

A. BASIC PATIENT DATA

Chaplain – Robert Baral

Patient – Mrs. XY, 65+ year old female, married

days in hospital – 7; length of Visit - 30 min

Unit – medical/surgical

Religion - Roman Catholic

Significant Others – husband and son @ bedside

Theme: “Tears on My Pillow in Anticipatory Grief:

Let The Minister Do Justice, Love Mercy and Walk Humbly with GOD.

FACTS OF THE CASE

I was asked to offer a Chaplain visit to a lady who is a cancer patient. The Nurse reports, “She has just been told by her Doctor that she will die in 2 -3 days. The family is with her. She’s having a hard time.”

BACKGROUND INFORMATION

As per family at bedside: The present illness began with cancer of the stomach with spread to bones. The patient had radiation therapy while trying to stay at home, “Did not go well.” Mrs. Y came in to hospital for increasing “weakness.” The family’s Priest was in to see her yesterday and gave her The Sacraments of Anointing of The Sick and The Holy Eucharist, which gave her and her family comfort. They share other Clergy have also been in to visit.

From the patient chart after my visit, I learn that the patient’s gastric cancer required a total removal of her stomach some years ago. Mrs. Y then had both radiation and chemotherapy. She now returns to hospital with severe weakness and uncontrolled pain. Her cancer has spread to her bones. She is just now on Hospice.

CHAPLAIN'S PREPARATION

I did not know anything about the patient, family or situation beyond what the Nurse told me at the Nurse's station in a brief 3-sentence request. I did not know what, if any, religion they were. I did not know the extent of Mrs. Y's and her family's suffering physically, emotionally or spiritually. My reply to Nurse was, "I would be happy to see them. I will go in immediately." As I prayed silently, I recalled These Words:

MICAH 6:8

"He hath shewed thee, O man, what is good; and what doth The LORD require of thee, but to do justly, and to love mercy, and to walk humbly with thy GOD." ¹

INITIAL OBSERVATIONS

A single room. Son and husband are sitting in chairs at the patient's bedside on her left side facing the door. Mrs. Y has her face turned towards her family and away from me, whimpering quietly. Intravenous pumps are on the lady's right bedside. There is space to place a chair by the bedside for me if they accept my offer to visit. There is an extra chair I can move in from the far right corner of room.

Mrs. Y's arms are bruised. Her skin is pale. She is a petite and frail looking woman. Linen of the bed are arranged neatly over her. The call bell is on bed. There is a Rosary wrapped around pt's left arm. Mr. Y is sitting bolt upright rigidly in a chair facing me at the foot of the bed. The son is slumped down in a chair facing me on at the level of his mother's hands. His face is sullen. He makes immediate, unbroken eye contact with me. He looks angry. I wonder what he might be thinking, such as, "Who are you and now what?"

¹ KJV, MICAH 6:8.

THE VISIT

C= Chaplain; P=Patient; H=Husband; S=Son.

C1 – [I knock on door as I enter room.] “Hi. I am Bob, a Chaplain here with the hospital.” [I scan them quickly. The son’s eyes locked on me. He is scowling and looks angry. He may be the gatekeeper here. I anticipate my conversation here must be gentle and careful. Careful! Eggshells of broken dreams on the floor! I look at the husband. His hands are grasped tightly on the arm rests of his chair. Uptight. Anxious. The patient’s head is turned away. Withdrawn and crying quietly.]

C2 – “The Nurse asked me to come see you. May I offer to visit with you?”

H1 – [Husband begins to stand. I extend my hand and approach him, making it unnecessary for him to get up. He sits back down and takes my hand. Strong grip. Fleeting eye contact.] “Yes.”

S1 – [Adequate space for me to approach son in next chair. My hand is extended. He shakes. He has a limp grip. He is silent.]

C3 – [I go to pt’s side, continuing to face family. I kneel down & repeat my intro.] “I am Bob, a hospital Chaplain here. Your Nurse asked me to visit with you.” [She offers me her hand. I take it and hold it gently. A moment of silence.]

P1 – [I observe Mrs. Y’s eyes are closed. A non-verbal offer of “Take my hand” I receive as “Yes, please visit.” Mental note to keep this short as needed.]

C4 – [I get up to retrieve chair to bedside.] “Can I move that chair over here?”

H2 – “Sure.” [Husband moves to begin to get up from chair to make more space for me.]

C4 - [I move chair to free side of bedside.] “No need to get up, sir. I can fit.”

