By Gretchen Brown

The power of the chaplaincy became clear to me when I first became an Administrative Nursing Supervisor in 2003. I was on the Code Blue team. When we would respond to a call, one of my duties was to ensure that the environment was optimal to save the patient’s life. This process included making sure that all members of the Code Team had arrived and retrieving any extra equipment or technology that the team might need.

What quickly became clear was that while we were all focused on the person in the bed, that person “belongs” to someone else—a concerned family or friend. My request to the unit secretary to page the on-call chaplain at 1-LOVE became just as important a task as my other responsibilities. That spouse, family member, or friend needs as much support as the patient but in a different way. I know from experience how hard it is to sit next to a hospital bed longing to help. Spiritual Care Service chaplains help put those feelings in context.

As staff rush in and out of the room during a Code Blue, the chaplain walks calmly onto the unit, comes up to me, and asks how they can help. I briefly try to explain what is going on and describe the people who were with the patient when the chaos began.

It is always comforting to me when I see the chaplain walk up to the family, offer an introduction, and begin to help manage the family’s
“How in the world do you do it?” We hear this question rather frequently in the world of spiritual care. It arises in a variety of settings: at a conference presentation, a class lecture, a social gathering, or a hospital hallway conversation with a patient’s family members. Behind the question is the assumption that the hospital world of pain and suffering, of dying and death, overwhelms our coping abilities. Almost 40 years ago Ernest Becker, in his classic book Denial of Death, identified fear of death as the basic human anxiety.

**So how do we do it?** Sometimes we manage by simply acknowledging we did not do it very well. We felt overwhelmed; the illness or accident seemed so unfair; the patient was too young; the experience hit too close to home. So the first step in our work is to recognize our apprehension and limitations.

**Keeping Perspective**

Whenever I am on call and receive a request for a chaplain at Lucile Packard Children’s Hospital, I can feel my discomfort increase. I still have too many unanswered emotional and theological questions about why innocent children should experience such suffering. My hat goes off to my counterpart, the Rev. Carolyn Glauz-Todrank, and her staff for the loving care they provide to children and family members.

During my chaplaincy training, a supervisor remarked that when he felt devastated by multiple experiences of suffering, he often found comfort in the newborn nursery, looking through the window at the delightful, healthy infants. At Stanford we have a comparable resource in addition to the lovely gardens available for a few minutes of meditation and renewal.

Some years ago I was invited to develop a chaplaincy program at Princeton Medical Center, and the initial years as a department-of-one became quite lonely at times. I was fortunate to have seminary colleagues nearby for sharing concerns and feelings, but I would never go it alone again.

**Group Efforts**

At Stanford I enjoy a staff that serves as a tremendous conduit for sharing and reflection. We readily recognize what an invaluable resource we are for each other in terms of providing support and understanding.

This emphasis on interpersonal facilitation and assistance also is integral to our Clinical Pastoral Education (CPE) program for seminary students and clergy. Each morning, for example, a debriefing is held with the on-call chaplain to help participants move on from the draining emotional turmoil they experienced the previous night.

So when I’m asked, “How do you do it?” a good many components come to mind: recognizing our limitations, finding things that feed our spirit, and accepting the support and counsel of experienced colleagues—all things that remind us that we cannot go it alone.

**Personal Connection**

But the most significant resource of all is the individual patient. One of the great paradoxes of chaplaincy (and caring for the needs of others in general) is that the experience that drains us quite frequently becomes the very thing that sustains us. When we allow ourselves to be truly engaged in a caregiving relationship we quickly move from the trivial to highly significant and crucial concerns and feelings.

The author Kenneth Burke expressed it well: “We make a kind of ascent from the realm of motion and matter to the realm of essence and spirit.” We experience a sense of inspiration or spiritual replenishment. That’s what keeps us going. That’s how we do it.
MARK YOUR CALENDAR

Hanukah in the Atrium
Celebrate the eight days of the Festival of Lights in the Stanford Hospital Atrium.
Daily candle lighting, Dec. 1–8, at 4 pm
Festival of Lights Celebration, Monday, Dec. 6, at 4 pm

Christmas Celebration
Join us for seasonal festivities, including Christmas carols, Bible readings and cookies, in the Stanford Hospital Atrium on Wednesday, Dec. 15, at 4:30 pm.

Volunteer Coordinating Committee
Upcoming meetings will be held in Room H0147 on Wednesday, Dec. 1 at 2 pm; Wednesday, Jan. 5, at 2 pm; and Wednesday, Feb. 2 at 2 pm.

