


Few people have any idea what hospital chaplains do. “The public thinks we’re handing out pamphlets room to room,” says Fr. James Shaughnessy, director of pastoral care at Tufts-New England Medical Center. But the job is subtle and endless in its demands

WHAT THEY CARRY

BY ELIZABETH GEHRMAN | PHOTOS BY KATHLEEN DOOHER





The spiritual dimension—
Chaplains Fr. James
Shaughnessy, Mary Lou
Von Euw and Mary
Fitzgerald confer in a
moment of calm.

The walls of the wide scuffed corridor on Ziskind 5 in Tufts-New England Medical Center are bare except for a small square opening on the right. It is through this lone window that Mary Fitzgerald and Mary Lou Von Euw, chaplains at

the hospital, the principal affiliate of Tufts Medical School, watch the morgue attendant stoop to open the under-the-counter refrigerator beside him. He removes a small bundle wrapped in a pastel-striped flannel blanket and covered in clear plastic with a label on top, and hands it to Fitzgerald. When she asks if there is a private room nearby, he directs her to the morgue's antechamber down the hall, where she can bless little Tyler, who was brought in last night after being born too prematurely for even the latest drugs and machinery to save him.

Though the room isn't artificially chilled as the morgue itself would be, it is cold, with stainless steel walls and a corrugated steel floor. It's an airless box that vibrates with an overwhelming drone from the enormous refrigeration units that power the morgue.

"Want me to do it, Mary?" Von Euw asks. Fitzgerald nods her head, momentarily unable to speak. "Okay. Do you want to hold him?" Another shake of the head. "And his name is Tyler?"

"Tyler." Fitzgerald sniffs as she takes the bundle in her arms.

Slowly and softly, Von Euw begins. "Let's take a minute to remember we're in the presence of God. Good and gracious God, we commend Tyler into Your love. All the dreams and hopes we had for him are only a tiny portion of what You can give him. Help us to remember that he is at peace. We ask You to bless his family, give them the strength and courage they need. Let them be able to absorb this loss and find some meaning in it. We thank You for the very brief, tiny life of Tyler. Somehow there is some meaning in this."

She uncaps the vial of holy water she holds in her left hand and places some approximately where Tyler's forehead must be beneath the blanket and the plastic. "We commend this precious baby to You," she says, "and we bless him in the name of the Father, and of the Son and of the Holy Spirit."

"Bless you, Tyler," Fitzgerald adds sadly.

"Go in peace into the loving arms of God. I labored with his mama all day yesterday."

"I know," says Von Euw. "I know."

In the few years they've spent ministering in the hospital, these two women—along with the director of pastoral care, Fr. James Shaughnessy, S.J.—have seen it all, felt it all. Every kind of loss imaginable. And it never gets any easier, whether they are presiding over the removal of life support, waiting with a liver-transplant hopeful or simply comforting a grieving family.

"We really enter the lives of these patients and their families," Fitzgerald says, "and we carry that out of here. There are patients who stay with you forever and ever and ever."

Occasionally, patients return to thank the staff at T-NEMC for the care they received—and when they do, doctors and nurses routinely have to be reminded of their case; the

face may be vaguely familiar, but what exactly was the situation again? Last month seems like a lifetime ago when there are always new monitors beeping, new tests to be ordered, new cancers to be eradicated, organs to be exchanged, bones to be mended. But talk to the chaplains, and the stories flow—not just a few, but dozens: of the baby who was born well but died at 10 months of a rare muscular disease; of the young man who was treated for flu but 24 hours later was crippled by meningitis; of the Irish lymphoma patient who kept his sense of humor right up until the end. Names are recalled, and medical details provided, but it is the spirit, always, that is remembered.

The unclaimed part

HOSPITALS, AS ANYONE WHO HAS EVER BEEN a patient knows, are not in the business of saving souls or even, in many cases, of providing comfort. They are in the business of repairing bodies, of grasping what can be seen, even if only under a microscope. According to Dr. Christina Puchalski, the founding director of the George Washington Institute for Spirituality and Health and a nationally recognized authority on the topic, "Many hospitals don't even have a



formal pastoral care department. Or there may be a department, but it's not fully integrated in patient care. A lot of hospitals call the pastoral care people only when someone dies." A truly interdisciplinary team including spiritual counselors is even more unusual among teaching hospitals, she says, and particularly among those, like T-NEMC, with no religious affiliation.

