

## I. BASIC PATIENT DATA

Chaplain – Robert Baral;

Patient – AB, 50 year old male, married

Religion - Catholic

length of visit – 60 minutes;

Unit – Surgical Intensive Care Unit

Significant Others – wife; son; daughter.

Theme: Advocating for a Patient’s Family after Emergency Heart Surgery:  
A family forgotten - We Need to See Him Now to Know He is Alive!”

## II. FACTS OF THE CASE

I saw the patient for a brief pre-surgery visit in the early morning on referral from the night Chaplain. He went to the operating room 20 minutes later for an emergency coronary artery bypass graft heart surgery. The patient had experienced a brief episode cardiac arrest on the previous shift. He welcomed my visit and reported his wife would be back shortly. She had been with him through the night. He had insisted she go home to rest earlier. The couple’s adult son and daughter were en route from out-of-State. I met the family as promised to the patient in the Surgical Intensive Care Unit waiting room later that day. The Surgeon had just been in to update them.

## III. BACKGROUND INFO

The patient is a previously healthy and active older adult male who works as a school custodian. His wife is Korean and speaks good English. The patient went for a stress test after some abnormal lab findings by his Doctor. He was symptom free, but failed the stress test. He was then immediately sent for a coronary catheterization, which the wife reported revealed 2 severely blocked coronary arteries. The patient was admitted directly thereafter and scheduled for heart surgery the next morning. As noted, the patient had a short episode of clinical death on the night shift, which required a brief CPR resuscitation, from which he suffered no neurological complications.

### III. CHAPLAIN'S PREPARATION

I was afraid the wife would be overwhelmed by seeing her husband on a ventilator. The patient had shared with me in pre-surgery that his wife was emotionally delicate and very dedicated to him and their children. I reported to the Nurse at the bedside and said a short prayer before seeing the family. I anticipated the family feeling overwhelmed by this sudden shock of their loved one being fine a few days ago, the unexpected news of heart problems, his heart having briefly stopped last night and suddenly needing emergency heart surgery.

### III. PATIENT-FAMILY MEMBER'S EXPRESSED CONCERNS

The ICU greeter directs me to the patient's wife and adult children. I identify myself as "Chaplain Bob." I reported that I had visited with their loved one in pre-surgery, that he had asked me to visit with them and that we had said a prayer together. They advised me they were still anxiously waiting to see their loved one and had received an update from the Doctor some hours ago.

Since then, no one has updated them as was promised. The wife's primary focus was on seeing her husband as soon as possible and was visibly shaken. Their children echo their mother's need. They feel the system had forgotten them. In me, they see an Advocate to get further updates on their loved one and make the initial visit happen, their primary and first needs from me as Chaplain.

### V. INITIAL OBSERVATIONS

We are sitting in Surgical ICU family conference room. Mr. B's wife is opposite me, tearful. She has been crying at length. She makes solid eye contact with me. She sits upright with her hands clasped together tightly. The daughter is to my right, looking sullen and tearful. I observe a tear roll down her face. She looks away into space at times. The son is to my left, quiet, straight-faced, making good eye contact with me. There is a cloud of fear and worry over them. They have appropriate feelings for this situation.

## VI. THE VISIT

C = Chaplain; W = Wife X; Daughter Y; S = Son Z

C1 – Thank you for letting me spend some time with you. I saw your husband, your father, for a few minutes this morning in pre-surgery. He asked me to check on you. How are things going now?

S1 – We just got in a few hours ago. The Doctor came out to talk to us 2 hours ago. We haven't heard from anyone since! [somewhat angry tone]

W1 – When can we see him? [worried]

C2 – Has the Nurse been out yet to talk to you?

W2 – Not yet. [Wife wrings her hands.]

S2 – You saw my father this morning? How was he?

