

Babette G. Augustin/Staff photographer  
**Father Norton visits with patient Peg Bradley, a longtime volunteer at the hospital.**

**Continued from page 16**

*Critical Care Ethics*, the consensus that has emerged in this country concerning such medical-ethical questions parallels very closely the longstanding basic Roman Catholic teaching on the use of extraordinary means in health care.

These four elements of hospital ministry — sacramental presence, healing, sustaining and guiding — cannot be ranked in any order. Each is important in its own right.

A great deal of my work centers on people in crisis: patients in the critical-care units of the hospital or in the emergency department; patients suffering from long-term, debilitating diseases such as cancer; and with their families and with staff who give so much of themselves in caring for those they serve.

Although I get to know patients and their families — for the most part — only after an illness has come into their lives, the relationship that develops is truly remarkable. I often feel as close to a family I meet in the emergency department during a very difficult time in their lives as they learn of the serious illness, injury or death of a loved one, or a family in the intensive-care or coronary-care unit waiting rooms, as I do to other people I've known for much longer periods of time.

The true goodness of people seems to become most apparent at such moments. During their struggle with their pain, often times with their God, their Christ-like love becomes very evident and inspiring.

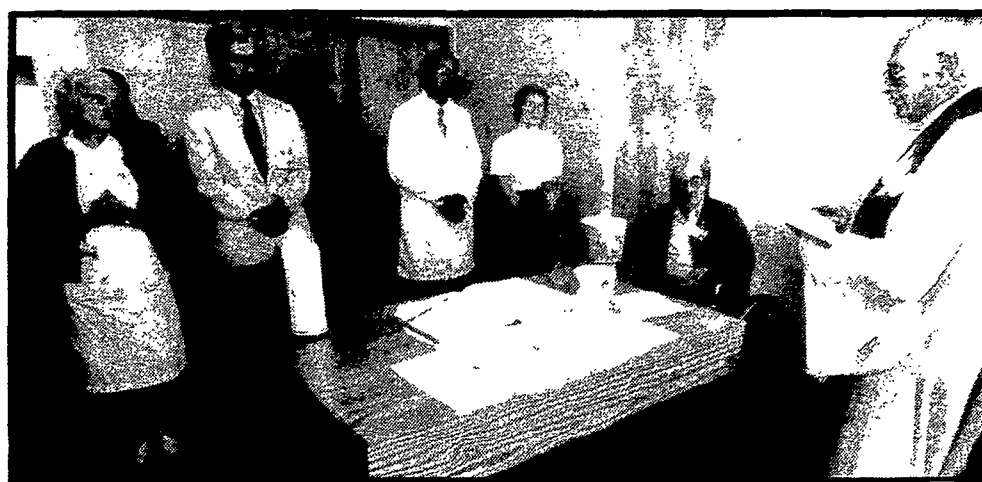
When I first started doing this work, I was pre-occupied with what I was going to say that could possibly comfort and help the patient or the family. I realized very early on that words, while important, are not always the things that people remember most or need the most from a chaplain.

The ability to listen to their hurt, as I said before, is important. But touch and presence, I have found, are also very important and provide the patient and family with the most effective and lasting comfort.

I can remember one situation in which I was called to the operating room to administer the anointing of the sick to a person who was experiencing serious heart difficulties during surgery. The surgeon asked me to stay with the family until he could speak with them and give them a report of their loved one's condition.

Several weeks later I received a wonderful note from the patient's wife, thanking me for my "kind words" during her "moment of need." In fact, I said very little that morning. The doctor offered most of the words of comfort. I was just there, holding the woman's hand. Touch and presence are important to all of us in moments of need.

So often I am tempted to say, "I know how you feel!" But *do* I know how someone who has just been told they have inoperable cancer or who has just learned that a loved one has died really feels? I see no way how anyone but the patient can feel that kind of pain.



**Father Norton celebrates Mass in the hospital's chapel five days a week. Hospital staff, volunteers, patients and their families attend the services.**

The medical staff can provide ample ways of easing the patient's physical pain. Yet, no medicine can be provided to help the family's emotional pain. Family members are often faced with long periods of waiting and wondering about the outcome. As chaplain at such moments, I sorely want to be able to produce the medicine that will ease the family's pain.