Yet Shaughnessy, Fitzgerald and Von Euw have an amazingly visible presence here, especially in the ICUs and oncology, where patients are so seriously ill that they must stay for months or return frequently. As the hospital's main spiritual link—along with Marilyn Holt, who works two days a week, and occasional interns and volunteers—to the 350 or so patients receiving care on any given day, their families and the staff, the chaplains are constantly being paged or beeped when someone needs the kind of succor that no amount of electrocardiograms and MRIs and blood tests can provide. Nurses call when someone is dying, of course, but also when a family simply cannot cope, as in the case of the man who threw a bed against the wall when his 33-year-old wife coded. They call when a chemotherapy outpatient seems withdrawn, or a little boy is afraid to visit his father after an accident. A nurse in the pediatric ICU calls on Fitzgerald to accompany her whenever she has to put an IV into a tiny preemie.

Not everything is quite so clear-cut, says Shaughnessy. "We'll get a call from a nurse or a doctor saying, 'It might be helpful if you stopped by. We've offered them psychiatry, they don't want to talk to them; we've offered them social work, they don't want that. But we still think it might be good to have some supportive counsel to go through this experience.' A lot of the referrals are a little foggy."

Though their job may seem ill-defined to someone outside the hospital, on the inside there is no doubt who the chaplains are or what they are here for: support, plain and simple—to the staff as well as to the patients. Attendants pushing stretchers through the elevators greet them by name; in less hectic moments, R.N.s offer smiles and hugs and good-natured teasing; residents contact them whenever there is a question of ethics; and they regularly join rounds and multidisciplinary meetings to help remind the staff that the whole patient must be considered.

"We deal with death and dying every



day," says Janice Maienza, RN, MSN, the clinical educator for hematology/oncology at T-NEMC, a department for which Van Euw and Fitzgerald have principal responsibility. "For us, the emotional issues are overwhelming. Primary nurses follow the patients sometimes for years, from active treatment to terminal care. And when a patient dies, 15 minutes later, you have to attend to another patient. The chaplains help the nurses deal with that. They help us fill the cup so we can go into the next room."

It is not always thus. At many hospitals, says Puchalski, a palpable tension prevails between the ministry and the medics. This is partly due to the famously antagonistic relationship between science and religion. But Puchalski points out that for thousands of years, shamans wore the cloak of both doctor and priest, and it wasn't until the 1700s that the division of labor became clear, bringing about the second reason for the friction: territorial conflict.

"No physician likes being told what to do," Shaughnessy agrees. "Other hospitals have ethics committees and ethics consult services, but they may be consulted a few

times a year. From the beginning, there have been some weeks when we were called in to do ethics consults a couple of times a week"—consults during which they might advocate for more fully informed consent, suggest suicide evaluation for a family member or remind an angry doctor that the family has a right to continue treatment, even when there is clearly no hope.

Shaughnessy ascribes the symbiosis largely to the work of his forebear, Sister Clare Walsh, M.H.S.H., who brought pastoral care to T-NEMC about two decades ago. "I don't know exactly how it happened," he says, "but she ended up literally coming in and asking to see the director of the hospital, Dr. Jerome Grossman [president of NEMC, 1979-84; chairman and CEO, 1984-95], and she basically told him why he needed to hire a chaplain. She's a very convincing woman, and she came and threw herself into things and became really kind of legendary in the hospital."

Sister Clare spent most of her 12-plus-hour days giving direct care to families and patients rather than training new chaplains. This, along with her charisma and compas-

sionate demeanor, helped her to gain the trust of the staff and form personal relationships that accommodated the spiritual at a time when many medical schools were giving it short shrift. As medicine grew increasingly technological and complicated, physicians were beginning to voice their concerns about how end-of-life decisions were being made, and nurses were having less and less time for the hand-holding that had traditionally been part of their jobs. Sister Clare was one of the driving forces behind the ethics committee, a group of 16 to 20 staff members who developed written hospital policies on a whole range of issues, including confidentiality, do-not-resuscitate orders, and brain-death criteria. "And because of the fondness people had for her," says Shaughnessy, "they saw it as an assistance, not as a threat."