C3 – I saw A at 7:00 am for a few minutes just before he went to surgery. The night Chaplain saw him as well. He shared a little bit about the suddenness of being in the hospital. He told me briefly about his work. We said a prayer together. And he talked a lot about all of you.

D1 – The Doctor said his heart stopped for a short time last night.

C4 – I see. [Short pause. What am I going to say? Ah, the magic question!] And what exactly happened that brought him into the hospital?

S3 – He's always been healthy. He went for a stress test, which didn't turn out well. So he went right away for a coronary catheterization. Then, all of a sudden, they said he had to have heart bypass surgery the next day... [The son grimaces with look of horror.]

W3 – They said 2 of his heart arteries were blocked 100%. I guess it's good that they caught it early before something really terrible happened. [Wife begins to cry softly. Son reaches his hand over to his mother. Daughter sheds another silent tear.]

C5 – [I have the thought, I can imagine things being much worse for this family than what they are now, especially if the patient had died!] It's good that they caught this when they did. [I shift my eye contact between family members.] It must be difficult to have all this happen so suddenly and unexpectedly.

W4 – I don't know what will happen! [Wife looks down and cries.]

S4 – My father let you pray with him this morning?

C6 – I asked if I could do anything for him before he went to surgery. He asked me to pray with him. I held A's hand and we prayed for GOD's peace, strength and healing for him. And we also prayed for GOD's comfort and strength for all of you.

S5 – Thank you, Chaplain Bob! That means a lot to us.

W5 – I'm so happy to hear that! [Wife stops crying. She looks up at me.]  
We're Catholic. We go. My husband believes, but he hasn't been to Church in a long time.

C7 – I see. Your husband, your father, is Catholic, too? [The patient had told me that he believes in GOD, but not in organized religion. He mentioned nothing about being Catholic to me. A source of worry and family division apparently here. I share nothing of this to the family.]

W6 – Yes.

C8 – X, Y, Z - where do you all go for strength and comfort in difficult times like this?

W7 – We pray. We go to Church.

S6 – Could we do that now? Then can someone to update us? And then can you get us in to see my Dad?

C9 – I would be happy to. Let us pray... [I observe that family members all make Sign of The Cross. I then offer my hands to the daughter and son. They hold hands with their mother on either side of her – like Aaron and Joshua holding up the arms of Moses as the Israelites battled. I pray for the same things with the family that I prayed for with the patient this morning. We end together saying The Our Father and make The Sign of The Cross.]

W8 – I hope he's alright. I'm so worried about him. I need to see him now. Chaplain Bob, Can you check with the Nurse? [wife has stopped crying]

C10 – Certainly A. I will do that now and report back to you immediately. I'll be right back.

D2 – Thank you, so much! [Daughter makes eye contact with me and smiles slightly.]

C11 – [I report to the Nurse, who tells me it will be a some time yet before they can come in to the patient. I advise him of their emotional state and that no one has talked to them since the Doctor's report 2 hours ago. He advises he will be out to get them as quickly as possible. He tells me it will probably be only a very short visit, as the patient is waking up and is fighting the ventilator. I thank the Nurse and allow myself to sit quietly at the Nurse's station before returning to the family for a few minutes. I complain silently, "GOD, the wife is going to have a hard time with this! Please let this man recover and give him back to his family!"]

C12 – [back in the family room] I reported to the Nurse. He tells me that he will be out shortly to talk to you and let you see him. But the Nurse says this first visit will probably have to be a very short visit, so that he can rest. [The family nods their heads up and down. They need to see him and touch his hand for a moment, especially the wife, so that they know for themselves he is alive. Understandable. So would I.]

C13 – I need to tell you a little bit of what to expect when we go back to visit your husband, your father. The Nurse says A is starting to wake up, which is a good thing, but he still has an airway tube in his mouth to help him breathe. They can't take that out until he is awake and breathing enough on his own. So he will not be able to talk to you. But you can talk to him briefly and hold his hand. There will be a lot of machines – a breathing machine, a heart monitor, intravenous lines, chest drainage tubes and pumps for medicines.

