

SPIRITUAL CARE NOTES

Providing Spiritual Support to Patients, Family Members, and Staff

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

LEARNING TO PROVIDE WHAT PATIENTS AND FAMILIES NEED

By Yoshi Mitarai, MD

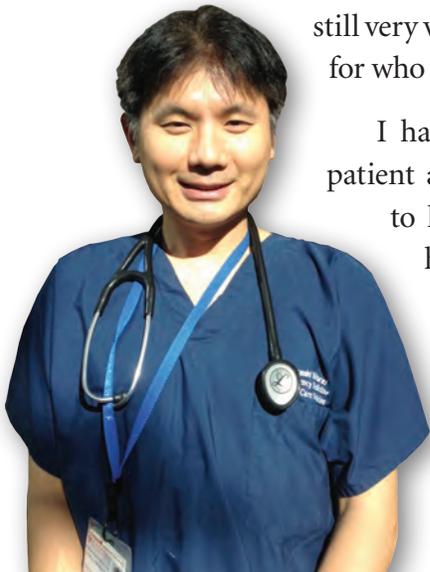
When I was 20 years old, I was back in Japan for summer vacation from college, and my father got very sick—he was in intensive care for 30 days. I visited him daily and tried to understand what the doctors were telling me. I didn't have any medical background, but I tried to explain things so that my father could understand. It was my small contribution, a way for me to make him feel better.

He told me, "You are having difficulty seeing me sick like this, but this experience will help you be a better doctor one day."

At one point, he had a tracheotomy and couldn't talk. I could see anxiety and fear in his eyes. My role was to understand what he was trying to say, and I became his best lip-reader. I was able to provide what he needed, and I could tell he became much more at peace.

The last day that I saw my father awake, I gave him a massage, which he loved. I had to leave and told him, "I'll give you another massage tomorrow." The next day he was no longer conscious, and he died a few days later. I felt a tremendous amount of guilt that I hadn't given him what he wanted and needed. The guilt, sadness, questions, and sense of loss are all still very vivid to me. The experience gave me a foundation for who I am as a person and as a doctor.

I had another powerful experience with my first patient as a medical student. I was very eager, trying to learn and do everything I could. This patient had multiple diseases, but I felt I was making a difference in her care. One day, when I was saying goodbye to her for the day, I found her crying. For her, it was a horrible experience



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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.

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, email us at spiritualcare@stanfordmed.org, or visit our website at stanfordhospital.org/forPatients/patientServices.



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HOSPITAL & CLINICS

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HOPE EMERGES

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

In providing spiritual care to patients and family members, chaplains regularly draw upon the resources of three well-known virtues: faith, love, and hope. Of the three, hope is the most difficult to grasp and elucidate. Faith finds expression in fundamental convictions such as, “The divine is my creator, redeemer, and sustainer.” Love finds expression as a sense of care and compassion which we usually readily recognize—whether we are extending or receiving it.

Hope, however, may not be discerned or experienced quite so readily. The French writer Gabriel Marcel emphasizes the importance of distinguishing between *hope* and *hoping for* as they are radically different, though readily confused. If I tell you, “I hope to have a new car soon,” that is wishing or projecting what I want on to the future. Hope, in contrast, is not so easily grasped. It often appears in retrospect, frequently surprising us—often when our situation appears almost hopeless. Hope is sustained by the conviction that light comes in the morning.

A Writer’s Experience

When I think of a model for hope, the story that immediately comes to mind is found in the book, *A Whole New Life*, by the popular Southern writer Reynolds

Price. In this biographical piece Price recounts his excruciatingly painful, midlife encounter with cancer. When he sought medical assistance for the increasing pain, he learned that a long, thin malignant tumor was running along his spinal cord. For five years he endured debilitating pain as the medical armamentarium (surgery, chemotherapy, powerful medications) was fully enlisted to eliminate his cancer. Ultimately the cancer was eradicated, and Price learned to live with the reality that he would spend the rest of his life in a wheelchair, paralyzed from the waist down, with pain reduced to a tolerable level.

“How in the world,” you may ask, “does this dreadful story serve as an example of hope?”

