THEOLOGY AND END-OF-LIFE CARE: A pluralistic approach

On any given day at Saint Luke’s, the “average” patient is not average at all, but diverse and pluralistic. When admitted into the hospital, patients are asked if they have a religious preference and if they would like a certain religious house of worship listed with their name. The most populous group of patients are not Episcopal or even Christian, but rather choose to identify with “No Religious Preference.” The next most populous demographic are those who identify themselves as Roman Catholic, Baptist, or Protestant, followed by - but not limited to - Jehovah’s Witness, Jewish, Latter Day Saints, Muslim, Buddhist, Unity, Amish, and Orthodox.

Though we may not be faced with such pluralism within our own congregations, we are certainly faced with the task of caring for those with theologies different from our own outside of our church walls. Theologies of death are as varied as our respective religious affiliations and impact the type of care and approach each faith group prefers when facing the reality of death, both in and out of the hospital.

In the next five issues of *The Presence of Care*, we will explore particular theological approaches to end-of-life theology and caring for those of various faith traditions - both inside and outside of the hospital setting. A special thanks to Lama Chuck Stanford for contributing to our first installment.

*Sincerely,*
*The Presence of Care*
*Chaplain Christyn Koschmann, Editor*
The Healing Storyteller
Rev. Stephen W. Overall, ACPE Supervisor

Several months ago, while on “Day Duty” as Chaplain On-Call, I received an urgent referral to see an elderly female patient undergoing treatment for a brittle diabetic condition.

When I arrived, the nurse was attempting to find a suitable vein to prepare her patient for dialysis. The nurse was not pleased that I arrived when I did, as she wanted to complete her procedure before my time with the patient. The patient, however, insisted she wanted to speak with the Chaplain first and invited the nurse to leave.

After almost a half hour of sitting and listening to the patient tell her story … a recitation which included profound memories of having survived multiple abusive relationships, leaving her native country, coming to the United States as an “undocumented alien,” and providing for her children’s needs, including paying for each one’s college education. Now in her late eighties, she had become very ill and poor with little to no support from her children, who she said, “no longer needed Mom now that her money was gone.”

Her story was very sad but she told it with such passion and energy, I could only sit quietly and listen. Before leaving, I asked if she would mind telling me why she was so adamant and determined to tell me her story before the nurse could finish her treatment.

She wiped her tears and said: “Chaplain, I am trying to find a way to get through this terrible time in my life and by telling my story to someone who I believe really cares about people, hopefully I will find the strength to carry on. I needed you to hear my story so I could feel strong again!”

This patient was able to regain what she feared she might lose, by having a trusted confidant listen ‘care-fully’ and allow her to express what Arthur Frank identifies as the “Three Ethics of Self-Story,” i.e., the ethic of recollection, solidarity/commitment, and inspiration (Frank, Arthur; The Wounded Storyteller, pp.131-4).

Ministry of presence can mean many things. For me, the most important thing is to not only be a good listener, but to never leave before the patient has had the opportunity to offer their own meaning of the encounter.

Meet our Staff
Rev. Stephen Overall,
Clinical Pastoral Education Director

Steve was born in Chattanooga, Tennessee in the shadow of Lookout Mountain. Thanks to his involvement as a YMCA summer camp counselor and with the Boy Scouts of America, along with the encouragement of his parents, family, and spouse, Steve felt the call to ministry and enrolled in seminary.

During the second year of seminary, he participated in his first Clinical Pastoral Education (CPE) program and became convinced of his calling to health care ministries. After receiving his Master of Divinity from Saint Paul School of Theology, Steve was ordained in the United Methodist Church and began CPE residency. In 1977, he received his certification as an ACPE supervisor and has been involved in health care ministry and education ever since, having served hospitals in Canada, Georgia, Colorado, Connecticut, and Missouri.