W9 – [wife nods head up and down slowly.] Okay.

S7 – So he's waking up, but he won't be able to speak with us.

C14 – Apparently, yes. He won't be able to talk to you because of the airway tube, but he will be aware of your presence. Holding his hand, speaking to him quietly with reassuring words, letting him hear your calming voices, just being there to encourage – even if for only a few minutes – even if he's not fully awake. By GOD's Grace, my experience is that GOD lets patients in hospitals know that their loved ones are with them, even if they don't seem completely awake and fully lucid.

D3 – When will he be fully awake and off the ventilator?

C15 – I don't know. We will have to wait for the Doctor and the Nurse to tell us.

W9 – When will the Priest come to see him?

C16 – I can call our hospital Priest now if you want, or I can arrange for that later today.

W10 – Today. After we visit.

C17 – I will see to it for you immediately after we get you in to see A, your husband, your Dad. [I wonder if a Priest suddenly coming in now to give The Anointing of The Sick, while the patient is still waking up and fighting the ventilator, might not cause the patient more agitation and the family more worry now. I trust GOD to make all things happen for the best and know our Priest will bring calming reassurance to all.] What would you like the Priest to do for your husband, you and your family?

W11 – Anoint him and pray for him.

C18 – If he is asleep, I am sure Father will be happy to anoint him and pray for him – and for all of you. If he is awake, Father will do whatever your husband, your Dad, would like.

W12 – Thank you so much, Chaplain Bob.

C19 – [As promised, and within only a few minutes, the Nurse appears to bring the family to the bedside. With their okay, I accompany. The patient attempts to sit up and begins to fight ventilator when he hears his wife’s voice. The Nurse tells the patient that he must remain calm, or his family will have to leave. The patient calms. I have the family hold the patient’s hands and encourage quietness. I direct the family to say a few words.]

S8 – Dad, we’re all here. Chaplain Bob is here with us. You’re going to get through this! Stay calm and do what the Nurse says so they can take you off the breathing machine. We love you, Dad. [The son steps up to console and support his family and his Dad. I can see they are a close family.]

D4 – Daddy, we love you. [She is quietly tearful.]

W13 – Honey, we love you so much. Chaplain Bob is going to say a prayer for us. [She stops crying. She nods to me.]

C20 – Let us pray. [I say a soothing short prayer around of GOD’s Love and strength & read a Scripture. The family joins me in saying The Our Father.]

### **EPHESIANS 3:14-19**

<sup>14</sup> ...I bow my knees to The Father of our Lord JESUS CHRIST,

<sup>15</sup> from Whom the whole family in Heaven and earth is named,

<sup>16</sup> that He would grant you, according to the riches of His Glory, to be strengthened with might through His SPIRIT in the inner man,

<sup>17</sup> that CHRIST may dwell in your hearts through faith; that you, being rooted and grounded in Love,

<sup>18</sup> may be able to comprehend with all the saints what is the width and length and depth and height—

<sup>19</sup> to know The Love of CHRIST Which passes knowledge; that you may be filled with all The Fullness of GOD. <sup>1</sup>

[The patient is very much more at peace. He sheds a tear, which the daughter dabs gently. The Nurse gives them a short update. I instruct the wife and children to place a kiss on the patient’s cheek. They each do so one at a time. We leave back to the waiting room together. The family expresses their thanks and is much calmer. Their need to see, touch, hear and know that their loved one is alive & his condition have been met. I make arrangements for the Priest to visit later that day. I revisit with the patient and family the following day. He is off the ventilator and doing well. The patient and family are joyful, upbeat and filled with thanksgiving.]

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<sup>1</sup> 1, NKJV, EPHESIANS 3:14-18.

