As we continue our series on end-of-life care, we pause to give attention to the patterns and practices which are often overlooked in our respective spiritualities. It is no coincidence that the word *ritual* embodies the bulk of the word *spiritual*, as the former is a basic expression of the latter. When faced with the anxieties of hospitalization, the shadow of the unknown often swallows that which is familiar to us, leaving us spiritually lost in a sea of unfamiliarity and fear. In the midst of such a crisis, one may not even know what is missed from the familiar until the two are reintroduced. This is where the pastoral care provider plays a crucial role.

In this issue, we explore rituals important to a variety of faith traditions that can easily translate to your own ministry and practice. The threads which tie them all together is the concept of bringing the patient’s macrocosm to their new microcosm through prayer and mindfulness. Some are obvious: scripture, sacraments, talisman. Some are unseen: reframing, meditation, forgiveness. **Saint Luke’s Spiritual Wellness Department** offers many of the tools needed for ritual keeping including sacred scripture, oils, Eucharist, rosaries, sacraments, prayer books, crosses, shrines, and ashes. Looking deeper, however, the rituals important to a patient are often only known by those closest to them or their pastoral care provider. What rituals, practices or familiarities from the “outside” world can you bring to the patient “inside” their crisis? What rituals are important in the lives of those to whom you minister? How can you bring their macrocosm to them in their new microcosm setting during your visit?

“Rituals are not the path. They are the reminder that there is a path.” - Unknown

Sincerely,

The Presence of Care
Chaplain Christyn Koschmann, Editor

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*In this issue...*
- Meet our Staff: Page 2
- New Neuroscience Institute: Page 3
- Spiritual Coping: Page 4-6
- Events & Further Reading: Page 7
- Saint Luke’s Opportunities: Page 8

“Just as our chapel is open 24/7, so we too are open to your thoughts and additions to this newsletter initiative. Do you know someone who may enjoy receiving this newsletter? Do you have an article submission or suggestion? Please call our office at 816.932.2180 or email us at thepresenceofcare@saint-lukes.org. Your feedback is valuable to us.

To sign up for future issues of *The Presence of Care*, click here.
Meet our Staff
Rose Therese Huelsman,
Roman Catholic Coordinator

Sister Rose Therese Huelsman has served Saint Luke’s Hospital – Kansas City as the Catholic Coordinator since 2005. Born and raised in Ohio, Rose Therese received her master’s of sociology from Marquette in Milwaukee and her master’s of theology at Saint Mary’s in San Antonio. Shortly after college, she joined the Sisters, Servants of the Immaculate Heart of Mary, a Michigan-based religious community that focuses on sustainability and education. Her first ministerial call included teaching religion at a new girls’ high school in Birmingham, Michigan. She taught college sociology for nine years, and then moved into parish ministry. In 1995, Sister Rose Therese began working with the Center for Pastoral Life and Ministry of the Catholic Diocese of Kansas City - Saint Joseph, where she trained people in a variety of ministries. After 10 wonderful years with the Diocese, Rose Therese saw the call to chaplaincy and Eucharistic Minister Coordinator as the logical next step in her ministry. Now, Rose Therese works with Catholic laity who volunteer their time and talents at Saint Luke’s. Within this role, Rose Therese recruits, trains, schedules, supervises, encourages, and in-services over thirty Communion Ministers who offer the Sacrament and prayer to Saint Luke’s Roman Catholic patients. Rose Therese also visits patients in the hospital’s cardiovascular recovery unit. Rose Therese says, “I enjoy the commitment and enthusiasm of the Eucharistic Ministers and their dedication. I also enjoy the chance to listen to patients’ stories and walk along side them as they find meaning in their illness and future.” In her spare time, Rose Therese is a member of the Sustainable Sanctuary Coalition and enjoys water skiing, hiking, and camping. Thank you, RT, for all you do for our patients and volunteers!

