

# SPIRITUAL CARE NOTES

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

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

## SPECIAL CARE FOR THE SPIRIT

**By Sara Wykes**

In the midst of the noise and bustle of the intensive care unit at Stanford Hospital, about to get a new heart, Cindy Flynn was not afraid. Seventeen years earlier, then just 50 years old, Flynn had arrived at Stanford, pain gripping her chest. The damage done by the heart attack meant that she would need a transplant one day. It was world-turning information.

Now Flynn's life was about to change again, and a familiar face appeared: The Rev. John Hester. "I was surprised," Flynn says, "but I knew him from our church. He sat and talked to me for a while. We prayed together and he gave me communion, and it felt like I wasn't alone."

For the staff and volunteers of the Spiritual Care Service at Stanford Hospital, that's been the exact idea for several decades now—adding something extra to the work done by medicine and medical professionals, reaching out to patients who need their faith's familiar rituals and to those patients whose faith might be shaken.

### **An Extra Element**

Stanford's model of care reflects major changes to what was commonly called pastoral care. "The Catholics did sacraments and the Protestants read from the Bible and made a prayer," says the Rev. George Fitzgerald, S.T.D., director of the Spiritual Care Service since 1988. "Now we're interfaith, and what we do is about support and cooperation. Now we teach the value of active listening, and we never try to convert anyone."

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While undergoing a heart transplant at Stanford, Cindy Flynn's treatment included visits from the Spiritual Care Service.

Photo by Norbert von der Groeben

## 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.

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

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

*Stanford University Medical Center*

## WHY DOES GOD LET THIS HAPPEN TO ME?

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

The Spiritual Care Service receives many referrals, from nurses, doctors, and friends, to visit a patient (and family members as well). Frequently the patient has made a request to see a chaplain, or the referral is prompted by someone observing the patient reading a religious text and discussing his or her religion.

The visits are usually quite delightful, as patients share how their faith has sustained them. These visits often end with a prayer, and we leave feeling inspired and enriched, as patients often share deep and personal concerns.

### When Life is Unfair

There is another category of patient, however, that is not so accessible. They may be angry and critical, or they may be withdrawn and sad. They may ask, “If there is a God, then why does he let this happen to me?” Ask them if they would like to see a chaplain, and they are likely to reply, “How is a chaplain going to help when God lets something like this happen to me?”

In many instances, these are people in situations that seem especially tragic, whether it is a student injured by a drunk driver or a young parent who has just learned she has a life-threatening cancer. As a chaplain, I often find myself echoing the question as well. “Why does God let this happen?” Yet these patients are the primary reason why many of us go into chaplaincy, and we usually place them at the top of our list to visit.

This is not to say we have an easy answer. A common clergy response would be to read some sacred passages, perhaps stressing that God is present at tough times whether we realize it or not. The hidden message here is that it is not appropriate to be angry at God. This is often the same reaction the patient receives from family members and friends. So now, in addition to feeling

angry, they have the added burden of feeling guilty about the anger. It’s no wonder they are inclined to say no when the nurse or doctor asks if they would like to see a chaplain.

### No Easy Answer

As a chaplain, I do not have a spiritual care pill that will miraculously resolve their problem nor do I (or anyone else) truly know the answer to the question, “Why does God let this happen to me?” But I do know that I can simply listen to the patient—in effect conveying “It feels like God has abandoned you and left you in the cold.” In other words, it’s OK to say, “I feel angry.”

In the past I would find myself at a loss for words. Then it occurred to me that many of the great figures of faith (Moses, Job, Jesus, Muhammad) expressed consternation—if not anger—with God as they faced a challenging situation. When I point this out, it often comes as something of a revelation, as if the patient had assumed it was somehow wrong or sinful to express anger at the divine.

Nor do I feel the need to defend God, whose experience with this sort of thing vastly transcends anything I could imagine.

### Opening the Door

Any time we are confronted with a challenge like a serious illness and are feeling angry, it is important to be able to express these feelings. It often opens the door to what I feel are more significant feelings, usually those of fear

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## By Sandy Trieu, MD

The first day I met Marie was the afternoon after her oncologist told her that there were no more treatments for her cancer. When I asked Marie how she was feeling, she responded, “Physically or ...?”

I said, “Let’s start there.” She had no complaints about pain, so I probed about how she was feeling otherwise. I asked her, “What did your oncologist tell you?”

“I’m dying.” With that quiet statement, Marie and her friends began to cry.

As a palliative medicine physician, I participate in exchanges like this almost on a daily basis. I am asked by other physicians to help patients and families make the transition from curative treatment to end-of-life care. Spiritual Care Service plays an integral role in this difficult process, from assisting in advance care planning to performing last rites.

