

## **A. BASIC PATIENT DATA**

Chaplain – Robert Baral

Patient – Mrs. XY, 80+ year old female, widowed twice

length of hospitalization – 3 weeks;

length of Visit – 30 minutes. Unit – medical/surgical

Religion – Protestant, no Church.

Significant Others – many children, grandchildren & great-grandchildren

Theme – “Mother and Son Going Home Together on Hospice to Die:

In GOD I Put My Trust. I Grieve, But I Will Not Be Afraid!”

## **B. FACTS OF THE CASE**

Patient has breast cancer, now with metastasis to the cervical spine. Admitted for pain control. Patient is now on Palliative Care. This is my 2<sup>nd</sup> of 3 visits. The initial plan was for Mrs. Y to possibly go to rehabilitation for several weeks. She has since changed her mind and is going home tomorrow on Hospice to her family.

The patient wears a rigid cervical spine collar. She has periodic severe neck spasms, which cause her to become overwhelmed and fearful. She will receive her last palliative radiation treatment today, designed to reduce the size of the tumors and thus severity of symptoms, and has resulted in significant decrease of neck pain. She still feels some neck discomfort in spite of an intravenous morphine pump.

## **C. BACKGROUND INFO**

The patient’s son C is also my patient on a medical/surgical unit, who has been placed in the room next door to Mrs. Y. He has a wife, 3 children and 4 grandchildren. He has a new diagnosis of Stage IV pancreatic cancer, discovered just before his mother was admitted to hospital last month. He is also my on Palliative Care. Doctors have advised that the son he likely has 1 month or less to live.

The plan is now for Mrs. Y to go home to her son C’s home tomorrow. Several days later, her son C will also go home. They will both be on Hospice. C’s wife and many other family members will be caring for both of them in her son’s home until they die. Mrs. Y’s most striking comment was, “We’ll have our own little Hospice hospital together. Our family will take care of both of us. GOD will get our family through this.”

#### **D. PATIENT-FAMILY MEMBER'S EXPRESSED CONCERNS**

1. pain control; 2. going home to family on Hospice with her son to die together with many loved ones around her; 3. deep sorrow for her son who is dying of new diagnosed Stage IV pancreatic cancer; 4. heartache for her son, daughter-in-law and their children and grandchildren; 5. hopes that she and her son will be able to die at home together on Hospice with their loved ones caring for them.

#### **E. YOUR SPIRITUAL ASSESSMENT**

1. Pt struggling to make sense of why she and her son are both dying of cancer; 2. Pt moving towards acceptance of her own impending death from cancer at end of a long life, but can not accept that her son will soon die of cancer; 3. Pt finding greater peace in trusting situation to GOD, though the burden is clearly still heavy; 4. Anticipatory grief, not for her own coming death, but for her son's impending death; 5. Avoidance of allowing herself to talk about her feelings by focusing conversation on Faith and Scripture, and by use of sleep; ongoing grief of widowhood twice.

#### **F. PASTORAL SPIRITUAL CARE PROVIDED**

1. Obtain permission to visit; 2. Provided prayer shawl; 3. Calm and reassuring pastoral presence; 4. Empathetic listening; 5. Invited sharing of patient's feelings by reflecting back, open ended questions, supportive touch and use of silence; 6. Reading of Scripture and prayer as patient requested; 7. Visited patient's son in next room as promised and relayed messages between them; 8. Followed up next day with patient & her son as promised.

#### **G. OBSERVED OUTCOME**

1. Patient was pleased to have me revisit again; 2. Patient shared her life story through her Faith and Scripture, but was not able to share her feelings in depth; 3. Patient cried quietly for short time; 4. Patient appreciated Scripture reading and prayer provided as she requested; 5. Patient fell asleep as we talked and prayed.

## **H. CHAPLAIN'S PREPARATION**

The unit staff was deeply saddened by this case. I knew I was struggling in my heart over the tragedy this family was enduring. I knew that I had to be on guard to not allow this to overshadow my openness to the pastoral care this patient and her family might need. I prayed at the Nurse's station before I went in from my Saint Francis prayer card that I carry, "Lord, may me an instrument of Thy Peace..."<sup>1</sup>

## **I. INITIAL OBSERVATIONS**

Mrs. Y is sitting quietly in a comfort chair by the bedside window, her left side facing the door. She has her rigid cervical spine collar on. She is awake and looking straight ahead. Her bedside table is pulled up in front of her and has assorted papers and books on it. She is talking with a young lady, a Student Nurse, who is standing at her side.