C5 – [I place the chair and am now facing the family. I take pt’s hand again. Silent pause for a few more minutes. I allow it to pass without speaking. I study them. The son appears less hostile, more relaxed.]

S2 – [The son pulls at his dirty t-shirt.] “I didn’t have time to change from work. I came straight here.”

C6 – “No formal dress code here for family. That’s okay. Only if you work here.”

C7 – [I let a few moments more pass without saying anything. I am feeling out situation. I know I have entered a private & precious family space. I offer my presence. Mr. Y appears less tense in his chair. Nearly continuous eye contact with his son. Son nods head at me slightly. I acknowledge with slight nod back.]

C8 – “May I ask what brought your loved one into the hospital?”

S3 – [The son begins to explain the recent medical situation.] “My mother has terminal cancer.” [I don’t recall any of details of what he was sharing. He was waiting to be invited to share and takes up the invitation. He needs to do this to feel some control in situation of his dying Mom before him.]

C9 – [I look at the son.] “This is your Mom.” [I look at older man.] “And this is your wife, sir.”

H3 – “Yes.” [Son and husband tell me their first names.]

C10 – “I understand the Doctor has just been in to see all of you?”

S4 – [Son continues to explain.] “He told us my Mom would be dead in a few days. She’s going on Hospice.”

C10 – [I try to give equal eye contact time between the husband and son. Mrs. Y’s head is still turned towards her son. A painful silence follows.]

“Do you have a local House of Worship that you belong to?”

S5 – “Yes. We are Roman Catholic.” [Son tells me name of their Church.]

H4 – “Our Priest was in yesterday to give her The Anointing of The Sick. She received The Holy Eucharist too.”

C11 – “Has this been a long illness then?”

S6 – [Son explains more. Again, he seems to need to share in detail. I sit and listen attentively.]

P2 – [Pt begins to cry louder. She has not yet spoken.]

S7 – [Tissues and basin on table behind me. The Son points.] “Could you please hand me those tissues and basin?”

C12 – [I turn and hand them to him.] “I’m so sorry for this situation for you all.”

S8 – [Son leans forward from chair, takes his Mom in his arms, embracing her, lets go and takes her left hand.] “It’s okay to cry, Mom.”

C13 – I join you in your tears. I know our Lord does too.

P3 – [Pt takes tissue from son, wipes eyes, places tissue in basin. Mrs. Y crying, opens her eyes and turns towards me. Still holding my hand. She smiles slightly.] Would you say a prayer for us, Chaplain Bob?

H5 – [Husband remains sitting in his chair and silent. My attention is focused on all of them now.] “Yes, that would be helpful now.”

S9 – [Son nods his head yes.]

C14 – [I address them all by their first names.] It would be my privilege to pray with you all. [I get up from chair and push it back behind me. I kneel down on my right at the bedside. We hold hands together. I asked for GOD's comfort for them. I don't recall what I said. It was short.

C15 - I then closed my eyes and said The "Hail Mary" and The "Our Father." I spoke the words slowly and clearly. I looked up when I noticed all three of them were saying these prayers with me out loud quietly. They are all tearful, as am I with them.]

C16 – [I end the prayer.] "May The LORD bless you and keep you. May The LORD make the light of His face to shine down upon you and be gracious to you. May The LORD uplift you with His mighty outstretched arm. May The LORD surround you with His Loving Presence, and give you His Peace. In The Name of GOD The Father, Son and HOLY SPIRIT. AMEN."

C17 – [I make Sign of The Cross on myself and stand up. I move my chair back to far corner of room. I shake husband's and then son's hands as they remain sitting.]

C20 – [I return to pt's side, kneel down, and take her hand again. I make eye contact with each.] "Thank you for allowing me to visit with you and pray with you. I see you are all surrounded by each other's love and by GOD's Love."

S10 – "Thank you, Chaplain Bob. We won't forget you."

P4 – [Pt opens her eyes and looks at me, smiles weakly, seems more at peace for now. She squeezes my hand weakly. I dab her tears with a tissue.]

H6 – [Husband Mr. Y, embracing his wife Mrs. Y in one arm and their son in is other] "We're glad you came to visit us."

C21 – "That is why we are here. I won't be on duty tomorrow, but I will ask the next Chaplain to check in on you. If you need us sooner, just have the Nurse call.

S11 – "Thank you, Chaplain Bob."

C22 – [I stand up. Mrs. Y lets go of my hand and closes her eyes again. She snuggles into her husband's arm. I raise my right hand slightly in The Sign of Peace. The family waves in reply. [I exit room. I later drop off a Rosary and Bible to the Nurse that family had requested.]

