

I. BASIC PATIENT DATA

Chaplain – Robert Baral

Patient – 40+ year old male, XY

days in hospital - ; length of visit - 20 min;

Location – medical/surgical unit

Religion atheist; mother Catholic

Theme – “Pastoral Flexibility and Stepping Outside The Box in Faith:
Not Giving Up on People Because GOD Never Gives Up on Us!”

II. FACTS OF THE CASE

Patient on palliative care team list. Background given in report day prior to visit: Middle aged man with lung cancer, now with metastasis (spread). Patient had stated to Doctor on team, “I’m not religious, I recovered from hepatitis, I will not die from this cancer,” but admits that he is “in denial.” Mr. Y’s voice is down to a whisper due to cancer lesions compressing nerves that control his vocal cords. His mother is active in her Roman Catholic Faith. Mr. Y identifies as “atheist,” has been visited by his mother’s Priest. Doctor sees them struggling and requests priority Chaplain visit.

III. CHAPLAIN’S PREPARATION

I feel anxiety about saying or doing – or not saying or doing – things that might push the patient further away from finding some spiritual support in his life. I have doubts that I will be able to help this patient, wondering to myself, “Will he even see me?” Biggest hurdle will be simply to get Mr. Y to allow me to visit with him. As I approached his room, I prayed as I walked, “GOD, go before me. Help me to think outside of my pastoral care box. AMEN.”

IV. INITIAL OBSERVATIONS

The patient is sitting bolt upright in bed. An elderly woman sits in a chair in the corner by the his right side. An intravenous pole, pumps and lines are on the patient’s left side next to a bedside table. This is a double room with curtains closed between beds. There is no chair for me to sit in, but room for me to kneel at the bedside if needed. The lady sits in her chair like an eagle watching over her nest containing her baby bird. She will be studying me closely, her son’s gatekeeper for all visitors.

V. THE VISIT

C – Chaplain; P – Patient X; M – Mother Z; N – Nurse.

C1 – [I knock on door. Patient is awake, sitting upright in his bed as before. Elderly woman sitting in chair on patient’s right side in corner – like a mother eagle sitting on her nest. I knock making immediate eye contact with both and receive a greeting to come in. I go to the bed and extend my hand to the patient.] Hello. I’m Chaplain Bob. Just making my rounds to say hello if that’s okay with both of you.

P1 – [The patient takes my hand and shakes with a fairly strong grip. Note to myself to be low key.] Hello, Chaplain. I’m X.

C2 - [I next go to the right side of bed, extending my hand to the lady.] “Hello. I am Bob, a Chaplain here with the hospital. Wondering if I can spend a little time with you both.

M1 – [Woman shakes my hand with a weak grip. Her eyes look like she could burst out into tears if she had the okay.] “I am X’s mother, Z.”

C3 – “[I turn to Mr. Y.] How was your breakfast?”

P2 – “Okay.” [As I was told in report, patient can only speak in a whisper.]

C4 – [No place for me to sit. I kneel at X’s bedside on left side.]

P3 – “Did they send you here because I’m a terminal case?”

C5 – “Your Doctor asked us to come by and see if we could offer a little support to you and your Mom. We like to try to visit every patient at least once to offer some hospitality. We don’t always get to everyone, but we like to try.”

P4 – “I’m an atheist. I don’t know what I can do for you, Chaplain Bob. I don’t know what we can talk about!” [Patient breaks eye contact with me and looks down.]

C6 – “X, you don’t need to do anything for me. I am here to just spend some time with you if you want. We can talk about anything you like.” [I look at his Mom Z. She is looking at me. She is silent, her lips tight.]

P5 – [Patient scowls slightly.] “As I said, I’m an atheist.”

C7 – [Wall is going up. What can I say to take some of these bricks down?] “That’s fine. I’m not The Church attendance guy. We can talk about anything you want.

P6 – [Brief but awkward moments of silence. Seems to me like forever. I remain silent. Not sure what to say or not say.] “So what is *your* field of expertise, Chaplain Bob?”

