In today’s technical and depersonalized world of health care, one now being stretched by budget constraints, decreased programs, regionalization and rationalization, the challenge of person centred care increases. The science of medicine alone does not ensure healing but a blending of the art and science into holistic care can help the patient and family experience a sense of being cared for personally.

One dimension of this total patient care is the provision of spiritual support, “the art of care.” I would like to spend some time with you sharing personal reflections from lived experience, patient encounters, literature review and prayer.

To begin this discussion it might be helpful to define in general terms “religious needs” and “spiritual care” as these two are often confused.

Religious needs
Religious needs are an expression of spiritual life within a person and may be seen in worship, sacraments, rituals, beliefs, devotion, prayers and blessings. Religious needs are universal expressions of one’s belief in a living God. When illness occurs, religious needs often assume a prominent dimension in a person’s life. Each of us exhibits religious concerns in our own unique way. Religious needs are but one component of the individual’s spirituality.

Many years ago I had the privilege of journeying with a Muslim family whose father was dying on our palliative care unit. This was our first experience of someone professing Islam. The wife and I spent hours together as her husband was semiconscious for weeks. This sharing was my training school in learning new ways to accompany a non-Christian. Because of our basic belief in the respect and honouring of each person, it was important for our team to provide the atmosphere necessary for this family to live these days in peace.

We learned many things – for this traditional and active Muslim family at the time of death – readings from the Koran ("Holy Book" in the original language) was important, incense burning, community gathering, bed facing East were all religious expressions.

At the time of death the body was to be cleansed and dressed by his sons, the father’s feet and hands were to be tied together with a white binding cloth, and the body then placed in a wooden coffin.

In order for us to support this family, the palliative care team agreed that all of these practices would be honoured, including placing the body in the coffin on the unit. Lots of educating, discussing and broadening of the care plan needed to be negotiated to accommodate and accompany this family.

Following tradition, after the burial the wife returned to the unit once every week for six weeks bringing food to the staff. We were also invited to a special remembrance meal.
at their community hall and saw the support of their community for the grieving family.

One day I asked what it was like for a Muslim family to receive care in a Roman Catholic hospital. I was told, "We are all going up to the mountain top where God dwells, but we are on different roads leading to the top."

Because this family felt received, respected and special, they were able to take this difficult time of loss and death in a peaceful way. They felt they could be themselves and were grateful for being so "cared for."

Another special incident shows how pastoral care may facilitate and support responses to religious needs. A very old Chinese man was dying in our intensive care unit. The chaplain was called to be with the family as the doctor discussed withdrawal of life support systems. The family became very anxious and nervous, "not now, he is not ready for the journey." In speaking with this family we learned that it was very important for this man to be "dressed and readied for the final journey" — could they do this? Our team agreed to wait.

Hours later, the family returned with new shoes and a full suit of new clothes from head (baseball cap) to toe. With respirator, IV's, Foley still in place, the family dressed their dying father. Treatment was gradually withdrawn, he died three days later — "dressed for the journey."

The family was at peace as they had done everything to ensure he would be ready for the final trip. Cultural belief, religious tradition, human faithfulness all intermingle supporting spiritual needs.

For many of our Catholic patients, the sacraments become nourishment and strength for their spirit, especially in critical times. Provision of these sacraments in a meaningful, prayerful and relational way may bring inner healing and provide a moment of being touched by God.

My spirit was strengthened as I received the Sacrament of the Sick before major surgery. My parents and community gathered to pray with me, and in that prayer I experienced God’s presence. I knew there was inner healing and healing of relationship with Mom and Dad. This was a Holy Ground moment in my life — a sacred, profound gift.

Whereas religious needs are often expressed outwardly, within a community and freely chosen, spiritual needs are intrinsic within each human being.

**Spiritual needs**

Spiritual needs, touching the core of one's being may be identified as the need for meaning and purpose in one's life, love and relatedness, connectedness with the ultimate source of life — God — and moments of forgiveness, praise, gratitude, courage, hope, faith — awareness of the Holy, awareness of God’s presence is often sensed.

Sometimes these moments are very fleeting, other times the experience lingers and often they are transformational. People will say: I feel so peaceful, so calm, so forgiven, so free, so touched, so happy, so awe-filled.

The chaplain is privileged to journey with people in crisis and to help them access their inner thoughts and yearnings and to discover meaning in their life and death.

Jesus is a perfect model and mentor in showing us how to be open to the surprise of a spiritual moment. Just recall how the ordinary became extra special as he interacted with persons on their journey. Transformation was often the blessing as he listened, reflected, invited, challenged, forgave and accompanied.

Remember the woman at the well and her newly found freedom, the marriage banquet and risk taking, the Centurion and healing, the grieving mother, the children, the bread multiplied, the storm and fright receding into calmness. We too today are called to journey with people, to be attentive and respectful to their needs and to be, as Jesus, a revealer of God's unconditional love.

In spiritual care the true healer, nurturer, sustainer and liberator is Jesus. We may be expressions of grace for each other. The chaplain needs to be grounded and nourished by a personal relationship with Jesus in order to be sensitive to the spirit alive in another.