## VII. RECOGNIZING IMMEDIATE NEEDS AND MEETING THEM

I wanted to give this family the opportunity to talk more about their feelings, but time and circumstances short circuited this. Their immediate need was for more information on their loved one, but even more so, to be able to see him with their own eyes, to know that he was indeed still alive. They felt forgotten by the system and needed an Advocate. On their request, working as a supportive colleague to the Nurse - and with GOD's help - I was able to make this happen.

I briefly entertained the thought of bringing only the son back first by himself, as he was emotionally stable, and gauge from the Nurse, then look for a favorable time to bring back the wife and daughter. But the wife could not take, "No, you can't see your husband now" for an answer. And splitting up the mother and daughter from the son at such a time – even for a short time - would have added to their turmoil. They were a very close family and needed to stay together.

Advocating for people as a hospital Chaplain is a common part of one's duty. But it rarely is a role of confrontation. Rather, it's often a role of negotiating the needs of people generally from 2 opposite directions and melding them together. Families need and want to see their loved ones as soon as possible. Staff, especially in critical situations, usually feel a need to keep families at bay in the midst of crisis.

Both families and staff look to their Chaplains to champion their needs. Being able to empathetically connect with patients and loved ones, while also being a caring Minister to the staff as one of their own, makes this possible. This Nurse saw me as much as "our Chaplain" as did this family.

## VIII. SPIRITUAL ASSESSMENT

The family was experiencing intense spiritual distress worrying if their loved one would survive emergency heart surgery/ They felt forgotten by the system, their need for information and their most pressing need to have at least a short time by the bedside of their loved one passed over. Their distress was evidenced by situational lack of hope, peace and serenity; poor coping; unspoken hypothetical anticipatory grief if the patient died:

1. Family is worried that the patient might die; 2. Waiting for update on patient's condition and to see their loved one as soon as possible;
3. Anticipating what life would be like if they lost their loved one;
4. Worry about where the patient's soul would go if he died now; 5. fears of their loved one physical suffering after surgery.

#### IX. PASTORAL CARE PROVIDED

1. Obtained permission to visit; 2. Listened to family's concerns and feelings; 3. determined where family finds strength and comfort in stressful times; 4. reported to patient's Nurse; 5. reported back to family and explained what they would encounter at the bedside; 6. facilitated initial patient visit by family after critical surgery; 7. offered brief prayer for patient and family as asked with patient; 8. debriefed family in conference room after visit to bedside and made them aware of Chaplain services; 9 arranged for hospital Priest to visit promptly for possible Anointing of The Sick and further pastoral support as requested by the family.

#### X. OBSERVED OUTCOME

1. Wife, daughter and son were able to share their feelings and identify their needs openly. 2. The family experienced great reduction in their level of stress, but remained appropriately worried, after their initial bedside visit to see the patient. 3. I activated the family's source of strength and comfort with prayer at the bedside, which brought greater serenity to the patient and his loved ones. 4. Patient and family seemed calmer after family being able to make physical contact and family saying some words of love to the patient. 5. Update by the Nurse to the family at the bedside was deeply reassuring to them. 6. Family benefited from my preparing them for visit with word picture of patient's condition. 7. Family expressed thanks and received further pastoral support as they requested and needed.



## XI. USING PRUYSER'S SPIRITUAL ASSESSMENT TOOL

Using Paul Pruyser's 7 point spiritual assessment tool: <sup>2</sup>

***Awareness of The Holy*** - Family acknowledges and is aware of GOD's Presence as a Comforter, but needed pastoral care to facilitate this.

***A Sense of Providence*** - Wife in particular feels overwhelmed and is not clear on how GOD' will is to work out for patient's condition in either recovery or death. Sense of Divine Providence partly, dependent upon Priest administering The Sacrament of Anointing of The Sick to the patient.

***Thoughts and Feelings of Faith*** - They find comfort in their Faith and prayer. Wife and adult children, attend Church and pray together regularly. Suspect inward feelings of Faith are those of a sense of being overwhelmed and wondering where GOD is and why this trial is happening.

