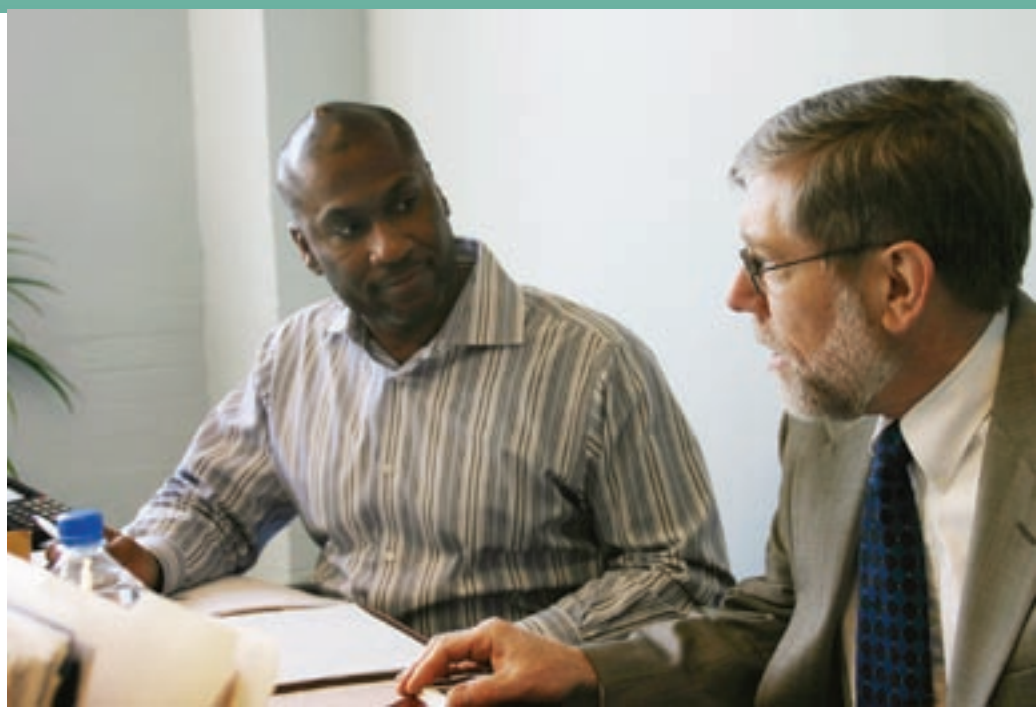
We speak the language

by George Handzo and Sue Wintz

Chaplains offer vital role in healthcare patient-centered communication



The Reverend George Handzo, BCC, consults with Hans Desnoyers, executive director for Housing Works, an association that serves persons with AIDS.

When many people, including healthcare professionals, hear about "cultural competence" or "improving communication" in healthcare, they often focus on the need for translators and healthcare materials provided in languages other than English. While removing language barriers and addressing health literacy issues in a client population are now seen as essential components of quality healthcare, good communication is a great deal more.

According to a recently released consensus report from the Ethical Force Program of the American Medical Association (AMA), "Patient-centered communication is respectful of and responsive to a healthcare user's needs, beliefs, values, and preferences. Defined in this way, patient-centered communication is not just about patient-doctor conversations, it is an element of any ethical, high-quality healthcare interaction."

Patient-centered communication is an ethical issue in that it supports the values of autonomy, quality, and equity, according to the same report.

In thinking about the possible contributions of professional pastoral care to patient-centered communication, it is natural to focus on the chaplain's role in dealing with difficult families or patient situations in which religion and culture impede communication. Doubtless, these are areas where an integrated pastoral care team can make major contributions to patient satisfaction, reduction in staff stress, and cost avoidance.

Proactive involvement of professional chaplains can alert the treatment team to cultural/religious issues so these can become part of the team's communication with the patient and family. According to a recent publication from Joint Commission Resources, "The professional chaplain on staff can assist the interdisciplinary team in understanding cultural, spiritual, and religious issues that emerge and how they can be integrated into the patients' plan of care."

The AMA report points out that "Trust is a fundamental element of the medical profession, and maintaining

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trust should be a focal point of physician practices, hospitals, health plans, pharmacies, and the healthcare system overall." Our experience is that many ethics consults around end-of-life issues arise from miscommunication and lack of trust between staff and a patient or family. Without doubt, the following case would have resulted in an ethics consult, had the chaplain not intervened successfully:

> A 50-year-old single male was admitted to a major urban cancer center with lung cancer that was beyond treatment. Though sick for some time, he had not sought treatment until his pain was unbearable. The medical staff quickly determined that the patient should be referred directly to hospice. They did not want to administer the necessary dose of pain medicine until he signed a do not resuscitate order (DNR), because they feared the pain medicine would precipitate respiratory arrest. The patient was accompanied only by a sister. When he was alone, he would consent to the DNR. As soon as the sister came into the room, she would convince him to rescind it. The situation became increasingly tense, exacerbated by the fact that the patient and sister were African-American and the staff were all Euro-American. When the chaplain met with the sister, he learned that the patient was the youngest of eleven siblings. When one of the siblings became ill, the family custom was for all of the siblings to gather and make treatment decisions together. The other siblings were already on their way by car from Texas and Illinois. The chaplain was able to convince the medical staff to respect the family's custom and preferences, even though it meant the patient would remain in pain longer than the staff wanted. A couple of days later, after all the family arrived and made plans, the patient was transferred to hospice with a DNR order in place. The family was very pleased that the hospital had shown them such great respect and consideration.