One patient’s family requested a prayer service once everyone had gathered at the bedside. Spiritual Care served as an advocate for another patient whose family was pressuring him to undergo surgery.

Another patient of mine, a Buddhist, died. A Spiritual Care Service chaplain spoke with the family and then educated the staff about Buddhist traditions so that the family felt fully supported in their grieving.

During my training as a physician, my priority was to search for the underlying cause of my patients’ symptoms.

My success was measured by my ability to diagnose and prolong their lives. Now, as a palliative medicine physician, success is when a patient has a dignified and peaceful death. This includes a spiritual peace.

Marie said that she was afraid to talk with her adult daughters about what she was going to do. The chaplain visited Marie regularly during the next few days and was present when Marie told her daughters of her prognosis, providing support to the whole family.

Marie hoped to return to her home in Fresno to be close to her family and friends. Sadly, she died peacefully surrounded by her daughters the morning before her discharge at Stanford. Nevertheless, with the support and comfort of the Hospital’s Spiritual Care Service, Marie was able to face the end of her life with dignity and peace. ❖

*Sandy Trieu, MD, is a clinical instructor of hospice and palliative medicine. You can reach her at [trieus@stanford.edu](mailto:trieus@stanford.edu).*



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and sadness. But when anger is expressed, other emotions and spiritual concerns are able to emerge: What will happen to my family? How can I make the best use of the time I have remaining? What kind of legacy can I leave?

As we discuss these issues, we often feel God becoming present in a more sustaining way, especially as we pray about these concerns. So the next time you

hear someone say, “Why does God let this happen to me?” I encourage you to refer them to one of our chaplains. These are often our most mutually rewarding visits. ❖

*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).*

# TRAINING TOMORROW'S SPIRITUAL CAREGIVERS



Mark Kliewer visits with patients and families while refining his pastoral skills through the hospital's CPE training program.

For more than 25 years, Stanford's Clinical Pastoral Education (CPE) program has helped teach interpersonal and professional skills to theological students and clergy of all faiths. While most hospitals have a chaplaincy service, not all are qualified to provide pastoral education, which must meet stringent accreditation guidelines set by the Association for Clinical Pastoral Education.

"The training helps refine the ability to see another's situation without judgment," says the Rev. John Harrison, Stanford Hospital's CPE coordinator. "It helps you become aware of your personal judgments, which can affect how you provide spiritual care. The program also provides a skill set—the nuts and bolts of how to walk into a pastoral conversation."

The Stanford CPE program maintains stipends for six residents each year, who start each September. They come from all faith traditions, backgrounds, and cultures: Students have come from the Philippines, Germany, Nigeria, China, Switzerland, Japan, and all across the U.S. Within two weeks they receive an on-call pager and start to rotate shifts for nights and weekends at both SHC and Packard Children's. Each morning begins with a group meeting to share the experiences from the night before—allowing the person on call to debrief and process his or her emotions.

"A quiet night is rare here," says Harrison. "We try to be supportive, but we are here to help them learn. We take a three-pronged approach: support, clarification, and challenge."

Students receive one-on-one sessions with a member of Spiritual Care Service and take part in multiple exercises that allow them to capture the details and emotions of their encounters with patients. These strategies are designed to help residents develop the tactics and tools they will need to assist the people who come to them in need, no matter what the circumstance.

"We try to put together groups that reflect the rich diversity of where we live, with individuals who demonstrate awareness of self, sensitivity to another person's world, and an openness to learning," Harrison says. "These are the people who can walk into a room of perfect strangers and make a difference to people in crisis." ❖

## OUR NEWEST CPE RESIDENT



**Shijung Shim**  
United Methodist

Shijung Shim has been a director of youth ministry at the Green Korean

United Methodist Church in Milpitas for the past four years. Born in Korea, she is now a PhD student at the Graduate Theological Union in Berkeley, with a major in interdisciplinary studies.

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# CULTIVATING RESILIENCE IN THE FACE OF SERIOUS ILLNESS

## By Rabbi Lori Klein

How do you cope with life-threatening illness? Remembering how you have responded to past challenges might guide you now. While people can embrace new ways of adapting, they generally retain the strategies that have served before.

Flexibility is key. Because different approaches work for different people, we should avoid insisting we know what might work for someone else. On the other hand, we can help our loved ones remember how they have drawn strength and courage in the past. When I ask my family and friends for this sort of advice, I hope they will remind me how I have relied on affirmations, music, praying, and deep conversation.

How do you cope with a life-threatening illness? Ask yourself: What increases your resilience—your sense of peace and balance? What enlivens and cheers you? What allows you to express your truest self?

