

The Beacon

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News from The HealthCare Chaplaincy – A Multifaith Center for Pastoral Care, Education & Research

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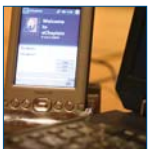
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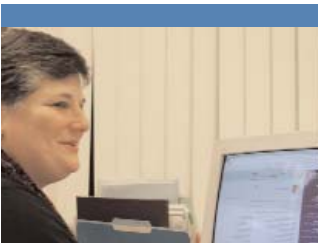
The concept “One Size Fits All” applies to baseball caps and tube socks but falls short when the subject turns to the provision of multifaith pastoral care. Acknowledging this reality in its new strategic plan (ratified July 2004), The HealthCare Chaplaincy recently implemented new clinical services models that offer clients a range of services tailored to their individual needs.

“The Chaplaincy will continue to administer and staff pastoral care departments for area healthcare institutions,” said the Rev. George Handzo, HCC’s director of clinical serv-



The Rev. George Handzo, director of clinical services for The HealthCare Chaplaincy (pictured on right), discusses various service options with Hans Desnoyers, CSW of Housing Works, the largest community-based AIDS service organization in America and one of The Chaplaincy’s new clients. The Chaplaincy now offers an expanded menu of consultation, assessment, and direct clinical services and has extended its client base beyond its traditional network of greater New York hospitals and long-term care facilities.

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The Rev. Martha Jacobs, managing editor of *PlainViews*™ e-newsletter, facilitates communication among healthcare chaplains from all over the globe.

PlainViews

I N T E R V I E W

Responding to a perceived need to foster greater professional communication among chaplains, The HealthCare Chaplaincy inaugurated an electronic newsletter, *PlainViews*,™ on February 1, 2004. The Beacon met with the Rev. Martha Jacobs on the publication’s one-year anniversary.

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Lifting the Spirit

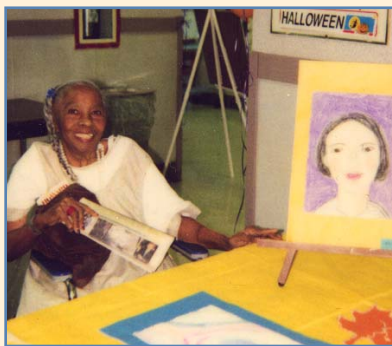
A Message from the Rev. Dr. Walter J. Smith, S.J., President & CEO

In a text entitled “Letter to a Friend,” the first-century Buddhist master Nagarjuna writes: *“If this life buffeted by the wind of a thousand sorrows is more precarious than a bubble on water, it is a miracle, after sleeping, breathing in, breathing out, to wake up refreshed.”* When I made my airline reservations last Fall for a retreat/vacation in southeast Asia, I could not have imagined the human and material devastation that a tsunami would visit upon the peoples and countries that border the Indian Ocean. Once it occurred, I knew that I would have to alter my itinerary and try to offer some personal assistance. Arriving in Bangkok in mid-January, I quickly made my way to a volunteer relief center in Phangnga in south Thailand. Although the circumstances were different, being there reminded me of the family centers that The Chaplaincy helped organize and staff in the wake of the 9-11 murderous attacks on the World Trade Center.

At a Buddhist temple, Wat Yanyao, in the Takua Pa district, I joined an international group of forensic professionals and other volunteers who were attempting to sort and identify the hundreds of bodies that were being recovered and brought to the monastery morgue each day. The work was physically, emotionally and spiritually draining. Each evening, at the Khao Lak Nature Resort where many of the volunteers were housed and fed, I helped the other volunteers—most of whom were looking into the face of death for the first time—to talk about their experiences. There were many Thai university students, as well as others from Europe, the Americas, and Australia, assisting in the relief efforts. Although there were barriers of language, culture, age, and religion, there was also an amazing sense of solidarity that yoked together this unlikely global community of caregivers.

Healing Moments

Building the Temple Together



Miss Alice Savage played the piano every week for her fellow nursing home residents at a long-term care facility in New York City.

