

A Week is a Long Time in Chaplaincy

by Fred Coutts

Fred Coutts is one of the chaplains at Aberdeen Royal Hospitals. The team of 5 whole-time chaplains, together with their Roman Catholic and Episcopal colleagues provide chaplaincy services to 1500 patients, their relatives and 5500 staff in a large acute hospital, a maternity hospital, a children's hospital, a palliative care unit and a convalescent hospital. Fred gives us a peek into his diary for one particularly stressful week when he was on-call. (Names have been changed to preserve confidentiality)

FRIDAY

5.30 pm. Arrive home at the end of a busy week. Just one short meeting tonight with the presbytery representatives and kirk session members, then crash out in front of the TV.

5.35 pm. My bleep goes off. It is Labour Ward. "Can you come in and see a family whose baby has just died?" Quick bite to eat.

6.15 pm. I walk into Labour Ward just as Jim (the father) arrives from offshore. (Lorraine had delivered on her own.) I leave the two of them and retreat with Lorraine's mum to sister's office. Back in the delivery room, Jim asks if I can baptise the baby. I explain that I cannot baptise a dead baby but offer a service of blessing, which is accepted with little Mark cuddled in his mother's arms.

7.01 pm. Just a minute late! Thank goodness we arranged to hold the meeting at the hospital. We discuss the implications of a phased return to work of a local parish minister. James (my chaplaincy colleague) is acting as pastor to the minister and I am Convener of the Presbytery Business Committee.

8.30 pm. Home at last! TV beckons.

SATURDAY

11.00 am. Lorraine and Jim are now in Rubislaw Ward (the unit specialising in pregnancy loss). We discuss funeral arrangements for baby Mark. They would like to bury him at a graveyard out in the country near where they live. Would I conduct the funeral? I can't say no.

A midwife seeks advice about a young Muslim couple. I tell her what I know and offer to come back and visit the couple, if they wish.

11.45 am. I drive the 6 miles to Roxburghe House (our palliative care unit) to visit Diane. I first saw her in Aberdeen Royal Infirmary on Wednesday at the request of ward staff. She has now been transferred to Roxburghe House for terminal care. She is

quieter and calmer now than she was before. We talk and pray. I make time to chat to Sister and spend a few minutes with the Medical Director in the corridor.

2.30 pm. Rubislaw calls: "The Muslim couple would like to see you." The midwife tells me the baby was smaller than a finger nail - 20 weeks gestation, but looks more like 8. Thank goodness their English is good. The local Mosque told them that there are no special requirements if the baby did not live. Normally their baby would be remembered at our Quarterly Memorial Service for early miscarried babies, but that is a Christian Service. I recall the Hindu couple I supported several years ago in a similar situation. Snap decision time. I offer to arrange a burial for the baby at the ground at Trinity Cemetery. The parents ask if I would conduct the funeral. They say that there is an affinity between Islam and Christianity as "religions of the book". I arrange to visit them at home in two weeks after they return from a visit to family in London. Time to think and plan!

8.00 pm. Labour Ward calls - triplets - two have died one is in the neonatal unit. Fiona and David are distraught. One baby was born this morning at home, 50 miles away, the other two in Labour Ward this evening. Only one has survived. The two who died are tucked up together in a little cot in the delivery room. They ask if I would baptise them. I explain why not and hold a service of blessing. Then it's off to the neonatal unit to baptise their one surviving baby, Sophie. Sister tells me they are also caring for very ill twins (25 weeks) delivered today.

11.00 pm. Neonatal Unit calls: "Can you come in now and baptise the twins?" The father is Roman Catholic but declines my offer to call the priest. We baptise the two girls in neighbouring incubators. I check on Sophie. Her condition is causing concern.

SUNDAY

7.30 am. Amelia (our clerical officer) is on holiday. A huge pile of admission documents awaits me on her desk. I write some postcards for ministers to let them know members of their church are in hospital. This is Amelia's job, but we all try to keep on top of it when she is on holiday. There are two divinity students starting their placement tomorrow and James (my chaplaincy colleague) has a day off. I know I must get ready for the students.

