

# SPIRITUAL CARE NOTES

*Providing Spiritual Support to Patients, Family Members, and Staff*

STANFORD HOSPITAL & CLINICS, 300 PASTEUR DRIVE, ROOM HG004, STANFORD, CA 94305

## AN EXPANDED MODEL OF SPIRITUAL CARE

**By The Rev. Susan Scott**

Many years ago, before my time as a hospital chaplain, Spiritual Care (often called Pastoral Care) looked like this: The chaplain, most often a man, went from room to room offering prayers for the patients. The chaplain would come into a room; meet the patient, pray, and move on to the next room. One chaplain might see 40 patients or more in a day.

There were chaplains who felt this was insufficient, and they began a new way of chaplaincy that included listening to the patients and responding to their specific needs. They saw fewer patients each day, but there was more care for the individual. They also broadened their definition of “spiritual” to include whatever gives a person meaning, purpose, or direction.

Here at Stanford we follow this expanded model of spiritual care. One of the most important topics covered in our Clinical Pastoral Education program, under the leadership of George Fitzgerald and John Harrison, focuses on teaching trainees how to listen and respond to people’s needs.

Under this new model, Spiritual Care Service takes on greater dimensions. Prayer continues to be an important part of our care, but the prayer we offer is in response to what we have heard from the patient. As we listen,

we can also suggest other services offered by the hospital that might complement their individual needs.

Patients who like music might benefit from a bedside visit from one of the hospital musicians playing a harp or guitar. They might like to have a CD player from Guest



See EXPANDED MODEL, page 7

## WHO WE ARE

Stanford Spiritual Care Service serves the spiritual and religious needs of the patients and families who come to Stanford Hospital & Clinics. We are committed to providing compassionate and respectful care and to honoring religious, spiritual, and cultural preferences with dignity.

*Spiritual Care Notes* is designed to keep you abreast of the services we provide as well as new programs and developments.

For your convenience, a return envelope is enclosed. Your support will help us continue to offer compassion and care to people of all faiths.

If you have any questions, please contact us at 650.723.5101 or visit our website at [stanfordhospital.org/forPatients/patientServices](http://stanfordhospital.org/forPatients/patientServices).



**STANFORD**  
HOSPITAL & CLINICS

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## DISCOVERING HOPE, SUSTAINING FAITH

**By the Rev. Dr. C. George Fitzgerald, S.T.D.**

Hope is usually thought of as one of the three primary virtues, the other two being faith and love. They often seem to occur in a chronological order. As we make our way in life, we usually start off by pledging our faith in a reality beyond ourselves, one that makes sense of who we are and how we live. As we proceed through the vicissitudes of life, we invariably experience the multifaceted forms of love—friendship, romance, compassion, affection, etc.

Hope, however, tends to be more elusive as it has a way of both inviting and forcing us into the future. I suspect President Barak Obama sensed this orientation of hope toward the future when he wrote “The Audacity of Hope” and encouraged his followers when they chanted, “Yes, we can.”

Getting a handle on hope is not easy. While we may recognize its fundamental nature, we also cannot help but find it a challenge to grasp. Yet it is the one thing that keeps us going when all else fails.

In this regard, the well-known psychiatrist Karl A. Menninger makes a helpful and important distinction between *hoping* and *hoping for*. Hoping reflects a conviction that, regardless of how bad a situation looks, somehow something good will emerge out of it. Hoping for, on the other hand, represents an effort on our part to determine just what the hope is and how it should be revealed. When I was in high school I fervently hoped for a new car, convinced it would solve all my problems. Rather than being open and receiving, this kind of hope reflects our attempt to shape and determine the future.

Assisting patients and family members in the hospital to discover hope is an essential component of spiritual care, and it seems to encompass all faith traditions. What cancer patient, for example, would not hope for a cure for his or her cancer?

But for some—and fortunately the number is decreasing—a complete cure does not occur. As chaplains, this is the kind of situation in which we attempt to assist patients to discern and discover a sustaining sense of hope. Perhaps it will come from a



realization that in spite of their limitations they can reach out to others in caring and restorative ways. Or they may find that allowing others to care for them may give special meaning and fulfillment to that person.

