

I took care of him and he made the chaplain I am

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Ten years ago, when I was beginning as a Chaplain in São João Hospital, the biggest hospital of Oporto, in Portugal, a University hospital with a thousand and four hundred beds and without palliative care, someone came in my life. His name was José, a seventeen years old boy, an football player, with a terminal brain tumour. He was the only son of his parents, and his parents were always with him in the Neurosurgery.

Nurses talked to me about him because they thought it could be good for José and his parents if I approach them. I was just a little boy. What they were asking me was what I was afraid since the day I became chaplain. I didn't have any specific training to be chaplain and specially to be chaplain facing a situation like that. But I had to go. And I went. And when I arrived next to the family, the mother looked at me and, immediately, told me: "What is the representative of the God who is stealing me my only son doing here?"

I think you can imagine what I felt. If I had any place to run away! But I had to say something to her. I simply apologised and offered my services. And I came out.

It was one of the most hard experience of all my life as a Chaplain. It was terrible to be refused when my intentions were the best. And, more than that, was terrible because I was feeling that my intervention increased their suffering.

The next days I followed the situation, but I didn't try any intervention, because José's Parents were always there. But I was focused on José and, one afternoon, I found him alone and I approached him. He was conscious but he didn't know he was dying. That first meeting was the beginning of a long and intense pastoral relationship. In a first step, only when his parents were not there. Then he himself introduced his mother and his father in the circle. After that,

their attitude changed. Also with them, the meeting became pastoral meeting. I had personal talking with each of them and with the family all together.

The meetings with José were very impressive to me. He was walking in the darkness, looking for light. And he found it: one night, and he was already blind, he ask me to confess. It was a real experience of recapitulation of all his life and reconciliation with God.

Some days later, on José's eighteenth birthday, he was living his last days, his mother asked to me: "Today is José's birthday. Don't you think this is a good day to give him the last Sacraments?". I agreed. After the Unction with the sacred oil, when we where praying the *Our Father*, having each one of us one of his hands in our hands, José died.

At the moment my relationship with the family was so intense that the mother asked me to phone José's father to give him the bad new. In the afternoon, they asked me to preside the José's funeral.

This is the history. I wanted to tell you this story because José's last days where my first experience, as a chaplain, with the end of life issues. For me, my history with José and his parents was one of the most rich experiences. Reflecting about this case – and for me this was not just a case – almost ten years after, some questions emerge:

1. **Specific preparation to be chaplain with patients dieing.** I was not prepared for that! And the question is: what kind of training our Churches and Organisations are giving to those they send to be Chaplains. Specifically, what training concerning end of life?
2. **Chaplain is just a Chaplain, he's not God.** I learned a lot with José and his family. I became conscious of my limits and of my mission limits. I learned that there are questions for which I don't have answers, perhaps just only each one can find hisown answers. We, as Chaplains, only can help and just if we are accepted. We have to respect each own

rhythm, each own way, and we have to wait and to be present at the right moment. We have to find the right way to approach.

3. **First: the Patient.** I learned another thing very important. We can't give up on competent patient, if his family circle don't want our intervention. Our reason is the patient and his family as a unit. But we have to be very firm that this is the order of the factors: first the patient. It's a question of respect for patient's autonomy.
4. **Communication skills.** In José's history, when I made my first approach, one of the reasons why I was refused was "Conspiracy of Silence". My presence could reveal the thought of José's real condition. And the family don't want it. In my life as a Chaplain this is a continuous experience. We have to develop our communication skills.
5. **Team work.** For me, it was very important to be called by the nurses and to have the opportunity to share with them the suffering of the first day. They really supported me. All my intervention in José's history was shared with them and the doctor, obviously preserving the confidentiality that characterizes my position as chaplain.

Concluding: José's last days, my first days as a Chaplain, where only one reality. I took care of him and he made the Chaplain I am.

Fr. J. Nuno