9.30 am. It's always a joy to share in the hospital worship. Escorts from local churches and 32 patients attend. I'm not as prepared as I feel I should be, but it goes well.

11.00 am. Only one person attends the Maternity Hospital Service! We share a reading and a prayer and listen to a hymn. I remind myself that one is as important as 100! I go to the neonatal unit and meet David and Fiona - Sophie died in the night. All three of their babies are dead. Although they have their own minister they would like me to conduct the funeral service because I have shared some of the hurt with them. I can't say no! I discuss with the doctor the niceties of registration: "one neonatal death, two stillbirths," she says. The family disagree! "All our babies were born alive, one at home, two here." They are only 23 weeks - just too young to registrar. The notes are checked, the consultant and the GP phoned. In the end all agree to certify the babies as neonatal deaths. This will make things easier for the family.

One of the twins I baptised last night has died and I spend a few minutes with the family in tears holding their baby.

3.00 pm. The Maternity Hospital phones to tell me the other twin has died. When I arrive the room is crowded with family and friends, but there is no sign of dad who has gone home for a while. Can I come back later?

6.00 pm. I return to discuss funeral arrangements with the parents of the twins and agree to conduct the funeral at Trinity Cemetery at the ground where we bury the stillborn babies.

MONDAY

8.00 am. I settle down in the quiet of the office to write postcards and sort out visits for Alison and Margaret (the students) who start today. I must make time for them, as well as keep in touch with the families at the Maternity Hospital. Did seven babies really die over the weekend?

Stewart comes into the office. He is a minister from up north, young and enthusiastic, but has had chronic bad health over the past year and wants to talk before he is discharged today.

We really miss Amelia when she is not here! I write more postcards, sort out piles of admission forms for follow ups, then talk to the students about their visits. More and more postcards! Monday is always a busy day.

I phone the minister to seek permission to conduct the funeral of the triplets. He is very understanding and readily agrees.

3.00 pm. I attend the opening of the "Garden of Peace" at the Maternity Hospital. It is lovely. We certainly needed a garden of peace this weekend! I make a final visit for the day to the families whose babies have died. The staff are struggling because of all the baby deaths. I arrive at Rubislaw in time for a cup of tea and chat with the staff.

7.00 pm. It's great to relax - but church pews are not very comfortable! It's been a hard weekend and now I can spend some time with Mary, my wife. The boys from the orphanage in Romania are wonderful. I've never heard a mandolin band before. Who would have thought a group of teenage boys could make such a super sound.

TUESDAY

8.00 am. More postcards to write - where does the hospital put all these patients? Come back Amelia! At least Jim's back today.

10.00 am. We need to up-date our set of slides for the talks we give and I want to visit Sheila before her operation. I know she will be happy to have her picture taken. I hope I look all right in the pictures Jim takes of me. I prefer being behind the camera!

I meet one of the consultant surgeons. He says he wouldn't like my job. (I certainly wouldn't like his!) We talk about family and make vague plans to do some hill walking together.

11.00 am. It's time to check on the people in the Maternity Hospital again. I wish it wasn't so far away! All my families have gone home. Just the funerals to think about now.

3.05 pm. It's an awkward interview. Marion is a nurse. She was married 7 years ago in the church where I used to be the minister. Would I baptise her new baby? I explain the Church's position. I hate to say no - then inspiration! They are moving house to a different village soon. I offer to baptise Rowan if they agree to make contact with the church in their

new community. They seem to like the idea and go away to think about it.

I must get home early. There are some awkward situations brewing in Presbytery tonight. As Convener of the Business Committee I must be prepared.

10.30 pm. Home at last! Presbytery was not too bad. We got most things sorted out, more or less.

WEDNESDAY

3.30 am. The phone rings. "ITU here. There has been a bad car crash up north, 4 young men dead. One with us - severe burns and other injuries. The family are on their way in." I ask the nurse to call me when they arrive and try to get back to sleep. Time slips by. Are they going to call me?

5.30 am. The phone rings again "The family has arrived." Thank goodness for that extra two hours! Gordon is not expected to live - 60% burns, but stable. I talk with Marion and George, (mother and uncle), then make tea. The rest of the staff are too busy with the patients. I listen and feel helpless. They are easy people to talk to.