Eid Celebration
Eid Al-Adha is a holiday at the end of the Hajj, the annual Muslim pilgrimage to Mecca—one of the most important religious observances in Islam. Stanford Hospital & Clinics will celebrate Eid on Nov. 30 at 4 pm in the Hospital Atrium.

SPIRITUAL CARE IS EVERYONE’S JOB

By Chaplain Bruce Feldstein, MD
Every day I’m inspired by how spiritual care and the quality of one’s presence is a kind of medicine that doesn’t come in IVs. It is a kind of healing shared not only by the Spiritual Care Service chaplains and volunteers but also by family members as well as physicians, nurses, and other members of the health-care team and staff.

Stanford Hospital & Clinics incorporates all aspects of a patient’s needs into its model of care—physical, psychological, emotional, and spiritual. That makes spiritual care a part of everyone’s job. The perspective and intention of chaplains in providing spiritual care illuminates the way for others to follow.

This perspective was eloquently stated by Rabbi Amy Eilberg at the Jewish Chaplaincy’s Decade of Hope and Healing celebration last May. When we enter the door to the hospital, we cross the threshold from one reality to another. We leave behind the illusions of control as we make a transition from the land of mastery to the land of mystery. She said that it is here that chaplains and spiritual care volunteers, “intentionally place ourselves in the realm of suffering in order to reach out to another, to bring the balm of human presence to aching souls.”

As Rabbi Eilberg put it, “Times of illness can be an eit ratson, a time of grace” when our presence and prayers, love and compassion, can have “its greatest potency—to open hearts, to generate hope, to release blocked tears, and to restore perspective and gratitude.”

To provide spiritual care and alleviate suffering helps fulfill one of the timeless goals of medicine, “to comfort always.” What a privilege it is to provide this healing balm of human presence—one that we all can share.

Chaplain Bruce Feldstein, MD, is Director of the Jewish Chaplaincy. He can be reached at bfeldstein@stanfordmed.org.
ADVANCE DIRECTIVE MAKES YOUR HEALTH WISHES CLEAR

By the Rev. Susan Scott

In my work as the Decedent Care Chaplain, I often speak with families close to the time of their loved one’s death. In some cases, the family members have had the “what if” conversations and know exactly what their loved one wants. Other families are at a loss at a time when important decisions need to be made. An Advance Directive can be a very helpful instrument whenever someone is critically ill and is also helpful in situations where family members disagree with each other.

When my grandmother was almost 90, whenever she talked about her health, she would say, “I hope I don’t ever get hooked up to machines to just lie there.” After witnessing her anxiety about this issue, I asked her if she would like to put it in writing so she would not have to worry about “machines.” We went through the Advance Directive, and she told me what to write. Several years later, she was in a skilled nursing facility and unable to speak for herself. Because of her Advance Directive, we knew what she wanted for her care.

Recently my mother completed her Advance Directive and gave copies to each of her children. I am glad to know that when the time comes we can refer to this document to know what she wants, what she doesn’t want, and who she wants to make decisions for her. If we as a family disagree with each other, her Advance Directive will guide us, as it did when my grandmother was dying. I created my own Advance Directive about six years ago, naming a good friend as my agent.

How do I prepare one? Forms are available to patients and their families at Stanford Hospital & Clinics. Our chaplains and certain volunteers can assist you in filling out the form. Forms are also available from the California Medical Association (cmanet.org) or the California Attorney General website (ag.ca.gov/consumers).

Who can be my agent? Your agent should be a person who will be able to make decisions in a stressful situation and who will be able to follow your wishes. Make sure you ask if the person is willing to be your agent. He or she needs to be 18 or older.

Are there other options? There are alternatives to creating an Advance Directive, such as a Living Will or “Five Wishes,” which was developed by Aging with Dignity (agingwithdignity.org). Physician Orders for Life-Sustaining Treatment (POLST) is a form of end-of-life care for the seriously ill. And an Advance Directive Core Data Sheet can be used by inpatients during hospitalization—it’s valid for 60 days or until you are discharged.

The Rev. Susan Scott is the Decedent Care Chaplain at Stanford Hospital & Clinics. You can reach her at suscott@stanfordmed.org.

WHAT IS AN ADVANCE DIRECTIVE?

An Advance Health Care Directive is a document that specifies what actions should be taken for your health if you are unable to make decisions due to illness or incapacity. An Advance Directive includes:

• Instructions for Health Care: State your preferences for care at the end of life, such as treatments you do not want if you have an irreversible condition.

• Organ Donation: An option if you want to donate your organs.