C8– [Mr. Y hasn't sent me away or declined the visit, but I don't yet have his invitation to enter into their world. If I don't switch tracks here fast, this visit is over now. I decide to try cautious humor, which I remember then worked well in another similar case.] “I am, among other things, a certified coffee and donut expert!”

C9 – [I snap my suspenders and pat my belly. I look intentionally very serious for a moment, then break into a wide smile.] “Too many donuts however!

M2 – [Patient's Mom Z smiles slightly, but is still wary. But this could be a window!]

P7 – [Mr. Y is surprised at my shift. He expected me, I think, to continue to be serious. He breaks out into wide grin and chuckles.]

C10 – [I take this as green light to proceed further with some humor. I snap my suspenders again.] “Yep. Many years of professional donut experience – plain, glazed, jelly filled, those chocolate cream filled jobs. Got the pin and the certificate as well – Certified Donut Expert!”

M3 – [Mother now also smiling! She looks pleased.] You have a good sense of humor like our Priest!

C11 – [I continue to smile. I give equal eye contact to both of them. I let the smiles and the chuckling continue for a bit. Feel I now have permission to cautiously proceed. I ask the standard ‘magic question’ they've taught us as an ice breaker.] “So what brings you into our hospital?” [I shift my eye contact between the two, waiting to see which one will take up the question.]

P8 – [Mr. Y explains in great detail his medical condition. I continue to kneel quietly and just listen. This goes on for some time.]

C12 – [I reflect back several times to X in a few words, and he continues to share about his medical condition.] “So you've been sick before and you recovered?”

P9 – “Yes. But not this time.” [More sharing about his cancer illness. Mr. Y is very open about explaining this to me.]

C13 – [I study X as he talks. I note his skin is so pale and anemic. He looks like living death, but is still alive with a pulse, awake and talking. I feel a passing shudder go through me at the horror at their suffering. I suppress it immediately and refocus on the patient and his Mom.]

N1 – [Nurse enters to give Mr. Y a unit of blood] “Oh, pardon me.”

C14 – [I stand up and step back to the wall to give the Nurse room to do her work. I motion for the Nurse to go to where she needs to go – to the patient's left side to his intravenous jungle.] “Not at all. Please go right ahead.”

N2 – [Nurse checks in with Mr. Y, makes small talk with him and his Mom Z with a very caring spirit while she hangs the unit of blood. She is efficient, courteous and caring, though apparently harried. I know why as a retired hospital Paramedic and Nurse myself. I pray for her silently as she goes through her work. Mr. Y talks freely with the Nurse. His Mom Z is almost totally silent. I say little. This is their time with the Nurse.]

C15 – [I slip back to Wallace’s left side after the Nurse leaves and again kneel down. I want to pursue the question of mother’s Church as a possible resource for them, wondering if the Priest has a friend relationship with the patient, as well as a pastoral one to the mother. I give it a shot.] Z, you mentioned your Priest. He is of course always welcome to visit, if that’s okay with you, X.”

P10 – [Mr. Y responds immediately, making good eye contact with me.] “I know him. He’s a friend. He was here yesterday.”

C14 – I’m glad you have such a friend, X.

M4 – [At last, X’s Mom is able to say a little more.] “My son and I are not on the same page about religion and Church.”

C15 – [The patient didn’t want me to go here. But the friend aspect of the Priest to Mr. Y is a possible avenue of conversation. I wait to see how he directs the conversation. I keep it in his control.]

P11 – [Pt changes the subject.] I know he prays for me. And my Mom really appreciates it when he visits us. But we don’t talk about Faith.

C16 – [We’re back to talking about Mr. Y’s physical illness. I make no more effort to steer the conversation to spiritual issues.] “X, why are you not able to talk above a whisper?”