I suspect that if you asked Price what he hoped for during his five horrible years of treatment, he would have responded in an instant: “for my cancer to be cured and my pain relieved.” But that was not the hope he experienced. Instead, the realization dawned on him that his writings completed during his illness—novels and plays—excelled in quality and quantity from anything that he had produced prior to that time. What could possibly give a writer a deeper sense of meaning and fulfillment beyond expectation?

Finding Meaning

As Greek mythology reminds us, hope is the last thing found in Pandora’s box. When life becomes stressful, such as when coping with a serious illness, hope is often one of the last things to be recognized and realized. It is usually intertwined with trying to make sense of feelings of being invaded by something totally foreign and menacing. Basic questions like, “Why is this happening to me?” and “Has God deserted me?” are expressed and processed.

“When life becomes stressful, such as when coping with a serious illness, hope is often one of the last things to be recognized and realized.”



EMERGENCY FUND HELPS MAKE A DIFFERENCE

By The Rev. Susan Scott

Some of you make donations to our **Patient and Family Emergency Fund**. I wanted to share with you some of the ways your gifts make a difference in people's lives:

- Several months ago, we had a patient who was very poor and ready for discharge. The clothes he had arrived in were dirty, and since he was a large man, he couldn't fit into the sweatpants and sweatshirts the hospital has ready for people who need clothing. This fund allowed me to purchase a pair of pants and a sweatshirt that fit. The social worker told me the patient felt really good in his new, clean clothes.
- On occasion, a family doesn't have money for a basic cremation after a patient dies. Our Patient and Family Emergency Fund is used to contribute to a portion of the cost of the cremation.
- We've had several very sick patients who decided to get married while being in the hospital. The fund has been used to purchase flowers for the bride and a cake and some sparkling apple juice for them to share following their wedding. It was also used recently for a couple celebrating their 51st anniversary. When staff from the unit and I walked into their room and started to sing "Happy anniversary to you," there were tears of joy from



The Patient and Family Emergency Fund helped a couple celebrate a special occasion while in the hospital.

both the husband and the wife.

- We use some of this fund to provide "comfort carts" for families who are sitting vigil with a loved one. A cart is ordered from Food Services and includes coffee or tea, water, cookies, and some fruit. It's brought to the patient's room so family members can have something to eat without needing to leave their loved one's bedside. We hope to acquire our own cart, carafes, and supplies so we will be able to provide a cart every day, at all hours—even when Food Services is closed.

Thank you for your gifts, which expand our care of patients and their families. ❖

The Rev. Susan Scott is the decedent care chaplain at Stanford Hospital & Clinics. You can reach her at suscott@stanfordmed.org.

FROM THE DIRECTOR, *continued from page 2*

In the struggle for meaning, for a sense of value in one's life, some unanticipated sense of hope quite often ultimately emerges. Perhaps it is an artist able to complete her/his creation, or forgiveness of a parent, or estranged siblings experiencing reconciliation, or accolades of appreciation, or a grandparent who has completed a family history.

Hope occurs in a variety of ways but almost invariably conveys a sense of meaning, completion, and fulfillment. And family and chaplain are as surprised as much as the patient by the hope that emerges. ❖

The Rev. Dr. C. George Fitzgerald, S.T.D., is the director of Spiritual Care Service. You can reach him at cfitzgerald@stanfordmed.org.

A JOURNEY OF DISCOVERY AND CONNECTION

By **Taqwa M. Surapati**

The room was bright, the young bald patient was in her bed, surrounded by her husband, sisters, brothers, and mother. As soon as they saw me, someone said, “The chaplain is here. Let’s pray.” They all joined hands for the Lord’s Prayer. When they finished, I offered them my own words of prayer, asking God for strength and patience. The patient looked at me weakly, nodding.



When I stepped outside the room, the mother stood in front of me, holding my shoulders at arm’s length. She looked at my *hijab*, peered into my eyes and asked, “Now *what* are you?” I smiled and answered, “I’m a Muslim.” She pulled me into a tight hug, saying, “Thank you.” Her daughter died two hours later.

