

SPIRITUAL CARE NOTES

Providing Spiritual Support to Patients, Family Members, and Staff

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

GIVING THEIR TIME FOR GOODNESS

By Paul K. Mohabir, MD

My patients and their families often experience extreme emotional turmoil, whether during their time in the ICU or managing their prognosis and treatment of chronic lung disease. The medical team can offer knowledge, comfort, a safety zone, and answer clinical questions. But there are other things we simply cannot answer—questions that deal with the emotions they are experiencing and feelings that are so deep, they cannot be understood at the moment.

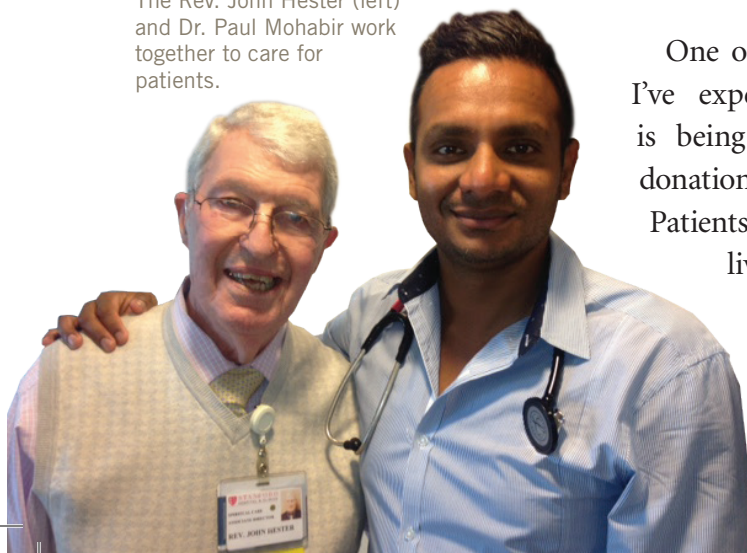
I unfortunately don't always have the time in my day to address those feelings with my patients. I have to divide my time because there are so many people I need to care for. I have to rely on people I trust who can help patients and families seek a safe place. That is where the Spiritual Care Service team comes in. I know where I can go to ask for help.

Spiritual Care Service is not necessarily about religion. It's about spiritual healing—the chaplain's presence and attentiveness, and the ability to sit with families and listen to them. They can be with patients and families much longer and find out needs that lie far beyond how I can help with medicine. I know my patients' needs are being fulfilled, and that is why it is very important to me to collaborate with Spiritual Care Service.

It's amazing that we have a department that is dedicated to filling this role.

One of the most difficult things I've experienced in the hospital is being involved in a DCD—a donation after cardiac death. Patients have only hours left to live, and they have expressed their wish to donate their

The Rev. John Hester (left) and Dr. Paul Mohabir work together to care for patients.



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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.



STANFORD
HOSPITAL & CLINICS

Stanford University Medical Center

THE SPACE BETWEEN SPIRITUALITY AND RELIGION

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

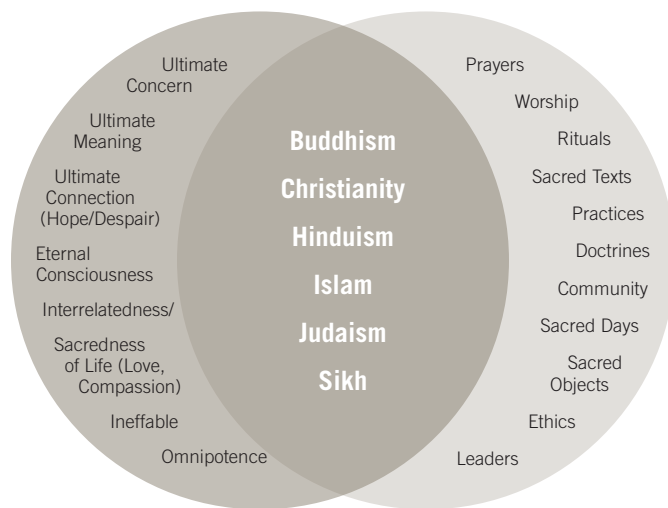
Ten years ago Tabitha Walther, a graduate student from the University of Basel in Switzerland, enrolled for the year-long Clinical Pastoral Education (CPE) at Stanford Hospital & Clinics. Two years later, as a faculty member at Basel, she published a chapter in a book on chaplaincy entitled, “Interfaith Chaplaincy: Pastoral Care for all Religions and all Faiths. A New Perspective for Clinical Pastoral Care in 21st Century Western Europe? A Swiss Protestant View.”