Entrusted to lead worship services in a rehab and residential healthcare facility, I am continually energized by the opportunity to foster spiritual community. My intention is to offer a multi-faith context which resonates with the predominantly Christian participants, while engaging everyone.

Music invites that possibility because it serves as a common language of the heart.

Reading from The Psalms, I introduced a theme of building the Temple together, with music as the Temple’s foundation. I offered each person the choice of a rattle or a bell. The piano became our cornerstone and its player, Miss Alice Savage, became the mortar holding that stone in place.

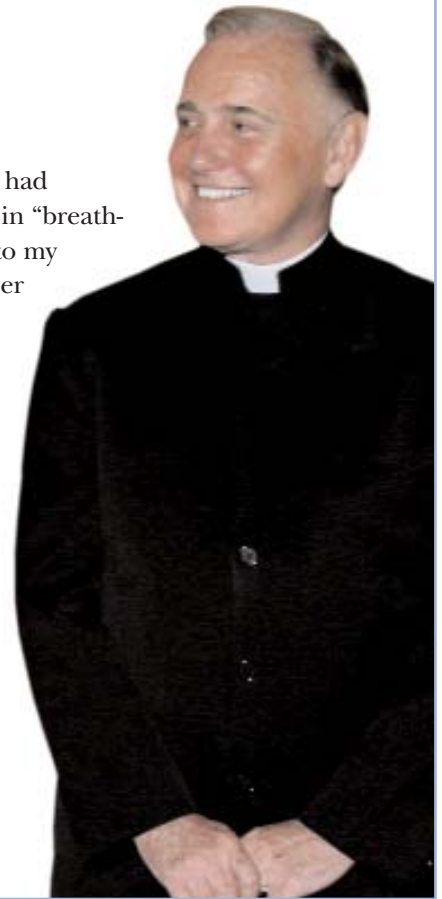
At age 80, Alice seemed so fragile, greeting me, “You like me, don’t you?” then smiling wistfully as she sang, “Stop your crying, keep on smiling.” Alice transformed at the piano, her frail fingers exuding great strength as she played with delighted devotion. Our director of pastoral care and I looked to Alice as a partner in prayer.

I am back now to the ordinary day-to-day concerns of promoting and insuring the multifaith mission of The HealthCare Chaplaincy. In this world, too, life is continually “buffeted by the wind of a thousand sorrows.” A retreat/vacation is meant to provide rest and perspective and recharge the batteries. One would not expect to discover peace and inner tranquility in a place where makeshift coffins are piled eight feet high and the smell of death is pervasive. A young Thai woman in her final year of studies at Chulalongkorn University summed it up well when she told me how touched she was by the love, kindness, and gratitude she received from the villagers who had survived the ravaging wave and now must mourn the loss of family members, homes, and their livelihood. “They teach me important lessons for my life,” she said.

It wasn't the retreat or respite that I had needed or anticipated this year, but in “breathing in and breathing out,” I return to my work at The Chaplaincy with a deeper appreciation of its intrinsic worth and importance, and in a paradoxical way, refreshed. ■



The Rev. Dr. Walter J. Smith, S.J.
President & CEO



One morning, minutes before we were to begin, I learned that Alice had died in the hospital the previous night. My eyes began to tear. A wave of sorrow came over me, then a burst of energy as I struggled with what to do next.

I went with my heart, sharing the news and my personal response. I spoke of how Alice understood the healing power of friendship. She befriended many people and, in letting her own light shine, she invited each of us to do the same.

After a few minutes of silent prayer, I invited everyone to join in singing “This Little Light of Mine.” Slowly, rattles began to shake. Soon the bells joined in. Within minutes, we were playing as one voice. I felt Alice’s presence and began to sway to the rhythm. In my mind’s eye, I saw her smiling in a way that

communicated ease and great happiness.

Alice personified the essence of harmony. She helped me realize that only when we are joined together in community do the words of Psalm 87 ring true:

“Singers and musicians and dancers dwell here.
Here is the source of all my joy.”