Here is an alphabet of patients who have created possibilities for cultivating resilience:

## Support

**Alice\*** shared every emotional hill and valley with her three best friends. **Bill** asked his wife to update his Facebook status frequently but allowed only family members to visit him at the hospital. **Claire** felt uplifted by the church groups praying for her. **Denis** told just his partner about his prognosis. **Evelyn** reviewed her life through journals and meditation. **Frank** attended a weekly support group and felt they understood him better than well-meaning friends. **Grace** joined an email list for people with her illness.

## Information

**Hector** asked the Stanford Health Library to prepare a binder of recent medical research. **Isabel** told her doctors, “Give me as few details as possible.” **Joseph** asked his medical team to review every aspect of his treatment in depth.

## Focusing on the Past, Present, or Future

**Kevin**, **Lisa**, **Mario**, **Nancy**, and **Owen** faced each day, one day at a time. (This is the coping strategy patients most frequently tell me they use.) **Pauline** reviewed her past life choices with a chaplain, searching for what needed to be healed or changed. **Quentin** imagined the long road trip he would take with his wife once he recovered.

## Distraction or Intentional Focus

**Rita** watched comedies, feeling the endorphin rush that comes with laughter. **Sandeep** visualized miners traveling into his body each day to remove the tumors. **Tracy** imagined floating in a warm pool of healing water. **Ubay** asked friends to talk to him about anything other than his illness.

## Attitude and Emotion

**Vivian** relied on the positive attitude that had always carried her through life. **Wei** felt cleansed by crying. **Xerxes** wrote to describe what he had lost and what he was gaining through his illness. **Yvette** learned affirmations to lift her spirits. Every day, **Zavier** named 10 things he felt sad about, then 10 sources of gratitude. ❖

*\* Actual names are not used to protect patients' identities.*

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

# CANCER SURVIVORSHIP LECTURES

## Impact of Cancer Treatments on Memory, Thinking, and Attention

Wednesday, April 18

Shelli Kesler, PhD, Assistant Professor of Psychiatry

## Fear of Recurrence and Late Effects: Living With Uncertainty

Wednesday, May 9

Manuela Kogan, MD, PhD, Clinical Associate Professor of Psychiatry

Lectures will begin at 6:30 pm and will be held at the Arrillaga Alumni Center, 326 Galvez St., Stanford University campus. To register, please call 650-725-9456.

# LEADERSHIP

## Development Committee

George Fitzgerald  
Marge Hildahl  
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## CPE Professional Advisory Group

Will Masuda (Chair)	Lori Klein
Linda Bracken	Scott McLennan
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Penny Barrett	Tom Jackson
Mahesh Bhavana	Lori Klein
Bruce Feldstein	Susan Scott
George Fitzgerald	Kathryn Stucki
Don Gee	Taqwa Surapati
	Isabel Tagle

# HOLIDAY CELEBRATIONS

Holidays from many different religions and cultures were honored by the Spiritual Care Service. Festivities included sing-along Christmas carols by the tree set up in the Hospital Atrium. Hanukkah was celebrated by lighting a menorah candle each night, with the traditional game of dreidel. Eid was held at the end of the Hajj, the annual Muslim pilgrimage to Mecca, with a plentiful feast. Diwali, a Hindu and Sikh festival, was celebrated with candles and sweets (no photo available). ❖



Christmas



Hanukkah



Eid

Photos by Norbert von der Groeben

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Underlying all those changes has been a broader acceptance of “spirit as a significant part of a person’s life and something that can really contribute to health and healing,” Fitzgerald says. “There are all kinds of studies that show that when patients have a supportive religious community, they tend to do better. And there are other studies that show that at hospitals where chaplains visit patients, those patients drift toward earlier discharge and need less pain medications.”

Physicians, too, Fitzgerald says, “have really recognized the importance of spirituality in a patient’s life. They don’t always have the time to sit down and take an hour with a family, but they are interested in working together with us, to see us as a part of the health care team.”

And that includes the many volunteers—more than 200—who have regular visiting hours or are on call.

### Broad Diversity

Volunteers and chaplains serve specific faiths or respond to needs that are more universal. In 2010, Spiritual Care Services made approximately 28,000 visits to patients, and its volunteers—from 12 countries, speaking 10 languages—gave almost 11,500 hours.

“Physicians, too, have really recognized the importance of spirituality in a patient’s life.”

“We have Hindu, Buddhist, Jewish, Muslim, a diversity of Christians, Wiccan—everyone,” says the Rev. Hester. “We train them in the ministry of presence—to be totally open to the other human beings, to listen. We train them to be respectful, to be reverent, to be gentle in every way so patients can tell us anything they want, how they want, or they can go silent. We’re there for them in that moment.”

