the air to keep them away from Eduardo.

Finally, his attending interrupts him.

“What the hell is going on?” asks Dr. Linda Rosen.

Mr. Young is startled by her voice, normally sweet when talking to patients and their parents, now suddenly stern and direct. He hopes that he does not show his nervousness when he responds.

“I am being interrupted by the ghost of Eduardo Martinez, a patient on this floor who died last week—”

“When did you first see Eduardo?”

“Last week.”

“And did you report it? Do you have someone from Revenant Affairs on the case?”

“No, because I thought according to hospital protocol ghosts should only be reported if they interfere with patient care or after they have been around for a week...”

In a voice less stern, Dr. Rosen responds:

“A good teaching point. You are right, that is the protocol that physicians follow. But medical students are required to report all cases immediately to Revenant Affairs. I thought that they would have taught you that before you started your rotations. Anyway, please remember the protocol from now on, R.I.P Little Tiny Tim. The R stands for...”

Kim half-listened as she explained the protocol, frustrated, because he knew it but still had managed

to screw it up. He was angry with himself for forgetting this very important detail and angry with Eduardo for interrupting his case presentation.

Dr. Rosen finished, finally.

“OK Kim, after we examine Jessica, I want you to go to Revenant Affairs right away and report this case. Tomorrow, I want you to report on your progress with Eduardo before you present any new cases.”

Revenant Affairs

Revenant Affairs was on the other side of the hospital, in an older wing, built during the 1970s, during an architectural era that aspired to produce unadorned buildings composed of raw concrete and steel, in a style appropriately called “Brutalism.” This name was accurate, as one had the impression of entering a prison, with few and narrow windows, and with the rust stains on the rough concrete, the only color or break from the uniform, angular, hallways and rooms. Mr. Young, as he walked down the halls, had the vague impression that he was being punished, sent to detention because of an apparition that he could not control.

Somewhere, in this building, was Father Edwards, a Jesuit and a physician and the chief of Revenant Affairs. Father Edwards’ administrative assistant had told Mr. Young to go down the corridor, turn right, then knock on room 166, and to be patient, because sometimes Father Edwards took a while to open the door.

“He’s there, don’t worry”. She had said.

Mr. Young muttered something in response. It was meant to be a “thank you” but it came out inaudibly. She smiled.

“Medical student?” she asked.

“Yes”.

“Don’t worry, we get a lot of you around here,” she smiled.

He reached room 166 and knocked. No response. He knocked again. A minute went by and then the door opened. Some smoke drifted out. Marijuana, Mr. Young recognized by the smell. A large man with a red face and erratic, gray hair appeared through the haze. He had bushy eyebrows, a prominent chin and mouth, eyes slightly red but still bright, as if glazed by tears. He wore a priest’s collar around the neck, black and white, a black shirt and coat, black pants.

“So, Mr. Young, what can I do for you today?” The voiced boomed, jovial, as Father Edwards extended a hand, smiling. Mr. Young felt enveloped by the large man, his black clothes a stark contrast with his warm, almost boyish demeanor, as they shook hands and exchanged pleasantries. How did he know his name? It took a second for him to recall that he was wearing his hospital ID.

“Please, take a seat.”

Mr. Young sat, absorbing his surroundings, which were unfamiliar. He did not smoke marijuana, and was completely unaccustomed to an authority figure smoking it. Hanging on the wall were many pictures of medical school classes of years past, several different framed degrees, the text in Latin, and a

crucifix, adorned with “IHS” and the symbol of the Jesuit order. To compliment it all, a human skull was on the corner of Father Edwards’ desk.

“I believe you have a bit of a problem with a former patient that is seeking your attention?”

Before Mr. Young could respond, Father Edwards continued:

“Before we get to that, a few things about me, and this office. First, despite the crucifix, the skull and the priestly garb, I am a trained physician, and this office is not used for exorcisms, but for the appropriate, compassionate and scientific departure of revenants. Second, the marijuana is for medicinal purposes. This job does take its toll.” His voice was deep, but light, and he displayed a brief, mischievous smile at the last statement.

“Now, tell me about your ghost.”

Mr. Young began to describe Eduardo the patient, and then Eduardo the ghost, culminating in his disrupted presentation that morning. Father Edwards listened, occasionally asking a question, but mostly he sat nodding his head, encouraging Mr. Young to continue. When Mr. Young finished, he felt relieved. There were a few moments of silence, as Father Edwards sat, thinking. Mr. Young, for the first time in a long while, felt relaxed. He was in no rush to leave this strange man and his strange office. Perhaps the residual marijuana smoke was having an effect.

Finally Father Edwards spoke. His voice was distant, and he was staring, not at Mr. Young, but at something else, not in the room.

