

THE ORERE SOURCE

Abstracts from Pastoral Care and Other Health Care Journals

Introduction

One never knows what God has in store for us. Since I last collected together abstracts for publication in this journal I have been (a) "rightsizing" out my previous position; and (b) undergone surgery for a hernia repair.

With the support of family, colleagues and friends I have been able to come through both of those events and give thanks for their support, and for the opportunity to learn about some aspects of life which I know about, but only from others. About the "rightsizing" - what a dishonest word that it, call it what it is, the hospital initiated layoffs - it was at the time that I was assisting with the production of the next issue of the Journal of Health Care Chaplaincy (US). The issue is entirely devoted to the subject of downsizing.

The surgery was another matter. As I sat at 7:30 a.m. waiting to be called (for a 9:00 a.m. procedure) I was aware of the 16 persons around me in different emotional states. The older woman sitting along, in some distress, and obviously praying. The couple beside us in their mid-years, they spoke not one word to one another during the 30 minutes they waited. A few read. No one wished the TV to be turned on when a volunteer asked. The few who just sat - what were they thinking?

I wondered why we have no chaplains in that pre-surgery waiting room each morning? Actually, I know. This hospital has been right sized too.

Chaplain W. Noel Brown, Northwestern Memorial Hospitals, Chicago.

The Rev. Noel Brown is the editor of THE ORERE SOURCE, a bimonthly compendium of his abstracts from the pastoral care and health-care literature. He is also a Chaplain Supervisor in the Pastoral Services Department, Northwestern Memorial Hospital. An ordained minister, he has built his database of abstracts over the past 12 years, faithful to the injunction of the his Scottish Presbyterian professor of Christian education, the Very Rev. Dr JD Salmond: "Be knowledgeable about one thing, and share that with your colleagues."

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Pat Anderson

Study demonstrates link between survival and wealth BMJ

Volume 318 # 7192 (1 May 1999)

Page 1163

Report of a just-published study concerning cancer deaths in England and Wales. Essentially, it shows that cancer survival is clearly linked to socioeconomic status. One of the report's authors (Michel Coleman, a professor of epidemiology and vital statistics) calls for more open debate about the inequalities in health care. Background information for chaplains who address their care away from the bedside.

Cheryl T. Beck

Quantitative measurement of caring J. of Advanced Nursing

Volume 30 # 1 (Jan 1999)

Page 24-32

Caring is an activity lying at the heart of pastoral ministry. It is also something that is difficult to define and to quantify.

Beck has done some conceptual ground-clearing us by taking 11 quantitative instruments which were designed to identify and measure aspects of caring, and providing an introduction to each in turn. For each she gives the originator's conceptual definition of caring, a description of the tool (number of items, length of time to administer etc), the reported reliability and validity of each instrument, and the use of each in research. When she compared the eleven, Beck identified that what was being examined were in fact a vari-

ety of behaviors, all of which center of caring: caring behaviors, satisfaction with caring behaviors, the ability to care, and, people's responses to caring behaviors. It is a useful introduction to a subject for those wishing to more adequately understand one of the intangible aspects at the heart of their ministry.

Linda Beecham

**BMA wants presumed consent for organ donors
BMJ**

Volume 319 # 7203 (17 Jul 1999)

Page 141

In most countries where transplant surgery is conducted, it is assumed that permission must be obtained (beforehand) before the body parts of a deceased person can be harvested for transplantation. Beecham reports that the British Medical Association at its annual meeting in July voted "overwhelmingly" to urge the government to enact legislation that would introduce a system of "presumed consent". The system has been in place in Belgium how for over 10 years.

