

LATEST NEWS

Undeterred during COVID-19, hospital chaplains transform delivery of spiritual care

Publish date: April 27, 2020

By [Doug Brunk](#)

The first time that [the Rev. Michael Mercier <https://www.healthcarechlaincy.org/rhode-island.html>](https://www.healthcarechlaincy.org/rhode-island.html), BCC (a board-certified chaplain), provided spiritual care for a patient hospitalized with COVID-19 in March, he found himself engaged in a bit of soul-searching. Even though he donned a mask, gloves, and gown, he could get no closer than the hospital room doorway to interact with the patient because of infection-control measures.



Bill Murphy/Lifespan

Rev. Michael Mercier

“It went against all my natural instincts and my experience as a chaplain,” said Rev. Mercier, who serves as director of spiritual care for Rhode Island Hospital, Hasbro Children’s Hospital, Miriam Hospital, and Newport Hospital, which are operated by Lifespan, Rhode Island’s largest health system. “The first instinct is to be physically present in the room with the person who’s dying, to have the family gathered around the bedside.”

Prior to standing in the doorway that day, he’d been on the phone with family members, “just listening to their fear and their anxiety that they could not be with their loved one when their loved one was dying,” he said. “I validated their feelings. I also urged them to work with me and the nurse to bring a phone into the room, hold it to the patient’s ear, and they were able to say their goodbyes and how much they loved the person.”

The patient was a devout Roman Catholic, he added, and the family requested that the Prayer of Commendation and the Apostolic Pardon be performed. Rev. Mercier arranged for a Catholic priest to carry out this request. “The nurse told the patient what was going on, and the priest offered the prayers and the rituals from the doorway,” Rev. Mercier said. “It was a surreal

experience. For me, it was almost entirely phone based, and it was mostly with the family because the patient couldn't talk too much.”



Carolanne B. Hauck

To add to the sense of detachment in a situation like that, doctors, nurses, and chaplains caring for COVID-19 patients are wearing masks and face shields, and sometimes the sickest patients are intubated, which can complicate efforts to communicate. “I’m surprised at how we find the mask as somewhat of a barrier,” said [Carolanne B. Hauck](#)

<https://www.lancastergeneralhealth.org/settings/people-list-folder/pastoral-services/carolanne-hauck> , BCC, director of chaplaincy care & education and volunteer services at Lancaster (Pa.) General Hospital, which is part of the Penn Medicine system. “By that I mean, often for us, sitting at the bedside and really being able to see someone’s face and have them see our face – with our masks, that’s just not happening. We’re also having briefer visits when we’re visiting with COVID patients.”

COVID-19 may have quarantined some traditional ways of providing spiritual care, but hospital chaplains are relying on technology more than ever in their efforts to meet the needs of patients and their families, including the use of iPads, FaceTime, and video conferencing programs like Zoom and BlueJeans.

“We’ve used Zoom to talk with family members that live out of state,” Rev. Mercier said. “Most of the time, I get an invitation to join a Zoom meeting, but now I need to become proficient in utilizing Zoom to set up those end-of-life family meetings. There’s a lot of learning on the fly, how to use these technologies in a way that’s helpful for everybody. That’s the biggest thing I’m learning: Connection is connection during this time of high stress and anxiety, and we just have to get creative.”

Despite the “disembodied” nature of technology, patients and their families have expressed gratitude to chaplains for their efforts to facilitate connections between loved ones and to be “a

guide on the side,” as [Mary Wetsch-Johnson <https://www.courierherald.com/life/local-pastors-helping-with-spiritual-care-at-hospital-church-corner/>](https://www.courierherald.com/life/local-pastors-helping-with-spiritual-care-at-hospital-church-corner/) , BCC, put it. She recalled one phone conversation with the daughter of a man with COVID-19 who was placed on comfort measures. “She said her dad was like the dad on the TV series *Father Knows Best*, just a kind-hearted, loving, wonderful man,” said Ms. Wetsch-Johnson, a chaplain at [CHI Franciscan Health <https://www.chifranciscan.org/about-us.html>](https://www.chifranciscan.org/about-us.html) , which operates 10 acute-care hospitals in the Puget Sound region of Washington state. “She was able to describe him in a way that I felt like I knew him. She talked about the discord they had in their family and how they’re processing through that, and about her own personal journey with grief and loss. She then asked me for information about funeral homes, and I provided her with information. At the end of it, she said, ‘I did not know that I needed you today, but you are exactly what I needed.’ ”



