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| Patient Initials: CL | Resident Chaplain: Wendy Perego |
| Clinical Locations: Ochsner Medical Center Shreveport La. |  |
| Race/ Ethnicity: Native American |  |
| Religious Affiliation: Baptist |  |
| Gender: Female |  |
| Marital Status: widowed |  |
| Age: 62 |  |
| Language: English |  |
| Medical Issues: Stroke |  |

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| Date of Visit: 12/4/23 |  Unit: LSU/O Sh | Length of Visit: 1 hour | Verbatim: 1 |
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**Known Facts**

I received a request from the palliative care physician asking for a visit to the family of patient who was in the ICU. Present was the patient, son, and granddaughter. The son was from Nebraska and came to visit his mother after she had a stroke last week.

**Clinical Observation**

The patient was unresponsive. Son reports he needs to make a decision about end of life. He said the swelling of the brain and other damage has made it to where there is no hope for her survival. The son is an only child and his father has passed. His mother had special needs and was a part of Volunteers of America. The granddaughter lives near her grandmother and spends weekends with her. She is very quiet.

**The visit encounters.**

Verbal conversation (M: Minister, S: Son, G: Granddaughter)

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| Initials |  |  |  |
| M |  Good afternoon. I am Chaplain Wendy with Spiritual Care. I came to see how you are doing and understand you have requested prayer. |  |  |
| S | Yes, we are having a really hard time. This is my mom. She has special needs. I called her last Monday and she said she had a headache. Later that day, they called me and said she was in the hospital. She had a stroke. I drove down from Nebraska. |  |  |
| M | I am so sorry to hear this. What is your name? (Asking granddaughter) |  |  |
| G | Christiana.(In a whisper) |  |  |
| S | I don’t know if I can do this.  |  |  |
| M | Tell me your thoughts. |  |  |
| S | I don’t know if she prayed enough before she died. It happened all of the sudden. I don’t know if she will go to heaven if she dies now. I didn’t get to talk to her about it. She didn’t get to pray as far as I know. |  |  |
| M | God knows her heart. He loves her and will take care of her. We look at what we have done and what we should have done. God gives us lots of grace and He knows our heart |  |  |
| S | Also, they want me to say its OK to turn off the machines. They said the only thing they can do is take some pressure off of her brain with a big operation, but its not going to help her. She is too far gone.  |  |  |
| M | So, what are your thoughts on that? I know this is really difficult. It’s there any other family to talk through this with?  |  |   |
| S | No, just me. It’s very hard. I know it’s the right thing to do sometimes, but I also have there’s bad thoughts in the back of my head saying “NO, NO!” |  |  |
| M |  I honestly think it is natural for you to have conflicting thoughts. Death is not what we want so your mind may be reacting to that. |  |  |
| S | Maybe so. I have to go back to work on Friday. I don’t want to leave her here like this. I don’t know what to do.  | \*This is where I questioned my role. Should I encourage him one way or the other? |  |
| M |  I know you will do what is right when it is time. You will know. I am glad you are able to be with her and have time with her now.  |  |  |
| M | (Turning to Granddaughter) How are you doing? |  |  |
| G | I’m fine. | Wishing I could make her feel safe to talk to me to be able to support her better. |  |
|  |  | We prayed together |  |
| M |  I will be back on Wednesday. I will come back and check on you all. I will be praying for you. |  |  |
| S | Thank you. Here is my cell phone number. Maybe we will tell them to do this today. |  | S |
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**End of the Conversation**

1. **How has your theology informed your work in this verbatim and why? What were its limitations? Strengths?**. My theology has informed me by understanding every person has incredible value. It’s strength was allowing me to share grace to someone else because of the grace I experience. It’s limits were in knowing exactly what to say to this son to answer his questions. There are things that only God knows.
2. **What do you think is going on spiritually in this patient's life**

The son was beating him self up emotionally and questioning his understanding of eternal security for his mother. He was wrestling with conflicting thoughts about whether or not it was right to cut off life support.

1. **Identify and discuss who you identify with in this encounter, is this a familiar experience (abandonment? Loneliness, etc.? Does anyone remind you of someone? What feelings surface during the encounter?**

I identified with the quiet girl, on some level. I am not as quiet as her, but having family around that does all of the talking was familiar. I knew she had a lot of thoughts and feelings about this, and wanted her to have her time to express them.