(While this debate takes place in the U.K. the growing of skin, cartilage, bones and organs is well advanced. The first chest-wall has already been grown in the laboratory and surgically implanted in a US teenager who had been born without one. Bones and organs are only a few years behind. Ed) Two ethical debates, one for each side of the Atlantic, at least for now

Allan H. Cole

**Aesthetic truth and pastoral theology: a proposal
for a new method of reflection and practice**

Pastoral Psychology Volume 47 # 5 (May 1999)

Page 347-364

Cole begins with this assertion: "Pastoral theology needs to clarify its identity as an autonomous theological discipline by developing its own knowledge base, body of research, and practice methods." In order to accomplish this, Cole has developed a method of theological reflection and practice based in the ideas of Hans-Georg Gadamer, principally out of his understandings of aesthetic truth, and hermeneutics. Cole believes that his methodology offers a fresh way of conceiving the relationship between the Bible and theological tradition, the social sciences, and practical wisdom.

Cole is a student at Princeton Seminary and the ideas that swirl through this essay reflect some of the contemporary struggles to develop a new approach to theological reflection that will be of value for those of us in practical ministry.

Royal College of Psychiatrists

**"Changing Minds: Every Family in the Land"
(Oct 1998)**

Chaplains in the U.K. have as a resource the materials of the College which are being promoted to challenge and reduce the stigma of six of the most common psychiatric disorders: anxiety, depression, schizophrenia, Alzheimer's Disease and dementia, anorexia and bulimia, and alcohol and drug misuse.

Information about the five year campaign, and copies of the materials can be obtained from:

Campaign Administrator, The Royal College of Psychiatrists, 17 Beigrave Square, London SW1X 8PG.
E-Mail stigma@rcpsych.ac.uk

John W. Ehman, Barbara B. Ott, Thomas H. Short, Ralph C. Ciampa, John Hansen-Flaschen

Do patients want physicians to inquire about their spiritual or religious beliefs if they become gravely ill?

**Archives of Internal Medicine Volume 159 # 15
(9/23 Aug 1999)**

Page 1803-6

Two chaplains and their medical/nursing colleagues report the results of their study designed to discover the answer to the question in the title. Their conclusion is a carefully parsed one: many, but not all patients said that they would welcome being asked about their beliefs. The specific question was "Do you have spiritual or religious beliefs that would influence your medical decisions if you became gravely ill?"

It was asked of 177 ambulatory patients in the pulmonary clinic of a teaching hospital. 45% said yes, and 94% said their physician should ask. Even 45% who said they did not have beliefs said their physician should ask. 2/3 of the respondents said they would welcome the question. 16% said they would not.

Joseph J. Fins

**Death and dying in the 1990s: and immortality
Generations**

Volume 23 # 1 (Spring 1999)

Page 81-86

A look back at the changes that have occurred with American society concerning the place of dying and death. Fins calls his exposition, "a decade retrospective" He reviews the legal battles and decisions, the most influential books, and philanthropy (the work of the Robert Wood Johnson Foundation, the Open Society's Project on Death in America, the work of the Institute of Medicine), public policy and medical education (especially the major Education for Physicians

on End-of-Life Care which has been launched by the American medical Association).

He then turns briefly to the future, noting that in his view, we are still a society obsessed with the mastery of death, unwilling to accept our finitude.

John J. Gleason

**An emerging paradigm in professional chaplaincy
Chaplaincy Today**

Volume 14 # 2 (1998)

Page 9-14

Gleason suggests that many chaplains are experiencing a "vague discomfort" at the moment. He believes that the reason for this feeling is a paradigm shift in the nature of chaplaincy itself. He describes where he sees chaplaincy in the U.S. has come from in its growth during the twentieth century, and then, coming to the present time. He suggests that the "Rogerian paradigm" is still in practice, but of ever greater irrelevance in pastoral practice. Then he turns to what he sees as the emerging paradigm which he says has at its core "a response to individual need." He suggests that there is a specific theological perspective which will support such a paradigm, and then claims that within the paradigm itself there are elements which will be able to be joined together, "creating momentum toward standardization of the practice of professional pastoral care." (p.11) He describes the possibilities for this paradigm in some detail.

