

www.baltimoresun.com/news/opinion/oped/bal-op.chaplains04oct04,0,5638731.story

baltimoresun.com

Where medical, spiritual worlds meet at life's end

By Wendy Cadge and Heather M. Hinton

October 4, 2009

Inflammatory rhetoric about "death panels" and "rationing" sheds little light on health care reform, but it unintentionally reveals another important issue: our collective illiteracy and fear of death and dying.

These politically charged issues present a critical opportunity to think about how we die, how we wish to die, and what we can gain by listening to those who spend time with people at the end of life. Because of their unique role bridging the spiritual and medical worlds, hospital chaplains could play a crucial part in helping society deal in a more positive and constructive way with these issues.

Every year, 2.4 million people die in America.

During the last century, death moved from the home to medical institutions, and today more people die in hospitals than anywhere else. About a quarter of all hospitalized patients spend time in an intensive care unit before they die, usually hooked to multiple life-sustaining machines.

Research clearly demonstrates, however, that this is not how we want to die. Most people wish to end their days peacefully, at home, surrounded by their loved ones. We want modern medicine to make us comfortable, but we want a natural death. We want our health care providers to be compassionate, but we do not want too many invasive medical technological interventions.

These disconnects occur for several reasons. There is limited public education about the process of dying; physicians lack the time and are hesitant to talk with patients about death (and are often ineffective when they do); and the technological sophistication of modern medicine can make death seem anything but natural.

These contradictions persist despite increased academic and medical research about death and dying in recent years and social movements promoting "death with dignity" and the right to die in some states. They reflect our discomfort with death, and lead us to fall silent about what we want at the end of life. It is hardly surprising that politicians and pundits have responded to our willful ignorance about end-of-life issues with much more heat than light.

Hospital chaplains could help change this picture. At the two-thirds of American hospitals where chaplains work, they help people in critical times - when chronic illness becomes unmanageable, when traumatic accidents occur, when unexpected outcomes arise from surgery or other treatment - and



families and patients are left trying to discern what to do.

Few people, on their own, have the resources and experience to deal with these profound questions: Should treatment continue? Should the dying process be allowed to unfold naturally, with as little heroic intervention as possible? What choices are right for this particular person in this particular situation?

Chaplains help families navigate multiple aspects of health care, including life-prolonging measures, hospice care, nursing home residency, pain management and medical decision-making. They help families learn tools and strategies for coping with pain and fear and of course provide spiritual, emotional and ritual support. In their world (unlike in the medical world), death is not by definition a failure. But the politics-as-usual approach to the national debate leaves little room for the critical perspective chaplains bring to the life-and-death stakes of health care reform.

It is time to give professionally trained chaplains a voice in the national conversation about our health care.

Wendy Cadge, an associate professor of sociology at Brandeis University, is completing a book on the intersection of health care and religion, "Paging God: Religion in the Halls of Medicine." Her e-mail is wcadge@brandeis.edu. Heather M. Hinton is a board-certified chaplain ordained by the United Church of Christ.

Copyright © 2009, [The Baltimore Sun](http://www.baltimoresun.com)