When she shared the book with me, I was delightfully surprised to read that she had selected our program at Stanford as the model for her new perspective for clinical pastoral care. In light of Stanford receiving this recognition, I’d like to share the two essential components that are the foundation of this model: 1) organizationally, we function as an interfaith chaplaincy; and 2) theoretically, we recognize the important interplay between spirituality and religion.



Our interfaith chaplaincy is represented through our five main staff members—each of us practices as an interfaith chaplain. While we happen to belong to a specific faith group (Jewish, Lutheran, Presbyterian, and Roman Catholic), we call on every patient and family and support them within their religious affiliation. We are also able to provide a familiar-faith welcome to each of our patients, thanks to the 230 volunteers who enhance the Spiritual Care Service. Our volunteers are divided into distinct faith groups—Buddhist, Christian, Jewish, Hindu, Muslim, and Sikh—and they make welcome visits to members within their own religious tradition.

From a theoretical perspective, our interfaith chaplaincy is guided by our understanding of the relationship between *spirituality* and *religion*. The Spirituality and Religion chart (see below) represents a visual interpretation of this relationship. The crescent on the left—ultimate concern, ultimate meaning, etc.—represents fundamental spiritual components of life that most of us have experienced, though they cannot be measured or quantified. You cannot go to the corner store and buy a box of hope or love, in spite of many advertising promises.



The crescent on the right identifies a host of practices that most of us have experienced within the context of our own faith. In the middle you will recognize some of the great religions of our world: Buddhism, Christianity, Hinduism, Islam, Judaism, and Sikh. The many ways in which each of these religions draws upon the infinite resources of the spiritual realm (left) is manifested through such practices as prayer, worship, rituals, and the like (right).

The Spirituality and Religion chart serves as a compass to keep our interfaith chaplaincy on course. For example, if I visit someone from my faith group, we will readily connect since we have a common understanding of spirituality and religion. On the other

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organs. It's a wonderful, loving thing that patients can do, and their families are very supportive of it.

To do a DCD, you have to be in an operating room because the donation must happen quickly. When we're in the room with the family, who are waiting for their loved one to die, we especially want someone from Spiritual Care Service to join us. The family needs someone there for them at such an emotional time, and often families will tell us afterwards how much the presence of a chaplain meant to them.

During one such situation, the chaplain who joined us just stood in silence with the family, holding their



hands. There was a powerful force even though not a single word was said, but we could all feel the presence guiding them. They had someone to take them where they needed to go in a time of darkness.

That ability to make connection is one of the most impressive things I've ever seen. It's integral and the ideal example of support—a person who is giving their time for goodness.

A well-known parable is “Footprints in the Sand,” the story of someone carrying you when you cannot make it on your own. When families are in emotional turmoil, they need someone to help them through. Spiritual Care Service gives them that help. I don't think it can get more powerful than that.

People are not always aware of what the Spiritual Care Service team really does for patients and families. They often think it is a quick prayer or last rites. But what they really provide is guidance. They are not just helping the family—they are helping the health care staff, and they are helping me. That's why I give back as much as I can to this team, because they give us so much. They have my admiration and my gratitude. ❖

Dr. Paul K. Mohabir is a clinical associate professor of medicine (Pulmonary and Critical Care Medicine) at Stanford Hospital & Clinics and manages patients in the ICU and those with chronic lung disease.

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hand, if the patient and family I visit happen to be of another faith, then I have the opportunity to learn how the spiritual dimension that we share finds expression within their religion. The Vietnamese Zen Buddhist master Thich Nhat Hanh expressed this opportunity eloquently when he wrote, “When we understand

another person, we understand ourselves better. And when we understand ourselves better, we understand the other person better, too.” ❖

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

WITHIN THE CONTEXT OF CARING

By The Rev. Landon M. Bogan

When I joined Stanford, my family and I moved from San Francisco, where we had lived for about 10 years. We have been in our new home on the Peninsula now for only a short time. It's an old house with original hardwood floors, real redwood two-by-fours in the frame, and clay terracotta pipes in the plumbing.