Hester and his colleagues try to anticipate when they might be needed at weekly meetings with all the clinicians on a unit. “Sometimes they’ll say, ‘Would you go and meet with the family? We’re going to be giving him bad news and we’d like you to be there.’”

Cindy Flynn didn’t have much doubt that she would be OK, but knowing that she was in the thoughts of others, she says, built a feeling that “was very, very peaceful. I felt relaxed enough so I could just concentrate on getting better. I don’t know how to explain it, but it does make a difference. It’s just having somebody there, talking to you as a person and not just as a patient.” ❖

*Sara Wykes is a writer and editor in the Stanford Hospital Communications Office.*

## “THE BEST THING I COULD DO”

Mike Flynn, Cindy Flynn’s husband, has been a Spiritual Care volunteer for five years. He had always gone to Mass on Sundays and taught a religion class to kids at church; it was not until he retired in 2001 that he had the time to pay attention to that part of him that wanted something more to do—to help, he said.

One morning at his church in Palo Alto, the call went out for volunteers for the Spiritual Care team at Stanford. “I just said, ‘I’m going to give it a try.’ I went to the classes, and it turned out to be exactly, for me, the best thing I could do because of the personal nature of it. It’s like saying, ‘What would Christ ask of me? Christ would ask of me to bring his spirit to other people.’”

Along with the more than 200 other Spiritual Care volunteers, Flynn was trained to respect all the responses he might get when he enters a room. “We’re not there to proselytize,” Flynn says. “We’re there to support, to care. It’s not something we force on people. For people who can’t get to a service, we can bring it directly to them—the kind of spiritual nourishment people can’t get any other way.” ❖

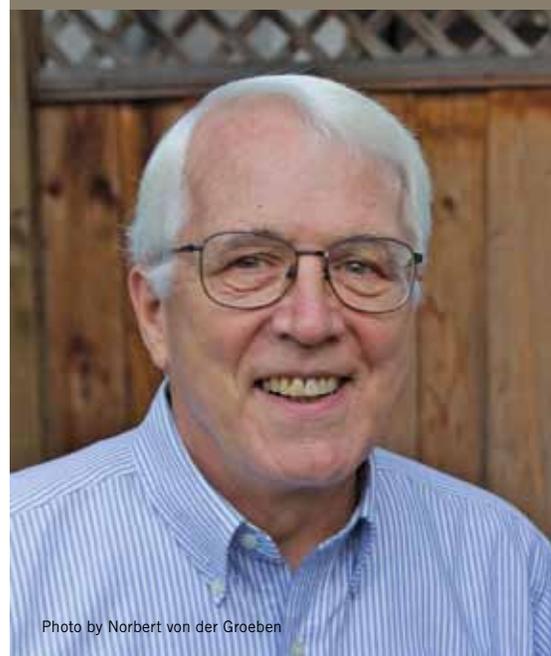


Photo by Norbert von der Groeben

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## KEEPING THE HUMANITY IN OUR HOSPITAL

### By The Rev. Susan Scott

The word “hospital” comes from the Latin *hospes*, signifying a stranger or foreigner, hence a guest. Another word derived from this root is *hospitium* which came to signify hospitality. *Hospes* is the root for *host*, *hospitality*, *hospice*, *hostel*, and *hotel*. In the Middle Ages, hospitals were places for the poor or for guests, and the name hospital was used to emphasize the relationship between guest and host.

Hospitals today are very different places, with all their equipment and machines. But the concept of hospitality remains a big part of what we do every day. Stanford Hospital & Clinics has a mission: “To care, to educate, to discover.” We also have a vision: “Healing humanity through science and compassion, one patient at a time.”

During the past year, all staff, contractors, and volunteers trained with the new C-I-CARE program. The letters are an acronym for **C**onnect, **I**ntroduce, **C**ommunicate, **A**sk, **R**espond, and **E**xit. C-I-CARE is about being hospitable. It is about demonstrating

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our care and compassion for patients and their families and friends. It’s about remembering that a patient is a human being who is our guest rather than a “gall bladder” or “liver.” C-I-CARE puts emphasis on the “compassion” part of our vision.

When we see someone looking confused in the hallway and we take the moment to help with directions, we are helping to heal. When a patient is upset and one of the chaplains or volunteers comes by to listen, we are helping to heal. When a patient has no clothes to wear home and we take the time to find an outfit that fits, we are helping to heal.

When a blind patient needs to have her guide dog with her and there are staff members willing to take the dog outside several times a day, we are helping to heal. When a patient dies and the family is grieving, we can be kind and compassionate and truly present—that, too, is helping to heal. ❖

*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).*