

SPIRITUAL CARE NOTES

Providing Spiritual Support to Patients, Family Members, and Staff

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

ON LIFE, DEATH, AND NEW LIFE

By Jeffrey Norton, M.D.

I first met my patient in 2002 when she was told she had an inoperable pancreatic neuroendocrine tumor. Despite its tremendous complexity, the surgery, which required resection of the entire pancreas, spleen, and part of the stomach plus reconstruction of the vein, was a success. The patient did well, but she developed type 1 diabetes. To my surprise, this did not bother her at all. She went about her business, used an insulin pump, and returned to all her normal activities as a wife, mother of two, and manager of a bookstore. Only one year later, she developed liver tumors and a local recurrence.

“The chaplains of the Spiritual Care Service provide powerful stress relief to our patients and families. As a cancer surgeon, I deal with life-threatening conditions. Spiritual Care helps put issues in perspective.”

— Jeffrey Norton, M.D.

This news would devastate most patients, but it did not faze her. She wanted to fight. So we did another major surgery at Stanford Hospital to remove the tumor as well as several segments of the liver, which gave her more time to be with her family and enjoy most of her usual activities. Three years later, the tumor recurred, so we treated it with Cyberknife, a method of delivering radiotherapy. It seemed that whenever and wherever she had a tumor, she wanted it removed and we were able to help her. Over the course of seven years I got to know her and her husband well. We were a team. I was proud of her ability to fight and my ability to deal with her difficult condition. She appeared to get a significant benefit from each intervention, and I was happy that I was



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SPIRITUAL CARE

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.



STANFORD
HOSPITAL & CLINICS

Stanford University Medical Center

50 YEARS OF GRATITUDE

**By the Rev. C. George Fitzgerald, S.T.D.,
Director of Spiritual Care Service**



An unexpected and delightful experience of gratitude occurred for me on Sept. 30, when I arrived a couple of minutes early for the weekly staff meeting. A packed room of staff and Clinical Pastoral Education (CPE) residents exclaimed, “Congratulations!” My immediate, puzzled reaction was, “For what?” A beautifully decorated cake, a lovely five-foot Oprah rose, and a card filled with good wishes brought me to the realization that we were celebrating my 50 years of ordination as a Presbyterian minister. How did the years pass so quickly?

As we celebrated my 50th, I could not help but gratefully recall the places where I had served over the years, from Princeton Medical Center in New Jersey to Stanford Hospital in California and all of the churches and hospitals in the states between. Each position was unique, with its pluses and minuses but, overall, I could gratefully reflect that each situation was better than the one before.

The Stanford “secret,” which fills me with gratitude, is the extraordinary staff with whom I have the good fortune to work, and I would like to introduce them to you:

Does anyone not know the **Rev. John P. Hester**, our associate director? Having served at the hospital for 35 years, he has undoubtedly provided more sacraments for physicians, nurses, and staff than any other priest in the history of the medical center. He currently serves on the hospital’s ethics committee and has become a mainstay of the Intensive Care Unit. He also administers one of the most active and comprehensive volunteer programs of any medical center.

The **Rev. John Harrison** coordinates the CPE background, which includes recruiting quality students, program planning, supervision, and ongoing assessment. Students particularly appreciate his extensive background as a pastor.

The **Rev. Susan Scott** serves as the Decedent Care Chaplain. She transforms the record keeping, required at a painful time in the family’s life, into an opportunity to

DID YOU KNOW? Chaplains Respond to Code Blue and Rapid Response

By the Rev. Susan Scott

“Code Blue” and “Rapid Response” — two calls to action that can be heard over the hospital’s loudspeaker from time to time. A Rapid Response is called when a patient is having difficulty and needs the extra help of the Rapid Response team. A Code Blue can be called for a patient in a room who is not breathing, but it can also be called for someone who has fallen or fainted in a hallway or other situations where a person needs immediate assistance.

Once the announcement is made, people come running: doctors, nurses, pharmacists, the nursing supervisor, transport staff, central supply and security staff, and a chaplain.