The emergence of hope is almost palpable when a seriously ill patient has a visit from a new grandchild or when a patient experiences reconciliation with a long-estranged sibling. Or it may be the sense of fulfillment that comes when a long-term project can be completed. Somehow, as hope emerges, it includes

the recognition that while suffering is woven into the fabric of life, there are also other meaningful threads that will endure and determine the ultimate pattern.

This past holiday season I received a card that struck me as rather strange when I opened the envelope. It came from an old friend who currently is a seminary president, and the cover consisted of a flickering candle surrounded by darkness. What a simple yet profound symbol of hope: The candle flickers, at times precariously, but it is not overcome by the darkness.

This is the fundamental goal of our spiritual care: to assist patients in discovering and experiencing the gift of hope that will sustain and support them—to keep a candle flickering in the darkness. ❖

*The Rev. Dr. C. George Fitzgerald, S.T.D., is the Director of Spiritual Care Service. You can reach him at [cfitzgerald@stanfordmed.org](mailto:cfitzgerald@stanfordmed.org).*

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# WITNESS TO A TRANSFORMATIVE EXPERIENCE

**By Peter Sayon, RN**

Recently I participated in the Catholic sacrament of Last Rites. It was the most memorable moment of my career life thus far—and I have been a nurse for more than 14 years.

My patient was a family man in his mid-40s. He had a heart defect since birth and received a heart and double-lung transplant a few years ago. His body could not take it anymore and was gradually rejecting the lungs. Ventilator treatment was needed to sustain his life.

That morning, I was told by the night nurse that we were waiting for the wife to finally decide to let him go. I know that it is not easy to decide such a thing, and there are times that you think only of preserving life. But knowing about the patient's vital signs and laboratory results can tell you when a person is approaching the end of his or her life.

When my patient's family arrived that morning, I introduced myself and updated them about his status. The medical ICU team arranged a conference with the family, and an hour later I was informed by the doctor about the DNR-Do Not Resuscitate status of the patient as well as the plan to extubate—to remove the tube to the ventilator. The family was by the bedside, and the patient's brother told me of their request for a Catholic sacrament of Last Rites.

The Rev. John Hester joined the three family members around the patient's bed: the brother, the sister and

the wife. A Spanish interpreter was present as well.

The ceremony began. I joined the prayers, and I became so immersed in the ceremony that I felt as though I was almost one with the family. I was not an outsider anymore.

After each family member blessed the patient with the holy oil, Father Hester asked me to do the same. He administered the sacrament, which made the patient and his family calm and

peaceful. His words were carefully chosen, and they ran to my core like a tranquilizer, a remedy for a family in agony from losing a loved one. After the rites, I sensed that our patient and his family were ready.

This event reminded me of my father, who died of lung cancer 14 years ago. I had just passed my nursing board exam and was volunteering in one of the provincial hospitals in the Philippines. Being a neophyte and naïve at that time, I shouted, "Do something!" to the doctors and nurses when he breathed his last. They

attempted to intubate him at that very moment but to no avail. The look of struggle on my Dad's face before he died still haunts me to this day.

Back with our patient, we eventually extubated him and started a medication drip for pain. Two-and-a-half hours later, he expired peacefully, with dignity and without pain, in the arms of his loved ones. Thanks to the wonderful celebration of the Anointing of the Sick by Father Hester, the patient and his family were able to accept the situation with less pain in their hearts.

I wish that I had done the same with my father. Sometimes we are selfish and want to prolong the life of our loved ones because we will miss them. But we have to let go and let them depart this life peacefully. ❖

*Peter Sayon, RN, works in the North Intensive Care Unit of Stanford Hospital. He can be reached at [psayon@stanfordmed.org](mailto:psayon@stanfordmed.org).*

**I became so immersed in the ceremony that I felt as though I was almost one with the family.**



# FINDING MEANING IN MEDICINE

*Spirituality and Meaning in Medicine is taught by Chaplain Bruce Feldstein, MD, Marita Grudzen, and Arthur Johnson. This article is the first of a series on the program.*

## By Chaplain Bruce Feldstein, MD

Every four weeks in the School of Medicine, six to 10 medical students take a class called *Spirituality and Meaning in Medicine (SMIM)* during the required Family Medicine Core Clerkship.