Steve has said, “My passion for pastoral care and education is based on the belief that each person is a ‘child of God’ in search of fulfilling and meaningful relationships. Regardless of one’s ‘condition’ and ‘station’ in life, each person has a ‘calling’ to live in community and to help one another reach the fullest expression of what it means to be abundantly human.”

Steve joined the Spiritual Wellness staff in 2000 as the Director of Pastoral Education. Every year he oversees over a dozen students who are discerning their call to ministry as they serve Saint Luke’s as intern or resident chaplains. He especially enjoys studying the practice of listening, spiritual assessments, health care ethics, and pastoral care with children, the elderly, families, and the dying.

Steve’s recreational interests are found mostly in nature and the wilderness, namely camping, hiking, canoeing, skiing and fly-fishing. Steve attributes the Christian Faith, his spouse Lynne, his children Brooke and Scott, and family as the greatest joys in life. Steve plans to retire next summer and move back to his hometown in Tennessee.

Thank you, Steve, for your years of service to our hospital, patients, their families, and especially students!
An Orthodox Perspective: Ministering to the Living by Honoring the Dead

by Saint Luke’s CPE Chaplain Resident David Hunter

As an American and Orthodox Christian, I have found it quite common to meet people of Slavic, Greek, Middle, or Far Eastern descent in Kansas City who practice Orthodox Christianity. Many of these Orthodox Christians preserve the Judeo-Christian discipline of spiritual fasting.

During the first two weeks of August, Orthodox Christians took part in the Dormition Fast (14 days), as a preparation for the Feast of the Dormition (Κοίμησις - Falling Asleep, Death) of the Theotokos (Θεοτόκος - the Virgin Mary), or the Feast of the Assumption of the Virgin Mary, as it is known here in the West. Orthodox Christians take this time to remember the death and bodily ascension into Heaven of the Virgin Mary. While many churches remember this feast with a worship service or prayer vigil, the Orthodox Church extends the remembrance to a two-week fast. Our fast-paced tasks are replaced with contemplative prayer and our life is re-prioritized. We are reminded to “eat less, pray more,” and return our life to “normal.” The struggle is to live according to the values and priorities of the Kingdom of God (life, love, and God’s Glory), not the World (corruption, death, dissolution).

As a pastoral care provider, my main objective during this time of year is to encourage Orthodox people to return to their spiritual root and rediscover the deep well that is the Orthodox Christian faith. We encourage each other to seek to imitate Mary’s holy life of humility, obedience, and love. We believe that in Her all people will be “blessed” to be “more honorable than the cherubim and beyond compare more glorious than the seraphim” if they follow her example. This practice reminds us of Christ’s presence in our lives, and that we ourselves are living temples of the living God.

Saint Luke’s Hospice seeks volunteers

Saint Luke’s Hospice prides itself on helping patients and families live as fully as possible, so that each patient’s final journey is filled with a rich sense of dignity. Hospice provides support and care for persons in the last phases of incurable disease to ensure a life of quality.

Our volunteers provide social support and respite to hospice patients and their families. They may visit patient families in their homes or in nursing homes to provide companionship, a listening ear, and a caring presence. Many of our volunteers also put their unique skills to use in the office or through other special projects (arts and crafts, quilting, photography, etc.).

As a new volunteer, you would have the opportunity to be part of a dedicated team devoted to continuously improving the quality of our patient care. In addition, you would have the wonderful opportunity to provide one-on-one support and caring that would bring comfort to the patients and families that we serve.

If you are interested in becoming a Saint Luke’s Hospice volunteer please contact:
Melissa Tinklepaugh at mtinklepaugh@saint-lukes.org or call 816.360.8009.
Origins Of Buddhism

Buddhism is the world’s fourth largest faith practiced in the world today. While Buddhism was originally a child of India, today it is virtually non-existent in its country of origin. Today, India is about 80 percent Hindu, and the remaining 20 percent is made up mainly of Muslims, with a smaller percentage of Jains and other faiths.