Most of the staff is focused on the patient. The doctors and nurses may have initiated CPR. The pharmacist is ready to dispense any needed drugs. The central supply staff is prepared to run for whatever

piece of equipment that might be needed. Transport is set to move the patient to another unit.

It is the chaplain who focuses on the family members that are present. This may mean standing in the hall with family members as they strain to see what is happening. Sometimes it’s sitting with the family until a physician can come to provide an update on the patient’s condition. Occasionally it’s being in the patient’s room as family members watch what’s happening and answer questions the physicians may have.

Chaplains who respond to these calls also provide support to the staff. Action calls can evoke strong emotions in family and staff members. The presence of a chaplain during these moments of crisis can bring a sense of peace and security. ❖

*The Rev. Susan Scott is a Decedent Care Chaplain.
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THE POWER OF BEING PRESENT

By Chaplain Bruce Feldstein, M.D.

In learning to be with patients and visit the sick I can remember how concerned I was about finding the right words to say and doing the right thing. I was concerned about this in becoming a physician, in becoming a spiritual care volunteer, and in training to be a chaplain, as well as in visiting my own family and friends. I came to realize how my words and actions flow from the quality of my attention and intention. In Judaism, we refer to one's attention and intention as **kavanah**. As Martin Buber writes, "Kavanah is the mystery of a soul directed to a goal."

Taking a moment to stop and prepare one's kavanah is powerful medicine. Before entering the room of a patient, while washing my hands, I prepare my kavanah. I bring my attention to my feet on the ground, to my breath, and to the flow of water over my hands as if it's washing aside my preoccupations. I make a blessing and remind myself of my intentions: **What matters for you, my patient, is what matters for me. Whatever time I have with you, may I be fully present. May I meet you in your world as it is for you and accompany you from there. May I serve you with all of my life experience as well as my expertise. May I listen fully, with a generous heart, without having to fix what cannot be fixed, but simply to listen, to care, and to love. May I be well used.**

As Rachel Naomi Remen, MD, writes, "We all strengthen the life around us in ways that are uniquely our own. Sometimes we draw on our own life experience and sometimes on the deepest instincts of our hearts. And in the end, it may be simply our commitment alone that has the power to reach across and spark the will to live. When someone's life matters deeply to us, the life in us may speak to the life in them directly and have a far greater healing effect than saying the right words or using just the right imagery or the right ritual." ❖

Bruce Feldstein, M.D., is a former emergency physician who now serves as Director of the Jewish Chaplaincy Program.
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provide care and comfort as well as helpful information. In addition to initiating and coordinating the No One Dies Alone program, she also conducts bimonthly "Grief Matters" meetings for bereaved family members.

Rabbi Lori Klein, our newest staff member, serves as the Cancer Care Chaplain. Many patients and family members appreciate her continuing care and presence as their path toward healing often takes them through the treatment areas of the oncology unit, the bone marrow transplant unit, and the outpatient clinic.

Should you ask any staff member the true secret of the Spiritual Care Service's effectiveness, I suspect they would readily respond, "**Gretchen Hollingsworth**," our administrative associate. Having been at Stanford Hospital for 35 years, including a stint as a manager in medical records, she is an invaluable resource for the public, patients, staff, students, and volunteers.

With such a staff and setting, being grateful almost comes naturally. ❖

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se Calls



BEING THERE FOR LOVED ONES LIVING WITH CANCER

By Rabbi Lori Klein

“Someone I love has cancer, and I don’t know what to say or how to be with them. Can you give me some guidance?” Based on what patients with cancer have shared with me, here are some of my answers to this question.

■ When someone we love tells us they have cancer, we often remember other people we know who have had cancer. It is almost always best not to share those memories. There are so many different kinds of cancers, treatments, and outcomes, it is unlikely your story will be relevant. And, too often, these anecdotes hit the wrong note, whether you tell the story of someone who died to your friend who is cultivating hope for a remission or you tell a “happy” cancer story of treatment and recovery to your family member who has just learned his or her illness is terminal. Finally, talking about other people’s experiences distracts you from the primary invitation from your loved one, which is to listen with full presence to their story.