Judith Seicho Fleischman is enrolled in The HealthCare Chaplaincy’s 2004-2005 Pastoral Care Residency, a full-time program that prepares qualified individuals for careers as healthcare chaplains. ■

Beacon: Tell us a little bit about *PlainViews* and its readership.

The Rev. Martha Jacobs: *PlainViews* is an electronic publication designed primarily for healthcare chaplains and other spiritual care providers, but it's available—free of charge—to anyone who wishes to subscribe.

Beacon: Are there any other electronic publications designed to reach the entire pastoral care community regardless of faith tradition?

Jacobs: Not to my knowledge. *PlainViews* is the first and appears to be having quite an impact on the pastoral care community. One subscriber wrote in the other day thanking us for “binding together the spiritual caregiving community with a cord that can never be broken.”



PlainViews subscriber the Rev. David Plummer, a healthcare chaplain, electronically submits articles for publication to the Rev. Martha Jacobs from his hospital in Hampton, VA.

Beacon: Was that an inspiration behind *PlainViews*, to bind professional chaplains together?

Jacobs: It was one of our goals. The articles we publish provide a common framework for discussion among multifaith chaplains everywhere. Our TalkBack column in particular provides a forum for chaplains to share information, offer other views on our articles and write about workplace ethics, interfaith issues, and so on.

Beacon: Who writes the other columns, such as Professional Practice, Advocacy, and Spiritual Development?

Jacobs: Almost all of the articles are written by chaplains themselves. This is important because, although we see more articles than ever about spirituality and healthcare, very few are written by pastoral caregivers. As a result, the chaplain's

perspective is mostly absent from the public discourse on a number of issues such as end-of-life care, organ donation, and advance directives.

Beacon: How many people subscribe to *PlainViews*?

Jacobs: We launched with a mailing list of 3,200 names, but that number has grown week by week to over 6,700.

Beacon: That sounds like a fantastic growth rate.

Jacobs: We're very gratified by this rapid growth, especially because it's based predominantly on positive word-of-mouth among chaplains. But keep in mind there are over 10,000 certified chaplains in North America alone and thousands more healthcare professionals who are interested in spiritual care, so there's still a lot of room for growth.

Beacon: Are there *PlainViews* readers beyond the United States and Canada?

Jacobs: We have readers in South America, South Africa, Germany, England, Kenya, and many other countries. Thanks to the power of the Internet, it's possible for a chaplain anywhere in the world to participate in this “virtual” community of pastoral caregivers. That was our overall goal and I am thrilled that we have achieved it and found a way for chaplains to communicate with each other about areas of pastoral care that are of interest and concern to all of us. ■

Please visit www.plainviews.org to subscribe to the e-newsletter, read the current issue or peruse the archives.



Jeffrey T. Berger, MD, FACP explores the ethics of patient care through a new prism

Chaplain Jane Mather, director of pastoral care at Winthrop-University Hospital accompanies Dr. Jeffrey T. Berger, MD, FACP of Winthrop-University Hospital as he is honored by The HealthCare Chaplaincy at the 2004 *Wholeness of Life Awards* benefit dinner.

What are the commonalities that link our most compassionate healthcare professionals, regardless of their particular function within a medical institution? I suspect that what they share is the notion that “patients’ rights” as a guide to their work is not terribly compelling.

I believe that, as a group, the best healthcare professionals are far more concerned with their *obligations* to patients, which is a much more rigorous and virtuous standard for care than is “patients’ rights.” Rights are about claims patients may make on us, and actions those claims require the hospital to take. Rights form merely a floor – not an aspirational goal – for good care. Obligations exceed rights and are grounded in notions of professional excellence, role-related virtues, and personal moral requirements and standards.

Rights do not compel us to robustly recognize and respect each patient’s individuality and dignity. They merely require us to perform some tasks, definable and measurable by legal and regulatory bodies. Obligations to respect and care about persons are broader and deeper and manifest in ways that are not so easily measured. These obligations cause us to pause and recognize, assess and endorse these less readily measured, yet essential, elements of good care.

