

National Association of Catholic Chaplains Chaplaincy Communication – Message Groups

Some questions for consideration...

1. How is spiritual care part of core identity of Catholic health care?
 2. How do we express the spiritual care ministry from a business perspective?
 3. Why chaplaincy services?
 4. How is the chaplain an integral part of the health care team?
 5. How might physicians benefit from the roles and responsibilities of those who provide pastoral care? In other words, how might pastoral care be a resource to physicians?
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1. How is spiritual care part of core identity of Catholic Health Care?

- View patients/families as ends in themselves -- as subjects, not means to an end (\$ or market share), or objects (of medical expertise). Patients more than "customers" they are priceless creations of a loving God.
- Healthcare is a process of creating healing relationships with whole persons. In Catholic healthcare, we employ and treat creation – whole people.
- Catholic teaching - creation is holistic, without separate 'compartments' for mind, body and spirit. Healing and wholeness is accomplished not by treating only a part. “The care offered is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social and spiritual dimensions of the human person.”
- Central to ERD’s are “the dignity of human life” attending to the human spirit in order to promote health and relieve suffering.
- We regard the human person as a unity of body, mind and spirit, all dimensions seriously, regardless of how they are expressed. Spiritually it might be through a particular religion or through relationships, music, nature and other experiences of meaning and purpose. Spirituality to be real, not theoretical, and vital to one’s personhood So we seek to attend to it, and to potentiate healing from it, according to a patient’s own experience of their spirituality, and not according to any theology we’d like them to have.

2. How do we express the spiritual care ministry from a business perspective?

- The 'bottom line' is Chaplains greatly improve the chance of holistic healing.
- Improve the standard of care through the integration of spirituality.
 - Contribute to quality assurance and customer satisfaction goals
- Align chaplaincy performance with institutional goals and objectives in measurable ways.
- Promote healing, as research shows, spiritual well-being is linked to faster recovery, better sense of health on ongoing basis = spiritual health contributes to physical health.
- Improve patient and family satisfaction
 - Listening to the deep concerns and questions of meaning, and the unknown
 - Lessen high anxiety levels in emergency rooms especially when there's long wait time.
 - Facilitate patient/family discussions resulting in informed healthcare choices that honor patient values – particularly with ethical or end-of-life choices.
 - Helping patients communicate these choices to family and healthcare teams empowers the patient and limits futile treatment.
 - Handle issues related to cultural competence and support cultural competence including Joint Commission compliance.
 - Improve discharge planning to reduce readmissions.
- Address patient and family concerns and complaints in conjunction with risk management and patient advocacy personnel.
 - Mediate those difficult conversations with patients; it can potentially reduce financial cost by resolving issues and diffusing unattended emotions that could manifest as litigious issues.
 - Support families at times of news of terminal diagnosis and, with bereavement at time of death.
 - Facilitate end of life discussions, that helps patients/families make decisions based on meaning and purpose versus what is medically possible to do.
- Improve discharge planning to reduce readmissions.
- Employee satisfaction strengthened:
 - Staff more productive – frees staff to focus on clinical care.
 - Staff receive emotional/spiritual support in times of trauma.
 - Reduce staff burnout and compassion fatigue.
 - Support associates during spiritually and emotionally difficult times, reducing staff burnout and compassion fatigue, promoting staff retention.
 - Physician satisfaction improved.
- Community connectedness and ownership of institution is increase
 - Assist with community relations and building partnerships with community clergy

3. Why chaplaincy services?

- Our relationship with patients' spirits makes the clinical relationships with patients' bodies work better – because bodies respond to mind and spirit from the inside out.
- To ease suffering - helping access spiritual and emotional strengths when body is besieged; to "synthesize" (or help reconstruct a sense of wholeness) in the face of medical analysis -- which tends to separate humanity into its component parts.

- Western medicine zooms in on parts of people in order to cure; spiritual care helps us zoom out to recognize that we are more than the sum of our parts! :-) (I try to illustrate this by suggesting that most of us wouldn't put the pathology slides from a biopsy or the x-ray from a broken leg into our family photo album -- it just isn't who we are, although sometimes that's hard to remember when you're in the hospital. . We need to understand WHO is this person, How have they lived, who have they loved, what feeds his her spirit, understanding his her worldview and sense of self .
- Spiritual care reminds us that we're so much 'more' than whatever brought us into the hospital in the first place! Religion would go a step further and say that the 'more' is God-ordained. It is the spirit that makes meaning, defines purpose, and is the source of resilience/hopefulness.
- To *be with* those who are suffering:
 - to identify the sources and nature of the suffering for that individual,
 - to discern what is at stake for this individual (concomitant losses etc.),
 - to identify relevant healing resources (religious, spiritual, social, cultural resources), and to apply them,
 - to work collaboratively with the interdisciplinary team to develop a care plan that considers the physical, emotional, social and spiritual dimensions of the person's care.
- To be as ERD's state, a "listening presence; help in dealing with powerlessness, pain and alienation; assistance in recognizing and responding to God's will" (however a person understands God).
- To be advocates for the person's story; because there is a lot of potential power and healing that can surface when one is able to share their life story. One of our chaplains recently had a conversation with the medical director of the residency program, who shared that he will sometimes ask the medical resident to "name one non-medical fact you know about this patient". That is a wise physician who understands there is more to the person than their disease/medical condition.
- To facilitate a person's ability to integrate their experience of illness, injury, loss or suffering into their experience in a healing way. (This is not always possible during a hospital admission, but even in that window, we can provide an approach to suffering that does not run away from it, but bears with it.) Patients are stuck in their experiences of suffering. They cannot escape. Our role is to be present with them, willingly, often without an agenda to change or fix it, but to bear witness to it, to be curious about it and to explore their interior and exterior resources to cope with it.
- Chaplains are called to an incredible myriad of professional roles, including: Representative of God's love and compassion; Loving, non-judgmental, Listening Presence who allows patients to set the agenda; Advocate for patients, residents, families and staff; Spiritual Counselor; Ethics Consultant; Bereavement Counselor; Leader of prayer and rituals; Professional Confidant to patients, families and staff; Educator on end-of-life decision making by patient/family; and a Calming Presence in the midst of chaos.