Due in large part to the Tibetan diaspora of the 1960s, after the Communist Chinese invasion of Tibet in 1959, Buddhism has spread around the world. It has been estimated that Buddhism is one of the most widely practiced religions in the U.S. behind Christianity, Judaism, and non-religious, and nearly equal in number of practitioners to Islam and Hinduism.

Buddhism is based upon the teaching of Siddhartha Gautama (Shakyamuni Buddha) who lived 500 B.C.E. After his enlightenment in Bodh Gaya, India, the Buddha spent the next 45 years traveling through India teaching his methods for ending suffering in ourselves and others, and the importance of practicing loving-kindness and compassion. During this time a monastic community arose around him of both monks and nuns. After his death at the age of 80, his teachings were passed down in an oral tradition and would eventually become what we today call “Buddhism.” The Buddha is not viewed as either a God nor a savior, but merely a mortal human being who went on a spiritual search, like many of us, and through his own efforts attained enlightenment. And because of his kind and compassionate heart, he shared his teachings and methods for ending suffering.

Sometimes the Buddha has been referred to as “the great physician.” And like a physician, the Buddha identified the illness (suffering); he identified the cause (attachment, desire, and ignorance); and he prescribed the cure (the path of meditation). Today there exists three primary schools of Buddhism: Theravada Buddhism, practiced primarily in Sri Lanka, Thailand, Myanmar, Laos, and Cambodia; Mahayana Buddhism, practiced primarily in China, Vietnam, Korea, and Japan; Varjayana (Tibetan) Buddhism, practiced primarily in Tibet, Bhutan, Mongolia, and Japan.

Concepts of Spiritual Support for the Living and Dying

In terms of matters of health, illness, and for most individual concerns, the most important person is the Buddhist figure that the individual considers his/her teacher and/or the head of the sangha (a group of spiritual practitioners). This would be the person that would be contacted if an individual became seriously ill, had a birth, or was in the process of dying. Even if these people were not in close proximity to the affected individual, they could perform prayers and rituals. Any member of the sangha could do the Medicine Buddha practice with or for the affected person.

A very important concept in Buddhism is karma. Every thought, every word spoken, and every action has a corresponding result. This result will manifest itself in this life or some future one. Any event can be an extremely complicated mixture of many karmas ripening together. The effect of one’s actions depends primarily on the motivation or intention. How an individual thinks and acts inevitably changes the future, including future lives. Past actions have created this life. Therefore, disease or disorders are believed to be caused primarily by karma.

Therefore, times of suffering, for example, are not punishment for some past action, but the natural consequence of previous actions... Pain is simply the effect or fruition of past karma.”

“Times of suffering are not punishment for some past action, but the natural consequence of previous actions... Pain is simply the effect or fruition of past karma.”
Buddhist End-of-Life Care

Buddhist patients in the U.S. consist of either converts (Western Buddhists) or Buddhists from birth, such as Americans born in Buddhist countries. Due to cultural differences, there are great variances in the way Buddhist clergy (from different countries of origin) perform prayers/ceremonies at the time of death. For that reason, it is recommended to find a member of the Buddhist clergy from the patient’s own tradition to comfort them and their family by performing prayers/ceremonies that they are familiar with. Below are some suggestions or considerations for health care workers when working with Buddhist patients at or near death:

- Buddhism considers one’s state of mind at the time of death as having a great influence on rebirth. It is very important not to disturb the person near death more than is absolutely necessary, no matter if this is for tests, medications, answering questions, or addressing family and friends. The most worthwhile thing anyone can do for the dying person is to inspire them to think of others with loving kindness and compassion.

- A serene, comfortable, spiritual environment is highly desirable; the aim is to make the dying person and anyone visiting peaceful and unafraid of death or its trappings. A private room away from the nurse’s station, if the person is in an institutional setting, should be requested near the time of death so disturbances can be kept to a minimum.

- The dying person needs to be approached and treated in a direct, open, natural manner; common sense and humor are the two pillars of this type of communication. Do not interrupt the person when they feel comfortable enough to express their innermost thoughts, and do not offer unsolicited advice. Don’t take things too personally; it must be remembered that the dying person is losing everything and may react with anger at the closest target.