• Designation of Agent: Usually people select an agent and an alternate. Specify what authority you want your agent to have and when that authority becomes effective.

• Signature: Two witnesses must observe you sign the document.

• Special Witness Requirement: A patient advocate or ombudsman must sign the form for someone living in a skilled nursing facility.
Clinical Pastoral Education (CPE) is dedicated to improving the quality of ministry and pastoral care offered by spiritual caregivers of all faiths. Stanford Hospital & Clinics welcomes the CPE Class of 2010.

The Rev. Wally Bryen  
Baptist  
An ordained American Baptist pastor, Wally comes to Stanford with more than six years of parish ministry experience. Originally from Oregon, he now resides in Oakland. He began his residency last December and is finishing his final unit of CPE at Stanford, where he feels grateful for the diverse people he has met and for all he has learned. WBryen@stanfordmed.org

Rabbi John Fishman  
Jewish  
John received rabbinical ordination from the Hebrew Union College-Jewish Institute of Religion in Los Angeles in 2002. He has served as a congregational rabbi, taught adults and children, and pursued graduate studies in Rabbinic literature. Besides spending time with his wife and son, John enjoys photography and making ice cream. JFishman@stanfordmed.org

Lehua Mahuna  
International Center for Spiritual Living  
Lehua is a Kahuna and a minister in training at the International Center for Spiritual Living in Fremont. She served a full-time mission for the Church of Jesus Christ of Latter-Day Saints, volunteered in the Hawaii LDS Temple, and was a student of the Kairos Foundation More to Life courses. She studies Hawaiian metaphysics under the direction of Ihaleakala Hew Len. SMahuna@stanfordmed.org

Milton Hadden Jr.  
Christian  
An Oakland native, Milton completed one year in the Master of Divinity program at Pacific School of Religion while studying at the Graduate Theological Union in Berkeley, and he recently received CPE credit from Alta Bates Summit Medical Center. Milton comes from a Christian Baptist tradition but embraces his 15-year non-denominational affiliation with Love Center Ministries in Oakland. MHadden@stanfordmed.org

Annamae Nemrava-Taubeneck  
Presbyterian  
Annamae is a veteran of the U.S. Army, where she served as a helicopter mechanic and crew chief, and is a veteran of the Royal Canadian Navy. She earned a Master of Divinity degree from San Francisco Theological Seminary and is preparing for ordination at Lafayette-Orinda Presbyterian Church and the San Francisco Presbytery. She recently completed CPE training at the Department of Veterans Affairs Health Care System, working with patients, veterans, families, and staff. She has a son, Teddy, 10, and a daughter, Grace, 7.

Christopher Hagen  
Seventh Day Adventist  
Chris received his Master of Divinity from Andrews University, a Seventh Day Adventist seminary. He has worked with young adults as a youth pastor and as an events coordinator for Pacific Union College in the Napa Valley. He enjoys surfing, swimming, volleyball, and spending time with his wife Julia and his two daughters, Chloe, 11, and Amelie, 6. CHagen2@stanfordmed.org

The Rev. Frances Reynolds-Tsai  
A.M.E. Zion  
Frances received her Certificate of Ministry Studies from the Pacific School of Religion and her Master of Divinity degree from the American Baptist Seminary of the West. She serves as an assistant to her pastor at Greater Cooper A.M.E. Zion Church in Oakland, where she preaches, teaches church history for the California ministerial conference, and contributes to the women's ministry. She is married and has two daughters and two grandsons. FReynoldstsai@stanfordmed.org

Annamae Nemrava-Taubeneck

Presbyterian

Annamae is a veteran of the U.S. Army, where she served as a helicopter mechanic and crew chief, and is a veteran of the Royal Canadian Navy. She earned a Master of Divinity degree from San Francisco Theological Seminary and is preparing for ordination at Lafayette-Orinda Presbyterian Church and the San Francisco Presbytery. She recently completed CPE training at the Department of Veterans Affairs Health Care System, working with patients, veterans, families, and staff. She has a son, Teddy, 10, and a daughter, Grace, 7.
Volunteer Spotlight

Name: Jane Land

Religious Denomination: Interfaith/ United Church of Christ

How long have you been a Spiritual Care Service volunteer? About four or five years.

Why did you choose to volunteer with Spiritual Care Service? I previously had volunteered with Guest Services as part of an ombudsman program, and I enjoyed my interactions with the patients very much. When that program was disbanded, I came to Spiritual Care because I wanted to continue to work directly with patients.