Meet our Staff
Father Mario Moscaritolo,
Roman Catholic Priest

Father Mario has served the Saint Luke’s community for nearly a decade. Born and raised in Boston, he received his master’s of divinity at Saint Charles Seminary in Staten Island, New York. Mario’s first ministry as a priest included missionary work with Italian immigrants in Thunder Bay, Ontario; Kansas City; Chicago; and Vancouver, British Columbia. Mario also served as a campus pastor at the University of Central Missouri - Warrensburg, and then as an associate pastor at Saint Monica’s on the Paseo. Fluent in Italian, Mario has studied religious art in Florence and Rome, Italy. Using his education in fabric designs, paintings, vestments, metal work, and stained glass, Mario has been creating church art, albs, robes, banners, and paraments for local churches, including the chapel in Saint Luke’s Hospital - Kansas City. In addition to visiting hospitalized Catholic patients seeking the sacraments, Father Mario presides over Saint Luke’s Hospital - Kansas City’s Catholic worship services on Saturdays and Holy Days. He also plays the drums during the hospital’s Wednesday morning Healing Services. Mario will celebrate the 50th anniversary of his ordination next year. On behalf of Saint Luke’s, we thank you, Father Mario, for your service to our patients, families, and our community.

To read more about Sister Rose Therese and Father Mario’s roles in the spiritual care of patients, their families, and the local community, see our featured article, “Spiritual Coping.”
With the official opening of the Saint Luke's Neuroscience Institute on Jan. 9, 2013, the Kansas City region now has a dedicated neuroscience hospital that is leading the way in research, medical advancements, patient outcomes, comfort, and quality of care.

Located on the campus of Saint Luke's Hospital of Kansas City, Saint Luke’s Neuroscience Institute (SLNI) is the result of a $32 million funding commitment from the hospital. In addition, a $20 million fundraising campaign began in January 2012 that supported the building project as well as clinical program development and research.

The 88,000 square-foot facility brings together diagnostic, surgical, interventional, and intensive care services that were formerly located throughout the hospital. In addition to creating a more seamless experience for patients, consolidating these services enables more frequent communication among SLNI physicians, surgeons, and clinicians, who regularly discuss patient cases and options for optimal care.

“Being in the same space facilitates collaboration among our experts, which results in optimal outcomes for neuro patients,” said Marilyn Rymer, M.D., Saint Luke's Neurological Institute medical director. “This gives us the opportunity to develop a neuro critical care service that is the model for best practices across the country.”

Leading-edge technology
The neurosurgical floor has four operating suites that house equipment such as an intraoperative CT scanner and neuronavigational equipment that enables neurosurgeons to perform spinal and cranial surgery using minimally invasive techniques. The neuro-interventional suites are equipped with two biplane angiography systems that display images of brain arteries from the front and side at the same time, resulting in less radiation for the patient. Each of the 18 beds on the intensive care unit is equipped to monitor vital signs, intracranial pressure when appropriate, and electroencephalography (EEG).

Enhancing patient care
The new facility will enhance communication, care coordination, and patient comfort in a number of ways. For example, the layout of each nursing unit provides the ability for nurses to work in primary teams. Nurses’ line of vision to patient rooms was improved so they can respond to patient needs more quickly.

The 68 completely renovated patient rooms feature private bathrooms and are decorated in soothing colors to provide a comforting environment for patients and family members.

The new facility is ideal for patients who need immediate attention. The helipad is located on the roof, and SLNI is adjacent to the hospital’s Emergency Department. After neurosurgery or neurointervention, patients have a short elevator ride to the ICU or their room.

The admitting offices are a few steps from the SLNI lobby, providing an efficient experience for patients and families.

The vision for SLNI is to continue to spearhead advancements in the diagnosis and treatment of neurological and spinal disease including stroke, epilepsy, Parkinson’s disease, Alzheimer’s disease, brain tumors, aneurysms, headaches, multiple sclerosis, and sleep disorders.
**Introduction: Andrew's Story**

“That was the first time I understood God’s real presence in my life,” Andrew said. “Without my encountering God through the Eucharist during my hospitalization, I know my relationship with God would not be what it is today.”

In his early 30s, Andrew was diagnosed with a rare brain cancer which would require months of treatments and countless surgeries. A graduate of seminary and a life-long Christian, Andrew had a solid foundation of faith and ritual on which he built his coping methods and hope. “I knew that I had two options: to sit and worry about that which I could not control, especially the temporary loss of my ministry and faith community, or to take responsibility for my spiritual life and bring it with me to the hospital.”

Andrew wasted no time. During his first procedure - a 12-hour long experimental brain surgery - Andrew arranged for his priest to bring Eucharist once he was able to eat again. “It was important for me to bring in rituals into my hospital space. When the priest came in and said the Words of Institution, I comprehended the words in a new way. I heard them differently; I heard them for what they really were. When I drank the wine and ate the host, I truly received Christ’s body into my body in a way I had never received it before. It was then I knew I was healed - not just in the physical sense - both my body and my spirits were healed. Mine was a renewed relationship with God, myself, and others. Now I was not enduring this illness alone but I was in a journey with others and God.”