Alun Jones

'Listen, listen trust your own strange voice' (psychoanalytically informed conversations with a woman suffering from serious illness J of Advanced Nursing

Volume 29 # 4 (Apr 1999)

Page 826-831

Jones believes that professionals can deny suffering in those who are seriously ill, thus cutting them off at a time when they most need support. He follows Younger in believing that suffering occurs in phases: mute suffering, expressive suffering, and finding an autonomous and authentic voice.

In a verbatim, Jones reports his visit with one patient (52 y/o woman following cancer surgery), and then makes extended comment. The article could pass for a very good CPE verbatim, lacking only some theological reflections.

Ryan LaMothe

Trauma and development: a faith perspective Pastoral Psychology

Volume 47 # 5 (May 1999)

Page 373-388

While there has been a great of research in the last twenty years on the psychological effects of trauma, there has been little examination of the effects of trauma on the development of religious faith.

LaMothe here introduces his model which describes his view of the relationship between psychological trauma, psychosocial development and faith. He describes four phases of development, each of which possesses particular psychosocial needs, achievements and capacities. He also shows how each phase reveals specific ways persons have of organizing experience, and relating to others in terms of trust/distrust, and loyalty/disloyalty.

John Lantos

To tell or not to tell

Park Ridge Center Bulletin Volume 8 # - (Mar/Apr 1999)

Page 9-11

Must the doctors inform her she'll be infertile?

That is the question Lantos poses in the case of a 17 year-old girl from a close-knit Orthodox Jewish community. Three weeks before her (arranged) wedding to a man she has met only once, she is found to have uterine cancer. It is recognized by the staff that the only possible treatment will leave her infertile. Should the staff tell her that that would be the outcome?

Lantos describes the heated arguments, what was eventually done, and the outcomes.

Helen E. McCabe Journey with chronic pain Vision

Volume 9 # 7 (Jul 1999)

Page 8-10

McCabe *suffers* with chronic arthritic pain. She describes what it is like for her to have to live with it, its grinding effect upon her life. Then she turns to how she lives with it, describing what she does in response to its constant presence, the ways she has found it can be her teacher, the new perspectives it has also given her.

McCabe describes chronic pain as "a user of energy, wasting enthusiasm like water dripping from a faucet." But she has found ways in which it has helped her life and ministry. She concludes with seven pointers for ministry to those who have to live with chronic pain.

Karen R Nelson **Passive physical restraint J. of Pastoral Care**
Volume 53 # 1 (Spring 1999)
Page 109

Nelson makes the point that the use of physical restraint by the chaplain with a patient can be incarnational. She argues that she herself acts to intervene in patient's lives because "I do not witness to a powerless God but a God who does not want anyone to get hurt."

Thomas St J. O'Connor
Climbing Mount Purgatory: Dante's cure of souls and narrative family therapy
Pastoral Psychology Volume 47 # 6 (Jul 1999)
Page 445-457

This paper is an examination of the potential contribution to the field of narrative therapy that can be found by examining Dante Alighieri's *Commedia*. He believes that inclusion of spirituality and religion in this approach to therapy has been lacking and that some of the insights from Dante would be useful for the field. O'Connor summarizes narrative therapy - the work of Michael White, David Epston and others - before summarizing Dante's understanding of the cure of souls in Purgatio, and drawing out the similarities he finds between the two.

O'Connor is writing as both a pastoral theologian and a narrative family therapist.

Eric M. Saunderson, Leone Ridsdale
General practitioner's beliefs and attitudes about how to respond to death and bereavement
BMJ
Volume 319 # 7205 (31 Jul 1999)
Page 293-296

How do general practitioners react to the death of a patient? Do they grieve, where did they learn how to manage themselves and the bereaved relatives?

The authors report their study of 25 doctors in a London borough who were interviewed in a semi-structured approach. There are numerous quotes from these interviews, and we learn that almost all had felt guilty about a patient's death - they have been trained not to make mistakes and be precise in their diagnostic workups; they describe the gap in the culture of the hospitals where they trained, and the community where they now practice; and, in response to a lack of training about how to manage bereavement situations, they reply on their personal experiences. An insight into the all-too-human struggles of the medical profession that may help the chaplain better understand what happens in a colleague at the event of death.