OBSERVED OUTCOME

1. Patient not speaking initially, but family opens up cautiously as I maintain a gentle presence with them. I mostly listen. 2. I secured permission to visit from all 3 of them. 3. Patient holds my hand during visit. 4. Family reports they are members of local Catholic Church, that their Priest has visited, that the patient had received Sacraments.

5. Son had need to share medical details of his Mom's condition and bad news of her pending death, which gave him some sense of control over the uncontrollable. 6. Patient and family desired prayer, which I provided with cautious words of comfort. 7. The patient was able to say a little, with all 3 embracing one another with deep compassion.

8. I affirmed their love and tears for one another and of GOD's Love for them as well - within their Faith Tradition - without attempting to explain the unexplainable tragedy away. 9. The patient and family were able to share a release of feelings, hugs, tears and prayer together, which seemed to be a relief and comfort for them to do as one. 10. The patient and family were open for a follow up visit, which I arranged as a priority with the next Chaplain for them. 11. As they requested, I later dropped off a Bible and Rosary for them with the patient's Nurse.

SPIRITUAL ASSESSMENT

Patient not talking. Whimpering quietly. Only occasional eye contact with me. Allows me to hold her hand. Cries during visit. Says only one word in reply to husband's question to her, asking her permission to allow my visit with them, "You are glad the Chaplain came to visit, right? Yes or no." She answers, "Yes." She is despairing. Near zero verbal communication, but deep emotional and spiritual communication.

Husband answers for his wife. He initially sits like a soldier on duty at his post on guard. He reports on their Priest's visit to me precisely and quickly. He is understandably very anxious, up tight and despairing. He is looking for a way to share his suppressed tears and in need of affirmation to open the sharing gates of his love with his family.

The son explains medical situation to in some detail with little prompting. His initial look of anger fades as I give him opportunity to share his understanding of the situation. I sit quietly and listen. His mother begins to cry. His anger is replaced by immediate compassion, telling her, “It’s okay to cry, Mom.”

The son directs me to pass tissues and basin from nightstand. He takes charge and finds comfort in consoling his mother. He is opening to the work of anticipatory grief. He needs to feel some sense of control as his Mom ends her life journey on earth. He is passionate. He is distressed, dealing with a heavy heart, but communicating.

PASTORAL SPIRITUAL CARE PROVIDED

1. I obtained permission to visit from the patient and her family.
2. I asked what brought the patient into the hospital, knowing they were struggling deeply with sudden anticipatory grief. 3. Used therapeutic touch of hand holding when requested and accepted. 4. I ask if they have local House of Worship and support.

4. I facilitated opportunity for them to share feelings together as a family and provided prayer when they asked. 6. I was cautious not to overstay, not to force conversation and to sense when it was time to give them back their time alone together. 7. I offered to arrange next shift hospital Chaplain to visit with their permission and made them aware of support available. 8. I later dropped off Bible and Rosary as they requested to the patient’s Nurse without reopening the visit.

SPIRITUAL-RELIGIOUS-PSYCHOLOGICAL-SOCIAL ANALYSIS

The patient is Catholic Christian. She has received Sacraments of Anointing of The Sick and Eucharist. They ask for and accept my prayer, holds my hands, express thanks and share tears & hugs together. She is tearful and does not want to die, leaving her family behind. They don’t want her to go either.

I am Roman Catholic. I am not concerned about the state of the patient's soul before GOD. She has received The Church's Sacraments. I trust in GOD's Mercy for her and what The Church teaches. I am thankful to have been, I hope, a channel of some amount of GOD's Love and comfort for these people for this short visit. I see them as sharing emotions and responding to active Christian support. I pray for The Lord to comfort this family. I avoided what might diminish the time together with trite words.

The fear of death hangs heavy for them. Anticipatory grief suddenly landing on the patient and her family after many years of struggle with cancer. They were not prepared to hear that the patient would be likely dead within days and that Hospice was the option chosen. The separation through death for the patient and her husband and son will be deeply painful, as they seem to be very close to one another. It will be a deepest wound that will never heal, but may become less painful over time with adequate support.

This patient and family seem to have a first line of coping with this unfolding sudden devastating news in their Faith as Catholic Christians. They felt it important to secure their Priest's visit the day before and make sure the patient had received The Sacraments. That they requested prayer with me and were all able to participate in a close and loving way with one another in that prayer suggests their Faith is important to them.

