The December Ethics for Lunch addressed the identification of spiritual distress in patients and family members and the ways chaplains intervene to ease that distress. The case presented involved a middle aged man with multiple medical problems who was critically ill after being struck by a car. The patient’s daughter was serving as his surrogate decision maker and was facing decisions about withholding life-sustaining treatment. She was grieving the loss of her father, who had recently been making efforts to change his life around. The chaplain was able to identify with her and her situation, acknowledge her feelings, and apologize for the pressure she felt in having to make life and death decisions. The chaplain helped the daughter connect to her faith and repair the mistrust she felt toward the health care system. In providing comfort and hope, the chaplain was able to help the daughter make difficult decisions in line with her faith and values.

Several points were raised in the panel discussion:

1. Chaplains delve into the thoughts and feelings that may just below the surface. For instance, in the holiday season, it is common to hear “Happy holidays,” but people may be having a difficult time during the holidays.

2. Chaplains can also have struggles. Hospital-based chaplains are in a unique situation. They do not have a traditional congregation and do not work in a house of worship. They have to adapt to the real life people and circumstances that they encounter.

3. As part of their training, chaplain residents reflect on the experiences that they have with patient, families, and staff. They have to learn to take care of themselves to find the resilience in dealing with the challenging situations they encounter.

4. A pastoral care professional cannot provide care without some information from their own narrative. Their personal narrative is a tool to be used in delivering care.

5. Another tool at the chaplain’s disposal is the spiritual assessment. The FICA tool helps in the assessment and involves identifying: the person’s Faith, the Importance of spirituality in their lives, whether they belong to a faith Community, and how will the information gathered Address the plan of care.

6. The SACRED mnemonic is another tool that can be used in learning the patient’s story: Seek Authentic Conversations Religiously Every Day.

7. Spiritual distress can come in the form of grief and its five stages: denial, anger, bargaining, depression and acceptance.

8. Chaplains hear what people are saying in the moment and have to hold their distress and grief as part of their ministry. This can be done with the following image: a bowl sits between the chaplain and the patient or family member; the patient or family member puts their grief in the bowl and the chaplain puts their grief in the same bowl. In that way, the chaplain does not become overwhelmed by holding the distress of the client but puts it in a place where it can be seen and recognized.

9. The chaplain’s role is to appropriately assist the patient or family member where they are and what their experience is. In that way, communication is achieved—translating what the doctors and nurses are trying to say while at the same time sitting with someone to try to really understand who they are and what they are going through right now. The chaplain honors who that person is and all the chaos they may be going through.

10. Suffering is an anguish experienced as a threat to our composure, to our integrity, to the fulfillment of our intentions, to the concrete meaning of who we are.
11. Chaplains help individuals maintain their integrity—integrity with their faith, integrity with their values, integrity with their roles and responsibilities. This means helping the person realize a sense of wholeness in the midst of dissonance and trying to make sense of a situation that has a lot of conflicting elements.

12. Family members may feel the heavy weight of a decision, but sometimes it is clear that the outcome has already been determined and it is more a matter of “how” the outcome is effectuated. The chaplain can help people navigate tough choices and create conditions so that the person can go on after the decision is made.

13. Clinicians may know how the road is shaped, but it is a new road for the patient or family, and the chaplain and other members of the clinical team can affect how they think about the road in the future when they look back on where they have been.

14. The chaplain’s work is aided by being called into a case early so they can establish rapport and build a trusting relationship with the patient or family member.

15. Part of the work with the family may be narrative repair—helping them shape the story so that they can have a sense of integrity after the events unfold.