## **J. THE VISIT**

C – Chaplain; P – Patient XY

C1 – [Pt sitting in comfort chair, with back against the wall, at window-side bed. Awake. Talking to Student Nurse. Pt has rigid cervical collar on. IV morphine pump is up at her side.] Hi Mrs. Y. It's Chaplain Bob again, as promised. Can I come in?

P1 – Please come in, Chaplain Bob!

C2 – Hello Mrs. Y. [I stand in front of her, so that she is not tempted to try to turn her neck.] I've brought you a gift! [She looks up at me and smiles. I take her hand.]

P2 - [I introduce myself to the Student Nurse. A very pleasant young lady. She shares this is a good time for me to visit. She squeezes behind back of the chair and wall in attempt to exit room and finds it's a tight fit. Patient giggles slightly.] Do you need me to move, dear?

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<sup>1</sup> St. Francis of Assisi, "Peace Prayer of Saint Francis." Loyola Press.  
<https://www.loyolapress.com/our-catholic-faith/prayer/traditional-catholic-prayers/saints-prayers/peace-prayer-of-saint-francis>.

C3 - [Student Nurse squeezes through and smiles.] I think you've made it, Miss! [I thank her for giving us some time together. She politely excuses herself.] Good think the young lady was thin enough to squeeze through and we didn't smush her! [Pleasant small talk. I am thankful for this moment of passing levity. I make the most of it.] Now I sure couldn't get through that space. [I pat my belly.] Too many donuts!

P3 – Oh, I see! [I hold up the prayer shawl. It's a dark blue. Mrs. Y is thrilled with it.] It's so beautiful!

C4 – So I picked out this prayer shawl for you, Mrs. Y. I pull it out of sealed bag. It's blue. [I note the patient's eyes are blue.] Ah, it matches your eyes!

P4 – This one is so nice. I'll give it to my son, 'my C!'

C5 – Is it okay if I have a seat with you, Mrs. Y? [Pt gives me permission and I sit on windowsill.] I saw your son just briefly yesterday. He asked me to drop by today again. [Pt's son C is in a room just next door.]

P5 – Oh, my son, 'my C!' Just before I came into the hospital, he found out he has pancreatic cancer stage IV.”

C6 – [I lean forward. I am holding Mrs. Y's hand. Her smile fades.] You came into our hospital 3 weeks ago. And they found out your son has pancreatic cancer just before you had to come back to the hospital.

P6 – It will be hard on him. He has a wife, children and grandchildren. [a very large family!] He just had a new grandchild born a few months ago. [Her eyes become downcast and come to rest on a Christian devotional booklet at her bedside.]

C7 – I remember you shared that with me on our last visit. I'm so sorry. [Short silence]

P7 – [Mrs. Y picks up a daily devotional book from her bedside table and hands it to me, open to a page with a lesson titled “Let Go and Let GOD.” It notes PSALM 56:10-11.] I've been reading this today, Bob. Let go and let GOD. That's how I have Peace now.

C8- Would you like me to read this to you, X? [She nods yes and I do so. It's a short devotional on giving up heavy burdens to GOD, that He is in charge, and that He will meet all needs.] It ends with The Scripture:

**PSALM 56:10-11**

10 In GOD (I will praise His Word), In The LORD (I will praise His Word),  
11 In GOD I have put my trust; I will not be afraid... <sup>2</sup>

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<sup>2</sup> 1, NKJV, PSALM 56:10-11.

P8 - Trust in GOD. He knows what's best.

C9 – How so, X?

P9 – I'm going home tomorrow. 'My son C' will come home in a few days. We'll have our own little Hospice hospital together. Our family will take care of us. GOD will get our family through this."

C10 – You have a strong Faith that tells you GOD will get you, your son, your daughter-in-law and all your family through all this. You hope that you will both be home together soon. And your family will be there to take care of both of you.

P10 – I have GOD's Peace. C is such a good son. He's given so much to everyone in our family. My second husband died just a few years ago. My son C filled in for us all when my husband died.

C11 – You are very close to your son C.

P11 – Yes. 'My C,' my son. [Pt closes her eyes and opens them again after a lengthy silence. She squeezes my hand and resumes her eye contact with me. She smiles gently at me.]

C12 – X, can I ask you about how you are handling all this?

P12 – Sure, Chaplain Bob.

C13 – I hear that your Faith is helping you to deal with all this – your illness and your son C's illness. But I am wondering how you are feeling inside?