■ On the other hand, we do sometimes learn coping strategies from our experiences with people living with cancer. Sharing those ideas if our loved one invites us to, or if it seems particularly relevant, can be helpful. For example, patients and caregivers can become exhausted from updating everyone on the latest test results, treatment plan, progress, or setback. There are free websites that permit you to be as public or private as you like in sharing information and that send subscribers an e-mail alerting them to electronic updates. The two I have seen used most frequently are www.carepages.com and www.caringbridge.org. Offer any advice lightly and without attachment to it being followed. Your loved one may have good reason not to follow up on your suggestions for treatment, complementary therapies, or how to organize their social time. It is rare that we have as much information as they do about what they need and want.

■ Be sensitive to when your loved one wants to talk about their illness and when they do not. This is a difficult

MEET OUR NEW CPE RESIDENTS

In September, Spiritual Care Service welcomed eight new Clinical Pastoral Education (CPE) residents who will spend a year training at Stanford Hospital while providing spiritual care service to patients, family members, and staff.

Carol Bodeau



A graduate of Starr King School for the Ministry, Carol is a candidate for the Unitarian Universalist Ministry Fellowship. A mother of two, she is dedicated to working with children and youth as well as teaching and sharing earth-based spiritual traditions. cbodeau@stanfordmed.org

Donna Foley



A graduate of the Franciscan School of Theology in Berkeley, Donna has spent the last few years working with at-risk youth and homeless adults. She and her husband Jim are the parents of four grown sons. dfoley@stanfordmed.org

Mark Doherty



A member of the Society of Jesus since August 2000, Mark has been assigned to various missions in the United States and abroad. The third of four boys, Mark and his brothers were raised in Sierra Leone, Burkina Faso, France, and San Francisco. mdoherty@stanfordmed.org

Chris Hagen



A father of two young daughters, Chris attained his Masters of Divinity from Andrews University, a Seventh Day Adventist seminary. He is in the process of ordination and values his hospital ministry as a way of using a recent family medical crisis to serve others. chagen2@stanfordmed.org

balance to keep. It may help to remember that while people may be greatly changed by a cancer diagnosis they remain the same person you have known and loved. When we see physical changes in our loved one, we can lose sight of the fullness and complexity of their being. Sometimes you can support them by listening to them wrestling with treatment options, side effects, or emotional shifts. Sometimes it's best to remember the activities and interests the two of you share, then rent a silly movie, talk about physics, or play backgammon.

■ Cultivate an attitude of gratitude and appreciation toward your friend or family member with cancer. Think about what you appreciate about them and your relationship. Share those feelings as part of the normal course of your conversations. A beloved friend of mine died from cancer about a year ago. I had been friends with her for years and never told her I loved her or what I loved about her. Expressing my appreciation and gratitude for our friendship to her was one of many reasons we became closer in the last year of her life,



and she was more able to allow me to accompany her.

Above all, you can't go wrong by listening. Listen with an open mind, a soft heart, and an embracing spirit. ❖

*Rabbi Lori Klein is Stanford Hospital's Cancer Care Chaplain.
lklein@stanfordmed.org*

Sarah Astarte Haq, Ph.D.



Sarah was born to Pakistani parents, raised a Muslim, and has experienced what it means to be a minority in America. A graduate of UC Santa Cruz, she went on to receive her Masters of Psychology and her Ph.D. in Transpersonal Psychology at the Institute of Transpersonal Psychology. shaq@stanfordmed.org

Marnie Singer



Marnie raised four children (and is a grandmother of five), and spent 14 years as a statistical programmer at SRI International before entering the seminary. She is currently finishing the Masters of Divinity Program at the Starr King School for the Ministry. msinger@stanfordmed.org

Remy Snow



Remy is a Buddhist minister who is working toward her Master of Arts in Buddhist Studies from the Graduate Theological Union and its affiliate, the Institute of Buddhist Studies. Remy's interests involve her contemplative practice, Buddhist theology, participation in Buddhist retreats, and social activities with friends. rsnow@stanfordmed.org