“What you have experienced is normal, and is something that everyone who practices medicine will experience at some point in their career. You have not seen Eduardo because you made a mistake, or because there is anything wrong with you. As Doctors, we try our best to heal the living, but we all, in one way or another, live with the dead. A ghost, or a revenant, is but a manifestation of a reality that most people outside of our profession have the luxury of living without. There are many ghosts in this hospital, and most, as I know you have learned, do not cause us much trouble. They disappear on their own. There are, of course, some who stay. I am sure they have made you memorize, R.I.P. Little Tiny Tim.”

Father Edwards smiles and looks at Kim. Mr. Young manages to smile back.

“Yes”.

“That wonderful acronym is a bit dated, actually. I came up with it, but I’ve been a little too preoccupied with my work to update it based on the latest research,” Father Edwards chuckled.

“Now, we have ways of dealing with ghosts without having to interact with them. That is one option available to you. We could take care of little Eduardo just by using a simple, ingenious device, the EMR, which would put his spirit to rest. If you are interested in the science behind it, we should talk. I am always looking for new medical students to help with my research.”

“But that is for another time. For now, I will advise you what I recommend most students, or young physicians, who see their first ghost, to do. This ghost, it seems to me, is not malicious. Contrary to popular belief, most are not. In fact, it is my hunch that this ghost is sticking around to help you in some way. So you have two options: you can talk to the ghost, have a conversation, and listen to what it has to say, or I can employ one of my EMRs to silence his spirit. The choice is yours. However, I recommend to all my students and young doctors to do it old school. By that, I mean speak to Eduardo. From my biased perspective, this will make you a better physician, and you will be prepared to practice

in settings where EMRs are unavailable.”

Father Edwards allowed for a pause.

“So, young Dr. Kim, what’s it to be? A conversation with a ghost or silence with a machine?”

Father Edwards smiled and waited patiently as Mr. Young considered his options.

“I’ll give talking a try, if that doesn’t work, then the EMR.”

“Ok, great. I admire your decision. It isn’t easy, to talk with a ghost. When you feel ready – which ideally will be soon, because the longer you wait the more difficult the conversation becomes – make sure that there aren’t a lot of distractions or people in the ICU. Ghosts can be distracted, just like everyone else. Also, it helps not to have others watching who cannot see the apparition. To avoid unnecessary awkwardness. Any questions?”

A pause.

“What do you think the ghost will have to say?”

Father Edwards smiled.

“Always hard to say, though in this case I think you will be glad you spoke to Eduardo. If no other questions, then, good luck! You know where to find me if you run into trouble. Here is my pager number, feel free to page me at anytime if you need my help. I mean that.”

“Now go. Conquer the afterworld. Don’t sweat it. Just part of becoming a Doctor.”

Father Edwards smiled.

Eduardo Martinez

Mr. Young returned to the pediatrics ICU, and finished with his other responsibilities. He did not know how to best prepare for his conversation with Eduardo, so he did not try. Eduardo, in the meantime, seemed less interested in Mr. Young, and was watching a baseball game on TV.

Evening fell, and the ICU quieted down, until the only sounds came from the hisses and clicks of the respirators and the beeps from the heart monitors. Mr. Young went to a small conference room, and waited. He passed the time by reviewing for his upcoming shelf exam.

Taking a break, he looks up. Eduardo is there, staring right at him.

Mr. Young does not know what to do, or say. Feeling foolish, he offers a seat to a ghost. Eduardo, despite Mr. Young’s self-consciousness, sits down.

Not knowing where or how to begin, Mr. Young tries to remember something about Eduardo other than his illness. He remembers, with a flash of guilt, that he had been so busy, so concerned with gathering data and clinical history, that they hadn’t spoken much at all. The only thing he could remember is that Eduardo liked baseball.

“Who is your favorite baseball player?” Kim asks, finally.

“Pedro Martinez!” Eduardo replies, immediately.

“He is the best *picture* in *beisball*, and he is from the Dominican Republic, like me, and he is going to make 17 million dollars in the next six years, so he is going to be really rich, and he plays for the Red Sox, which is the best team in all of *beisball*, and he will probably win the World Series.” The words mix and tumble joyfully.

“And, my Dad says that his Dad was a janitor, and my Dad is also a Janitor, which means that even I could grow up like Pedro Martinez. And we have the same last name.”

They talk about baseball, and his family, and the nurses in the hospital, the ones he likes and the ones he thinks are mean. Then abruptly, like any ten-year-old boy, Eduardo gets bored, and says good-bye, and rushes out of the room.

The next evening, Mr. Young is finishing his work and preparing to go home when he crosses paths with Dr. Rosen. She asks him about Eduardo.

“We talked about baseball, and his family,” Kim said. “I have not seen him since we talked.”

Dr. Rosen gave him a smile she normally reserves for her patients and their families.

“Glad to hear it”.

And she walks away.

The sun is setting, casting its dying rays towards the windows, seeking its way through blinds and curtains to where the patients lie.



Ernest Yushvayev
SUNY Downstate
Waiting