Though this surgery was successful, Andrew was hospitalized for an additional 12 months. “Time became different when I was ill - no longer kronos but kairos. When I stopped thinking of time the way we have been taught, I was able to begin to understand God’s time. Doing this helped me feel God’s presence as I became present in my own illness.” With a renewed appreciation for ritual, Andrew adapted to his new environment. “To me, ritual is doing something the same way at the same time - even if you are in the hospital.”

Looking back, Andrew saw his hospitalization as a turning point in his dedication to the ritual of Eucharist and prayer. “Prayer became my thoughts, my avenue of communication with God. I knew I was never alone because God was with me since I had invited God in through prayer constantly. Because of that presence, I realized that this illness was not just my own, but that I shared it with God - God was a true partner in my illness. That whole year I was told I was going to die. But prayer allowed me to not worry about it, since I knew where I was going. I concluded that it was a win-win situation. If I lived, then I could continue in my ministry. If I died, then I could go home and be with God. Though it sounds strange, death became a friend, a constant presence that I did not fear thanks to prayer. I met my own mortality and I accepted it. I have since lived my life fully and in a fuller appreciation of every moment. Now when I engage in prayer, especially the Lord’s Prayer and the 23rd Psalm, I am reminded of how important these rituals have been in my journey. I reunite with God again each time they are spoken.”

Andrew’s story is like many others who crave spiritual normalcy during their hospitalization. While patients and their families may request a ritual while in the hospital, many may not know how important a familiar act may be in their crisis until face-to-face with the offer. Those who visit the hospitalized can play a crucial part in bringing the familiar to the unfamiliar, to people of all faiths and backgrounds. How can you incorporate a variety of rituals into your ministry to the hospitalized?
The Ritual of Sacrament: Christianity

Much like Andrew’s story, one of the most sought-out rituals for hospitalized Christians is Holy Communion. Sharing this sacrament is so important to Roman Catholics, for example, that a whole team of Eucharistic Ministers ensure that the elements are delivered to patients daily at many of the Saint Luke’s Hospital entities. To Sister Rose Therese Huelsman, of Saint Luke’s Hospital - Kansas City (see Meet our Staff, page 2), organizing the Eucharist volunteers is a job in itself (see quote).

Sacraments are not just limited to Communion, however. Often patients request the Roman Catholic Sacrament of the Sick when prayers for healing are needed. Other times, when a patient is near death, their family may request “Last Rites.” For Catholic and Protestants alike, the sacrament of Baptism is performed when a new baby is born or for a new believer during their hospitalization. Though it may seem an unusual location, marriages are often performed in the hospital, usually because a patient is near death or because the hospital is a significant place for the couple.

“I“This ministry is an important expression of St. Luke’s commitment to being a faith-based hospital. We help Catholics connect with their faith-tradition at a time of need. Illness serious enough to warrant hospitalization often raises questions of mortality and meaning, of identity and purpose. Often it's a time to re-evaluate one's spirituality and connect with our loving Creator God in new ways. At the very least, these ministers offer a link to the person's community of faith. When appropriate, they spend significant time listening to the patient. Patients frequently comment on how meaningful and supportive it is to be able to partake of Holy Communion and to feel connected with their faith community through a Catholic minister during their hospital stay.” - Sister Rose Therese Huelsman

The Ritual of Worship: Christianity

Communal worship, one of the most common religious rituals, is often one of the first to become inaccessible due to illness and hospitalization. Decline in mobilization and accessibility to transportation, in addition to loss of strength and a rigorous medical schedule, often make it virtually impossible for patients outside of the hospital to attend worship services. Within Saint Luke’s, however, Christian worship is delivered to the patient. At Saint Luke’s Hospital - Kansas City, for example, Sunday, Wednesday, and Holy Day worship services in the Episcopal tradition are held in the hospital chapel and are broadcast live to patient rooms. Patients, their families, staff, and visitors are encouraged to attend.

