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Why is it an advantage to have a chaplain in the institution (hospital/hospice)?

We are coming from holistic care for a human being, where we are talking about spiritual care, too. We are serving at two government hospitals as chaplains. On daily basis we are meeting with existential and spiritual questions of sick and dying patients. Our ministry is nearly corresponding with a hospice philosophy. We are practicing knowledge from obtained teaching of CPE (Clinical Pastoral Education) from Canada and USA. We are coming to sick people without prejudice of the other confession, either we minister in Lutheran Church of Augsburg Confession. We support their spiritual, sacral and religious needs of each individual separately. We would like to bring some practical and theoretical experiences and understanding from spiritual guidance of patients, their families and staff.

We want to share with you these questions: Who is the chaplain? What's his role? How does he approach existential and spiritual questions of patient? How can he enrich multidisciplinary teamwork?

Explanation of spiritual, pastoral and religious care:

1. Spiritual - the widest perspective of care for a whole person. **We respect** individual spirituality of everyone - meaning different confessions, religious and various forms of being in contact with supernatural world. In our country we take it Christian background, where Jesus Christ is center. **We apply** our personal attitude of faith to believers - other\believers (non\believers) patients. We recognize it like pretty much important aim, when we accompany sick or dying.

2. Pastoral - we are taking individual interest towards patients; we are coming to them, we are looking for them. Our approach to them is based on human level and we are using "his language", like Jesus Christ did to people. **We have pastoral talks** in sincerity, truth and love. We guide them and they are the ones, who give us content and tempo of our sharing.

3. Religious - We are using symbols, rituals, we have worship as it suits our confession, **we help to** contact priest according patient's faith or religious background.

During sickness or hospitalization, nearly each patient would ask:

Why? What have I done, to deserve it? If God exist, why does He allow it? Do I have any hope? What is a purpose of my life at this point? Why it's my child and not me? Who can really help me? Who would answer my questions?...

Who is a chaplain?

How is he observed?

Who is he in practice?

“a messenger of death”	empathic listener
he is only for believers of own confession	ecumenical attitude towards all patients
he gives sacraments - Lord’s Supper, baptism, confession...	he encourages, he is silent, he weeps, holds hands...
he “warns” and guides members of church to be included back	he accompanies, he respects spirituality of patient
he buries	he accepts role of being rejected
he prays	he prays
	he serves sacraments and worships
	he has special education CPE (Clinical Pastoral Education)

What is his role?

• **for the patient**

He is sensible to his spiritual needs:

- forgiveness = awareness of guilt
- absence of God = God is silent, He doesn’t help at all
- permission to die from family
- God’s peace, hope, acceptance
- expression of love to members of family before dying

*Case study of Lydia Ileninova (Nadova): Zuzka, I knew from the same beginning of her treatment. She was 15 years old. Our relationship was deepen day by day. I walk along her side, when she had amputee right leg. It was very tough for her, but she was capable to cope with it. She told me: “Lydia, even without leg, it’s me. I have my life and I can live. I will be not the same by physical side, but within my heart, it’s still me.” This attitude towards life and towards situation touched my heart. One year later, her health got worse. All of us, doctors, nurses, mother, even myself knew that she is not going to live any longer. She had only few days of life. But Zuzka didn’t want to hear about it at all. She ignored it. Couple times, she asked me to talk about Jesus, whom I believe. She desired to hear something personal, not theoretic. Next time, when we met, she gave me direct question: “What do you think, what is this life about?” I have responded that for me, it means to tell my relatives, family, friends, how much I love them, because I never know, what can happen next day. Only after Zuzka’s death, when her mother called to let me know about the day and hour of her funeral, finally I understood. She assured me, that Zuzka not only heard my words, but she expressed them to close family. Her mother repeated those words: “When she got up, she responded to my question: Zuzka do you have any pain? No, mammy. **Longer pause of silence...** Mammy, don’t be afraid, I’m going to Jesus. Mammy, I love you.”*

These words mother repeatedly shared with me over the phone. It seemed to me that expression of love of her dying daughter was strong encouragement for close future for all family without Zuzka.