P13 – It took me a lifetime to let go and let GOD take care of everything. But He has the best for both of us in His sight.

C14 – You see GOD's hand on you and your son C and on your family.

P14 – [Pt is quietly tearful.] And also through everyone here taking care of both of us. I've never seen so much love and caring as in this hospital this last month! [Pt closes her eyes.]

C15 – [I am conscious that I feel tearful. I sit there in silence with this gentle lady, holding her hand. I feel so sad for her and her family, but am thankful that she seems to be finding more Peace through this than when I last visited. But I wonder if the gentle smiles and confessions of having GOD's Peace in the midst of all this may be preventing her from sharing about the sorrow underneath. Avoidance. I see that she is drifting off to sleep. Sleep can also be avoidance from pain too overwhelming to face. I sit with her for some time in the silence.]

C16 – X, I see that you are falling asleep as we talk. Would you like to talk more?

P15 - [She slowly opens her eyes and smiles at me. I dab her cheeks gently with a tissue to blot some tears.] I am falling asleep, Bob.

C17 – So I see. And that's okay if you need to. I am going to visit your son next, as I promised. What message should I relay to him today?

P16 – Just tell him, ‘My C, my son, good morning!’ He will know what it means.

C18 – I will relay the message exactly as you say, X. And thank you for sharing these things with me today. I will keep you, your son and all your family in my prayers. And I will see you tomorrow.

P17 – Chaplain Bob?

C19 – Yes, X?

P18 – Chaplain Bob, would you say a prayer? [I am touched at the gentleness and seeming calmness of this lady, feeling that she is heartbroken underneath.]

C20 – I would be happy to. [I lift up the things Mrs. Y has shared with me briefly. We say The Our Father together. Her voice trails off in the middle of this. I look up and see she is asleep again. I slowly and quietly end the prayer.]

C21 – [I stay at my post to disengage. I gradually lift my hand from hers, a skill I learned as a father and uncle putting little kids to sleep with songs, stories, readings and hand holding, gradually becoming more quiet, withdrawing, letting go and leaving them in sleep-filled peace. The process takes me about 5 to 10 minutes. I place my card on her bedside table, and quietly leave the room. Mrs. Y is in a restful sleep. I report to the Nurse and then go on to visit her son C, relaying the message exactly as X instructed.]

## **K. ANALYSIS OF PATIENT - KUBLER-ROSS GRIEF CYCLE**

Dr. Elisabeth Kubler-Ross offers a five-stage model of *Grief* that people typically progress through in processing serious loss: 1. ***Denial and Isolation*** – “At first, we tend to deny the loss has taken place, and may withdraw from our usual social contacts. This stage may last a few moments, or longer.” 2. ***Anger*** – “The grieving person may then be furious at the person who inflicted the hurt (even if he's dead), or at the world, for letting it happen. He may be angry with himself for letting the event take place, even if, realistically, nothing could have stopped it.”<sup>3</sup>

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<sup>3</sup> 2, Elisabeth Kubler-Ross, “Five Stages of Grief.”

Further, 3. **Bargaining** – “Now the grieving person may make bargains with GOD, asking, ‘If I do this, will You take away the loss?’”  
4. **Depression** – “The person feels numb, although anger and sadness may remain underneath.” 5. **Acceptance** – “This is when the anger, sadness and mourning have tapered off. The person simply accepts the reality of the loss.”<sup>4</sup>

This patient is not in overt **Denial**. The patient is clearly not in denial of the reality of the tragic circumstances surrounding hers and her son’s illnesses and impending deaths. However, she may be in some denial of acknowledging and exploring her underlying feelings related to this situation, and of her need and right to ask the Why GOD questions at hand.

If Avoidance by changing the subject to matters of Faith, prayer and Scripture, as well as avoidance by escape in sleep are considered, this patient may be in some form of **Avoidance**. However, this is a normal defense mechanism, allowing the sufferer to adjust to horrific losses a little at a time in manageable portions. The correct pastoral intervention is not to challenge or disrupt, but rather to accompany and affirm.

The patient shows no overt **Anger** about this tragic situation. However, if she were to explore her feelings openly, I believe she would find that she may have significant **Anger** for this unfair situation. In order to ask the related Why GOD questions, she must first be able to acknowledge and explore her feelings. It is possible these things have already happened and I’m looking at the resolution. Or perhaps these things have not yet happened – and will be an expected ongoing struggle to the end – or perhaps this lady is somewhere back and forth on that spectrum known only to GOD.