These medical students are a remarkable group of young people. Some are clear about their path in medicine; others are “in search” and still exploring. They describe themselves as atheist, agnostic, spiritual, or religious. They come from a wide range of cultural and religious backgrounds.

What they do have in common is their dedication to medicine, to service, and—on our afternoon—to finding out more about spirituality and meaning in medicine, both personally and professionally.

During the clerkship, students are required to spend an afternoon at a community site of their choice, where they can be exposed to different aspects of medicine and health care. Spiritual Care Service has become a popular choice that allows students to follow up on what they’ve been exposed to during SMIM. They tour the chapel, go on rounds with hospital chaplains to witness spiritual care at the bedside, and engage in group discussions to reflect on the deeper meaning of their experience.

On our allotted afternoon, we gather at the garden entrance of Stanford Hospital, where the students arrive after a morning in their assigned clinics or at hospice. We head over to tour the chapel. Most have never been inside the chapel and many didn’t even know it was there, despite having been in the hospital many times.

As we enter the chapel, the students are struck by “the quiet and the difference in lighting from the rest of the hospital” and “how calming it feels.” We may take a moment to sit, or perhaps stand, and simply be,

focusing on our breath and experiencing the calm of the room. They remark on how welcoming the chapel is for people of different faiths. They are fascinated to see people of different traditions praying at the same time: for example, a Muslim man kneeling on a prayer rug while a Catholic prays the rosary and someone else sits in meditation.

They are intrigued with the symbols from the different religious traditions on the wall, curious and a bit humbled to see how many (or how few) they can recognize. I point out the “answer key” on another wall, with descriptions of each of the symbols and its tradition.

I pass out holy books in different languages for students to see if they can make out what book and language it is in—for example the Christian Bible in Chinese or Russian, the Torah in Hebrew, the Koran in Arabic, or Buddhist writings in Vietnamese.

With reverence we look at the notebook in which people write their own prayers. We ponder them, sometimes adding one of our own. We leave the chapel, changed, and emerge back into the hallway to make our way back to the garden entrance. ❖

*Chaplain Bruce Feldstein, MD, is Director of the Jewish Chaplaincy. He can be reached at [bfeldstein@stanfordmed.org](mailto:bfeldstein@stanfordmed.org).*



# STANFORD HOSPITAL RELIGION CENSUS 2010

Spiritual Care Service is dedicated to providing comfort for people of all faiths, beliefs, and doctrines. The list on this page represents Stanford Hospital's 2010 total patient population divided into detailed religious categories. This information is used to estimate and allocate our future volunteers to the patient care units.

Our gratitude goes to Charles Dibble, PhD, and his assistant Aurora Yusi from Stanford Hospital Information System Support-Registration, for compiling these annual statistics.

— The Rev. John Hester

## CENSUS BY RELIGION

Religion	Number of Patients	Percentage of Total
No Religious Preference	11,235	39.93%
Christian* other than Catholic	6,961	24.70%
Catholic	5,995	21.30%
Requests no chaplain visit	984	3.50%
Jewish	738	2.62%
Buddhist	485	1.72%
Patient declines to say	365	1.30%
Muslim	317	1.13%
Hindu/Jain	277	0.98%
Unknown	276	0.98%
Other Religion	238	0.85%
Latter-day Saints (Mormon)	185	0.69%
Sikh	41	0.15%
Native American	12	0.04%
Unity	12	0.04%
Baha'i	9	0.03%
Wicca	8	0.03%
Religious Science	2	0.01%
<b>Totals</b>	<b>28,140</b>	<b>100.00%</b>

## VOLUNTEER STATISTICS

Spiritual Care Service expresses our deepest gratitude to the 184 dedicated volunteers who make this ministry possible. We would like to recognize the top 10 volunteers of 2010 for their deep commitment:

Volunteer	Hours
Penny Barrett	475
Tony Iraci	337
Judith Scanlon	261
Tom Brosnan	231
Patricia Connor	227
Susan Thomas	210
Louise McQuillen	201
Donna Kruep	174
Maureen Martin	171
Rena Gretz	165

## VOLUNTEER TRAINING

Volunteers trained this spring will graduate on Monday, May 16, at Our Lady of the Rosary Hall, 3233 Cowper St., in Palo Alto. The class comprises Christian, Interfaith, Catholic, Buddhist (Chinese, Japanese, and Vietnamese), Muslim, Jewish, Hindu, and Latter-day Saints candidates.