***Grace and Gratefulness*** - Sense of thankfulness for each other, for patient as husband and father, for The Church, for a GOD Who listens to their prayer normally. Looking for GOD's Grace to do so again now.

***Repentance, Contrition, Confession, Penance, Absolution, Turning*** - Not apparent in this visit with family, except that they pray The Our Father with me, "Our Father... forgive us our trespasses, as we forgive those who trespass against us..."

***Communion and Connectedness*** - Seem to be a close family, connected to one another in love and feeling of connectedness to GOD. Wife, son and daughter seem connected to their local Church community. Apparent family division over the patient – husband and father - not attending Church for several years with family. Family had sense of thanksgiving that patient had asked me for prayer before surgery.

***Life Vocation*** - Wife has a clear sense of life calling as a Christian wife and mother, which she feels is presently threatened by her husband undergoing heart surgery. Possibility of patient dying directly threatens life vocation in wife. Adult children are aware of this possibility as well, and anticipate great pain and loss for a possible future in which their beloved father has died, wondering how that loss would effect their life purposes.

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<sup>2</sup> 2, Pruyser, "The Minister as Diagnostician – Personal Problems in Pastoral Perspective." The Westminster Press, Philadelphia, PA. 1976. See chapter V, "Guidelines for Pastoral Diagnosis," p 60-79.

## XII. SELF REFLECTION OF THE CAREGIVER

I recall the horror of seeing my own father on a ventilator many years ago. That was the first time I ever saw a family member intubated and on life support. I had by that time been working as a hospital Paramedic for close to a decade. In that case, my father was completely unresponsive, unlike in this case. We knew he was critical and soon found out that he was in fact “brain dead,” that there was no hope of him ever waking up or recovering. Thanks be to GOD, that was not the case here.

I felt very sad for these people, especially the wife, who was traumatized at seeing her husband awake, struggling and restrained on a ventilator. Her need to see her husband and know that he was alive by her own observation was replaced at the bedside with the heartache of seeing her husband suffer. I recall seeing my own beloved stepmother’s heartache at seeing my father suffer before he died.

I tried to prepare and support this family as much as I could. I felt angry and disappointed in myself that I was not able to control the situation and shield the family from this experience more. I realized that this was an unrealistic fantasy, that I could somehow make the pain of the situation for these people go away, if only I could manage the flow of events enough.

On the other hand, the trauma on this family – especially the wife – I know would have been much more terrible if I had not been there to help support them. And by GOD’s Grace, I trust that I was in fact brought there by His hand at exactly that moment for exactly this reason.

Advocating for the family to get them to the patient’s bedside, I was also very much aware of being a Chaplain to the patient’s Nurse. I generally don’t share my previous career background as a Paramedic and a Nurse with hospital staff as a Chaplain, but identify deeply with my staff. Each unit I serve on becomes a Parish to me throughout the entire hospital. The Nurse knew me as “our Chaplain” and knew I was praying for him as well. Navigating with the Nurse as his colleague and ally was crucial.

### XIII. DIVINE PROVIDENCE AND THE FAITHFUL SERVANT

“Divine Providence” was very much at work here, as The Catechism of The Catholic Church observes, “...the dispositions by which GOD guides His creation toward... perfection.” For The Almighty has created the universe and all things “in a state of journeying... toward an ultimate perfection yet to be attained, to which GOD has destined it.”<sup>3</sup> As PROVERBS 19:21 says, “There are many devices in a man's heart; nevertheless the counsel of The LORD, that shall stand.”<sup>4</sup>

GOD had all things in control, and my presence there at this time and place was a small part of His caring Providence for these people – the family, the patient and the Nurse. I had the privilege of cooperating with His Grace on behalf of these suffering people that day. As The Catechism says, “By His Providence, GOD protects and governs all things which He has made, ‘reaching mightily from one end of the earth to the other, and ordering all things well.’ For ‘all are open and laid bare to His eyes,’ even those things which are yet to come into existence through the free action of [we His] creatures.”<sup>5</sup>