So by the time Shaughnessy arrived in 1986, the way was smoothed. "She had already laid an amazing groundwork of good will and receptivity," he says. "People saw chaplains not just as bedside caregivers but also as consultants in a professional way."

As well they should. Though, according to Von Euw, "some patients think we just walked in off the street, and we're nice people," the reality is that pastoral care began to become professionalized as early as the mid-1920s, and today can involve hundreds of hours of class work, analysis and internship. Shaughnessy holds a B.A. in psychology from the College of the Holy Cross, an M.Div. from Loyola University and an M.S.W. from the University of Chicago. Fitzgerald is a former hospice nurse who went back to school at age 50 to receive her master's in pastoral care, and Von Euw, in addition to her master's in pastoral care, has experience in adolescent religious education, marriage-preparation counseling and missionary work.

To a patient encountering them for the first time, the chaplains have a somewhat puzzling role. They walk into your room with no prop to signal their function: no white lab coat, no stethoscope, no clipboard, no IV. By now you have been poked and prodded and stuck with innumerable needles; you've been wheeled around to get X-rays and CAT scans; you've been tethered to machines that beep like water torture and awakened twice in the middle of the night for—what was it again? So many people come into your room uninvited that their faces all blend together, and every one of

them wants a different part of you. But what about the unclaimed part, the part that remains private, locked inside your head? And that's when you realize that the purpose of this visitor is to do something that's crucial to making you feel cared for: to listen.

Though Shaughnessy, Fitzgerald and Von Euw all happen to be Catholic, they stress that their ministry is nondenominational. They draw a distinction between religion and spirituality, respecting Jews and Muslims and atheists equally in the presence of God or a higher power or the earth spirit or, as Fitzgerald puts it, "whatever gives your life meaning." They are not shackled to conventional notions of what prayer is, what belief in God should mean or the necessity of ritual.

As medical director of the Pediatric Intensive Care Unit at T-NEMC, Dr. Tamara Vesel has the most contact with Fitzgerald, who is charged primarily with labor and delivery and the pediatric floors. "Mary completely breaks my intuitive picture of a chaplain," she says. "It's just a new breed that I think encourages people to stay with their spirituality"—a spirituality that has not abandoned the traditions and ritu-

als of its churches, but has stepped away from some of the old orthodoxies to become, like the times, more inclusive. "It's not scary," continues Vesel. "It's new, it's colorful, it's progressive."

It's human. And that, in the impersonal world of wires and coils and beepers and machines that make up modern health care, is precisely the point.

Letting go is hard

ELSA LOPEZ IS A 41-YEAR-OLD MOTHER OF three who was diagnosed with breast cancer in 1996. Despite a mastectomy and several rounds of radiation and chemotherapy, she lies in a rumpled bed on Pratt 8 with metastases to both lungs. "There's no cure now," she says weakly, "unless the chemo starts working." Von Euw started visiting her shortly after she was admitted, on Mother's Day.

"When Mary Lou walks through the door, she's always smiling," Elsa says. Thin and pale, she leans curled up against the raised pillows, a navy ski cap covering her bald scalp and a black-and-white rosary dangling beside the Infusa-Port attached to



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her chest. "Sometimes I'm in here by myself, and I'm all bottled up, and then she comes in and she'll look at you and you just start talking, saying whatever's on your mind. It's like God sends her at the right time."

For the patients, such intensely human contact satisfies a craving that some don't even know they have. For the chaplains it can be a challenge. "We tend not to get called when things go well," says Shaughnessy. "We bear an amazing amount of suffering." And, because they see people in their most intimate moments, they seem to internalize that suffering on the part of every patient they pray for. They carry every infant's death, every family's strife, every old man's anguish.

Each chaplain has countless stories about the special patients, the ones who stand out because of the circumstances of their illness or their personalities or their family situations or a particularly poignant conversation they had before dying. And each has a very personal way of relieving the burden that dozens of painful recollections must bring.

Von Euw relies on a simple daily ritual. "Letting go is kind of hard to do for somebody who really tries to give the very best care possible" she says. "I have to remind myself that God can do it a hell of a lot better than I can. So every day before I leave here I put my hands on the table in my office"—she demonstrates, arms outstretched, palms upturned—"and I say, 'I'm putting them in Your hands.' I just need to do that concretely."