Additionally, Roman Catholic worship is offered every Saturday at 3:30 p.m. Led by Father Mario Moscaritolo (see this month’s Meet Our Staff, page 2), this unique worship service focuses on the Word through spoken meditation and the arts. “Ours is a shortened service; we do not sing but rather reflect on the Word to the background of organ or piano music. Being an artist, I design my own garments and often use them as a visual tool during my sermons. The worship is also unique in that we are not dealing with an ‘ordinary’ parish community. Some who attend are patients, families, friends, or hospital staff. However, a good amount of our regulars are people who live near the hospital and appreciate our unique style of worship. In this regard, I see my role as a priest not limited to the pulpit. I strive to share the Message of Christ in word and ritual through my actions and words.”

Further Reading and Works Cited

1 Jewish Resources regarding Prayers for the Sick: 
   Jewish Board of Family Services
   Jewish Virtual Library
   My Jewish Learning


The Ritual of a Visit: Judaism

In the Jewish tradition, visiting the sick (bikur cholim) is both a ritual for the healthy and the hospitalized. Prayers for healing are recited in order to comfort the sick and to connect them with the Jewish community. Psalm 119 (“My soul is weary with sorrow; strengthen me according to your word”) is often recited. Often the words of formal prayers, or a simple “Shalom,” can express community concern and connection. Mi Sheberakh, a traditional Jewish prayer for the ill and recovering, is said in both the synagogue and at a patient’s bedside. The words of the Mi Sheberakh focus on both spiritual and physical healing for Jews and non-Jews alike, and asks for blessing, compassion, restoration, and strength.

Death as Rebirth: Hinduism

To cope with difficult situations, especially illness and crises, many Hindus will often turn to verses from sacred scripture. Though the word ‘Hinduism’ embraces a vast spectrum of beliefs and traditions, the principle of rebirth is common to many, if not all, forms of the religion. The idea of rebirth becomes particularly relevant to individuals whose loved ones, or who are themselves undergoing a severe illness. Death marks the moment at which the soul begins its passage from this life into the next. Though losing loved ones to physical death is always difficult, it might be comforting to be reminded that the souls of our loved ones are always with us, that they are only beginning the next leg of their journey toward the divine.

One of the most frequently-recited verses is from the second chapter of The Bhagavad Gītā, in which Lord Krishna consoles Arjuna, the anguished warrior and spiritual seeker:

\[
\text{BG 2.22-25, (Krishna:)} \\
\text{Just as one takes off old clothes} \\
\text{And puts on new ones,} \\
\text{So does the soul abandon old bodies} \\
\text{And enter others.}
\]

Venerating God at all Times: Islam

Muslim patients are encouraged to keep the practice of reciting formal daily prayers at least five times a day (Salah) during hospitalization. When able, the patient will ritually wash certain body parts before prayer (Wudu) or touching a copy of their holy book, the Qur’an. Because it is both a Muslim’s right and a responsibility to visit the sick and be visited while ill, visitors are often abundant. Family and friends encourage the patient to pray for themselves and for others in mindfulness that illness is an opportunity for forgiveness. Patients may publicly declare their love and dedication to God (shahadah) or chant the name of God (dhikr). Passages from the Qur’an are recited or played on a speaker to remind the hospitalized of their oneness with God. Often the patient’s bed is moved to face toward Al-Ka’ba in Mecca.

Meditation and Mindfulness: Buddhism

As discussed in the previous issue of The Presence of Care, a defining ritual in Buddhism both in and out of the hospital is mindful meditation. Visitors may help the patient disassociate oneself from pain through spoken, guided meditation or chanting in unison. Mandalas and other sacred images may be brought to the hospital to assist in the patient’s meditation. Often Buddhist patients seek to create a small altar in their hospital room and play meditation music in order to keep their ritual routine. Sacred texts are often read out loud, including the Tibetan Book of the Dead, for example.

\[
\text{Mi Sheberakh}
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\[
\text{May the One who blessed our ancestors, Patriarchs and Matriarchs. Bless and heal the one who is ill (name). May the Holy Blessed One overflow with compassion upon him/her, to restore him/her, to heal him/her, to strengthen him/her, to enliven him/her. The One will send him/her, speedily, a complete healing - healing of the body and healing of the soul - along with all the ill among the people of Israel and all humankind, soon, speedily, without delay, and let us all say: Amen!}
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\text{Saint Luke’s Health System of Kansas City}
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Further Reading

Tennessee family embraces faith for baby with rare illness. USA Today, 2012.

You might be surprised at how helpful a professional chaplain can be, while not being 'religious.' Blogger and Chaplain Rev. Martha Jacobs, The Huffington Post, 2013.