Grace Song



Grace, who also goes by her Chinese name Lingguang, was an associate pastor at the Berkeley Chinese Community Church, United Church of Christ, where she was involved with Mandarin and Cantonese-speaking congregations. gsong@stanfordmed.org

HEALTHY SELVES, HEALTHY PATIENTS, HIGH SPIRITS

By the Rev. Hailey McKeefry Delmas

As fall moves into winter, we want to thank our Spiritual Care Service Volunteers for the time they have dedicated to learning and growing. We are grateful to the staff and the 240 volunteers who enrich the care for patients and family members.

HealthStream

More than 80 percent of our volunteers have completed the HealthStream continuing education training. This ensures that our department remains in compliance with a variety of requirements and helps us maintain a shared level of understanding about processes and protocols. We know that you have many demands on your time, and we appreciate your willingness to take on this training.

Flu Vaccine

All volunteers are required to participate in the flu vaccination program. Volunteers who decline to be vaccinated for seasonal flu must sign a waiver and take a HealthStream module as part of the declination process. All volunteers will be e-mailed updated information on the H1N1 vaccine.

N95 Masks

As you may know, the purpose of the N95 mask is to safeguard Stanford patients from the flu, tuberculosis, or other illness. Masks are specially fitted to the wearer. If you have not been fitted for a mask, please go to the Occupational Health Department on the ground floor of the hospital and ask to be fitted.

Hospital Policy

In response to an increased concern about the flu, hospital policy now requires that all visitors be at least 16 years of age. We want all volunteers to be aware of this change. The new policy is designed to ensure that hospital patients are protected from flu exposure, especially from visitors who may be unaware that they are ill.

As you help raise the spirits of our patients, we thank you for your concern in maintaining these health safeguards. If you have questions, please do not hesitate to contact your volunteer coordinator for more information. ❖

The Rev. Hailey McKeefry Delmas is an Episcopal chaplain and chair of the Volunteer Coordinating Committee. If you would like to learn more about becoming a volunteer, please contact the Spiritual Care Service office at 650.723.5101.

NOTEWORTHY

No One Dies Alone Program

Our heartfelt thanks to the additional volunteers for our No One Dies Alone program who responded to the moving article in the *San Jose Mercury News* on Aug. 21, 2009.

Special Thanks

The Jewish Chaplaincy is grateful to the **Koret Foundation** for its very generous two-year grant providing continuing support and to the **Bernard and Ruth Raskin Educational Fund** for its support of teaching *Spirituality and Meaning in Medicine*.

Christmas Festivities

Be sure to join us in the Stanford Hospital Atrium for seasonal activities Dec. 16 at 4:30 p.m.

Hanukah in the Atrium

Everyone is invited to Hanukah in the Stanford Hospital Atrium:

Daily Candle Lighting, Dec. 11 – 18 at 4 p.m.

Festival of Lights Celebration, Dec. 15 at 4 p.m. ❖

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able to help her savor those extra years with her family despite her advanced cancer. Recently she had another tumor recurrence that caused severe back pain. Radiation was not considered a good option, and her tumor did not respond to chemotherapy. We tried another major surgery to remove it, but liver failure caused her death, postoperatively.

This is the story of sharing her final moments in the intensive care unit.

She looked bad. She had been on high doses of strong drugs. She had been given lots of intravenous fluid and the end result was severe edema and necrosis of the skin over her body. Even her face was swollen and discolored. Her husband, who had fought by her side for years, knew that she had had enough. He did not want to speak with me because he knew that I would want to push harder and do more. Instead he spoke with the nurses, the ICU doctors, her oncologist, and just about anyone else who would listen.

When I came for rounds that morning, I saw her face and knew it was time to quit. I spoke with her husband and we called Father John Hester, who performed the Catholic sacrament of Last Rites. I am a Catholic and though both my parents have died, I do not remember ever being present for the Last Rites. The administering of the sacrament was a transformative experience. Father Hester was able to provide dignity for this patient and her husband. In the midst of activities and the whirl of ICU machines, he was able to provide peace and tranquility. He focused on the patient and her husband, remembering how much she had done and the way she had lived her life. He asked her husband and me to bless the patient with holy oil.

