

Ensuring a caring, careful death for all

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Rite and Reason: Chaplains are there when we have more need of the divine than a physician.

Paul Murray writes about those who care for the dying.

There are 30,000 deaths in Ireland every year, 60 per cent of which take place in hospital. Talk to those who deal with dying and bereavement, and you will discover that it is the chaplains who are among the unsung heroes at the deathbed.

Not only are they there all the time, but they bring patients and their families to the "beyond", a place that can get lost among the exotic equipment of the medical arena.

Chaplains also have to encounter people who might not share their view of the transcendent.

The role, of course, has changed. It is no longer a sinecure for the priest who could not make it in the parish, or a gentle pathway to retirement. It is a demanding role. It requires diplomacy, teamwork and an ability to roll with the secular and the lapsed. It is a role that takes place at the crossover between life and death or, for believers, between this life and another.

It is not a job for nuns or priests, but for men and women who may, or may not, have taken religious vows.

Bereaved relatives will tell you that it's the chaplain they often remember most. It was the chaplain who spoke to them and, more importantly, listened to them and their dying relative at the end. It was the chaplain who saw the wider picture that goes beyond the physical and the clinical.

This is not to gainsay the work of other healthcare workers who, despite secularisation, are increasingly absorbing the importance of holistic treatment and the role of spirituality in our dying hours.

A glance at some American literature reveals an examination of the clinician's role in guiding the patient through what can sometimes be spiritual turmoil. It tells us that there is more than a dying body to be cared for; that many people, even those not attached to a particular religion, will have questions that go beyond physical care.

It tells us, too, that being religious and being spiritual can be different, the latter involving an overall search for meaning rather than a defined belief system.

Doctors and nurses, of course, don't have time to engage fully with a patient's search for meaning, but they need to be aware that it is going on, and that there can be spiritual anguish. Paul Rousseau in the US Journal of Clinical Oncology says spiritual suffering should be suspected, for example, if a patient has inexplicable physical symptoms that do not respond to normally effective treatment.

The need for professional chaplaincy is clear. There won't be a grappling with the intricacies of the Assumption, but issues about fear, loss, forgiveness, guilt, farewells to loved ones, pain and suffering, the plight of the bereaved, and the meaning of "it all". And then there will be the family: confused, bitter, angry, frightened, sad, or relieved that a difficult dying is coming to a close.

Such is the challenge, and it extends from the time of diagnosis, through treatment, to the death and its aftermath.

The chaplain can't assume that Brigid from Mullingar is a Catholic or, if she is, that she will respond positively to particular references to a golden hereafter.

As one writer put it in another context, the chaplain at the very least is striving to elevate the patient's care above the merely routine. The chaplain is the listening post for how we see this and any other world.

When we die, or when a loved one dies, we need it to be marked as a significant event. We arrange appropriate physical surroundings. We turn off the ward television. The relatives are met in privacy. The bad news is told in a professional and caring way. The dead person is wheeled respectfully to the mortuary. There is aftercare for the family and they are welcomed back to the hospital to discuss any issues concerning the death.

These are the (not always achieved) basics and within this mix is the 24-hour presence of hospital chaplains who, with the healthcare workers, social workers and other professionals, seek to ensure that we have what an evolving Irish Hospice Foundation programme is promoting - a caring, careful death for all. The programme, involving 38 hospitals so far, is called "Hospice Friendly Hospitals". It wants to make Ireland the best place in which to die. Chaplains have a pivotal role. I want one at my death bed, even in my unbelief.

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