Recently, when I was on retreat, a word sank deeply into my heart. In John 13:3 we read, “Jesus, fully aware, knew he had come from God and was returning to God.” Because Jesus was “fully aware”, he knew how to respond to others, how to be with a variety of people, culture and traditions and be sure of his identity. He knew he came from God and was returning to God — he was sure of his source and reassured of his destination. Doesn't that make life's journey less anxious knowing we are in God?

Spiritual care is just that — knowing that deep within each person, as part of the fabric of being human, is a longing and yearning for the tran-
scendent, for the Holy, for God. Perhaps that is one of the challenges
of nurturing spiritual care today —to help persons become aware of
the great gift of being human, of being able to respond to the mystery of life,
of being sustained in the mystery of life.

As chaplains spend time with persons in crisis, shock, disbelief, grief
or relief, they become more aware of the sacred nestled in the ordinary. As
one's life story is revealed, opportunities for celebrating, remembering,
thanking, pardoning and letting go arise.

Sometimes it is through a crisis or near death experience that life is put
into perspective and the person lives with greater awareness.

At times, the chaplain accompanies a person into deeply buried places of
pain and there receives the revelation and holds it for God's mercy and for-
giveness. This encounter may bring peace, inner healing and an experience
of God's unconditional love.

Sometimes the chaplain facilitates or enables moments of forgiveness. I
was once called late in the evening to see a visitor who was pacing up and
down in the hallway. I met the young man and we shared his turmoil over
coffee.

He had left home many years ago because of a fight with his father who
said he would “never make anything of himself.” The young man broke off
all family contact and “got on with life.” Because of the challenge given,
the young man went on to school and was now a lawyer. Finally, after years
of silence he came home. He was now returning to tell his family he was
wrong.

His father was dying, unconscious and very fragile. How could reconcili-
ation ever take place? Grace is pure gift. We went together into his father's
room. I pulled up a chair close to the bed and arranged the father's hand so
they could touch. The man sat down. I stood behind, with my hand on his
shoulder and listened as he told his Dad everything.

Through my tears I knew this was Holy Ground. Somehow at the end of
his story the son reached out and took his Dad's hand — the father responded
with a squeeze. He died the next morning and the son stopped in to say
thanks for helping them make peace together. Sometimes spiritual care is
enabling another to connect, to remember, to ask pardon, to be.

Religious and spiritual resources serve at least three functions for the
hospitalized patient. First, they provide a framework that may help
the patient and family to make sense of illness and mortality. Second, they
may provide a practical and personal resource for coping with sickness, suf-
ferring and mortality. Third, they provide a source of hope, meaning
and understanding in the face of personal pain, suffering, loss and death.

Today in our hectic, fast-paced lives there is so much emphasis placed on
doing. It seems that we value production and full calendars and become
uneasy when there is nothing “to do.” Does this sound familiar? However,
what a relief to know we are called to be a human being, not a human
doing! When we can be: fully alive, fully human, connected with the
inner source of love and life, balancing this with our doing, then and only
then are we able to live life fully.

The secrets of life are hidden in the ordinary, in the sunsets and sunrises
of each day, in the persons we meet and in the ones we love. Spiritual care
is really connectedness with God, self and others. When all three are in
harmony and balance we have a person fully alive whose “doing” becomes meaningful.
Remember: our challenge is to:

• be compassionate
• be a beacon of hope to those whose
light has grown dim
• be a wounded healer by gathering
up all the pain, suffering and
heartache and offering it to God for
healing
• be a companion on life's journey
• be for all those who come to us,
who depend on our being.

Our spirits are restless and searching
for someone to listen, to hear beyond
the words and struggle, to perhaps
reveal to us the rich source of God’s
presence within.

We need to be reminded that in
encounters, daily experiences and
awesome wonder the sacred can be
found. When we begin to do this, we
begin to awake to a spirituality as
reality surrounding us everywhere — a
reality that is coming to meet us, even
as we go in search of it.

Very few persons in North America
are “churched” today, 25 per cent par-
ticipate weekly in church, another
group on special occasions and some
at Christmas and Easter. As chaplains
journey with a variety of persons, it is
vital to be able to connect with these
people in an open and accepting way.

In the building of relationships, in
listening to the story, being attentive
to spirit yearnings veiled in secular
language, the chaplain may be able to
support and witness to God's pres-
ence. Through care, compassion,
commitment and connectedness, the
chaplain may be a means of bringing
awareness of God's love into health
care.

Chaplains are a reminder of God's
presence as the real healer within “the
health care system.” As the health
care team works together caring for
the whole person, healing and renew-
ing, we are all challenged to stand
together in the mystery of life.

Chaplains are a strong investment
for Catholic health care as they con-
tinually support the soul of our insti-
tutions and quietly witness to God's
presence by being present with those
who suffer, cry, yearn and die, those
who celebrate, birth, struggle and
renew.

Chaplains and all those who are
committed to live gospel values stand
with God as co-creators of our future
care together. Together we do make
a difference to quality patient care.

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