I know this because the house wanted me to know. When I stepped on one of the soft spots in the hardwood floor the first night, the noise woke my 1-year-old daughter. I comforted her in my arms and carefully stepped around

the floor's touchy areas after that. As I give time and attention to my new home, I am surprisingly accepting of its limitations and enthusiastic about its potential.

I understand its particular needs and ways of being. I am more mindful of my impact as the stranger in this new environment, and I am careful not to force my home to be what I want in a way that breaks or displaces it. Instead I look for ways to honor the integrity and recognize the character it holds.

In my morning commute each day, I ride the Stanford shuttle down Campus Drive and look forward to catching a glimpse of the morning sun on Memorial Church. Around the bend sits the Rodin sculpture garden filled with stark expressions of the human experience, cast in shadows. These two symbols serve as backdrops to my work as a chaplain and Clinical Pastoral Education (CPE) supervisor, reminding me to be present with those in the shadows and to trust the moments of transcendence.

Today I sat with a dying woman while her husband of 33 years wept at her bedside declaring, "It's not right." Six months of treatment were determined successful and she returned home. After two short weeks, the illness forced her back to the hospital and claimed her life. As each breath became farther apart,

The Spiritual Care Service at Stanford began in 1973 and its Clinical Pastoral Education (CPE) program followed in 1980. For 33 years CPE has allowed people of diverse faith traditions, backgrounds, and cultures to take part in the theory and practice of clinical education for spiritual care. The Rev. Landon Bogan is the fourth CPE supervisor at Stanford and the third to join the service from what was once Pacific Presbyterian in San Francisco.

prayers and words of blessing had all been spoken. I had no words to comfort her husband in that moment. Instead I echoed his lamentation and inconsolable loss.

The other morning, as I stepped off the shuttle, a girl of about five years old with her head shaved (apparently due to a course of treatment) danced whimsically as her mother sat beside her singing, *this little light of mine, I'm gonna let it shine*. The beauty of that scene stopped me still, as her light shined into my life and I gave thanks for such unexplainable joy and resilience. At the time I was not aware that the charge to shine our light has been central to my life and ministry, and that her light illumined something inside me.

I am aware that many meaningful experiences will come from my time here at Stanford. As a CPE supervisor and chaplain, I am accustomed to journeying with others through significant life events—sometimes unwelcome and often unexplainable events—and discovering the ways we can make meaning in the midst of change.

Offering care involves the need to understand and attend to areas that have been undisturbed for many years. I plan to bring that quality of caring and listening to my work here and hope that whether I'm here for three years or 33, the impact will be one of integrity and harmony within the context of caring at Stanford. ❖

The Rev. Landon Bogan is a certified ACPE supervisor and provides oversight of the Stanford Hospital & Clinics' CPE Program and students in supervisory education. You can reach him at LBogan@stanfordmed.org.

WELCOME TO OUR SUMMER CPE INTERNS

For more than 33 years, Stanford's Clinical Pastoral Education (CPE) program has helped 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.



Erin Armstrong

Erin is a first-year M.Div. student at Pacific Lutheran Theological Seminary in Berkeley. Originally from Riverside, CA, she received her bachelor's degree in Religion and Political Science from

St. Olaf College in Northfield, MN, and spent a year in the Lutheran Volunteer Corps in Chicago and two years working for Lutheran Retreats, Camps, and Conferences in Southern California. She is looking forward to a summer of self-reflection and discovery at Stanford.



Andrea Shortal

Andrea is a first-year M.Div. student at the Church Divinity School of the Pacific in Berkeley. Before coming to seminary, she worked for 20 years in the high-tech industry. She was born

and raised in the Bay Area and studied at UC Davis. She is looking forward to learning more about hospital chaplaincy and working at Stanford in particular. Andrea feels called to work as a chaplain after she finishes her degree and hopes to remain in the Bay Area.