Fitzgerald carries the pain away from the hospital like a tightly wrapped package to be opened when she's alone. "Tonight I'm going to the Cape with my husband," she says. "And I'll just sit on the beach during the sunset with the quiet and the beauty, watching the tide come in and out. That's when I know that there's something bigger than me. When I'm here, I take the patients in my hands and in my heart, but when I'm sitting on that beach tonight, I will say, 'They are Yours. I give them back to You.' It's a way of letting go of all the hurts and

the pains that I've witnessed today."

Shaughnessy points out that such rituals are built into his job as a Jesuit priest: "That's where we bring our grief." Unlike most men, he is not afraid to cry in public; a recent example came during a Mass at the hospital's chapel, when heart patient Mike Kosciuszko, who has had several touch-and-go moments since he was admitted almost a year ago, was wheeled in from the ICU in lieu of attending his youngest girl's graduation from high school. Shaughnessy stopped the Mass and said, "Welcome, Mike. We've been praying for you for nine months, and you're finally here with your new heart. And I know if you could talk"—the patient had a tracheotomy—"you'd want to pray for your daughter." By the time he finished his sermon, there wasn't a dry eye in the chapel.

Shaughnessy also mentions supportive friends and the ability to talk with other priests in his community, and adds, "I travel by train a lot. Because it takes an awfully long time, and you just sit and you remember." He has ridden the rails cross-country several times and trekked all over the West. "A lot of alone travel, where I'm just on my own and have time to process things." The troubles he bears can be endlessly absorbed by the impervious red rocks of the vast Sonoran desert.

Though each chaplain copes in his or her own way, the bond that the three share is critical. They meet at 9:30 every morning at a back table in the hospital's ground-floor Au Bon Pain cafe, huddled over coffee and muffins to touch base, review the night one of them spent on call, talk about their weekends and their families and have a few laughs. "You have to have a really good sense of humor to do this work," says Von Euw.

All three say they love listening to people's stories. "I'm not sure I'd be as comfortable sharing my life with someone as these patients have been with me," says Fitzgerald, "but I hear their stories in relation to their hopes, their dreams, their disappointments, their grief"—and in relation to chapters lived

long ago. Von Euw tells of a patient she was having a hard time reaching until one day she asked what had made him most proud in his life. "And he said, 'Sixth grade, first violin, the Dallas Texas Symphony.' Then it was like a floodgate opened," she says, "and he started talking about his past, and his family, and his childhood and his present situation. I think people are looking; they want to know that there is meaning in their lives."

A hopeful residue

MUCH OF THE NOVELISTIC QUALITY OF THIS job derives from the familial entourage that accompanies most patients into the hospital. Whether it is a single husband or wife, or—as in the case of two young brothers brought in after a car accident—parents, siblings, aunts, uncles and cousins, all piled up in the corridors, the family dynamic is inevitably magnified under the strain of potential loss. And the chaplains tend to channel and retain whatever hangs in the air of the patient's room—the unspoken endearments, the pride, the concern and the love, but also the lies, the betrayals, the myriad small unkindnesses spoken in anger that are a part of every close relationship.

In the alien hospital environment where families are starkly confronted with each other—often, it seems, for the first time—it is Fitzgerald, Von Euw and Shaughnessy who become the sympathetic catalysts for the entire range of human emotion: A father who may have a difficult time saying "I love you" can make his feelings known in a roundabout way, and perhaps even be nudged into taking the leap. Teenagers reluctant to share with their parents can fulfill that need in the safety of an objective adult. Those in the room who don't want to worry the patient with their anxieties and anger can vent their distress safely to a chaplain, the same way they might unload their troubles to a stranger on a plane.

All told, the chaplains carry with them more hope than despair. "I'm constantly surprised at people's goodness," says Shaughnessy. "There are moments of incredible acceptance and forgiveness that you just never forget. I learn about hope and courage and faith every day that I'm here. People ask me, 'What church are you at?' and I say, 'You're in it. This is my church.'" TM

Elizabeth Gehrman is a freelance writer who lives in Boston.