She does seem to be experiencing **Bargaining**. The pact with GOD may be that, if she does not allow herself to express her suppressed feelings of sorrow for her impending death, on top of past grief for the loss of 2 husbands, that GOD will give her Divine Peace now by focusing on prayer and Scriptures under the vague headings of “Let go and let GOD” and “Trust in GOD – He knows what’s best.” Perhaps this allows her to bargain with GOD over the circumstances of her beloved son’s pending death and the needs of her son and family, while passing over her own.

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<sup>4</sup> 2, Elisabeth Kubler-Ross, “Five Stages of Grief.”

The patient seems to be experiencing underlying **Depression** as a normal stage of grief in this model. In spite of her outward calmness and stating reassurances to me and for herself that “I have GOD’s Peace,” there is an apparent numbness of feelings and mood, which can protectively deaden the spiritual pain of underlying sadness and anger in the soul. Again, this is normal and an innate coping mechanism of the human spirit in the face of horrific loss.

Although she has begun anticipatory mourning for hers and her son’s approaching deaths and their aftermaths, she has not given herself permission to express her feelings at present. Recall this patient is Protestant and has no Church community or Pastor. This is significant because I am the only person of Faith authority in her life that is available to support her in working through these issues at present. Networking with Hospice, I know that Chaplain support will be offered to them at home.

Contrary to her immediate presentation of *Acceptance*, I instead see this patient as showing evidence in the *Grief* process of unspoken *Denial, Anger, Bargaining and Depression*. I do not question whatever degree of her *Acceptance* is as she worked to come to terms with her anticipatory grief. Grief over her loss of 2 husbands is not explored with me, but no doubt intertwines with this patient, her son and family’s burdens.

My pastoral intervention was not to challenge or disturb these natural defense functions of this lady’s mind and soul – nor that of her son and family - but rather to accompany, affirm feelings and honor the final story of her life. Everyone enduring grief must find the words of their life song in their own hearts. It is GOD Who records the words on earth and in Heaven. We who accompany are but witnesses and scribes of His Divine Mercy.



## **L. ANALYSIS OF PATIENT – THE MOUNT CARMEL METHOD**

The Nursing Diagnosis of “*Spiritual well-being*” is defined as “Ability to experience and integrate meaning and purpose in life through connectedness with self, [with] others, [with] art-music-literature... [and] a power greater than oneself.”<sup>5</sup> A helpful tool of Chaplain assessment of spiritual well-being is to place patients and families on a sliding scale of spiritual health, which helps guide Chaplain pastoral care as follows:<sup>6</sup>

*Spiritually Coping Well*<sup>7</sup>- *Spiritual Concerns*<sup>8</sup>- *Spiritual Distress*<sup>9</sup>- *Spiritual Despair*<sup>10</sup>

To place patients on this scale of Spiritual well-being, Chaplains can be trained to do spiritual assessment using the “Mount Carmel Spiritual Assessment Instrument” [MCSAI], which I have modified for my own pastoral care use in the hospital setting as follows:<sup>11</sup>

### **I. Concept of GOD or The Holy [Religion & Spirituality]**

*“Do you have a sense that GOD is somehow with you through your illness?”*

### **II. Relation to Support Systems [family, friends, Faith community]**

*“I am wondering what kind of support you have from family, friends and community?”*

### **III. Approach to Hope [hope for and hope in]**

*“What do you hope for? Where do you put your hope in?”*

### **IV. Meaning of Illness [finding purpose]**

*“Are you able to find meaning or make sense of all this in some way?”*

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<sup>5</sup> 3, Nursing Diagnosis Handbook, “Spiritual well-being,” Definition, p 1153.

<sup>6</sup> 4, 2008 RHMC Chaplain’s Orientation Manual, p 13. 2008. The spiritual health scale used at the Reading Hospital Medical Center, West Reading, Pennsylvania.

<sup>7</sup> I define *Spiritually Coping Well* [OSAS 3.6 and above] - a Spiritual well-being that is fully intact and functioning in spite of duress. They are fully able to process the situation without unresolved spiritual duress remaining.

<sup>8</sup> I define *Spiritual Concerns* [OSAS between 3.5 to 2.5] - a Spiritual well-being that is fully intact and functioning in the presence of duress. They are able to process the situation fully, but some spiritual duress remains.