Seanan Fong

Seanan is finishing his first year of his M.Div. at Harvard Divinity School. Raised in the Confucian tradition, he is also involved with the American Humanist and Unitarian Universalist

communities, and hopes to become involved with the future of both movements. He is excited to return to Stanford Hospital, where he spent many of his summers as a pre-med undergraduate. Seanan looks forward to incorporating his long-standing interests in bioethics and philosophy into his CPE learning experience.



Christopher Iwancio

Christopher is a Capuchin Franciscan friar who is studying for the priesthood at the Dominican School of Philosophy and Theology in Berkeley. Before joining the Capuchins he was a high

school religion teacher in Baton Rouge. He enjoys hiking, mountain biking, and photography.



Autry Jamison

Autry is an associate pastor at CAUSE Gathering of Silicon Valley. She is the author of "Life After Death" and founder and president of IDJ Foundation Grieving & Support

Services, which provides support services to grieving families. She has seven years of experience with the City of San Jose as a senior office specialist and is working on her Bachelor of Science Psychology in Social Action degree at Palo Alto University.

A New Resident for the CPE Program



Yael Allen

Yael joined the year-long residency program in November. She 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 with questions of feminism, social justice, and pluralism. She also likes to indulge in riding her bike, Will Eisner's graphic novels, strong espresso, and cuddling with other people's pets.

Supervisory Education Student



The Rev. Jen Dillinger

Jen is a minister in the Unitarian Universalist Association of Congregations. She returns to Stanford Hospital as a supervisory education student, having

completed her CPE residency at Stanford in 2005. She received her B.A. at Stanford and her M.Div. at Harvard Divinity School. Jen has served as a chaplain at the Dana-Farber Cancer Institute, Massachusetts General Hospital, and Children's Hospital Boston. In addition to her ministry, she loves ballroom dancing, camping trips, stargazing, and playing Simon and Garfunkel tunes on the piano.

FRIDAY PRAYER CONGREGATION FOR MUSLIMS

The tradition of performing Friday prayer as a congregation began 1400 years ago. Practicing Muslims pray at least five times a day, and the Friday prayer is a meaningful part of each person's connection with God, as Friday is a holy day for Muslims. Spiritual Care Service offers Friday prayer — **Jum'ah** — for patients, visitors, and medical staff in the Stanford Hospital Chapel located just outside Unit D1. It is offered every Friday from 12:10 pm to 12:30 pm. For more information, please contact Chaplain Taqwa Surapati at 650-723-5101 or Pager #16950.

LEADERSHIP

CPE Professional Advisory Group

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

Volunteer Coordinating Committee

Tom Brosnan (Chair)	Don Gee
Brenda Avery	John Hester
Penny Barrett	Sherifa Ibrahim
Amel Belguith	Tom Jackson
Mahesh Bhavana	Lori Klein
Albert Da Valle	Susan Scott
Bruce Feldstein	Kathryn Stucki
George Fitzgerald	Taqwa Surapati
	Isabel Tagle

VOLUNTEER SPOTLIGHT

Name: Maureen (Micky) Martin

Religious Denomination: Catholic

How long have you been a Spiritual Care volunteer? 30+ years. I began volunteering at Stanford Hospital around 1972 as a “Pink Lady” (we were identified by the pink uniforms we wore). My job was to transport discharged patients via wheelchair to their cars when their families came to take them home. This included making sure they took home all their belongings from their hospital stay and getting them safely seated in their cars. As Spiritual Care expanded to serve more and more of the religious traditions, I also helped in the office to file and organize volunteer information.



My early days were also spent editing and publishing the quarterly newsletter via the typewriter, including the yearly donors report issue, and helping to meet the changes involved with growth in volunteer numbers. Then my children became my priority, and it wasn't until 1980 that I began volunteering again.

Why did you choose to volunteer for Spiritual Care Service at Stanford Hospital?

I chose to volunteer for Spiritual Care Service because I believe that spiritual help, visits, prayers, and sacraments are very real in providing strength and hope to patients and families at a very stressful and traumatic time in their lives.

What is the challenging part of the volunteer experience? A big challenge for me was when we set up the original database for our office. Before FileMaker Pro, all volunteer and donor information was recorded by typewriter. Each document was individually created and typed, as there was no “storage” available.

