

Professional Chaplains in Comprehensive Patient-Centered Care

RICHELLE C. RUSSELL, M.DIV.

ABSTRACT

There is growing recognition of the valuable role that professional chaplains provide in the medical setting. Yet, most physicians are unfamiliar with or misinformed about chaplains and how they can be effectively utilized in providing quality patient care. Many physicians also feel unskilled and unprepared to identify or discuss patients' spiritual or religious concerns that arise. Using case studies, this article provides an overview of the training and skills of professional chaplains in a medical setting. Chaplains can be effective partners in assessing and treating patients' needs. They also provide ethical and spiritual support to the medical team. In an increasingly culturally diverse patient population, chaplains can offer a proactive, ongoing response to the needs of diverse patients. When integrated into medical teams, chaplains can bring fresh perspectives to patient care and are a highly skilled professional resource for successfully managing patients' spiritual needs.

KEYWORDS: professional chaplains, patient-centered care, spirituality, well-being, faith

INTRODUCTION

Medical literature, since the mid-1990s, has exhibited a growing interest in the positive link between spirituality and medical care. This literature reflects a greater appreciation of the positive role spirituality can serve in medical diagnosis and treatment. Although professional chaplains have been integral to hospice care from the beginning, chaplaincy is broadening as a valuable resource in a wider range of medical settings.¹ Accordingly, with better knowledge of professional chaplain training, roles and expectations, many more physicians could utilize chaplains in patient care. The following three cases (based on actual cases with factual changes to protect confidentiality) reflect the current challenges of practicing comprehensive, patient-centered medicine and the value of a utilizing a trained chaplain to help meet these challenges. Without the capable services of a professional chaplain, the outcome and overall patient comfort and family satisfaction in these both ordinary and extraordinary settings would have been entirely different.

Case 1

Dr. Jones was Jane Smith's primary care physician. Mrs. Smith was 76, Caucasian, widowed, Roman Catholic, with advanced chronic obstructive pulmonary disease (COPD). Dr. Jones observed, "In my first office exam she was on oxygen, in a wheelchair, with a depressed affect. I reviewed her treatment and made recommendations, but it didn't end there. She was consistently unhappy. I started her on a course of anti-depressants. Still, we spent hours discussing and meeting with her because although her COPD was stabilized, she was determinedly miserable with her medical care. Then I remembered that we were encouraged to utilize a chaplain employed by the clinic. I asked Chaplain Mark Osgood to see Mrs. Smith.

It was very fruitful. He reported that she was a devout Catholic all her life, and the suffering caused her by advanced COPD caused her a big crisis of faith. Chaplain Mark's spiritual counseling and support enabled Mrs. Smith to have a notably improved relationship with the medical team. Also, it is worth noting that during a conversation with Chaplain Mark, I shared my own faith background and current beliefs. He helped me to see this in the context of my expectations and communication with patients and their families."

WHAT ARE PROFESSIONAL CHAPLAINS?

Professional chaplains are a highly trained subspecialty of religious professionals that work in a medical setting along with physicians and other health professionals.² Overall, the professional chaplain training has a strong emphasis in sensitivity, openness, respect.³ Respect means to honor patients', caregivers', and medical professionals' religious and cultural diversity. The professional chaplain training requirements are rigorous, including an advanced degree from an accredited theological school, credentialing with a recognized religious organization, and supervised internships in a clinical setting (See Table 1). Professional chaplains in a clinical setting generally provide spiritual support, prayers or rites of passage, for patients and their caregivers. They also offer staff support through spiritual counseling, ethical consultation, bereavement care and they give institutional support on policy and oversight committees and special events (See Table 2).

Table 1. Professional Chaplain Training Requirements

<ul style="list-style-type: none"> • College degree • Master's degree (usually a three year Master's of Divinity) at an accredited theological school • Credentialing of ordination or commissioning from a recognized religious organization • Two (or more) supervised clinical pastoral education units. (One clinical pastoral unit is 300 hours with patients, plus 100 hours in classroom and individual supervision.) • One year of fulltime post-graduate employment in chaplaincy setting

Table 2. What can professional chaplains offer?

<ul style="list-style-type: none"> • Patient support: calming presence, compassionate listening, hope & meaning, life review, spiritual counseling, prayers & rituals, rites of passage, caregiver support. • Staff support: confidential ethical & spiritual counseling, bereavement support. • Institutional support: special events, education, medical ethical committee, community outreach.