At the moment when she hugged me, I felt accepted and connected. It was a moment when we shared our humanity, without label, without judgment—only her acceptance and my gratitude. It was possible to see eye-to-eye with another human, with religion as a force that binds us together: faith not as a fracturing force but instead as a healing presence.

My story of healing started when I joined the Spiritual Care Service as a Muslim volunteer. Over the years I developed relationships and connections that swelled my heart. Two springs ago, when health conditions affected my life, I found myself making a conscious decision of taking a step closer to God. Since then I found focus in my life, leading me to take part in the Clinical Pastoral Education program at Stanford.

Being a chaplain resident for a whole year gave me a new awareness of self-discovery and self-acceptance. It impacted the way I see myself and how I function in my many roles. I have more understanding of myself and my family of origin. I came to a deeper state of thankfulness and gratitude. This understanding

brought awareness of who I was (past), how I operate (present), and where I want to go (future).

I was always fond of journeys. I love adventure. I like new places. I like new people. This was the energy that made me embrace the idea of migrating to the United States 15 years ago with my family. Now I understand that there is a different type of journey inside each and every person—not a physical one but a spiritual one. The places I witnessed in my spiritual care learning process during CPE were not visible to the eye but just as wonderful and memorable, if not more.

This kind of journey is the most important and something one owes to oneself. It brings understanding, healing, and transformation. This is also the basic function of religion—to help remember, realize, and get to know one’s God. I want to help people find their true self through

healing of the heart.

CPE also gave me the opportunity to feel God’s presence, especially in contact with patients and working at the hospital where healing the physical body is hopefully infused with healing of the heart. Sometimes the body struggles to be healed, but as long as the heart retains the calm and contentment it provides from within, my job as a chaplain is done. I tried to function as a chaplain who comforted and helped patients and families process feelings and emotions and find meaning from their experiences.

I believe that the heart of each religion pulses with compassion, grace, humanity, and mercy. The concept and understanding of God, creation, afterlife, sins, and salvation vary, but the stories of humanity and forgiveness are universal. ❖

Taqwa Mahrani Surapati is a former CPE chaplain resident and a member of the Muslim Volunteer Group at Stanford. She is currently a student at Hartford Seminary in Connecticut earning a graduate certificate in Islamic Chaplaincy. You can reach her at t.surapati@gmail.com.

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WELCOME TO OUR NEW CPE RESIDENTS

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

Stanford Hospital & Clinics welcomes the CPE Class of 2013–14.



Yael Allen

Yael completed several years of immersive text study at Drisha Institute in New York City and Machon Pardes in Jerusalem. Currently an Elijah Interfaith Institute interreligious leadership fellow, Yael is passionately engaged in questions of feminism, social justice, and pluralism. She also likes to ride her bike, read graphic novels, drink strong espresso, and cuddle with other people's pets.



Elizabeth T. Boatwright

Libby served as an associate pastor at Lake Grove Presbyterian Church in Lake Oswego, Oregon, for 10 years. Before that, she was singles and missions coordinator at Menlo Park Presbyterian and director of family ministries at First Presbyterian Church of Honolulu. She holds a doctorate of ministry in semiotics and future studies from George Fox University, a master of divinity degree from Fuller Seminary, and masters from UC Berkeley and San Francisco State University. She and her husband, Frank, have two sons and two grandsons.



TJ Kahn

TJ is a Unitarian Universalist and holds a master of divinity degree from Starr King School for Ministry. He completed his first unit of Clinical Pastoral Education at San Francisco General Hospital, where he worked in general medical-surgery, the emergency department, and an outpatient HIV/AIDS clinic. He is an American Sign Language interpreter and has worked at the California School for the Deaf in Fremont. TJ is interested in CPE as a way to continue to explore the vocation of chaplaincy.



Bill Leung

Bill graduated from UC Berkeley with a degree in finance, and an MBA from Cal State Sacramento. He worked as controller/CFO for small- to medium-sized companies for the past 30 years. Bill

attended Western Seminary in San Jose and completed an MA in specialized ministry. For the past seven years, he has been a Spiritual Care volunteer at Santa Clara Valley Medical Center and enjoys visiting patients from all walks of life.