- It is very important for family, friends, and health care workers to be honest with the patient. People need to know they are dying so they can address concerns such as apologies for regretful actions, preparing family for life after their death, saying goodbyes, details of desired funeral arrangements, and the large number of business or perfunctory things which need to be accomplished.

- The dying person needs to be encouraged to let go of all they hold dear and can’t take with them. This includes family as well as material possessions. Attachments are causes of stress and fear.

- Quiet meditation together is preferable to unnecessary conversation.

- It is important to know who the patient wants to have in attendance at the time of death and if there are circumstances in which those in the room should be asked to leave (for example, if they become too emotional).

- Patients may prefer to lie on the right side, especially near death, since this was the position of the Buddha at his death.

- It is considered acceptable for a dying patient who has suffered a long time to decline food and medical care if the patient sees that such care will only prolong his or her suffering and that death is imminent and inevitable.

- In the Tibetan Buddhist tradition, after clinical death has occurred, it is customary to leave the body undisturbed for up to three days. This is because it is believed the subtle consciousness (the essence that will be re-born) can remain in the body after clinical death has occurred. This, of course, presents challenges to healthcare workers for whom it is customary to immediately send the body to the morgue. State laws vary about the handling of a corpse. Cases are known where hospitals in the U.S. have complied with the family wishes by leaving the body undisturbed for up to three days.

"The most worthwhile thing anyone can do for the dying person is to inspire them to think of others with loving kindness and compassion."
The Presence of C A R E

Theology of Illness, Pain, and Suffering

• Disease is considered a sign of imbalance in an individual’s life and often times this involves a lack of attention to spiritual issues.

• Mind is the essential cause of all illness in Buddhist thought. The mind resides in the heart (not in the brain) and it is the state of consciousness at any one particular moment in time. An individual’s state of awareness, inner attitudes, and intentions all contribute to that individual’s perception of the world.

• Impermanence is a major Buddhist tenet. Nothing remains unchanged. Difficult periods as well as periods of good fortune will inevitably change.

• People should see illness as an opportunity to develop loving kindness, compassion, and wisdom, as well as working on correcting the imbalance.

• Death is a part of life; death cannot be separated from life. Death is treated as a normal and natural event; death is quite ordinary, the natural result of birth. Death is not to be feared. Dying is an opportunity to come to terms with one’s whole life.

• Dedicating one’s life in death, for the sake of enlightenment for all sentient beings, decreases one’s own suffering and makes death more meaningful.

• Suffering results from trying to hold onto something. In situations involving pain, suffering is related to how attached a person is to the pain and discomfort that is being experienced. The more the individual focuses on the pain and discomfort, the deeper the suffering. Distraction works at a certain level for a period of time, but what is more useful is acknowledging the pain, and seeing it for what it is: an unpleasant sensation. To be really successful in dealing with suffering, one has to give up the struggle and the emotional labels attached to pain (e.g. “the unbearable pain” or anything like this that changes pain to suffering). Trained hospital staff as well as loved ones can help by gently encouraging patients to examine their pain in this way. A guided meditation that brings loving-kindness and compassion into areas of pain can also be very helpful.

• Buddhism believes in rebirth, and a person’s state of mind at the time of death can greatly influence the quality of the next rebirth.

Principles of Pastoral and Clinical Care

For Buddhist Patients
Below are some suggestions for those who interact with Buddhist patients:

• When visiting the patient, turn your pager and cell phone to vibrate.

• The quality of mind of the health care worker is also very important. Before entering the room, take a deep breath in order to clear your own mind and relax.

• Take and make phone calls outside the room.

• During each visit, try to spend a few minutes in silence, perhaps saying a prayer from your own religion.

• Many Buddhist patients will want to create a small altar in their room. The altar should be kept clean and in the patient’s line of vision.