7.00 am. *Labour Ward bleeps me. "Can you come now?" I'm glad I am still in the hospital and have not gone back home. Moira is in a awful state. Angela (27 weeks) was stillborn, and Moira. is feeling guilty about not staying in hospital on Sunday when she came in with slight bleeding. Now her baby is dead. Scott, her partner, is not saying much. Moira asks me to bless her baby.*

8.00 am. Home for a shower and shave. It really does wake you up! But I've got to get right back. It's the Quarterly Service for early miscarried babies today. Jim is more than willing to do it, but I have told one or two of the families that I will be conducting the service. I'm not feeling too bad now. I will manage.

8.30 am. Back at the hospital I take Gordon's mother and uncle for breakfast and see about getting them an overnight room. They look exhausted.

9.30 am. Nicola arrives unannounced. She is a student nurse wanting to find out what hospital chaplains do. I feel like telling her.....! but offer to talk to her in the car as we drive to the crematorium.

10.30 am. Quite a few families and members of staff are at the Quarterly Memorial Service for early miscarried babies. Families seem to appreciate the chance to say a last farewell.

11.05 am. Maternity Reception bleeps to tell me some families have turned up at the Maternity Hospital Chapel for the service, not the crematorium. I run (!) over and find them. There is confusion about

how they got the wrong information and missed the service. I hold an impromptu service for them there and then. One family has already gone. I wonder who they were - no one seems to know.

11.35 am. Moira is now in Rubislaw Ward. She is very full of tears. We talk a little about the funeral arrangements for her baby.

Afternoon. In and out of ITU, supporting Gordon's relatives and the staff. More relatives keep arriving from down south. I must keep on top of the admission forms as well. Thank goodness for our students! They are such a help.

6.30 pm Final visit for the day to ITU. Gordon is still holding his own, but for how long? I take the opportunity to talk to some of his relatives, including his brother who has just arrived and is quite distressed.

THURSDAY

3.30 am. The telephone rings. I am wanted quickly in Labour Ward. Jennifer has delivered a 24 week baby. The baby (Lisa) lived for a few minutes. She has no partner with her but a friend is there. She asks for baptism. I offer a blessing which is gratefully accepted. Labour Ward is in turmoil. A girl has arrested in theatre. I spend some time listening and supporting a midwife who felt she has not been with Jennifer enough because of the emergency. I will check ITU when I come back in after breakfast. Home to bed.

5.30 am. ITU wants me now. Alison (the mum who arrested in Labour Ward) is now with them. I sit with her husband and both sets of parents. The baby is in the neonatal unit and is fine. Staff don't expect Alison to live.

10.30 am. Trinity Cemetery. I conduct the funeral of the twins who died on Sunday. I take one of the students with me. Lots of tears!

12.45. pm. On the way to the second baby funeral of the day I meet a nurse manager and spend some time with her in the car park listening to the pressures of her work. Off to the country to conduct baby Mark's funeral. It is a lovely day and Bennachie looks magnificent in the sunshine. The hour in the car is relaxing and wonderful after the pressures of this week. In a strange way Mark's funeral seems easy. I know the family well by now and we lay his little body to rest.

3.45 pm. Into "editor mode" to attend and photograph a retiral presentation for a member of staff

from labs. The News & Views job certainly gets me into some different parts of the hospital.

I now know a much wider range of hospital staff. It really makes the extra work worthwhile.

4.30 pm. In Labour Ward I spend some time with Jennifer. She tells me she is a nurse in and has trained as a midwife. We talk about funeral arrangements for her baby.

7.30 pm. Rubislaw staff ask me to see Jean and Dave who have just arrived for a termination for foetal abnormality. We talk about the hurt and the difficulty of the decision they have had to make. Back to ITU - things still look very uncertain for both Gordon and Alison. The two families are getting to know one another as they wait. I spend more time with them.

FRIDAY

7.45 am. I start the day by clearing the pile of overnight admission slips. Margaret and Alison, our students, have been great and have done all yesterday's follow ups.