EFFECTIVELY UTILIZING PROFESSIONAL CHAPLAINS FOR PATIENT CARE

Professional chaplains are trained to diagnose and treat patients' spiritual needs, ranging from providing simple religious observances, to understanding their present illness in the context of their personal faith narrative, to spiritual counseling for complex existential and spiritual crisis. Patient Smith's religious affiliation was Roman Catholic on her medical face sheet. Why not simply refer her to a local Roman Catholic priest if she had a spiritual concern? In Mrs. Smith's case, because her historical relationship with her faith community was more formal and she was feeling estranged, this route would have initially been unsuccessful. With a chaplain she was able to speak more freely. As a professional chaplain, Mark provided this patient a safe environment in order for him to fully professionally assess her spiritual needs, to then identify an individualized spiritual care plan. In the course of their visits, the spiritual care plan would be reviewed and modified as needed, including Chaplain Mark adding the initiating of a discussion with the patient about contacting her parish priest.

PROFESSIONAL CHAPLAINS SUPPORTING PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS

Professional chaplains also provide staff support. They serve as a resource to help medical staff to be aware of and clarify their own values and religious history as it may impact patient care. Inadvertently, in bringing in a chaplain to address patient needs, Dr. Jones took a rare moment to share his own religious background and beliefs with Chaplain Mark. By being in the right place at the right time after a difficult clinical situation, a chaplain can help staff to defuse and debrief.⁴ They can be on-site confidential, compassionate listeners for physicians and staff. Or they facilitate group gatherings to reflect on a difficult case or shared loss. A well-supported medical staff presumably aids job satisfaction, and patient care and happiness.⁵

Case 2

Dr. Costa, a neonatologist, cared for Samir Sharma, a ten-day-old infant, Indian, male, Hindu, with bronchopulmonary dysplasia in a neonatal intensive care unit (NICU). Dr. Costa shared, "Patient Sharma's father asked permission to take his infant son home for a baptism. I said his condition required him to be in the hospital. The father was obviously upset. Trying to be helpful, I added that I knew how important a child's baptism can be. Our daughter's baptism by Father Michael at Holy Names' Parish was *very* important. But, for his son's health, it would have to be done later. Mr. Sharma asked, 'when?' I said weeks, even months from now. Then he walked abruptly away – but I had no choice.

"At the NICU team meeting, I shared my conversation with Mr. Sharma. The team discussed Mr. Sharma's request and reaction, and Chaplain Elaine Walsh, who was customarily present, gently pointed out that perhaps there was some misunderstanding. I conceded that this could be true, and asked her to speak with Mr. Sharma."

Chaplain Elaine arranged for Mr. Sharma and his wife to meet with her at the hospital interfaith chapel. Beforehand, she consulted literature on Hindu ceremonies. In the chapel's quiet setting, the Sharmas expressed their needs more fully. She offered to contact a local Hindu priest to assist, and the family declined. In the end, the chaplain successfully negotiated a compromise that satisfied both the family's cultural and religious needs as well as the doctor's medical recommendations. The chapel was converted into a Hindu home-like environment. The infant was brought down from the NICU on portable oxygen and discretely monitored throughout the small gathering of the patient's immediate family, Dr. Costa and members of the NICU team. All enjoyed special foods brought by the family afterwards.

PROFESSIONAL CHAPLAINS – AN IMPORTANT ROLE ON MEDICAL TEAMS

The interdisciplinary medical team for patient care is being more widely utilized.^{6,7} These teams that regularly bring together varied clinical disciplines can be more inclusive and effective in providing medical care. Chaplains serve an important role on these teams through spiritual assessment, support, and, as appropriate, engagement with the patient's faith community for the patient's overall care. When a chaplain has a regular seat at interdisciplinary medical meetings, this helps to build the efficiency and suppleness of her or his contribution to the team on ethical and spiritual matters in patient care.⁸

PROFESSIONAL CHAPLAINS FOR EXPERTISE ON DIVERSE PATIENT GROUPS

Chaplain Elaine's role in a sensitive patient's medical and spiritual situation at the NICU points to the larger question of what chaplains' roles presently are and are not. Not too long ago, a professional chaplain was primarily an ordained or lay representative of a Christian faith who attended to Christian's pastoral needs within a secular setting. However, now "chaplain" applies to lay people and ordained clergy from diverse religions or philosophical traditions who are trained in diverse clinical and non-clinical settings to work alongside or instead of clergy to provide multi-faith pastoral care. This was demonstrated by Chaplain Elaine's preparation and services to the Sharma family. Although Chaplain Elaine happened to be ordained in a Protestant Christian denomination, as a professional chaplain, she had a general knowledge of world faith traditions⁹ and was prepared to make referrals to a faith leader in the greater community as needed. Quite simply, under current standards, professional chaplains are not advocates or representatives of any particular faith or moral agenda. They are, often on a time-limited basis, able to provide spiritual assessment, spiritual support, and as needed to refer to faith leaders in the community.