One of the great challenges in caring for patients, and this holds for everyone that interacts with patients – clinicians and non clinicians – is to perform the same tasks repeatedly,

each day, while continually holding a heightened awareness that each encounter obligates us to be attentive, personable, caring, considerate, empathetic and responsive, and to do this while working with vulnerable patients and distressed families of diverse religious, cultural, ethnic, and linguistic backgrounds. It’s a tremendously humbling responsibility and an incredible task that we have no choice but to accept if we value human dignity, and if we wish to work towards a more decent community and ethical world. ■

Jeffrey T. Berger, MD, FACP was one of fourteen caregivers honored at the 2004 Wholeness of Life Awards gala. Dr. Berger practices medicine at Winthrop-University Hospital, where he leads several ethics-oriented committees. He has written extensively on ethical issues in medicine. Despite the publication dates of the following texts, Dr. Berger notes that they remain classics in the field of patients’ rights:

- Faden R. and Beauchamp T., **A History and Theory of Informed Consent**, Oxford University Press, 1986.
- Annas G., **The Rights of Patients**, Southern Illinois University Press, 1989.

Chaplaincy expands the breadth of its clinical service mission

ices, “But at the same time we realize that many potential new clients don’t need the ‘full package’ for one reason or another. They may not have operating budgets large enough to sustain a pastoral care department, or they may be located too far beyond The Chaplaincy’s catchment area, making it impossible to directly meet their staffing needs.”

By developing new clinical services models, a far greater number of prospective healthcare partners can now receive a variety of Chaplaincy services, beginning with an initial paid consultation and assessment of the facility. In a break from past procedure, healthcare institutions may choose to solicit The Chaplaincy’s advice designing a pastoral care department without also contracting with The Chaplaincy to administer the program once it’s established.



As part of The Chaplaincy’s new marketing strategy, COO Jeanne Lee and Director of Clinical Services the Rev. George Handzo offer a wide selection of services to potential new clients.

Providing Recruitment Services

Other institutions may want help expanding or diversifying a pre-existing pastoral care program. As part of this, The Chaplaincy may recruit certified chaplains and chaplain supervisors for direct employment by medical institutions. As COO Jeanne Lee put it, “With a clinical staff and faculty representing over 30 different faith traditions, The Chaplaincy has the collective expertise necessary to meet the needs of institutions looking for certified chaplains from particular religious and ethnic backgrounds. These are individuals who—because of their multifaith training in clinical pastoral care—are capable of ministering to individuals of differing faiths or have no religious affiliation whatsoever.”

Creating Professional Development Opportunities

Medical institutions managing their own pastoral care departments may also utilize The Chaplaincy’s extensive Continuing Education program for the benefit of the pas-

toral care clinicians in their employ. The Chaplaincy will provide these non-HCC clinicians with an important venue for acquiring professional development credits necessary to

maintain certification status. Until now, lectures, mini-courses and other professional development initiatives were reserved exclusively for The Chaplaincy’s own staff and full-time pastoral education residents.

Broadening Constituencies

By expanding its menu of service options, The Chaplaincy is now in a position to extend its reach farther than ever before, both geographically and with respect to the kinds of healthcare institutions with which it partners. “The majority of institutions we have contracted with in the past were full-service hospitals and nursing homes. But there are many healthcare and residential venues—such as cancer or AIDS out-patient centers and home care programs—where pastoral care is not addressed or not addressed very well,” said Lee. “We’re looking forward to working with these institutions, either by facilitating the provision of spiritual care or by helping educate staff so they are better prepared to meet their patients’ spiritual needs themselves.” ■

Chaplaincy Briefs

The HealthCare Chaplaincy became a network member of the National Library of Medicine and, as a result, now has access to DOCLINE®. Chaplaincy clinicians and students, and interested community members, may use this database to access materials from a network of medical libraries spanning the entire United States.