Through the grief and mourning to follow the patient's death, I pray it will give them assurance that the patient will be in Heaven praying for them, and that in due time, they shall all be together again with The Lord. I have observed that such journeys are often far more painful and forlorn when people do not have such a sustaining Faith.

That the son recognizes, reaches over to embrace and gives his mother permission to cry - while the husband eventually is able to embrace them both in his arms as they all cry and pray together - indicates their closeness and the consoling outcome of this pastoral visit. All 3 were in deep spiritual despair and not able or ready to share at length, save for the son focusing on medical information about his Mom's condition, which gave him some momentary comfort that he could control in the verbalizing of it.

ANALYSIS OF YOURSELF AS THE CHAPLAIN

Having gone through this situation several times with loved ones in my own family, I felt I could understand the grief of this patient and family at this age in my life. Having a strong religious Faith makes this kind of thing easier to cope with, but the grief and pain is of course still there. Deja vue of sitting in hospital at my dying father's bedside, with my Stepmom and he in my arms, in a similar situation as this son is sitting by his parents' sides now.

I would have been a lot less gentle and sensitive if I was called to see these people as a Chaplain intern when I was younger. I was a Paramedic and then a Nurse. What's the problem. Plug the patient into the protocol. Call in the troops for backup. Arrange for a Priest, Pastor or Rabbi to visit. But pastoral care is mostly not like that at all!

The effective Minister has life experiences that allow him to empathize with the pain of others. It took me some years to realize that we the medical system can't "save" everyone, that not everyone wants to be physically "saved" by the healthcare workers, and to admit that physical death is an unavoidable part of life; that life is more than just the presence of vital signs. Man is made with a heart of emotions, a spirit to connect with GOD and others, and a life story to write, celebrate and share.

I was thankful to have this opportunity to hopefully be of some comfort to these people. I also initially wanted to run away, move on to an easier case, to see other patients who were not in this situation. But as I entered the room, I could see myself sitting where the patient's son was sitting. Recalling sitting at my dying Dad's deathbed with my Stepmom, I could see the reverse between the husband and wife in my past in this case.

I could see myself sitting with my beloved Stepmom there years ago in my life as my beloved Dad died. But there was no Chaplain or Minister - no Priest, Pastor or Rabbi - to sit with us when my Dad was dying. I was thankful to have the privilege of sitting with these suffering people now as their Chaplain, being the kind of Minister to them that I wish we had had.

I know this patient had an extended battle with cancer – surgery, chemo, radiation. So she & her family had gone through a lot. But now she was on Hospice with the focus on her comfort. Not sure what I would want for myself if my own cancer recurs. I saw my brother-in-law and sister-in-law struggle with extended cancer battles.

My sister-in-law died with full medical intervention going, with my broken brother at her side, leaving him alone to raise their three little children. But my brother-in-law died on comfort care, after choosing with his wife to stop aggressive hopeless care. It was the same with my Dad, who we had removed from life support after it became clear he wasn't going to recover from a catastrophic stroke. How much intervention, when to choose it, if & when to stop – are rarely easy choices.

FUTURE PASTORAL OPPORTUNITIES PRESENTED

What to do in such cases in the future when you are the Minister? Be prepared to sit with families in this kind of situation in the future without feeling that I need to stimulate patients and family to talk, if they don't seem able to. Be ready to join others in their despair and tears in silence, but be available to listen in many ways when needed.

I hope to experiment gently on how to draw patients and families out to talk about their feelings – if they wish - without interrogating them. There is a balance and discernment to be prepared to offer both according to what people want. Let them control the course of their own pastoral care.

Always identify yourself and your role. Obtain permission to visit. Seek permission to enter into others' pain gently. Make eye contact and acknowledge everyone present. Ask a few simple open questions and listen for answers. Be prepared to offer a hand, wipe a tear and also respect physical distance if needed.

Inquire if people are of a Faith Tradition and have support from a Congregation. If they need a Clergyman called, make the offer to do so. If Clergy has been in to see the patient and family, what ministry have they received and was it enough? Or are there further needs that you can meet now? Offer, but do not impose, prayer. Make sure people know there is further Chaplain support when you leave and offer to have follow up support arranged. Thank patients, families and staff at the end of each visit.

And in all things in ministry, know what The LORD has shown you what is good and what He requires of you: to do justice, to love mercy and to walk humbly with GOD.² Listen to His Voice and He will guide you in your ministry care of others, as well as of yourself.

² KJV, MICAH 6:8.