The most a person can do is help them struggle with their thoughts, their faith, their anger with God. A chaplain can help them place all of their emotions and pain in the hands of a God who is all loving.

People so often turn to the chaplain and ask the question "why." The natural temptation is to try to answer that question. But in reality, all of us, including the person asking the question, know that no answer exists.

I am always impressed with families whose faith and acceptance of what is happening in their lives literally grow before your eyes during their time of pain, uncertainty and waiting.

Several families whom I met in our emergency department stand out in my mind as wonderful examples of this growth process. In each case their loved one had been brought to the emergency department in very critical condition. It became clear to the medical staff that the outlook for the patient, despite the best medical efforts, was not good.

Each of these families — who are already under a tremendous amount of stress and anguish — had to make serious and rapid decisions regarding the level of care they wanted the medical staff to provide. Should every extraordinary and heroic effort be made to save the patient? Or should the staff do all in its power to keep the patient comfortable while allowing the dying process, already so far advanced, to follow its normal course?

In each case the family chose to give their loved one the greatest and last gift we can give to anyone: the right to die with dignity.

Their initial pain and anguish visibly deepened during these moments. But, after the decision had been made and they had moved from the waiting room to the bedside of their loved one, so did their faith and their acceptance of God's will.

Moments such as these are difficult for the staff as well. Doctors and nurses are trained to dedicate their lives to saving the lives of others. When, despite their best efforts, they are unable to do this, they feel pain and frustration, too. Often it is out of that pain and frustration that they are able to offer very effective, empathetic support to the family. Part of my responsibility as chaplain is to support these doctors and nurses as they struggle with their own version of the question why.

For a chaplain in an acute-care hospital, not a day goes by when I don't experience every emotion imaginable: sadness because of the unavoidable pain and death;

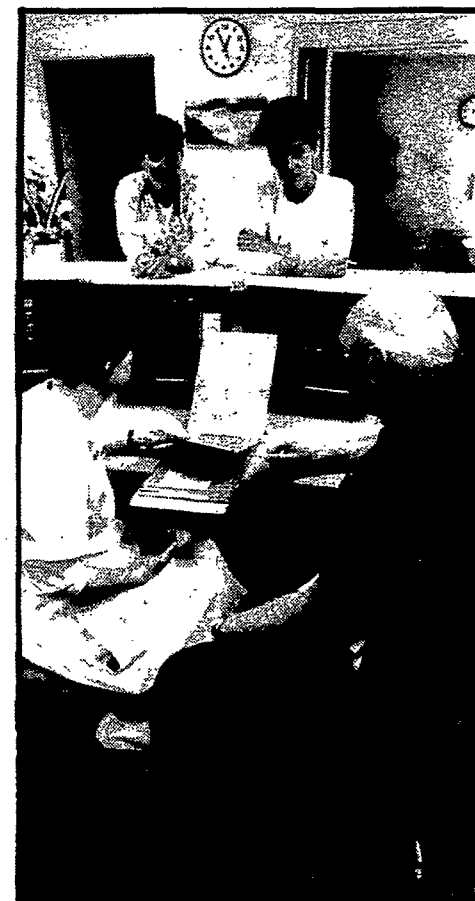
joy when a patient is restored to health and resumes a normal life; doubt that I've done the best I could for a patient and the family; anger and frustration that I didn't do more, and sometimes with God because I think he went too far.

When all is said and done, however, as I look back on the day in a less emotionally charged moment, I know I am doing what God called me to do as a priest. I try to serve his people by helping them find him in their lives. People often think that he has abandoned them during times of crises. What they forget is that he is so much a part of all of our lives, all of the time.

I believe that a chaplain's effectiveness is linked very closely to his/her being a part of the health-care team. At The Genesee Hospital, each of us who works in the pastoral-care field experiences that kind of acceptance.

From the first day I walked through the doors of The Genesee Hospital, I have felt a part of the hospital's community and team. The administration and staff have made that possible. Their acceptance of my role as chaplain, as a part of their mission of providing total health care; has created the atmosphere that allows me to be as effective as I humanly can be and has made my job much easier.

Father Norton is public information officer and director of telecommunications for the Diocese of Rochester.



**Intensive Care nurses Sheri Hebbing, R.N. (top left), Deborah Dowd Pagano, R.N. (top right) and Carol DiMarsico, R.N. (left) confer with Father Norton.**

# Insight