Father Hester stood by as her husband renewed his marriage vows and promised to be loyal to her in sickness and health. I couldn't help but think of how much I love my wife and how difficult it would be to say good-bye to her. But then I realized, that this was not good-bye. It is not death. It is not the end of life. Rather, it is the beginning of a new life, a life that we don't totally understand, but one that we know through our faith. Sharing the sacrament of Holy Communion, it helped me feel better about the outcome of my patient and her husband.

I thought that perhaps I hadn't failed; maybe this was the best outcome and her suffering would finally be over. She died with dignity in an attempt to prolong the life on Earth that she had. She really did not die — she simply began her new life. In the end, Father Hester had the right medicine for her: He knew what she needed. It was also obvious to the nurses, other doctors, and her husband, and finally it became obvious to me. ❖

Dr. Jeffrey Norton is a Professor of General Surgery and a Surgical Oncologist, who came to Stanford Hospital in 2003. The Rev. John Hester is the Associate Director of Stanford Hospital's Spiritual Care Service.

WHO WE ARE

Development Committee

George Fitzgerald
Marge Hildahl
Anadel Law
Joshua Thiel

CPE Professional Advisory Group

Marita Grudzen (Chair)	Scott McLennan
George Fitzgerald	Judy Passaglia
Carolyn Glauz-Todrank	Barbara Ralston
John Harrison	Jan Roberts
John Hester	Susan Scott
Lori Klein	Liza Taft
Will Masuda	Robinetta Wheeler

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
Donna Foley	Taqwa Surapati
Don Gee	

BY THE NUMBERS

1
Spiritual Care Service staff on the Hospital ethics committee

24
Hours a day an on-call chaplain is available

238
Dedicated volunteers

3,751
Volunteer days

10,682
Volunteer hours

27,254
Visits to patients

From fiscal year Sept. 1, 2008 – Aug. 31, 2009

Spiritual Care Service
300 Pasteur Drive, HG004
Stanford, CA 94305-5625

♻️ *Printed on recycled paper using soy-based ink.*

SPIRITUALITY AND MEANING IN MEDICINE

By Chantal Forfota

I had the privilege of spending an afternoon with Chaplain Lori Klein last month as part of the *Spirituality and Meaning in Medicine* course in the required Family Medicine clinical rotation. I had barely walked through the hospital doors when we were urgently called to the ICU for a young woman who was dying of leukemia. We arrived at the bedside where the family was crowded around her, crying and upset. They had just learned from the medical team that their loved one was in multiple system organ failure, and the team recommended withdrawing respiratory support.

We were quietly present with the family for about 10 minutes. Then Lori said, “Tell me, what is in your heart?” The mother responded in near panic that she wanted to pray for her daughter, to pray for a miracle, to pray that she find peace. Lori led a prayer with the family using very open and inclusive language, and expressed gratitude for the life of the patient and for the bonds of love and family.

Later, we were present with this family as they watched their loved one pass away. Their anguish was more than difficult to see, and I wondered at times if it was appropriate for us to be there. We were two strangers who had walked into the most intimate and terrible moment of their lives. I could not help but cry with the family. Lori was able to offer a peaceful presence in the room, which was very valuable. To have someone present who was not afraid of the process of dying, who was at peace with the transition that was occurring, was a gift to the family. We didn’t say too much in the patient’s room, but what we really offered was our quiet, supportive presence, the simplicity and mystery of human connection. They felt it and were grateful for it. ❖

Chantal Forfota is a medical student at Stanford University School of Medicine.

The Spirituality and Meaning in Medicine course is taught by Chaplain Bruce Feldstein, MD, Marita Grudzen, MHS, and Arthur Johnson, MA. As part of this course, many students, like Chantal, spend an afternoon with chaplains in the Spiritual Care Service to fulfill their community site visit requirement.