It was a powerful reminder to me that GOD is in control and not me. I am merely one of His servants whom He calls to do what I can for others in His Name. Acknowledging that I am not in control, and can not magically make everything better for those who suffer, brings to mind what my mother has always said in tough times, “Yeah, but for The Grace of GOD go I!” It is my place as Chaplain to do my best and offer myself in humility the for suffering and struggling people placed in my care for a time, trusting in GOD’s Grace. The Minister is called, not to be perfect, but to have Faith and report for duty as His faithful servant.

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<sup>3</sup> 3, CCC, “GOD Carries Out His Plan: Divine Providence,” # 302, p 89.

<sup>4</sup> 4, KJV, PROVERBS 19:21.

<sup>5</sup> 3, CCC, #302, “Vatican Council I, Dei Filius 1: DS 3003; cf. WISDOM 8:1; HEBREWS 4:13,” p 89-90.

#### XIV. SELF DEBRIEFING - FEAR NOT. I AM WITH YOU

In debriefing on this case with my Chaplain Supervisor, I recalled The Words of ISAIAH 43:1-3, “But now thus saith The LORD That created thee, O Jacob, and He that formed thee, O Israel, Fear not: for I have redeemed thee, I have called thee by thy name; thou art Mine. When thou passest through the waters, I will be with thee; and through the rivers, they shall not overflow thee: when thou walkest through the fire, thou shalt not be burned; neither shall the flame kindle upon thee. For I AM The LORD Thy GOD, The Holy One of Israel, Thy Saviour...”<sup>6</sup>

I realized that The LORD had also been with me as I ministered to these people – the wife, son, daughter, patient and Nurse. He had brought us through the deep waters that did not overflow, and the fire that did not burn. As I closed this case, and gave thanks for the good outcome GOD gave, I was reminded of the hymn, “How Firm a Foundation:

How firm a foundation, ye saints of The LORD  
Is laid for your faith in His excellent Word.  
What more can He say, than to you He has said,  
To you who for refuge to JESUS have fled!

When through fiery trials, thy pathway shall lie,  
My strength all sufficient shall be thy supply.  
The flames shall not hurt thee, I only design  
Thy dross to remove and thy gold to refine!

When through the deep waters I call thee to go,  
The rivers of sorrow shall not thee overflow.  
For I shall be with thee, thy trials to bless.  
And sanctify to thee thy deepest distress!

The soul that on JESUS does lean for repose  
I shall not, I shall not, desert to his foes.  
That soul, though all Hell should endeavor to shake,  
I never, no never, shall never forsake!<sup>7</sup>

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<sup>6</sup> 4, KJV, ISAIAH 43:1-3.

<sup>7</sup> 5, Hymn, “How Firm a Foundation.” # 529 @ <http://www.hymnsite.com> “Text: “K” in Rippon’s A Selection of Hymn; Music: Early USA melody; harmony from Tabor.

## XV. REFERENCES

1. “New King James Version” Bible. <https://www.biblegateway.com/>.
2. “The Minister as Diagnostician – Personal Problems in Pastoral Perspective.” Paul W. Pruyser. The Westminster Press, Philadelphia, PA. 1976. See chapter V, “Guidelines for Pastoral Diagnosis,” p 60-79.
3. “Catechism of The Catholic Church.” United States Catholic Conference. Doubleday of Random House, Inc. New York, London, Toronto, Sydney, Auckland. 1995.
4. “King James Version [Bible].” Bible Works 7. Bible Works, LLC. Norfolk, Virginia. 2006.
5. “Hymnsite.com – Featuring MIDI Hymns and PSALM Tunes from The United Methodist Hymnal, 1989 Edition.” <http://www.hymnsite.com/>.