Courtesy Rabbi Neal J. Loevinger

Rabbi Neal J. Loevinger

Hospital chaplains may be using smartphones and other gadgets to communicate with patients and their families more than they did in the pre-COVID-19 world, but their basic job has not changed, said [Rabbi Neal J. Loevinger <https://www.myjewishlearning.com/author/rabbi-neal-j-loevinger/>](https://www.myjewishlearning.com/author/rabbi-neal-j-loevinger/) , BCC, director of spiritual care services at Vassar Brothers Medical Center in Poughkeepsie, N.Y., part of a seven-hospital system operated by Nuvance Health. “We offer the hope of a caring presence,” said Rabbi Loevinger, who is also a member of the board of directors for [Neshama: Association of Jewish Chaplains <http://jewishchaplain.net/>](http://jewishchaplain.net/) . “If someone is in a hole, our job is to climb down into the hole with them and say, ‘We’re going to get out of this hole together.’ We can’t promise that someone’s going to get better. We can’t promise that everything’s going to be all right. What we can promise is that we will not abandon you. We can promise that there will be someone accompanying you in any way we can through this crisis.”

Ms. Hauck remembered a phone conversation with the granddaughter of a patient hospitalized with COVID-19 who was nearing the end of her life. The granddaughter told her a story about how

her grandmother and her best friend made a pact with each other that, when one was dying, the other would come to her side and pray the Rosary with her. “The granddaughter got tearful and said, ‘That can’t happen now,’ ” said Ms. Hauck, who oversees a staff of 9 chaplains and 10 per diem chaplains. “I made a promise that I would do my best to be at the bedside and pray the Rosary with her grandmother.”

The nurses were aware of the request, and about a day later, Ms. Hauck received a call at 1 a.m., indicating that the patient was close to dying. She drove to Lancaster General, put on her personal protective equipment, made it to the patient’s bedside, and began to pray the Rosary with her, with a nurse in the room. “The nurse said to me, ‘Carolanne, all of her stats are going up,’ and the patient actually became a little more alert,” she recalled. “We talked a little bit, and I asked, ‘Would you like to pray the Rosary now?’ She shook her head yes, and said, ‘Hail Mary, full of grace ...’ and those were the last words that she spoke. I finished the prayers for her, and then she died. It was very meaningful knowing that I could honor that wish for her, but more importantly, that I could do that for the family, who otherwise would have been at her side saying the Rosary with her. We have a recognition of how hard it is to leave someone at the hospital and not be at their bedside.”



Mary Wetsch-Johnson poses by a banner placed outside of St. Elizabeth Hospital in Enumclaw, Wash.*

Hospital chaplains are also supporting interdisciplinary teams of physicians, nurses, and other staff, as they navigate the provision of care in the wake of a pandemic. “They are under a great deal of stress – not only from being at work but with all the role changes that have happened in their home life,” Ms. Wetsch-Johnson said. “Some of them now are being the teacher at home and having to care for children. They have a lot that they come in with. My job is to help them so that they can go do their job. Regularly what I do is check in with the units and ask, ‘How are you doing today? What’s going on for you?’ Because people need to know that someone’s there to be with them and walk with them and listen to them.”

In the spirit of being present for their staff, she and her colleagues established “respite rooms” at CHI Franciscan hospitals, where workers can decompress and get recentered before returning to work. “We usually have water and snacks in there for them, and some type of soothing music,” Ms. Wetsch-Johnson said. “There is also literature on breathing exercises and stretching exercises. We’re also inviting people to write little notes of hope and gratitude, and they’re putting those up for each other. It’s important that we keep supporting them as they support the patients. Personally, I also round with our physicians, because they carry a lot with them, just as much as any other staff. I check in with dietary and environmental services. Everybody’s giving in their own unique way; that helps this whole health care system keep going.”



Courtesy Mary Wetsch-Johnson

In makeshift respite rooms, health care workers are invited to leave messages of support for their colleagues and hang them on an artificial tree.