1. **What was your assessment of the people involved and what do you base that assessment on? Has your assessment changed since the encounter occurred?**

I found this son was very loving, but has let busyness of life cause him to forget his priorities. He was really grappling about how he wants to live differently because of this. I have the same assessment now. I hope he is doing well and continuing to be mindful.

**6. What relational dynamics were present during the encounter? What did you do with your observations of these dynamics? How does your presence impact the dynamics at play?**

The relationship dynamics were between a son and his mother, who was unresponsive, a granddaughter sitting with her unresponsive grandmother – close by her side and holding her hand. There was a dynamic between the father and the daughter – he seemed so caught up in emotions that her emotions weren’t being supported or cared for well. My presence gave him someone to vent to and process with. The daughter was listening and was following our conversation. I would have liked to have heard more from her.

**7. how did you initiate the encounter?**

I received a request through the palliative care physician that a family member of a patient wanted prayer. I found the room and the son was walking in as well. I told him I was a chaplain with spiritual care and asked if he had made the request.

**8. In what ways did you connect with the person and in what ways did you differ? Take into consideration elements such as age/ethnicity/gender/economic lifestyle/sexual orientation/race.** **Spiritual Care Reflection.**

I connected well with the son because he was open and was asking for support. He respected what I had to say despite me being a female and basically a stranger to him. We were relatively close in age and in the time of life where we are caring for both our children and our parents.

1. **Discuss how you addressed your learning goals in this encounter.**

I addressed my learning goals by interacting with the nurses outside of the patient room and introducing myself. They were receptive and grateful. I also got more experience in praying with a family and learning to pay attention to details so that I can pray specifically for them.

1. **What was different about your functioning in this encounter? Why?**

This was the first time I was asked for advice on end of life support and it made me cautious about what I said.

1. **Based on your reflection on this encounter, what goals do you have for future encounters that will address any weaknesses and or strengths you have identified**?

I need to learn about my role in speaking with families when their loved one is making an end of life decision so that I do not overstep my bounds.

1. **Share any image, song, metaphor or symbol to describe this encounter.**

Seeing the 11 year old girl sitting by her grandmother’s side holding her hand.

1. **were there any physical sensations that you became aware of while in the room (an ache, pain, gut response to something? If so, when did it occur?**

A little anxiety when I was asked about the life support. I felt unprepared and didn’t want to say the wrong thing.

**d. when you reflect on this care receiver what emotion and or physical sensations do you experience?**

Warmth because I interacted with them more later in the week and I feel like I was a support they needed at the time.

**What questions particular to this encounter do you have for your learning process?**

How do I handle end of life decisions? What are my limits? What is unethical for me to say?

1. What aspects of this encounter went particularly well, and why?

Connecting with the son and helping him work through his conflicting thoughts. He seemed to be much more at peace when he was able to process them.

1. What aspects could be improved upon in future interactions with patients and their families?

How to interact more with the daughter who was quiet and let her dad do all of the talking.

1. Do you think that should be additional spiritual guidance?

I provided more spiritual care during the week supporting them after she passed away and was an organ donor.

Reflection

March 18, 2024

1. What was asked/what was said?

My peers asked clarifying questions about the situation such as what the patient’s special needs were, specifically. They asked about how the daughter seemed to be handling the situation and what her relationship with her father seemed to be.

There were two main topics discussed. One was about the son’s doubts about his mother’s salvation. The second was about how to handle end of life conversations with patients. Most peers stated that they thought I handled these topics well and allowed the son to process his thoughts and come to his own conclusion. The CPE teacher told me to continue exploring curiously when he was doubting her salvation and not try to answer that question for him.

1. What I learned.

I learned that it is never our place as chaplains to persuade someone one way or the

 other about end of life decisions, but to practice curiosity and ask probing questions that will

 the family to come to their decisions. It is appropriate to discuss these topics with the family and, in fact, the chaplain can have a vital role in that.

 As far as the question of her salvation, I did not like how I responded to him saying

 God is graceful. I don’t want him to come to the conclusion that when we all die, we go to

Heaven. I learned to direct these questions more toward having peace with what the patient chose in their life but what does the patient need to have assurance of salvation in their own life.