Hyun Park

Yona is an ordained minister of the Presbyterian Church. She holds a BA in theology and master of divinity degrees from Korea and *diplome d'etudes approfondies* in biblical studies from the Institute Protestant de Montpellier. She was in the research doctorate program of Ecole Pratique des Hautes Etudes in Paris, France. Since 2011, she has been an adjunct professor of biblical studies and a volunteer at Hospice of the Valley in San Jose.



Randy Valenton

Randy is a Roman Catholic priest who is proficient in Spanish and Tagalog. He served Stanford Hospital as an on-call Catholic chaplain from St. Thomas Aquinas Parish before completing one unit of CPE in summer 2012. Randy returns to Stanford with an interest in furthering his experience and his work as an interfaith chaplain.



Petra van de Water

Petra worked as a human resource consultant for the Netherlands police and municipal authorities, and as an independent career coach and trainer. After moving to California in 2004, she earned an MA in Christian leadership from Fuller Theological Seminary. She lived in India for four years, where she taught, trained, and counseled in NGO and local churches. She and her husband, Cor, have two grown children—daughter Arike and son Yorick.

LEADERSHIP

CPE Professional Advisory Group

Robinetta Wheeler (Chair)	John Hester
Landon Bogan	Lori Klein
George Fitzgerald	Will Masuda
Josh Fronk	Scotty McLennan
Carolyn Glauz- Todrank	Judy Passaglia
Marita Grudzen	Jan Roberts
	Susan Scott
	Liza Taft

Volunteer Coordinating Committee

Tom Brosnan (Chair)	Don Gee
Brenda Avery	John Hester
Penny Barrett	Sherifa Ibrahim
Amel Belguith	Tom Jackson
Mahesh Bhavana	Lori Klein
Landon Bogan	Bill Leung
Bruce Feldstein	Susan Scott
George Fitzgerald	Kathryn Stucki
	Isabel Tagle

MARK YOUR CALENDAR

Hanukkah Celebrations

Everyone is invited to celebrate with us in the Stanford Hospital Atrium!

- Daily candle lightings will be held at 4 pm from Nov. 27–Dec. 5.
- Festival of Lights Celebration at 4 pm on Monday, Dec. 2

Christmas Festivities

Come make merry with us in the Stanford Hospital Atrium with music, songs, a reading, cookies, and punch from 4–5 pm on Tuesday, Dec. 17.



VOLUNTEER SPOTLIGHT

Name: Cristina Averhoff

Religious denomination: Roman Catholic

How long have you been a Spiritual Care volunteer? I began training in October 2011.

Why did you choose to volunteer for Spiritual Care Service? In high school, I was involved in many different community service organizations and religious organizations, and I really missed that after coming to Stanford for college. I also have always been interested in pursuing a career in medicine. When I heard about this opportunity, I knew it would help me be involved in a spiritually rewarding activity and would satisfy my interests in science and medicine. It seemed like a great way to give back to the community.



What is the most rewarding part of the volunteer experience? It is so rewarding when I speak with Father Hester about my experiences on the floor, and he tells me about someone who benefitted from Spiritual Care, either through my service or someone else's. It really reinforces the idea that we are doing something worthwhile, and we are helping these people in a challenging time. Hearing about the benefit people receive makes the entire service worthwhile and meaningful.

What is the most challenging part? Not knowing how to help or what to say when someone expresses how scared and worried they are. I want to reassure them that everything is going to be OK and make them feel better, but it is difficult to say the right thing to alleviate even a little bit of their emotions. All I can do sometimes is let them know they will be in my prayers, and I hope that is enough.

A favorite story: A patient was on the oncology unit, and I went to see her three or four times. The first time I saw her, she was in a dark room, curled in a ball, and she expressed how scared and sad she was. She didn't know if she could pull through but receiving the Eucharist and being able to pray helped. The next few times I saw her, she was completely changed. Her room was cheerfully bright, and she was so full of life. She told me how having that daily spiritual guidance helped her make it through her procedures and how happy she was to have her life back. I was so happy to see her talking about her life and her future. Just knowing that we made a small difference in her healing process was so rewarding, and her happiness was so infectious. ❖

NEW LEADERSHIP FOR SPIRITUAL CARE SERVICE

The Spiritual Care Service has flourished under the leadership of Barbara Ralston for the past 10 years. We became more integrated with the many programs within Guest Services, and new faith groups were added to our volunteer program.