Laura S. Savage, Cindy Canody
Life with a left ventricular assist device: the patient's perspective
American J of Critical Care Volume 8 # 5 (Sept 1999)
Page 340-3

In mid-1998, there were almost 700 persons in the U.S. who were alive because they were attached to an LVAD - a left ventricular assist device. This is a device implanted in the body to support the work of the heart until a heart is available for transplant. They have been used since 1994.

This article introduces readers to what it is like to be dependent on this mechanical device which constantly signals its presence, and which must be shut down for six seconds every 8 hours to "calibrate", "You can feel yourself actually dying."

Paul G. Shekelle, Steven H. Woolf, Martin Eccles and Jeremy Grimshaw
Developing guidelines BMJ
Volume 318 # 7183 (27 Feb 1999)
Page 593-596

Increasing attention is being given by chaplains to the development of clinical guidelines (critical pastoral care pathways). This article was written by four physicians, and it reflects their own experiences in developing guidelines both in the U.K. and the U.S. The article is succinct and is of such a nature that it is a straightforward matter to convert their thinking into chaplaincy terms.

Sasha Shepperd, Deborah Charnock, Bob Gann
Helping patients access high quality information
BMJ Volume 319 # 7212 (18 Sept 1999)
Page 764-6

Good modern health-care delivery services on both sides of the Atlantic now includes making available to patients and their families the latest information about health-care interventions, medications, procedures, tests etc.

The authors of this article provide information to help health professionals know where to look to find good quality health information. The sources they refer to include the internet, gateway sites, and appraisal tools for consumer health information. A chaplain who has had limited exposure to the world-wide web will find this article, with its information on major sites of assistance.

Karolynn Siegel, Vicki Gluhoski, Eileen Gorey
Age-related distress among young women with breast cancer

J. of Psychosocial Oncology Volume 17 # 1 (1999)
Page 1-20

This study examined decision-making concerning pregnancy by 51 women who were under 36 years of age, all of whom had had breast cancer.

The main stressors were found to be:

1. Coping with the untimeliness of their illness;
2. their concerns about the impact of their illness on their husbands;
3. sadness about lost opportunities for childbearing;
4. feelings of being different and isolated;
5. uncertainty about the future; and,
6. concerns about their children.

It became clear that these women had had to "rework their assumptions about themselves and their world." A rich introduction to the world that is experienced by women in this situation. The paper will alert pastors and chaplains ministering to this group of women to the wide variety of their concerns.

Joel Tsevat, Susan N. Sherman, Judith A. McElwee, Karen L. Mandell, Loretta A. Simbartl, Frank A. Sonnenberg, Floyd J. Fowler

The will to live among HIV-infected patients
Annals of Internal Medicine

Volume 131 # 3 (3 Aug 1999)

Page 194-8

Many persons with HIV have a strong will to live, and many (49%) feel that life with HIV is better than it was before they became infected. 29% said that life was at that time worse for them. This is the striking conclusion coming from interviews with 51 persons. They had varying severities of illness.

In addition to this conclusion, this paper has information about a theoretical problem: that of how to assess health-related quality of life. The task these researchers set themselves was to measure the health value assessment of people (as opposed to health status assessment which is usually a judgement by a clinician about a person.) Health values are assessed by the person who provides information which can then be processed by a professional. In this research, the focus was on each person's own assessment of their life satisfaction, their spirituality, and their religiosity.

Derick T. Wade, Claire Johnston

The permanent vegetative state: practical guidance on diagnosis and management

BMJ Volume 319 # 7213 (25 Sept 1999)

Page 841-844

A neurological consultant and a solicitor present the current understanding of the permanent vegetative state (in the U.K.), how PVS is determined, and the legal aspects concerning the continuation and termination of care. Special attention is paid to assessment, permanence and the legal process.