P12 – [Pt explains in some detail freely that a cancer lesion is compressing nerves controlling his vocal cords. He is a very educated and intelligent man. I note that he understands his physical illness very well. But he is not willing to talk about anything else with me now. His voice is becoming softer.]

M5 – [Mom Z interrupts her son.] “He needs to rest. He is tired.”

C17 – X, is there anything I can do more for you and your Mom now before I leave?”

P13 – “No thanks. But I really appreciated you visiting. You made me laugh and it was good to talk to you.”

C18 – “It was a privilege to meet you both. I will pray for you and your Mom and family tonight, if that’s okay.”

P14 – “Sure. I have a lot of people praying for me. It can’t hurt!”

C19 – [I stand up. I extend my hand to both patient and mother. We shake hands. Still good eye contact. Mr. Y still has slight smile still! A good sign? He offers me a firm handshake.] “X and Z, thank you for allowing me to visit you both. Would you like me to revisit or have another Chaplain drop by to check on you?”

C20 – [I move towards patient’s Mom Z and extend my hand. We shake hands again and she smiles.]

M6 – [Her grip remains weak, but with good eye contact, she smiles.]

Thank you, Chaplain Bob, for seeing us.

P15 – [He is still smiling. I think he enjoyed most of the visit.] “Sure. You can revisit me tomorrow, Chaplain Bob! Just watch those donuts!”

C19 – [As I exit the room. I raise my right hand slightly and smile back. A successful visit. I leave giving thanks to GOD.] “Good night, my friends. Thank you. I’ll be back tomorrow as promised then!”

VI. PASTORAL SPIRITUAL CARE PROVIDED

1. Obtained permission from both patient and mother to visit;
2. casual conversation;
3. allowed son to direct the conversation as he wished, and did not probe opportunities to explore deeper, but waited for responses;
4. took a risk with some cautious humor, which broke the ice;
5. suggestion that mother’s Priest visit feel free to visit, discovered he already has;
6. offer to keep them in prayer at a later time, which both accepted;
7. offer for further Chaplain visit, which was welcomed by both;
8. both expressed thanks for visit and seemed comforted by hospitality & listening;
9. pastoral relationship established with both to cautiously build upon in next visit.

VII. SPIRITUAL ASSESSMENT

The patient seems to have a clear intellectual understanding of and is moving towards intellectual acceptance of his critical and likely terminal condition. The Patient freely explains his medical condition at length, but is not willing to address spiritual issues, except to explain that he is “an atheist.” He does appreciate others praying for him. I wonder about the patient’s underlying journey that causes him to label his faith as “atheist” and yet considers his mother’s Priest as a “friend.” I consider him to be in spiritual distress because on this visit he is not open to talking about his spiritual connectedness to a higher power, family, human expressions of his soul and to himself in his life.

The patient's mother reports she is Roman Catholic and attends a local Church. She states, "My son and I are not on the same page" re spirituality and faith. She says little more. She observes me carefully. She politely suggests end of visit when she feels her son is straining his vocal cords too much. She smiles slightly when I use cautious humor in talking to her son. But she is not talking or sharing her feelings. I wonder if she is already grieving her son's approaching death, feeling powerless to share the comfort and certainty of her Faith with her son. She is also in spiritual despair.

VIII. OBSERVED OUTCOME

1. The patient freely shares casual conversation with me; 2. The patient declines to talk about spiritual and Faith issues; 3. He responds well to my cautious humor with smiling and laughter; 4. The patient shares in great detail about his medical condition; 5. He accepts offer to be kept in prayer, "I have many people praying for me. It can't hurt;" 6. Both the patient and his mother express thanks for visit and patient welcomes offer of my return visit for the following day.

IX. ANALYSIS OF PATIENT/FAMILY

The patient: My presence signaled to him that he might be nearer to death. My visit may also be causing him to feel guilty for his professed atheism, especially in the presence of his mother's active Catholic Christian Faith and loving presence. He appears to be resisting reevaluating his atheism at present. Perhaps he is asking himself, Should I go through the motions of returning to The Church to give my mother comfort? What if I am wrong about my atheism and GOD exists after all? Is it too late to return to The Church and The Faith? I welcome people keeping me in prayer – maybe it wouldn't hurt to pray just in case I'm wrong?