Barbara, as the Vice President For International Medicine, will now be developing a stronger Stanford Medicine presence in other countries, particularly in Asia. Guest Services programs were transferred to the administration of Christina Saint Martin, Vice President for Performance Excellence.

Christina joined Stanford Hospital & Clinics in July 2011. She spent four years working in the UK's National Healthcare Service, leading transformational change programs and system-wide improvement

methodologies based on the Toyota Production System. She is also the former vice president of Virginia Mason Medical Center in Seattle and was instrumental in the groundbreaking implementation of applying the Toyota Production System to health care.

We look forward to working with Christina. Her experience in achieving performance excellence will undoubtedly enhance our commitment to providing the highest level of spiritual care to the patients, families, and staff at Stanford Hospital & Clinics. ❖



LEARNING, continued from page 1

to be in a hospital, away from her home, being told one diagnosis after another. She was scared.

It hit me—I had not truly cared for her. As doctors, we are not simply mechanics who diagnose problems—we have to appreciate the experience of the patient and provide what they truly need.

I remember having a long conversation with the wife of a critically ill patient. She did not want to give up. She believed in a miracle and wanted to do everything to keep him alive. Several doctors had spoken to her about changing the goals of his care. I just listened to her and realized that what she needed was spiritual support.

I called Spiritual Care Service. Over time, the wife realized that it was OK to let him go. All the attempts made by medical team members with clinical

terminologies and numbers didn't do anything to support the wife—it was active listening and a gentle touch from Spiritual Care Service that gave her a different perspective.

While doctors might focus on evidence-based medicine and numbers, for patients and families it's about their experience, their beliefs, their fears, and their anxiety. As an intensivist, I appreciate the need to collaborate with all team members, such as respiratory therapists, nurses, physical therapists, and others. A Spiritual Care Service representative is a fundamental team member, helping to deliver what is needed to critically ill patients. ❖

Yoshi Mitarai, MD, is an emergency medicine surgeon at Stanford Hospital & Clinics.

♻️ Printed on recycled paper using soy-based ink.

CULTIVATE HEALTHY MIND HABITS

By Rabbi Lori Klein

My patients inspire me every day with their courage, perseverance, authenticity, and acceptance. Patients who find moments of equanimity in the midst of profound challenge practice these healthy mind habits. By their example, my patients teach me how to live more fully. All of us, whether we are ill or healthy, can benefit from adopting their way of thinking.

They look for opportunities to feel grateful. Even from her hospital bed, Sara* noticed the beauty of new leaves on the trees and flowers blooming. She felt blessed by her husband sleeping on a cot beside her, her in-laws caring for their children, and the friends who made a quilt for her bed filled with prayers for her healing. Studies show that gratitude practices like expressing thanks and journaling improve health and well-being.

They are flexible about their hopes and expectations. Joe* remained hopeful throughout his life and his illness, but his goals remained open to negotiation and re-negotiation throughout his struggle with a rare and difficult-to-treat cancer. When first diagnosed, he hoped for a cure. Once his cancer progressed and spread, he hoped for enough time to meet his first

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grandchild. A brief time after he met baby Karen, Joe entered the last months of his life. He hoped to be surrounded by loved ones, and he hoped for a peaceful death, which the hospice agency was able to provide through medication and care.

They allow themselves to feel and express the full range of their feelings.

While Henry* believed in the power of positive thinking, no emotion was off-limits for him. He did not allow himself

or his partner to censor his sadness or fear. He found he could regain his positive equilibrium more quickly if he remained authentic to what he was feeling in the moment.

They cultivate a willingness to let go of what disappoints or angers them. Research shows it is possible to remember the facts of a memory while letting go of its associated emotional pain. Even though illness is inherently depressing and frustrating, Melody* was able to hold on to her compassion for others and keep disappointment at bay once she expressed herself. ❖

*Names have been changed to protect patient privacy.

Rabbi Lori Klein is Stanford Hospital's cancer care chaplain. You can reach her at lklein@stanfordmed.org.