Indiana end-of-life case spotlights difficult decisions. USA Today, 2013.


Helpful Resources

HealthCare Chaplaincy, a New York-based multi-faith organization offers online resources and useful links regarding spiritual care for the ill.

The Grief Support Network hosts monthly informative meetings on grief-related issues, in addition to listing 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.

Upcoming Area Events

April is Donate Life Month
Currently more than 115,000 men, women, and children are awaiting organ transplants in the United States. Help spread the word about the importance of registering to be an organ, tissue, and cornea donor. Show your support by wearing BLUE and GREEN on April 19. Click here for resources you can use within your community, and here for local charity events, concerts, races, and educational opportunities through the MidWest Transplant Network.

National Healthcare Decisions Day is April 16
National Healthcare Decisions Day exists to inspire, educate and empower people of all ages about the importance of advance care planning; to encourage patients to express their wishes regarding health care; and for providers and facilities to respect those wishes, whatever they may be. For more resources and information on how you can empower those to whom you minister, click here.

Kansas City Heart Walk
Cardiovascular disease and stroke are the number one and number three killers of men and women in the United States. The American Heart Association is committed to supporting life-changing research and educational programs in these areas. The Heart Walk is a non-competitive walk that celebrates those who have made lifestyle changes and encourages many more to take the pledge to live healthier lifestyles while raising the dollars needed to fund life-saving research and education, advocate for health and save lives. This year’s walk is on May 18 at Thesis Park in Kansas City, Missouri. To donate, participate, or for more information, click here.

Greater Kansas City March for Babies Walk
The mission of March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. When you walk in March for Babies, you give hope to the more than half a million babies born too soon each year. The money you raise supports programs in your community that help moms have healthy, full-term pregnancies. And it funds research to find answers to the problems that threaten our babies. This year’s walk is on April 28 at Kansas City’s Power and Light District. To donate, participate, or for more information, click here.
Now accepting applications for Clinical Pastoral Education - Extended Unit

Clinical Pastoral Education (CPE) is interfaith education for professional and lay ministry which brings religious/spiritual leaders, lay persons, theological students and clergy into a supervised experience with persons in crisis. CPE students discern and discover their ministry gifts while serving alongside an interdisciplinary team of caring clinical professionals in hospital and outpatient settings. Informed by personal history, and understanding of self, others, and God, CPE students develop skills of pastoral care, deepen theological/spiritual reflections about life, identify strengths for ministry and examine areas of personal, interpersonal and professional growth.

Saint Luke’s CPE program has a rich history of successful education for ministry. Established in 1972, Saint Luke’s CPE program has trained and graduated nearly 1,000 students. Many graduates have continued as hospital chaplains or supervisors; many others have used the skills learned in CPE as congregational pastors, priests, rabbis, imams, deacons, and lay leaders. In addition to the professional pastoral care skills learned in CPE, many students have also described their experience as “transformative and life-changing.”

We are now accepting applications for our Extended Internship unit. This 30-week unit begins on September 16, 2013 and ends on April 29, 2014. Classes are on Monday afternoon. Students are expected to take bi-weekly overnight call and to complete clinical work throughout the week on a schedule which meets the students needs, totaling to a 16-hour-a-week commitment.

For more information, click here or call our CPE Supervisor, Rev. Marc Giedinghagen, at 816.932.3834. Application deadline has been extended to July 1, 2013.

Did You Know?
Saint Luke’s offers Legal Services to low income patients at no cost

St. Luke’s Hospital has partnered with Legal Aid of Western Missouri, creating the Medical-Legal Partnership, to provide legal services to low income patients. Attorney Kate Cohen and paralegal Ben Summers are available, at no cost, to patients and their families. These services are available to inpatients and outpatients. Any St. Luke’s System staff member may make a referral to the Medical-Legal Partnership. This service is now available to all system patients.

Common legal issues the Medical-Legal Partnership is assisting with include: Medicaid denials, Social Security disability denials, public housing, landlord tenant disputes, food stamps, utility shut off, orders of protection for domestic violence, special education services for children, powers of attorney, and guardianship. The Medical-Legal Partnership will conduct an intake interview with the patient or patient family member to determine eligibility and identify, investigate and resolve legal problems.

If one of your members is a patient of the St. Luke’s System and could benefit from a consultation with the Medical-Legal Partnership, contact Kate Cohen at (816) 932-6859.