Case 3

Dr. Graber, a hospice and palliative medicine physician, treated Maria Flores, 36, Hispanic, married, female, and Pentecostal. "'Maria,' as she preferred to be called, was a beautiful, kind, mother of two young children. She had metastatic breast cancer. After a short course of palliative chemo she stopped treatment, and then she told our team that she wanted to spend her final days at her church – inside the actual church building itself.

"With end-of-life medical care we try to do everything possible for the patient's comfort and wishes, but this was beyond anything imaginable. At a team meeting, I identified a myriad of reasons why this request was unrealistic. Going into an unfamiliar place with an unknown group practicing their religion also felt like too much. Her request was denied, but Maria was persistent. All she wanted now was to

spend her final time at her church.

"It was brought up again at team meeting. Chaplain Marie Cournoyer spoke up – saying, 'I think we could do it – we could care for Maria at her church. I spoke with her pastor and visited the church, it's a converted storefront.' Then she began brainstorming, and other team members joined in. Against all odds, we agreed to go ahead.

"Amazingly," said Dr. Graber, "all medical care thereafter was provided at the patient's church, sometimes during long, boisterous services. The pastor and members of this church were very welcoming and accommodating of our needs. Maria died according to her wishes: in the presence of loved ones, at her church. It was quite moving. The experience taught me to not reflexively say "no," to unusual patient requests. It will probably help us to be more flexible and creative in our work in the future."

PROFESSIONAL CHAPLAINS AIDING PHYSICIANS IN: DISCUSSING END OF LIFE SPIRITUAL CONCERNS AND THINKING 'OUTSIDE THE BOX'

Many physicians feel unskilled and unprepared to discuss patient spiritual or religious concerns at end-of-life.¹⁰ What makes the previous case ordinary is the importance of clear communication and understanding about the patient's spiritual needs as it related to her medical-care decisions. Also, it points to the reality that excellent physicians can get in a rut out of habit or personal comfort. Working regularly with a chaplain and his or her unique training can shed new light onto good patient care.

SUMMARY

Professional chaplains are an important and often crucial component to successfully addressing patients' spiritual needs. In all three cases, had a chaplain not intervened, the patients and their families most likely would have been dissatisfied with major needs unmet. Occasional and ongoing utilization of chaplains for patient care is more likely to have a positive outcome in addressing the patient's spiritual needs.

In summary, professional chaplains as a subspecialty of religious professionals well serve the spiritual needs of medical patients, their caregivers, and as a resource for doctors and other medical staff. They are trained to do spiritual assessments, provide spiritual support, and work as colleagues in a medical, interdisciplinary setting.

When should you call on one? More often and more broadly than you may think. When physicians are asked what they tend to request a chaplain for, it is to perform rituals and to attend to families and patients at death. But when chaplains are asked, they say that they wish physicians called upon them sooner for a broader range of issues to provide patients and family greater wholeness and healing¹¹ while also helping to lessen the physicians' burden. In Case 1, a

primary care physician like Dr. Jones would rarely think to employ a chaplain for assistance. This is despite evidence to the contrary. Numerous patient surveys have indicated that people turn to spiritual and religious beliefs in times of serious illness, stress as well as loss and dying.¹² There is an emerging opportunity for chaplains to be employed as skilled colleagues for quality patient care. It is the hope of many religious professionals and a growing number of physicians that the ongoing utilization of professional chaplains for quality medical care becomes the standard.

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Author

Richelle C. Russell, M.Div., is a Hospice Chaplain employed at Home & Hospice Care of Rhode Island. She is also an ordained Unitarian Universalist Minister; educated in professional ministry at Harvard Divinity School; and trained in professional chaplaincy at Andover Newton Theological School and The Chaplaincy Center of Rhode Island.

Correspondence

Richelle C. Russell, M.Div.
32 Southwick Drive
Lincoln, RI 02865-5000
410-726-3684
revrichelle@yahoo.com