

Hospitals expanding duties of chaplains

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Role redefined as visits soar

By Liz Kowalczyk, Globe Staff | August 31, 2009

Minutes after arriving at Brigham and Women's Hospital, the Rev. George Winchester received an urgent page from the intensive care unit. A man was dying. The chaplain should come immediately.

Winchester found the patient and his son lightly crying. "I hear you've made a big decision," he said.

The conversation marked the start of a relentless recent workday for the Catholic priest, a day that included the traditional jobs of a hospital chaplain, such as anointing of the sick, but that also involved duties once reserved for doctors and nurses: attending medical rounds and helping run a difficult family meeting.

There was no shortage of work. The number of requests from patients, families, and staff for spiritual guidance in one of the country's most technology-rich medical hubs has soared, as hospitals have expanded the role and number of chaplains.

Since 2004, requests for chaplains at the Brigham have jumped 23 percent. At Massachusetts General Hospital, requests have grown 30 percent since the hospital began tracking visits in 2006. And at Beth Israel Deaconess Medical Center, which expanded its pastoral care program last year, monthly visits are expected to rise to at least 540 this month, a 10-fold increase over the same time last year.

"Visits are just going through the roof," said the Rev. Julia Dunbar, director of pastoral care and education at Beth Israel Deaconess.

Chaplains and doctors said requests - from both religious and nonreligious patients and families - are growing in part because hospitals are caring for sicker patients who are more often grappling with questions about aggressive care and death. The number of Latino patients also has grown, chaplains said, and many of these patients are deeply religious.

Also, as hospitals have expanded the role and number of chaplains, which include priests, ministers, rabbis and imams, they've become more visible and available. Last year, Beth Israel Deaconess hired a full-time Catholic priest and six part-time chaplains and began asking all patients whether they want a visit during their stay. Mass. General has assigned its chaplains to specific units to increase their visibility.

The Brigham has significantly increased its chaplaincy staff in the past six years and now requires chaplains to respond to all trauma cases along with the medical staff. The hospital also started a residency program to train chaplains and compassionate care rounds, "tea for the soul" and other programs for staff to talk about caring for terminally-ill patients.

These special programs are "part of an attempt to be more human in a place where we can get so detached and focused on the business of running a hospital," said Kathleen Gallivan, who became director of chaplaincy services in 2003.

There is a growing belief that providing for spiritual needs increases patient and family satisfaction and may even provide medical benefits. Doctors and nurses are so busy, and chaplains can fill the void, glean information they pass on to the medical team. Winchester said he sometimes senses a family moving away from aggressive care for their loved one and toward comfort measures only, which he then relays to providers.

Dr. Michael Howell, an intensive care physician at Beth Israel Deaconess, noticed that satisfaction among

families surveyed in the hospital's ICUs shot up last year, after chaplains began spending time in the units.

Dr. David Sugarbaker, a world-renowned thoracic surgeon at the Brigham, believes the benefits extend even further, though he hasn't rigorously studied the issue. Several years ago he hired a chaplain dedicated to his patients with mesothelioma, a type of cancer caused by asbestos exposure. "It seemed clear to me and to other members of the surgical team that those patients who had regular visits by a chaplain, they got through surgery more smoothly and [recovered] more quickly," Sugarbaker said.

Nationally, it's unclear whether the number of chaplains and visits has grown, said Wendy Cadge, a theology professor at Brandeis University, because most hospitals don't keep comprehensive records. But Cadge, who is writing a book about the topic called "Paging God," said chaplains across the country more often are adopting nontraditional duties such as attending medical rounds. They have also taken on a more nondenominational role, with Catholic priests at times visiting Jewish patients and rabbis visiting Episcopalians - a shift not without controversy.

At the Brigham, Winchester, a 75-year-old Jesuit priest, has become a key person on the medical team, as have the other chaplains. When the patient in the ICU and his family decided against more aggressive care, nurses immediately paged Winchester.

"It's a beautiful thing going on in there," nurse Barbara O'Donnell told him when he arrived in the ICU. "They don't want anything else to be done. They're just crying and loving each other."

Winchester, who strives to make religion concrete, told the patient to "think of the Lord as the pillow under your head, and lay back and let him hold you."

A few minutes later, Winchester joined doctors and nurses for rounds in the ICU, where he listened for any changes in patients' health that might necessitate a visit from him - as well as anything he could tell doctors and nurses about patients' emotional states. Winchester kept track of the patients he needed to visit in a small black notebook stored in the pocket of his tan linen sport coat.

At noon, he helped doctors run a difficult family meeting for relatives of an out-of-state cancer patient who had been in the hospital for months. "When machines work, they're miraculous," Winchester said he told the family. "When they don't, they're in God's way. Do you want your father to die here or to die" near home?

"I was the prophet of doom in some way," he said later. "That's the word they did not want to hear."

Winchester said he is often called in to translate "doctor speak" for patients. "Death is a failure as far as [doctors are] concerned," he said. "They have no way of explaining what I'm comfortable explaining."

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