• Suggest the patient play audiotapes, or make use of other multimedia sometime during the day to support his or her religious practice.

• Contact the religious teacher and family as death approaches.

Chuck Stanford is an ordained Lama within the Tibetan Buddhist tradition. His 20-year course of study has included multiple trips to Dharamsala, India, where he received teachings from H.H. Dalai Lama, and to Golok, Tibet, where he received teachings from one of his root teachers. Lama Stanford is co-founder of the Rime Buddhist Center & Institute of Tibetan Studies located in Kansas City. Lama Stanford is also very involved in prison outreach. He has Buddhist inmate groups at three area prisons he visits regularly. He worked as a part-time chaplain at Leavenworth USP Federal prison in 2004 and 2005 when it was a maximum-security prison. Currently he works as a part-time chaplain at the United States Disciplinary Barracks (U.S.D.B.) prison at Fort Leavenworth. In addition, he serves as a volunteer chaplain at Lansing Correctional Facility. Lama Stanford has been a Buddhist member of Kansas City’s Interfaith Council for 20 years. He has also written a monthly column on Buddhism for the religion section of the Kansas City Star since 1995.

Questions or comments regarding Lama Stanford’s contribution may be emailed to him at: lama108@aol.com
FALL 2012

The Presence of C A R E

Upcoming Area Events

8th Annual Spirit Filled Care of the Dying Conference

Join local clergy, educators, physicians, and chaplains for this annual seminar for those who care for the dying and grieving. This year, Dr. Alan Wolfelt, noted author, educator, and grief counselor will be our guest speaker. Dr. Wolfelt will be exploring a "companionship" model of bereavement care that recognizes grief as a normal and necessary process that is fundamentally a journey of the heart and soul. Participants will go away with a wealth of knowledge as they explore the transformational nature of grief. The event will be held at the National WW1 Museum at Liberty Memorial on Thursday, October 25 from 8 a.m. - 4 p.m. Cost is $50 per person. To register, click here.

Symposium: Transportable Physician Orders for Patient Preferences (TPOPP)

Come learn about TPOPP and officially launch the Kansas-Missouri TPOPP Coalition. TPOPP is a program that seeks to clarify and honor the values and preferences of patients living with advanced limiting illnesses. Keynote speaker, Judy Citko, J.D. is the Executive Director of Coalition for Compassionate Care of California, the sponsoring agency for Physician Orders for Life Sustaining Treatment (POLST) in California. The symposium will be held at the Marriott Muehlebach Hotel on Friday, November 16 from 8 a.m. - 4 p.m. For more information, click here.

Grief Recovery Support Group

Join other local grievers and their loved ones as Dr. Harold Ivan Smith addresses what to expect when you lose someone close, what feelings are “normal,” and methods to help you cope with grief. The program is offered in six-week, 90-minute Monday evening sessions at Saint Luke’s Hospital - Kansas City (Plaza) and is free of charge. Our next Grief Group begins on October 15. To register or for more information, click here or call our Spiritual Wellness Department at 816.932.2180. For a list of all Saint Luke’s classes and events, click here.

Further Reading

When a patient visit includes a request for prayer: Research suggests that patients struggling with serious illnesses want spiritual interactions with their physicians. Some doctors wrestle with how to react. American Medical News, 2012.


Deeply Religious Parents Often Reluctant to Cease Medical Care: a new study has found that sometimes deeply religious families test the limits of medical science by asking doctors to go to extremes to prolong life. ABC News, 2012.


Subscribe

To subscribe to this e-newsletter, click here. We welcome your feedback and support. Please e-mail us here with your comments. To view archived issues, click here.

Helpful Resources

The Grief Support Network lists community agencies offering grief and bereavement services in the Kansas City Metro and surrounding areas. Click here to access their website.

Saint Luke’s E-Cards are a great way to tell a patient you are thinking about them. This free service is available for all patients and their families at all Saint Luke’s hospital locations. Click here to send a message.