What is the most rewarding part of the volunteer experience? The most rewarding part of my many years here is coming in contact and working with wonderful people who care — people who help make the lives of the people they serve brighter at a time when it's most needed. I feel very blessed to be an active participant in the Spiritual Care Service here at Stanford. I hope I will have several more years of being an active volunteer! ❖

MAKE YOUR VOICE HEARD: THE IMPORTANCE OF AN ADVANCE HEALTH CARE DIRECTIVE

By The Rev. Susan Scott

National Healthcare Decisions Day was held on April 16, 2013, as a collaborative effort to inspire, educate, and empower the public and providers about the importance of advance care planning. Advance care planning involves making decisions about the care you would want to receive if you become unable to speak for yourself.

An important component of advance care planning is the advance health care directive—a document that provides information about your healthcare wishes if you become unable to make decisions due to illness or incapacity. Stanford Hospital's Spiritual Care Service observed the day by working with the hospital's Palliative Care Service to promote the importance of patients and guests completing an advance health care directive.

Preparing a directive is not just for yourself but for the person who will help you if and when you can't speak for yourself. All adults can benefit from thinking about what their healthcare choices would be if they are unable to let their feelings be known. Without a plan, your healthcare team won't know your wishes, and your family may not know what to do.

Whenever I work with someone on their advance health care directive, I encourage them to write about their beliefs and what is important to them. In my own directive, I included several paragraphs about my personal philosophy and my request that my designated agents do the best they can with the information they are given. I think it's an important part of my directive because it is about me, my views, and my wishes. Those words can help my agents should the time come when they might need to make decisions on my behalf.

At Stanford Hospital, we have adopted the slogan, "Light the way! Don't leave your loved ones in the dark." Make sure your voice is heard. Stanford Hospital & Clinics provides advance health care directives in English and Spanish. You can obtain one by contacting Spiritual Care Service at 650-723-5101. ❖

The Rev. Susan Scott is the Decedent Care Chaplain at Stanford Hospital & Clinics. You can reach her at suscott@stanfordmed.org.



WHAT IS AN ADVANCE DIRECTIVE?

An advance health care directive is a document that provides information about your healthcare wishes should you become unable to make decisions due to illness or incapacity.

An advance directive has several sections, including:

- **Designation of Agent:** Usually people select an agent, a first alternate, and a second alternate. This section allows you to specify what authority you want your agent to have and when that authority becomes effective.
- **Instructions for Health Care:** You can state your preferences for end-of-life care, such as treatments you do not want if you have an irreversible condition. You can also write about what's important to you.
- **Organ Donation:** An option if you want to consider donating your organs.
- **Signature:** Two witnesses must observe you sign the document. Hospital staff cannot be witnesses.
- **Special Witness Requirement:** A patient advocate or ombudsman must sign the form for someone living in a skilled nursing facility.

Spiritual Care volunteers carry pagers while serving in the hospital so they can be witnesses if needed.

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LEARNING TO LISTEN

By Nayoung Woo

In the three years that I served as an interfaith volunteer at Stanford Hospital & Clinics, patients welcomed me into the personal and emotional intimacy of their lives. I vividly remember many conversations because, in return for the two hours a week that I gave them, patients and their families gave me so much more: faith, respite, and gratitude for all that I often take for granted in my own life.

I remember meeting a couple in their 60s who told me of the day they first met when they were 19 years old. They had stayed together through all those decades of his relapsing cancer and chemotherapy.

Since opening my first picture book for children about the human body and caring for my little sister's paper cuts, I knew I wanted to become a physician with compassion. Spiritual Care reconnected me with that purpose. The full scope of medicine is not just

about countering nature or solving health problems but about sharing pain, emotion, and our common humanity during some of the most vulnerable, panicked, and intimate moments of people's lives.



Through our conversations about present struggles (“My white cell counts are low today”) to future hopes (“I’m cycling every day at physical therapy—it won’t take long for me to mountain bike again”), I learned to listen first as a human being before listening as a future physician. For that lesson alone, I owe Spiritual Care Service—and all the patients and families it serves—my prayers and my promise that I will reach out, care for, and heal. ❖

Nayoung Woo volunteered from 2010 to 2013 in Spiritual Care Service. She is currently a Coro Fellow in Public Affairs and will enter a Masters in Public Health program in the fall.