<sup>9</sup> I define *Spiritual Distress* [OSAS between 2.4 to 1.5] have a Spiritual well-being that is partly compromised and partly functional. They are approaching or at their limits of being able to cope with and process the situation, with significant spiritual duress remaining unresolved.

<sup>10</sup> I define *Spiritual Despair* [OSAS 1.4 or less] - a Spiritual well-being that is completely compromised and not functional in the presence of the duress. They are totally unable to process the situation and overwhelming spiritual duress remains.

<sup>11</sup> 5, Mount Carmel Medical Center, Pastoral Care Department, “Spiritual Assessment Instrument [SAI].” 1989.

I graded each of the 4 quadrants of the MCSAI [The Holy; Support; Hope; Meaning] on a scale of 4 to 1.<sup>12</sup> I then added the total number of points. Since there are 4 quadrants of spiritual assessment in the MCSAI model, I divided the total point score by 4. This gives the average or “**Overall Spiritual Assessment Score,**” the **OSAS**. I then took the RHMC Chaplain sliding scale of spiritual health and assigned each category a score of 4 to 1 out of 4. I then plotted the OSAS of each patient on this Spiritual well-being scale.

I placed patients with an OSAS of 3.6 and above as **Spiritually Coping Well**. Those with an OSAS of between 3.5 to 2.5 as **Spiritual Concerns**. Those with an OSAS score of 2.4 to 1.5 as **Spiritual Distress**. And those with an OSAS of 1.4 or less as **Spiritual Despair**. This method helped to confirm and quantify my more subjective impressions of the state of Spiritual well-being of my patients, as well as direct my pastoral care:

4.....3.6\*\*3.5.....2.5\*\*2.4.....1.5\*\*1.4.....1  
*Spiritually Coping Well - Spiritual Concerns - Spiritual Distress - Spiritual Despair*

For this patient: **The Holy** – a well developed Christian spirituality that is used effectively to at least superficially cope with severe stress; prayer daily; reads devotionals daily; knowledgeable of Scripture; but is not part of Church and has no Pastor. She is afraid to ask GOD the hard questions surrounding this double tragedy. Score – 2 of 4. **Support** – Very good support from a close and supportive family. Friends unknown. No Faith community. Score – 2 of 4.

Further, **Hope** – Hopes for realistic, doable clear goals – to go home to son’s home, where both she and her son will die together on Hospice, surrounded and cared for by their large family. Strong hope that they are both secure in going to Heaven because of Christian Faith. Seemingly secure hope in GOD and His Love and Mercy. Score 3 of 4. **Meaning** – Unable to understand or make sense of why her beloved son and she must die at home together on Hospice, leaving her son’s family in particular without a husband, father and grandfather. Unable to give herself permission to ask GOD why. Score 1 of 4.

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<sup>12</sup> A score of 4 of 4 in any given quadrant represents **Spiritually Coping Well** in that area. A score of 3 of 4 in any given quadrant represents **Spiritual Concerns** in that area. A score of 2 of 4 in any given quadrant represents **Spiritual Distress** in that area. A score of 1 of 4 in any given quadrant represents **Spiritual Distress** in that area.

Total points – 8 of 16. OSAS = 8/4 = 2.0 Spiritual well-being is *Spiritual Distress*. From my 3 Chaplain visits with her, I had assessed her as *Spiritual Concerns* immediately after each visit as I was writing out my Chaplain chart notes. But closer analysis using my OSAS system and case review in verbatim form shows that this lady's state of spiritual health was less well than I had first appreciated. I am now confident that a deeper exploring and sharing of the patient of her underlying feelings would have revealed that she is between *Spiritual Distress* to some *Spiritual Despair*.

### **M. ANALYSIS OF PATIENT - FAITH & SCRIPTURE**

The patient is focusing on finding Peace from GOD in Scripture and prayer, while avoiding giving herself permission to talk about her deeper feelings of sorrow over her son's impending death. She does not share about the deaths of her 2 husbands. My visits with Mrs. Y's son were both brief. He was not open to talking. I did not have any conversation with other family.

I was thinking in the back of my mind silently, "GOD, this is not fair, that You should take her son away from their family, when he has a wife, kids and grandkids to love, protect and take care of. I pray every day, "Thy will be done." I don't understand Your will in this situation. But like this lady, I confess as in PSALM 56:11-12, "GOD, I praise Your promise; in You I trust, I do not fear..."<sup>13</sup>

But now I am looking at more of PSALM 56, and not just The Text portion taken out of context by this lady's devotional booklet. PSALM 56:12 on continues, "...What can mere mortals do to me? I have made vows to You, GOD; with offerings I will fulfill them, Once You have snatched me from death, kept my feet from stumbling, That I may walk before GOD in the light of the living."<sup>14</sup>

GOD's Promises are sure and do not waver. He is faithful to us in His Word and in His will. And even though our bodies die in this life, The LORD keeps our souls from everlasting death in Him. And until then, if we place our hearts in His hands, He keeps our feet from stumbling away from the saving of our eternal souls.