The mother: As a Catholic Christian, she is deeply worried about her son returning to The Faith and The Church before he dies; likely worried about her son's soul not entering Heaven after his death; anxious that she would have comfort of knowing her son will be with her some day in Heaven; dreading having to bury her adult son; wondering if he will consent to receive Anointing of The Sick while still conscious? Will she be able to get their Priest to his bedside in time to assure he has The Sacraments before death? Will she want to continue to go on living if she sees her son die?

Both together: The patient not wanting to die; intellectually understanding but spiritually resisting to admit that his cancer is terminal; fear of suffering; fear of admitting he might be wrong about his atheism. This versus not wanting to hurt his mother. She not being able to reach him in blocking out GOD, which wounds her deeply. Wondering what lead this patient to confess atheism, this son of a devout Christian mother. Wondering what losses and traumas in their lives are yet unshared with me. Wondering what other support they may have from family, friends or others. Wondering about the patient's father, and if the patient has any other family relationships.

X. ANALYSIS OF YOURSELF AS THE CHAPLAIN

Disappointed but not surprised that in this first visit in this situation the patient declined to talk about spiritual-Faith issues. I knew immediately, that if I continued in a serious mode, the visit would end promptly. I was pleased that I was able to step outside my normal pastoral care box and switch modes into some cautious humor. This brought permission from the patient to visit, which under the circumstances, I consider a success. In Faith, I knew then that pastoral care doors were opened for both of them.

Wondering if I would some day die of recurrence of my own cancer, which I found very unnerving, and quickly suppressed. Wondered that, if I could use some more cautious humor, maybe this patient will open up more to me. This man looks like living death – I wondered if he knows that. I fear that his time is short, and prayed later that day to be of further support to this man and his mother the next day as I promised.

Memories of my loved ones dying in hospitals. Very painful to relive those experiences. I was conscious of them but suppressed them at the bedside. Thinking of this patient's mother watching her son suffer and eventually die. Recalling my Stepmom and I watching my Dad suffer and die. No parent should have to bury their child. As a parent, I shudder at the thought for all fathers and mothers. Thoughts that The Father in Heaven watched His Son, our Savior JESUS CHRIST, die on The Cross before The Resurrection. Awareness of my own Faith walk, dying to self, being reborn daily in Him.

The next day on my revisit, I found the patient was unconscious in the Intensive Care Unit. He was surrounded by his mother, father and sister. They shared that, “for his mother’s sake,” he had agreed to see their family Priest and receive The Sacraments. In my heart, I felt a surge of thanksgiving to GOD for this young man, believing that he also agreed to receive his friend their family Priest and The Sacraments for his own sake, making his peace with GOD. X passed on the next day, his family and their Priest, his friend, at his side.

XI. LESSONS LEARNED

For the privilege of being an instrument of The LORD’s Peace for these people in some small way for a short time, I gave thanks:

PSALM 100:5

For The LORD is good; His Mercy is everlasting; and His Truth endureth to all generations. ¹

The lessons here for pastoral care Ministers: We visit only with permission; trust GOD; never give up on people; go boldly in spite of fear; be flexible; be willing to risk stepping outside your box; meet people where they are; redeem the time at hand, as you may not have that time again with people; live GOD’s Love. As Saint Francis of Assisi is held to have said, Preach The Gospel always. And if necessary, use words.” ²

¹ KJV, PSALM 100:5.

² Pope Francis, “Preach The Gospel Always. And if Necessary, Use Words,” paragraph 3. The Holy Father sites a saying attributed to St. Francis of Assisi. News Bulliten, Mission Basilica San Diego De Acala. <http://www.missionsandiego.org/preach-the-gospel-always-and-if-necessary-use-words>.