Chaplains can be a bridge when staff and family function with different world views and ways of understanding a given situation, as in the next example.

> The young son of a Hispanic couple from a fundamentalist Christian faith group was dying of cancer. After explaining quite clearly that the child's death was imminent, the physician wanted the couple to acknowledge that there was no longer any hope for the child's survival. Instead, their response was to repeat that God could still perform a miracle. After becoming more insistent and still receiving the same response, the doctor left the child's room. Bursting into the nursing station, he commanded the unit chaplain, "Go tell them there will be no miracle." The chaplain reminded the physician, "I'm the one who is supposed to believe in miracles." After conversation with the parents, she determined that the parents understood what the physician was telling them and even agreed that he was probably correct in believing that their child would not survive. Even so, they felt called to hold on to their religious belief. The situation became an opportunity for the chaplain to help the clinical staff understand the interplay between faith and science that is evident in many religious people.

Many hospitals also are identifying the significant contributions of professional chaplains in the organ and tissue donation process and in collaboration efforts between Organ Procurement Officers (OPO) and pastoral care departments.

> At a large trauma medical center in Phoenix, it is protocol for chaplains to be consulted when patients have a Glasgow Coma Score of less than five. When a 16-year-old was admitted for an aneurysm, the chaplain was paged to complete a spiritual assessment and provide support to the parents and family as they were informed of the plan to conduct an apnea test to determine brain death. During the chaplain's assessment and care, the parents indicated their understanding that if the apnea test showed brain death, the next step would be to remove the patient from the ventilator. The parents also commented that in conversation with each other they had wondered if organ donation would be an option. The chaplain notified the OPO who responded immediately, and she joined the OPO as they approached the family for further conversation. The family decided to donate their child's organs, and the chaplain and OPO staff worked together throughout the process to provide support to the family.

The contributions of chaplains to problematic situations often take the form of resolving communications issues among staff.

> In a family conference dealing with a complicated end-of-life situation, the multidisciplinary team and family agreed on a plan of care that included one final resuscitation effort if the patient coded. The next day, the patient coded

and the nurses at the bedside reminded the responding physician of the predetermined plan. When the patient coded yet again, the physician demanded that the staff respond, countermanding the DNR. When the bedside nurse attempted to communicate the plan of care decided by the family, the physician became angry and began to berate the nurse. The professional chaplain assigned to the unit, pursuant to the protocol, also was present at the code. Well-known by staff and physicians alike, the chaplain used his expertise to calm the highly charged exchange and engage the team in focusing on the wishes of the family and the care of the patient. By the time the family arrived, the situation was resolved and both the physician and nurse were in agreement and able to interact appropriately with each other and the family who began grieving the death of their loved one. After the family left the unit, both the physician and nurse expressed appreciation for the chaplain's presence and intervention. Shortly thereafter, the same physician suggested to the chief of the medical staff that the professional chaplaincy staff provide in-services on communication strategies in high stress situations. These in-services became a regular part of the hospital's educational offerings for both nurses and physicians.

Valuable as these contributions to individual patient situations often are, pastoral care's systematic involvement in care is an even greater contributor to long-term organizational success. The AMA report notes the necessity of measuring and building organizational commitment to good communication, engaging communities, and engaging individuals. The chaplain can be a major resource in helping build capacity in this area.

"The emerging prominent role of clinically trained, professional board certified chaplains working with healthcare organizations in completing spiritual assessments, functioning as the 'cultural broker,' and leading cultural and spiritual sensitivity assessments for staff and physicians can be of great value," according to the Joint Commission.

Chaplains also can be important resources in engaging local ethnic and religious communities as healthcare organizations market their services to more diverse communities. In one hospital, the chaplain regularly presented about advanced directives in local religious congregations. This effort demonstrated the hospital's willingness to provide services that benefit the community and resulted in more people arriving at the hospital with advance directives in place.

At Griffin Hospital in Derby, Connecticut, the chaplain provides a monthly Lunch & Learn session for community clergy, helping them to feel more welcome in the hospital and aware of its services.

At Lutheran Medical Center in Brooklyn, New York, chaplains helped the hospital open a Muslim chapel to welcome and serve the neighborhood's large and growing Islamic population.

In the context of highly competitive healthcare markets, many chaplains are involved in these and similar efforts. With organizational support, their overall contribution can be even greater, especially in the face of the current efforts of many organizations to demonstrate community benefit.

The examples presented here are only the beginning. To succeed, good patient-centered communication clearly has to involve the commitment of all staff. Professional board certified chaplains bring special training and skills to this enterprise that can be invaluable to any healthcare organization. Together, healthcare administrators, clinical staff, and chaplains can work together to maximize their contributions to improve care for all patients and families.

The Reverend Sue Wintz, BCC, chair of the APC's Commission on Quality in Pastoral Services, offers consultation on best practices in spiritual care with Bob Olsen, president and CEO of Yuma Regional Medical Center in Yuma, Arizona.

Sources:

An Ethical Force Program Consensus Report, 2006, Improving Communication-Improving Care. American Medical Association.

Joint Commission Resources, 2006, Providing Culturally and Linguistically Competent Health Care.

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