HCC's Director of Education **the Rev. A. Meigs Ross** led a workshop at the annual conference of the Association for Clinical Pastoral Education (ACPE) in Portland, Maine. The Rev. Ross's workshop, entitled "Designing a Systems-Oriented CPE Curriculum" was attended by 125 conference participants. Several other Chaplaincy clinicians attended the conference.

HCC Chaplain Supervisor **the Rev. Trudi Jinpu Hirsch** was profiled recently in *Tricycle: The Buddhist Review* on the subject of Buddhism and chaplaincy. *Tricycle* has a subscription base of 30,000 and a newsstand draw of 25,000. The Rev. Hirsch is an ordained Zen Buddhist priest. She supervises multifaith and all-Buddhist groups of student chaplains at NYU Medical Center.

The Rev. Michael Carter, an HCC chaplain serving at Beth Israel Medical Center and New York Hospital Queens, recently gave a lecture at another Chaplaincy partner institution, East Harlem's North General Hospital, which is the only minority-run hospital in America. The Rev. Carter's lecture was entitled "Laying Our Burdens Down: Chronic Trauma in Communities of Color."

The Chaplaincy's **Rabbi Bonita E. Taylor** once again chaired the annual conference of the

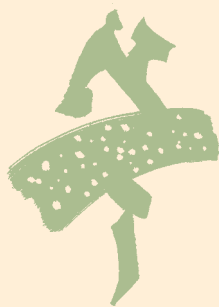
National Association of Jewish Chaplains in January, 2005. Rabbi Taylor, two other HCC employees and several former HCC students made presentations and led workshops at the conference. Additionally, a total of eight Chaplaincy employees and former students were elected to sit on the NAJC Board and two former students were board certified at the conference.

Kevin J. Flannelly, Ph.D., was recently appointed to the Editorial Board of *The Journal of Pastoral Care & Counseling*. Dr. Flannelly has been associate director of research for The HealthCare Chaplaincy since 2001.

RECENTLY PUBLISHED RESEARCH:

- "A Study of Pastoral Care, Referral and Consultation Practices among Clergy in Four Settings in the New York City Area" *Pastoral Psychology*
- "A comparative analysis of the psychological literature on collaboration between clergy and mental-health professionals" *Pastoral Psychology*
- "The quantity and quality of research on religion in four gerontology journals between 1985 and 2002" *Research on Aging*
- "Methodologic issues in research on religion and health" *Southern Medical Journal*
- "The Role of Religion/Spirituality for Cancer in Research on Religion and Health" *Southern Medical Journal*
- "Religion and Spirituality in Three Major General Medical Journals from 1998 to 2000" *Southern Medical Journal*

Save the Date! Commissioning of New Chaplains



Please join us at Congregation Or Zarua on Tuesday, May 17, 2004:

- Address: 127 East 82nd Street, NYC, NY
- Reception: 5:30 p.m.
- Commissioning: 6:30 p.m.
- Highlight: Recognition of Sr. Elaine Goodell, staff chaplain at Memorial Sloan-Kettering Cancer Center, for her 20 years of service to The Chaplaincy.

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The HealthCare Chaplaincy is the nation's largest non-denominational multifaith center for pastoral care, education, and research. The Chaplaincy is one of the most efficient charities in the country, with more than 80% of its funds going directly to programs that support its mission. This newsletter is published for friends, supporters, and alumni/ae. Please send address corrections and other correspondence to The HealthCare Chaplaincy.

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eChaplain™ Training Gets Underway



The Rev. John Overvold, HCC's director of pastoral care and education at North Shore University Hospital, leads a group of fellow chaplains in a training session for the new eChaplain™ initiative.

The Rev. Dr. John Bauman, the Rev. Arlinda Derrick, and the Rev. Sergei Petrov get acquainted with the handheld computers used to record patient information. Once entered onto the handheld, data can then be easily transferred to a personal computer where it is uploaded onto The Chaplaincy's dedicated Internet server for later review by authorized Chaplaincy clinicians, students and research staff.