On any given day, it’s not uncommon for hospital staff members to spontaneously pull aside chaplains to vent, pray, or just to talk. “They process their own fears and anxieties about working in this kind of environment,” Rev. Mercier said. “They’re scared for themselves. They think, ‘Could I get the virus? Could I spread the virus to my family?’ Or, they may express the care and concern they have for their patients. Oftentimes, it’s a mixture of both. Those spontaneous conversations are often the most powerful.”

Ms. Hauck noted that some nurses and clinicians at Lancaster General Hospital “are doing work they may have not done before,” she said. “Some of them are experiencing death for the first time, so we help them to navigate that. One of the best things we can do is hear the anxiety they have or the sadness they have when a patient dies. Also, maybe the frustration that they couldn’t do more in some cases and helping them to see that sometimes their best is good enough.”

She recalled one younger patient with COVID-19 who fell seriously ill. “It was really affecting a lot of people on the unit because of the patient’s age,” she said. “When we saw that the patient was getting better and would be discharged, there was such a sense of relief. I’m not sure that patient

will ever understand how that helped us. It was comforting to us to know that people are getting better. It is something we celebrate.”

As chaplains adjust to their “new normal,” carving out time for self-care is key. Ms. Hauck and her staff periodically meet on Zoom with a psychotherapist “who understands what we do, asks us really good questions, and reminds us to take care of ourselves,” she said. “Personally, I’m making sure I get my exercise in, I pack a healthy lunch. We do check in with each other. Part of our handoff at every shift provides for an opportunity to debrief about how your day was.”

Rev. Mercier’s self check-in includes deep-breathing meditation and reciting certain prayers throughout the day. “The deep breathing helps me center and refocus with my body, while the prayers remind me of my connection to the Divine,” he said. “It also reminds me that in the midst of the fear and the anxiety, I fear for myself. It’s hard not to be concerned that I could be infected. I have a family at home and could spread this to them. The prayer practices are a reminder to me that it’s okay to feel those fears and anxieties. Sometimes the spiritual practice helps me find that place of acceptance. That enables me to keep moving forward.”

Ms. Wetsch-Johnson described the sense of upendedness caused by the COVID-19 pandemic as a “ripple in the water that’s going to have long-lasting effects on the delivery of health care. People are taking the time to listen to one another. I’ve seen people in all departments be more compassionate with one another. I’ve seen managers go out of their way to make sure their staff are deeply cared for. I think that will have a ripple effect. That’s my hope, that we will continue to be more compassionate, more loving, and more understanding.”

Rabbi Loevinger hopes that even the most reticent physicians remember that chaplains serve as their advocate, too, especially during times of crisis. “This has been a time of unprecedented ethical wrestling in our hospitals, where there’s been a real concern that doctors, nurses, and respiratory therapists are going to be faced with morally distressing situations regarding insufficient PPE, or insufficient ventilator or dialysis machine supply to support everybody that needs to be supported,” he said. “Chaplains are a key part of the process of making ethical decisions, but also supporting physicians who are in distress over [being in] situations they never had imagined. Physicians don’t like to talk about the fact that a lot of the decisions they make are really heartbreaking. But if chaplains understand anything, it’s that being brokenhearted is part of the human condition, and that we can be part of the answer for keeping physicians morally and spiritually grounded in their work. We always invite that conversation.”

For Rev. Mercier, serving in a time of crisis reminds him of the importance of providing care as a team, “not just for patients and families, but for one another,” he said. “One of the lessons we can

learn is, how can we build that connection with one another, to support and care for one another? How can we make sure that no one feels alone while working in the hospital?”

He draws inspiration from a saying credited to St. John of the Cross, which reads, “I saw the river through which every soul must pass, and the name of that river is suffering. I saw the boat that carries each soul across that river, and the name of that boat is love.”

“It’s that image that’s sticking with me, not just for myself as a chaplain but for all of my colleagues in the hospital,” said Rev. Mercier, who also pastors Tabernacle Baptist Church in Hope, R.I.

“We’re in that river with the patients right now, suffering, and we’re doing our best to help them get to the other side – whatever the other side may look like.”

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Correction, 4/30/20: An earlier version of the caption for the photo with Mary Wetsch-Johnson misstated the location. The photo was taken outside St. Elizabeth Hospital in Enumclaw, Wash.

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