

Priest fulfills fondest dream in hospital role



In addition to Masses on Monday, Tuesday, Friday, Saturday and Sunday, co-chaplain Sister Mary de Chantal, RSM, leads Communion services in the chapel.



Babette G. Augustin/Staff photographer

As co-chaplain of hospital ministry at The Genesee Hospital in Rochester, Father George Norton spends much of his time in the emergency department.

Chaplain plays vital part on health-care team

By Father George R. Norton
Guest contributor

I was hospitalized for a period of time in my early 20s. While coping with my illness, my impatience to get better, and all the other things a patient goes through, visits from the hospital chaplain became very important to me. I believe that experience sparked by desire to serve as a hospital chaplain.

I love people. This certainly increased my desire to work in a hospital setting, too. Hospitals are institutions dedicated to people. This is especially true at The Genesee Hospital in Rochester.

When Bishop Matthew H. Clark asked me to be Catholic co-chaplain at The Genesee, I saw one of my fondest dreams in priesthood realized.

What does a hospital chaplain do? As anyone who ministers to God's people, hospital chaplains are concerned with the individual's relationship with God. We deal with people who need guidance and support. But unlike people in other ministries, for the most part, a chaplain in an acute-care hospital enters a person's life for a very brief period of time. We serve people at a moment of crisis when they are weakest, physically or emotionally.

In my role as chaplain, I minister to three groups of people in the hospital community: the patients, who are my prime responsibility; their families; and the hospital staff.

I believe there are four basic elements to ministering in a hospital setting: sacramental, healing, sustaining and guiding.

A chaplain is able to provide a sacramental presence through the celebration of the

sacraments. At The Genesee, this part of my job is made easier by Sister Mary de Chantal, RSM, also a Catholic co-chaplain at the hospital, and by the many volunteer lay eucharistic ministers whose work she coordinates. Their long, dedicated hours make it possible to bring the Eucharist to our patients who are unable to attend the hospital community's daily eucharistic celebration.

Patients and their families, regardless of their faith relationship with the Lord prior to an illness, turn in a very special way to God in search of his healing and reconciling love in their moment of need. And so a religious presence in a hospital is very important.

I am reminded of the words of St. Paul to the Corinthians: "... I am content with weaknesses ... for when I am weak, then I am strong."

What Paul is saying here of himself, any one of us could say of ourselves. We tend to take God's power in our lives very much for granted. But, as St. Paul says, it is when we experience a weakness in our life that we reach out for help and truly experience God's power in its most strengthening way. A chaplain's role is to help people in this search.

The anointing of the sick (formerly known as extreme unction or "the last rights") is a wonderful way to help patients and their families feel that presence of God that is so powerful and so healing. This anointing brings the patient in contact with the infinite love of God by uniting them in a special way to the suffering and glorified Christ and by asking him to ease their suffering and comfort them.

This part of chaplaincy work helps me to refocus on God's power in my own life. This is one of the real "benefits" of the work I do at The Genesee.

Another important part of providing a sacramental presence for the patient, families and staff is the reconciling element of ministering in a hospital setting. The effort to reestablish broken relationships with God and with other people — such as family, friends and co-workers — helps all of us realize the wonderful power of God's love.

A healing element also exists in a hospital chaplain's work which involves helping a person to be restored to a condition of wholeness. I think that this part of my work is often accomplished best by exercising one of the greatest gifts God can give to any minister: the gift of listening. Helping people, patients, family, and staff express their feelings — thus freeing themselves of some of the emotions they are trying to cope with — is often what they need the most.

There is also a sustaining element which consists of helping the hurting person to endure their hurt, especially when healing — at least as we usually understand it — is not going to be a reality. When we celebrate the anointing of the sick, we pray that the Lord's healing power will be extended to the patient.

As a chaplain, I see an important part of my job as helping the patient, the family, and in many cases the staff come to grips with the fact that the "healing" we pray for is not necessarily the physical healing we would hope for a loved one or a patient, but a healing that will give the person

strength to cope with the reality of their illness and its ultimate outcome — whatever that may be.

A guiding element can be found in hospital ministry, helping folks make difficult but confident choices in terms of health-care plans. This part of a hospital chaplain's work is becoming more and more important and complex as medical science produces new methods of health care.

Patients and/or their families and members of the medical staff are now faced with many difficult decisions regarding the level of care that is to be provided; what "heroic" or "extraordinary" means might or might not be employed to sustain life.

Modern medical technology has produced many tremendous and beneficial achievements in alleviating illnesses that a patient would have no hope of surviving very few short years ago. These achievements, however, can result in lengthening the natural process of dying — sometimes at the expense of dehumanizing the patient beyond reason.

In the medical field, a consensus has emerged over the past years regarding the moral and legal rights of forgoing certain medical treatments in some circumstances or withdrawing them in others.

As a chaplain I need first of all to be comfortable with that consensus and then to be present to patients, family and staff, to help them work through these difficult questions from the religious perspective.

This is not as difficult as it may seem. As Catholic ethicist Dave Kelly, whom I had as a professor at St. Bernard's Seminary in the late 1970s, says in his latest book,

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