Best part of volunteering: I enjoy the opportunity to be a caring presence to those under stress—as all patients are—and perhaps to lift their spirits, even if it’s just for a short time.

Biggest challenge: After a day of volunteering, I feel grateful to have had the opportunity to do whatever I could to lift the spirits of patients who are coping with illness. I gain a great deal as well: When someone offers to share how God is working in his or her life during these difficult times, my own faith is strengthened. Now my challenge is to continue to learn and grow in how I interact with others so that I don’t get in God’s way.

A favorite story: After I introduced myself to a patient, he asked who had sent me. I explained that I was just doing my rounds—that no one had sent me. He then began to talk and told me of his family troubles. As I sat there, he mostly talked; I mostly listened. Afterwards, he said, “I know who sent you here … God sent you.”

I was very touched! This experience reminded me that God is able to use each of us in our encounters with others, wherever we are. In my time with this person was able to listen in a nonjudgmental way—to focus on him and his feelings, and not on myself and how I would respond. God was able to work through me because my own ideas and thoughts weren’t in the way. It was a valuable lesson, and I don’t intend to forget it.
experience. Some families want to stay; some need to
get away. Some families like to talk, and some prefer to
be silent or cry. The chaplains are able to accommodate
whatever emotion or type of support these people need.

It takes a strong individual to be comfortable with
all types of people, from all cultures, with different
attitudes and philosophies. Not knowing how things
are going for a patient can be agonizing to a family, but
the chaplain becomes a liaison and advocate, providing
information, comfort, or access during a stressful
situation.

When a Code Blue has a positive outcome, the
chaplain is often the one to shuttle the families along
with us on our way to the ICU. They help to orient the
family and explain that they need to wait until their
loved one is stabilized. When we are unable to help
the patient, the chaplain remains with the family as a
source of solace and support.

Nurses and physicians tend to see and do specific
things to accomplish an outcome. Chaplains don’t need
to fret about the details. Instead they help the family
manage in whatever way they need, whether it’s simply
sitting with them, saying a prayer, or celebrating the
person’s life.

It seems to make little difference to most families
what denomination the chaplain is. They are looking for
someone to help them find meaning out of the hospital
experience and to find some closure to the events they
just witnessed. There is a reason why someone chose
1-LOVE for the chaplains’ pager ID. ✨

Gretchen Brown is manager of Stanford Hospital’s Clinical
Inpatient Access. You can reach her at gbrown@stanfordmed.org.

FALL HARVEST CELEBRATION

Spiritual Care Service volunteers helped
erect a sukkah for the Jewish holiday of
Sukkot, a seven-day celebration to give
thanks for the fall harvest. The sukkah
is a temporary structure with an open
wall and a roof loosely covered with
branches, leaves, and produce, where
meals are eaten during the holiday. The
sukkah also represents a reminder of the
Israelites’ 40 years of wandering in
the desert after the exodus from Egypt.
SHARING TO REACH DEEPER HEALING

By Rabbi Lori Klein

One day a patient said he wanted to tell me something he could not tell his family: He said that he would be fine even if he did not survive his surgery. Whenever the patient raised the subject, he said, his family asked him not to talk about dying.

While talking to me, the patient radiated peace as he described beautiful visions of Mary and Jesus, and how those experiences wrapped him in Divine Love. He survived the surgery, but his family missed an opportunity to share his most intimate feelings.

Sometimes a patient might say, “I want to talk with you because I’m afraid.” A loving family member would respond, “Don’t talk like that.” But I will ask the patient, “What are you afraid of?” The enforced silence is ended.

Family members sometimes tell me they don’t want to hear about the patient’s suffering or feelings for fear of crying. I understand the desire to protect a seriously ill loved one from strong emotions. Yet if a patient has opened a topic, some tears can probably be accepted.

Most people facing a serious illness reflect on their life’s unresolved relationships. They may want to say or hear words of affection or heal a past conflict. For a conflict that’s been put aside, it is tempting to say, “Don’t worry about it, let it go.” Yet even if we do not want to visit the past, we can offer our loved one the gift of talking through still-wounded feelings to reach deeper healing.

With sharing comes more intimacy. Patients tell me that loving connections and honest communication make almost anything more bearable, even the possibility of dying. In some religious and cultural traditions, one cannot speak of death while recovery remains the goal. Within those restrictions, if the patient wants to speak, we should look for ways to end the unwanted isolation and find healing in every encounter.

Rabbi Lori Klein is Stanford Hospital’s Cancer Care Chaplain. You can reach her at lklein@stanfordmed.org.