4. How is the chaplain an integral part of the health care team?

- Spiritual care is to holistic health what respiratory therapy is to breathing! We all breathe but we're not all respiratory therapists; we're all spiritual but we're not all chaplains! Chaplains are not in medical care to replace clergy, nor are respiratory therapists in the hospital to replace pulmonologists. Our role is unique -- to assess and attempt to ease the immediate suffering/crisis at the point of care in order that overall care can 'work better'.
- Chaplains are experts in the care of the spirit and are core members of the interdisciplinary team bringing that expertise to the development of the holistic care plan. We often are the ones who interpret what is really going on to the other members of the team: why the daughter can't or won't let go because of the many year estrangement from her mother; or why the patient recovering from heart surgery is constantly on her call light (she has no support system and no insurance, is new in the community, came to the doctor for back pain- which is still not diagnosed-only to discover that she has a blockage that requires surgery, has not found a faith community etc. etc.).
- The chaplain is one who stands outside the circle and observes what's going on where others aren't looking. A CPE supervisor used to use the image of "Columbo" or the wise fool – asking the "dumb" questions that may actually reveal significant answers.
- We are in communication with a patient's doctor, nurse and other ancillary services to ensure that the team really knows each patient as a person and can develop a coordinated plan of care that attends to the priorities of a patient, especially around those priorities we might consider "spiritual" in nature—having to do with meaning, relationships, purpose and hope.
- They provide significant input to the clinical team through insightful spiritual assessments and care plans.

5. How might physicians benefit from the roles and responsibilities of those who provide pastoral care? In other words, how might pastoral care be a resource to physicians?

- Message to the physician: The great work you are doing for bodies [if talking to RNs and MDs] is supported by our efforts to support the spirit -- and at a time when the body especially needs that support!
- But like doctors and nurses, our role is to help patients/families optimize health, cope and find peace. Our agenda – in healthcare --is to cultivate an environment of care that allows patients to do these in concert with the medical resources and the patient resources. We work with the medical team to help engage the patient resources – especially the emotional and psycho-social-spiritual resources – that will enhance health and medicine.
- Our support can come in the form of dealing with all the "stuff" about patients that doctors do not usually feel they have the time or expertise to approach -- but that will often make a huge difference in patients' ability to be compliant, open and receptive to other healing interventions.
- Chaplains see and hear things other clinicians might miss and act as 'translators' of diagnoses and prognoses to patients/family as well as 'conveyors' of spiritual pain the physicians may have missed.

- Physicians often seek out chaplains to discuss personal issues, as well as professional ones. Chaplains provide a safe place to discuss grief and loss related to a missed diagnosis, doubts, lack of clarity as well as to pray with them about some of these issues.
- Physicians turn to the chaplain in a family meeting asking for prayer or some type of ritual and many will welcome such interventions prior to withdrawal of life-prolonging treatments.
- Physicians will often turn to the chaplain as they confront the delivery of “bad news” to request help in conveying the information or to ask “how do I need to say it” for this family.
- Physicians place very high expectations on their emotional/spiritual threshold. Pastoral care staff are natural team members physicians should feel comfortable checking in with . . . even for just a few moments.
- Chaplains increasingly enjoy collegial relationships with our clinical partners, including physicians.
- Chaplains are often able to provide insights or facilitate conversations about a patient’s honest goals of care or their concerns about treatment.
- Chaplains are skilled at assessing a family system and the many beliefs, fears and relational dynamics that may be influencing patient care.
- Oftentimes, a patient may have clarity on his or her own preferences, but is being deferential to their sense of family preferences. Often families are doing the same. Skilled chaplains have the ability to bring clarity to the deepest intentions that drive medical decisions, for greater satisfaction of all involved. These are often healing conversations.
- Chaplains can lend insight to physicians and other clinicians about these understandings and to invite their participation.
- Increasingly, chaplains are providing “coaching” in basic spiritual care for their clinical partners as we all recognize the importance patients place on their spiritual health as a component of overall health.
- Make sure a professional Chaplain is part of the clinical team on rounds and ask for their insight into particularly challenging patients/families.
- Refer cases to Spiritual Care where their gifts, training and resources are of great value – death & dying, end-of-life family decisions, and poor prognosis and anywhere spiritual/emotional pain exists.