- **for the family**

He is present in these situations:

- telling bad news = diagnosis or death
- before surgery
- dying and grieving
- good news and fulfilled expectations

- **for the staff**

- he tries to build up relationships with medical team
- he works together with team for a good of patient
- he offers pastoral talks

- **for the institution (hospital, hospice)**

- spiritual devotions at the board for family members and staff
- seminars - systematic(shorter) for new nurses
 - of the special subject - human's dignity, ethics, accompanying dying - for doctors and nurses (mainly in the abroad, starting in Slovakia)
- worships
- programs of volunteers

How does the chaplain respond to existential and spiritual questions of patient?

- listens empathetically
- individual approach
- helps the patient with naming own faith in God

(Patient wanted to leave from God's presence because of believing cruel and severe God that was punishing her. There was an absence of loving God. She never experienced love from her parents and was not able to give love to her children. She couldn't believe merciful God and she named it first time in the hospital.)

- encourages the positive skills and values of patient.

(Chaplain signalizes patient's ability in front of family, for instance in eating, moving and values of faith, hope, endurance. He joined the last God's work in patient's life.)

- uses spiritual and religious symbols, rituals that may support the spiritual growth (picture on the wall, cross in the hand, singing, drawing stories..)
- contributes in process of patient's searching for the meaning of life

(Chaplain helps to accept changes in patient's life, searching for the way of living in new conditions. He gives patient the permission to express deep struggles, doubts, expectations. Helps to get the news about his health; reflects patient's statements as a good listener; shares own experience; expresses own feelings; uses the confrontation.)

The case of the mother whose son was dying and she still believed God recovers him. After the confrontation with the chaplain the mother moved away. She needed more time for acceptance what she heard. After while, she called the chaplain again and she asked to pray for stopping son's suffering. Her son died in five hours, in peace and silence.

All these move the patient forward to new perspective of life, suffering or death.
Chaplain believes in Holy Spirit in the whole process.

How can the chaplain contribute to the multidisciplinary team?

- he is not a competitor, but he is the team-mate
- he is here for all patients, it doesn't matter on the faith
- the hospital is his ward, he doesn't come from outside
- he is "the patient's voice", brings the perspective from patient's point of view
- listens to patient's expectations
- helps the patient to adapt in new surrounding and facilitates the communication "patient-doctor"

The case study of Miriam Prasilova.

Patient Krnova. After few days at the I. internal clinic in Bratislava and with her agreement with the examination she changed her mind. Her physician was explaining to her the meaning and process of the examination, but she was not willing to cooperate. The physician call the psychiatric doctor but Mrs Krnova was suspicious and stayed in denial. She told me in the pastoral discussion that she is not interested in her examination today because of the anniversary of her son's death. He died that day at his age of six. She was ashamed to mention it before doctor. She wanted to light the candle, sit and pray as she would do it at home. I found the room and sit with her, light the candle, listened to her memories and we prayed. It took half an hour, she got filled with peace and hope and was able to decide for the examination. The reason of not cooperation I interpreted to her doctor.

- encourages the other staff (cleaner)
- makes notes to patient's charts what he did with the patient: pastoral discussion (initial talk, deeper discussion about forgiveness, hope, God, permission to die ..), prayer, singing, encouragement, blessing, sacrament, confession, funeral...
- chaplain also needs doctors, nurses and other staff for efficiency of his ministry

Pastoral care (Christian context) has a different aim in the church congregation and in the hospital.

Pastoral care in the hospital is not: - to lobby for own confession or church
- to explain the meaning of suffering and death
- to give answers and solutions of patient

Pastoral care in the hospital is: - to accompany in his spiritual life
- to include questions of faith, hope, meaning of life and death
- relationship between person and God through the human

"Chaplain is like the fourth leg on the chair for the person who must struggle with the question of mortality."

Interpreted citation of Dr. Maria Opatrna