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<sup>13</sup> 6, NAB, PSALM 56:11-12a.

<sup>14</sup> 6, NAB, PSALM 56:12b-14.

Saint John records The Word of GOD Incarnate in JOHN 14:1-3, “Do not let your hearts be troubled. You have faith in GOD; have faith also in Me. In My Father's House there are many dwelling places. If there were not, would I have told you that I am going to prepare a place for you? And if I go and prepare a place for you, I will come back again and take you to Myself, so that where I am you also may be.”<sup>15</sup>

And then I looked at The Text of PSALM 56 just before the praising and trusting of GOD’s Promise that calls us, by His Grace, to not fear! PSALM 56:9-10, “My wanderings You have noted; are my tears not stored in Your vial, recorded in Your Book? My foes turn back when I call on You. This I know: GOD is on my side!”<sup>16</sup>

This Old Testament saying - O GOD, “Are my tears not stored in Your vial?” – reminds us that GOD records and saves our tears in Heaven “...because they are precious” to Him because He loves us. “GOD puts a high value on each of the... troubles” of His people.<sup>17</sup> So much so, that He sent His only Son to die on The blessed Cross for us, so that we might be His children now and for eternity.<sup>18</sup> Therefore, nothing of the world, the flesh or the devil can snatch our souls from The Love and Mercy of GOD in JESUS CHRIST!

When our hearts cry in the midst of sorrow, The Lord is there with us, hearing our cries and recording our tears in His Book of Life. The Risen CHRIST is there with us, our would becoming His for our sake, embracing us and drawing us ever closer to Himself. Therefore, I shall not fear!

#### **N. SELF REFLECTION OF THE CHAPLAIN**

I was able to be aware of my own sadness for this lady and her son, being in touch with my own feelings, but not being overwhelmed by them. This allowed me, by GOD’s Grace, to listen closely to what the patient was saying and not saying in words and actions. I affirmed this lady’s quest in finding some peace and acceptance of her feelings of sorrow for this tragic situation in her focus on Faith, Scripture and prayer.

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<sup>15</sup> 6, NAB, JOHN 14:1-3.

<sup>16</sup> 6, NAB, PSALM 56:9-10.

<sup>17</sup> 7, NAB Notes, PSALM 56:9.

<sup>18</sup> 6, NAB, JOHN 3:16.

However, I was not willing to challenge this lady's seeming sense of GOD's Peace in the midst of her heartache that she felt she had been given. I asked cautiously about her feelings. Nor was she able to share about her 2 husbands who had died. GOD's Grace was indeed working in her to support and comfort her.

I invited and she at times went in other directions. I provided the pastoral care, not concerned with satisfying any matrix or textbook spiritual assessment done mechanically at the bedside, but which fully satisfied this dear lady's immediate agenda. So I left this lady in a state of spiritual rest, trusting that as The Psalmist has written, GOD is on her side; that the wanderings of heartache of this patient and her loved ones are known intimately and fully to The LORD;

It is not the place of the hospital Chaplain to inflict intrusive interrogation upon the suffering souls placed in his care for a time, but rather to accompany, affirm, listen and comfort. The Minister must respect where people are on their life journey of spiritual health as they meet them, request permission to visit, be able to invite sharing, help connect them to GOD's Love if they allow in an authentic way and recognize that The LORD alone is The Great Physician of human souls.

So I trusted that the souls of this lady and her son were safe in GOD's hands, now and forever; that The Lord JESUS CHRIST has prepared a place for them both – to be with their loved ones together at their home in their last days on earth – and to be with Him in His Church Above when He calls them Home; that GOD was recording all their tears – of both sorrow and of joy – in His Book of Life. And all this was quite enough for the present.

As this dear lady summed up their situation to me of mother and son going home together on hospice to die, that she had "GOD's Peace" because she placed her trust in GOD. In anticipatory grief for she and her son soon leaving their beloved family on earth in their deaths, through her tears, she grieved, but by GOD's Grace, would not be afraid. Amen.

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