



PALLIATIVE CARE CASE OF THE MONTH

The Blessings of Palliative Care
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Case: C is a 58-year-old gentleman who is status post-heart transplant. He was admitted to the hospital for Dilated Cardiomyopathy. He has a loving wife of 35 years and 3 adult children. He has an excellent support system, living independently with his wife, and is financially secure. I first met C post-surgery in the CTICU where he was very upbeat.

C worships in the Methodist tradition. He has a great appreciation for the Palliative Care program due to two meaningful events in his life. His mother died from colon cancer when he was 17, and C will always be thankful for the community of friends and faith that made that difficult experience bearable by their loving and compassionate care. Secondly, he took 12 weeks of Dale Carnegie training on *How to Win Friends & Influence People*. The course would provide him with the skills needed not just to help him as a safety manager for a local steel mill but in all aspects of life. He easily integrated many of the Carnegie principles with his faith because Dale Carnegie discovered so many Biblical principles that positively influence relationship and community building. C believes in God's great love and Jesus' sacrifice for his sins. He regularly attends Sunday services and devotional prayerful practices.

C's diagnosis of Dilated Cardiomyopathy challenged C's faith while testing his family's commitment. At this same time C's family was recovering from a close uncle's death that made C's own mortality a reality. It was on a Pastoral Care visit that his concerns and stress surfaced. My rapport with C as chaplain helped him appreciate the gifts that he had in his life of family and faith, along with his own character, and helped look forward to what may be ahead in life, if only measured in months rather than years. What seemed like anxiety and depression moved to hope. C mentioned the Biblical account of when Israel was miraculously freed from bondage in Egypt. At Mount Sinai God gave them the Ten Commandments and told them that if they abide by His laws and statutes He would bless them as a people. "If you obey the Lord your God and carefully follow all His commands I give you today, the Lord your God will set you on high above all nations on the earth. All these blessings will come upon you and accompany you if you obey the Lord your God." Deuteronomy 28:1, 2. C admitted that his hospitalization is a struggle but he is not in

the struggle alone. The Blessing of his life would be revealed in the community of support currently rallying around him by family, faith and the Palliative Care Team.

Discussion: Blessings are those positive outcomes that are not instant to see but may be measured. Blessings have been part of different faith traditions. In the Judeo-Christian tradition God provides blessings to individuals and also to communities who follow His ways and respect His authority as the creator God.

Many studies suggest that faith is an important factor in maintaining good health. Whatever studies do or do not reveal, however, the importance of a supportive community of family and faith, in concert with a compassionate Palliative Care team, becomes a blessing. Because of his faith and life experiences, C allows himself to fully embrace the blessings of family, friends' faith community and the community of Palliative Care. C approved this article as a thank offering to the Palliative Care team.

Pastoral Care's role is to remind both patient and family that when trials come, God has, and will, send blessings, through the efforts of the health care community and many others. Like the Patriarch Moses in the Judeo-Christian tradition, Pastoral Care is to remind everyone that God is willing to bless individuals by heightening awareness, promoting understanding, and opening avenues of hope and comfort. This community is blessed with gifted, trained, and motivated professionals who serve the afflicted. Patients on the Palliative Care service have the choice to accept or deny this blessing.

References:

1. Carnegie, Dale (1936) *How to Win Friends & Influence People*, New York, Galahad Books
2. Maselko J. (2006) Religious service attendance and the decline in pulmonary function in a high functioning elderly cohort. *Annals of Behavioral Medicine*, 32(3)
3. Levin, Jeff (2001) *God Faith and Health*, New York, John Wiley & Sons, Inc.
4. Matthews, Dale M. (1998) *The Faith Factor: Proof of the Healing Power of Prayer*, New York: Viking

For further information please contact the Palliative Care Program at PUH/MUH, 647-7243, beeper 8511, Shadyside Dept. of Medical Ethics and Palliative Care, 623-3008, beeper 263-9041, Perioperative/ Trauma Pain 647-7243, beeper 7246, UPCI Cancer Pain Service, beeper 644 – 1724, Interventional Pain 784-4000, Magee Women's Hospital, 641-2108, beeper 917-9276, VA Palliative Care Program, 688-6178, beeper 296. For ethics consultations at UPMC Presbyterian-Montefiore, and Children's call 647-5700 or pager 958-3844. With comments about "Case of the Month" call David Barnard at 647-5701.