9.30 am. I make a point of seeing Jennifer again before she leaves for her parent's house in Macduff.

I will be conducting her baby's funeral at Trinity Cemetery next week.

10.30 am. Off to conduct the funeral of the triplets who died last weekend. (118 miles round trip.) My wife has taken time off work and drives me. It is great to relax in the sunshine and enjoy the wonderful countryside. I spent some time with the parents at their house before the service. It really seemed to help them. The sun shines and the tears fall. We drive over the hills back home, having a quiet picnic by a mountain stream on the way. The scenery is wonderful. I am tired.

9.30 pm. Rubislaw calls. Jean has now delivered and wants to see me. Will I bless the baby? They do not want to be there. Her baby is a little deformed about the face but not too bad. Dave and Jean are quite sure they do not want to see their baby. I talk to them about this, but leave them to decide what to do. Jean's mum is there and listens quietly. (Later I discovered that they all went to see the baby and felt much better for it.)

A week can be very long time in Hospital Chaplaincy!

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A Week is a Long time in Chaplaincy: Reflections on a Chaplains Diary

Georgina Nelson

A week can indeed be a long time in chaplaincy. As I read through Fred's diary I found myself fervently hoping that this particular week was exceptional rather than typical. There seem to be a few twelve hour days tucked in there as well as several call-outs in the wee small hours. In addition the pastoral situations described are mostly those which require so much of the chaplain, in terms of emotional engagement and intensity of working. In my own experience, there comes a point at which one can absorb no more pain and must seek rest and refreshment. And so, for me, the first issue which comes to mind on reading the diary concerns the importance of our employers looking after us and us looking after ourselves, if we are to avoid becoming drained or depressed.

A student nurse comes to the chaplain, intent on finding out what he/she actually does. What do we do? The role of the chaplain cannot be neatly encapsulated

in a few sentences, nor entirely captured in a job description. In this one week, Fred assumes many roles - pastor, teacher, administrator, priest, friend, counsellor. He moves fluently between worlds, giving support to hospital managers, to relatives, to ward staff as well as patients. He approaches each new situation with no set agenda, no preconceived plan, relying on experience, intuition and the help of God to find the right word, fitting gesture, appropriate act. In his pastoral relationships he is not unduly concerned to distinguish between those who claim a church connection and those who do not. An action such as the blessing of a stillborn child is in itself a powerful proclamation of the gospel of God's love, to which people of all persuasions respond in their time of need. Part of what the chaplain 'does,' is to search for a language, spoken or otherwise, with which to convey that love. To listen in depth, to see behind the masks, to share the hurt -

these things lie at the core of what we do as chaplains.

So many encounters in one short week! Encounters which are by their very nature, fleeting, but also telling. We seize the moment before it passes and find that relationships forged so recently and amid such anguish have a deep and human significance. We have a share in so many human dramas. In prayer we lay so many needs, so many lives, before God. There is also a sense in which we offer to God that helplessness which weighs upon us so heavily at times. But we also need to be renewed and refreshed and to pay attention to our own inner selves. Even the hectic week which Fred describes has its welcome times of spiritual renewal - time spent with family, a drive through beautiful countryside, the music made by a group of young people. It is impossible to overstate the importance, for each of us, of such times when we are able simply to be and to receive.

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Derek Brown

That was the week that was...exhilarating, exhausting, confusing, frustrating, challenging. Tick all those that apply!

It is just as well that not all weeks are like that particular one because the succession of traumas and the intensity of the emotions that accompany them left me feeling weak at the knees just reading about it. Most chaplains could write up an account of a similar week from hell and I believe that the cathartic process would, in itself, be useful. However there is more to Fred's diary than the mere passing on of horror stories.

We learn that as chaplains we must be as comfortable making the tea for relatives as we are convening important presbytery committees. We learn the value of support for those who care in the shape of Amelia, Jim and Mary. We learn, too, that the bonds forged in the furnace of intense moments are hard to break. How can you say no to people with whom you have been through so much?

I return to my daily duties much encouraged by this account. The impossible seems that bit nearer my grasp now. Thank you Fred for sharing it with us.

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