\*Christian includes Apostolic, Armenian, Assembly of God, Baptist, Church of Christ, Church of God, Episcopal, Greek Orthodox, Jehovah's Witnesses, Lutheran, Mennonite, Methodist, Nazarene, Pentecostal, Presbyterian, Protestant, Quaker, Russian Orthodox, Seventh-day Adventist, Unitarian, United Church of Christ

# YOUR SUPPORT MATTERS

The individuals, congregations, and foundations who contribute to Spiritual Care Service make a tremendous difference in many people's lives. Your gifts help support Clinical Pastoral Education (CPE) for chaplain residents, enhance our services, and provide assistance to indigent patients and family members. Thanks to you, last year Spiritual Care Service made close to 245,000 patient visits and provided more than 103,000 volunteer hours by 184 active volunteers.

Your philanthropy is important to patients and their families who are looking for solace during a stressful time. Please help sustain our presence in the hospital for people in need.

In lieu of our annual solicitation letter, a self-addressed envelope is included in each newsletter for your contribution. Please indicate if you wish to support the Training Program for Chaplain Residents or the Patient Assistance Fund.

## LEADERSHIP

### Development Committee

George Fitzgerald  
Marge Hildahl  
Anadel Law

### CPE Professional Advisory Group

Will Masuda (Chair)	Scott McLennan
George Fitzgerald	Judy Passaglia
Carolyn Glauz-Todrank	Barbara Ralston
Marita Grudzen	Jan Roberts
John Harrison	Susan Scott
John Hester	Liza Taft
Lori Klein	Robinetta Wheeler

### Volunteer Coordinating Committee

Tom Brosnan (Chair)	John Hester
Penny Barrett	Sherifa Ibrahim
Mahesh Bhavana	Lori Klein
Bruce Feldstein	Susan Scott
George Fitzgerald	Kathryn Stucki
Don Gee	Taqwa Surapati

## VOLUNTEER SPOTLIGHT

**Name:** Tom Brosnan

**Religious Denomination:** Roman Catholic

**How long have you been a Spiritual Care Service volunteer?** 10 years

**Why did you choose to volunteer with Spiritual Care Service?** When I retired, I knew that I wanted to give back to the community. I came from a family in the medical profession, and I thought that working in a hospital would be a good choice. I also knew of the good work the Rev. Hester did at the hospital, so I gave him a call to see if there was anything I could do to help. I started visiting patients soon afterwards.

**Best part of volunteering:** Visiting patients. I love to hear about their problems, families, and praying with them. I really feel great on my drive home, reflecting on the people I have visited.

I also enjoy working on the VCC committee. Several years ago the number of volunteers grew from 100 to 200. I applied my electronic background and recommended introducing procedures for the annual training classes. A year later we had the procedures in place, which means that the training remains consistent year to year.

**Biggest challenge:** My biggest challenge was to learn how to listen and not talk about myself when visiting patients. It is human nature, when having a conversation, to either interrupt or to wait for their story to finish and tell when a similar event happened to me. I had to learn that I was there for the patients and to listen to them.

**A favorite story:** One Sunday morning, a patient I visited was crying. I introduced myself and asked him if he wanted to pray and have communion. He told me that he just received some bad news from his doctor. His family lived in the Valley and was driving out to be with him. I stayed with him for three hours, until he told me he was feeling better and that his family would be there shortly. The next two Sundays I visited and prayed with him. The following Sunday, his room was filled with 10 of his family members. He saw me and invited me to join them. The room went quiet. He got out of bed and walked over to me, gave me a big hug, and whispered that he just received good news from his doctor. He introduced me to his family and told them that I was the one who was with him after receiving the bad news. They all thanked me. ❖

*Tom Brosnan received the 2008 Volunteer of the Year award for his dedication to Spiritual Care Service.*



## EXPANDED MODEL, continued from page 1

Services so they can listen to a specific type of music. The chaplain might show a visitor how to find the music they enjoy on the hospital television system. With the help of the iTunes website, we were able to download a specific piece of music that a dying patient wanted to hear.

