

# SPIRITUAL CARE NOTES

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

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

## 1-LOVE CHAPLAINS HELP FAMILIES DURING CODE BLUE EMERGENCIES

**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

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## 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 Web site at [stanfordhospital.org/forPatients/patientServices](http://stanfordhospital.org/forPatients/patientServices).



**STANFORD**  
HOSPITAL & CLINICS

*Stanford University Medical Center*



## HOW WE DO IT

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

“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. ❖

*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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# 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](mailto:bfeldstein@stanfordmed.org).*



## 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.



# 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](http://cmanet.org)) or the California Attorney General website ([ag.ca.gov/consumers](http://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](http://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](mailto: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.

# WELCOME TO OUR NEW CPE RESIDENTS

**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](mailto:WBryen@stanfordmed.org)



**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](mailto:CHagen2@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](mailto: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](mailto: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](mailto:MHadden@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](mailto: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.

# 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 76 new trainees and 233 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
Will Masuda	

### Volunteer Coordinating Committee

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

## 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. ❖



I feel grateful to have had the opportunity to do whatever I could to lift the spirits of patients who are coping with illness.

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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](mailto: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.



♻️ Printed on recycled paper using soy-based ink.

## 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.  
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