There are other ways we have expanded our care for patients' spirits. A patient may benefit from the opportunity to create artwork as therapy (Art for Health) or take pleasure in a visit from a specially trained dog (Pet Assisted Wellness at Stanford).

Another patient asked to keep her Seeing Eye dog with her. Staff used their breaks to take her dog outside twice a day. With the dog close by, the patient felt more comfortable, got better, and went home. One family wanted some poems to read to their loved one who was hospitalized here. We searched on the Internet for their requested poetry. Rabbi Lori Klein visited a patient who had a dream of writing science fiction—

she helped him find information on how to publish his work and fulfill his ambitions.

The Rev. John Hester had several patients who were discouraged because they had to be in the hospital for a long time. In his conversations with them, he discovered that they liked cooking, so he offered them a recent catalog of spices and herbs with recipes and stories from around the country. He would come back to see them and find them perusing the catalog with a smile.

Our care also extends to the family and friends of patients. Recently a man came to visit a friend who had been brought here by ambulance, but he was unable to find her. I spoke with him and with Guest Services staff, and we offered to phone other local hospitals to try to locate her. With the first phone call, we found his friend. And his spirit was lifted. ❖

*The Rev. Susan Scott is the Decedent Care Chaplain at Stanford Hospital & Clinics. You can reach her at [suscott@stanfordmed.org](mailto:suscott@stanfordmed.org).*

## SPIRITUAL CARE WEEK



As part of a week of national recognition, chaplains and Spiritual Care Service volunteers were available outside the cafeteria on the first floor of the hospital to answer questions about pastoral services provided at Stanford Hospital for patients, families, visitors, and staff. The Spiritual Care team also provided several brief Blessing of Hands services in the Atrium and in patient units, and distributed plants throughout the hospital.

**Front Row, Left to Right:** Milton Hadden Jr.; Lehua Mahuna; Gretchen Hollingsworth; the Rev. Dr. C. George Fitzgerald, S.T.D.; Kido Ahn; Rabbi Lori Klein **Back Row, Left to Right:** the Rev. Frances Reynolds-Tsai; the Rev. Susan Scott; the Rev. John Hester; the Rev. Wally Bryen; the Rev. John Harrison

♻️ Printed on recycled paper using soy-based ink.

## THE METAPHORS WE USE FOR ILLNESS MAKE A DIFFERENCE

### By Rabbi Lori Klein

*“I have cancer, and I’m going to fight it.”*

*“She had leukemia, but she beat it.”*

*“He fought valiantly, then lost his long battle against cancer.”*

In my experience, patients use metaphors of war, fighting, and battle more frequently than any other when describing their experience of living with, receiving treatment for, or dying from cancer.

Metaphors are essential. They help us derive meaning from our experiences; they can inspire specific feelings; and they can motivate us toward action. Using war metaphors to describe the experience of dealing with cancer can energize patients and their loved ones, helping them feel some power and control over an illness that strips away illusions of control. The metaphors help establish the cancer as a clear enemy with its adversarial personality.

For some patients, it makes sense to retain this language for its positive effects. And yet we should periodically think about whether such metaphors bring the patient comfort or add to the emotional struggle.

**Consider a journey as an alternative metaphor for cancer: There are no ultimate winners or losers.**

Metaphors of battle demand that there be winners and losers. Either the cancer or the patient wins—we don’t talk about negotiating a truce with life-threatening illness. Retaining these metaphors can add the burden of being a battle victim to a dying patient’s losses. If a patient lives with cancer as a chronic condition, then retaining warlike language means the patient will always be living with the enemy as an intimate companion.

Consider a journey as an alternative metaphor for cancer: There are no ultimate winners or losers. A journey defines a path that may be smooth or rough, or changeable from minute to minute. The metaphor of a journey gives the patient more flexibility in how to relate to the illness.

I would never impose my alternative metaphor for cancer on a patient, especially if the terminology of battle seems to help them. Yet we can all be conscious of the metaphors we use to describe life’s most challenging passages. By modifying our language, we can alter our own relationship with illness, death, disability, and recovery. ❖

*Rabbi Lori Klein is Stanford Hospital’s Cancer Care Chaplain. You can reach her at [lklein@stanfordmed.org](mailto:lklein@stanfordmed.org).*