

This bimonthly newsletter, produced by Pastoral Care Services/Office of Diversity and Inclusion, will highlight some of the spiritual and religious beliefs held by patients and their families, providers and others in the MUSC community. It will offer strategies for staff self-care as well as information to better address the spiritual needs of the diverse patients and families that we serve.

### Interfaith Calendar Highlights

- October 2. **Muharram** (Islam). Beginning of the new year.
- October 3-4. **Rosh Hashanah** (Jewish). Beginning of the new year.
- October 12. **Ashura** (Islam). Day of fasting.
- October 12. **Yom Kippur** (Jewish). Day of Atonement, holiest day of the year observed with fasting, repentance.
- October 30. **Diwali** (Hindu). Festival of Lights. Gifts exchanged, fireworks, festive meals.
- October 31. **New Year** (Jain).
- November 1. **All Saints Day** (Christian). Remembering and honoring saints.
- November 24. **Thanksgiving** (Interfaith). American day to gather with family for large meal and give thanks.
- November 27. **Advent begins** (Christian). Time of preparation to celebrate Christ's birth and anticipate his return, observed in lighting of candles, wreaths, and focus on repentance.

Source: <http://www.interfaithcalendar.org>

## Spirituality Spotlight: Catholicism

by Chaplain Terry Wilson

MUSC provides care to a large number of patients of Catholic faith. Like other religions, Catholics have specific rituals that must be performed by a Catholic priest. For example, sacraments and blessings by a priest are important, particularly before surgical procedures or when there is a perceived risk of death. Patients most often request "Sacrament of the Sick," also known as "Last Rites", Confession, and Holy Communion (Eucharist). Catholic priests are on call 24/7 to provide the "Sacrament of the Sick" in emergent situations. Care team members are encouraged to collaborate with the Pastoral Care team to facilitate these and other requests, some of which are described below.

•**State of Near Death:** There may be an urgent request for a Catholic priest to offer "Sacrament of the Sick" ("Last Rites"). Even if the sacrament has already been offered, the patient/family may still want a Catholic priest to offer prayers and bless the patient.

•**Baptism:** All requests for baptism should be relayed to a Catholic priest, however in the case of an infant who is likely to die before a priest can arrive, baptism can be done by any person with "proper intent", meaning good intentions. That person would be required to say, the following: "[name of infant], I baptize you in the name of the Father, and of the Son, and of the Holy Spirit," and would pour a small amount of water over the infant's head three times. A report of such a baptism should be made to the local Catholic parish priest.

•**Holy Communion (Eucharist):** Most of these

requests are usually done prior to a surgical procedure. While a Catholic priest or eucharistic minister would typically offer patients a tiny portion of a wafer, patients who are NPO (to have nothing by mouth) should have this request approved by the care team.

•**Religious objects** - Some patients may have items such as rosaries (a loop of beads with a crucifix, used for prayer), a scapula (a small piece of cloth or devotional pendant), or a religious medal. If patients request that these objects remain with them during medical procedures, care team members should discuss the option of placing the object in a sealed bag that could be kept on or near the patient. If an object is metal and the patient is having a radiological procedure or test (i.e. MRI), family members could be asked to bring in a non-metallic substitute.

In addition to performance of these rituals and practices, the interruption of religious practices, such as attendance at Mass or observance of holy days, may be stressful to devout Catholic patients. Patients may also have moral questions about treatment decisions, (i.e. withholding/withdrawing of life-support). While Catholic teaching does *not* generally require "extraordinary means," a priest could offer guidance in specific situations particularly when there are differing opinions about Catholic moral teaching within families. While patients may now directly request a visit from our in-house chaplains, via StayWell Network, care team members are encouraged to collaborate with the Pastoral Care team to plan for patients' spiritual care needs.



This monthly program provides a forum for MUSC care team members to debrief difficult cases and share strategies to support families, colleagues, and themselves. One hour of Diversity Education training will be provided. Participants must register via MyQuest. The following programs are planned for October and November.

### Health Literacy: Understanding Cannot Be Overstated

October 11th 1:00 pm - 2:00 pm  
300 Clinical Science Building (CSB)

Health literacy contributes to patients' self concept and whether they feel capable or vulnerable during a health care visit. Furthermore, it affects patients' ability to understand and communicate basic health information and to actively participate in their care decisions. This program will help care team members deliver messages to patients in ways that facilitate greater understanding and adhere to the plan of care.

### Grief and Healing Following Loss via Suicide November 8th 1:00 pm - 2:00 pm 300 Clinical Science Building (CSB)

Losing a loved one to suicide is one of life's most painful experiences. The feelings of loss, sadness, and loneliness are often magnified in suicide survivors by feelings of guilt, confusion, rejection, shame and anger that are further compounded by stigma and trauma.

[Join us to learn more about these important topics.](#)

**Chaplains  
are  
available  
24/7/365**



Do you have topic ideas for future issues or would like to provide general feedback about the newsletter? If so, send an email to [sergents@musc.edu](mailto:sergents@musc.edu) Stacy Sargent, Chaplain, Editor

Compliments, complaints, or other acknowledgements about Pastoral Care Services should be directed to:

**Chaplain Terry Wilson**  
Manager, Pastoral Care Services  
[wilsont@musc.edu](mailto:wilsont@musc.edu)  
843-792-9464

OR

**Stephanie Taylor, MPS**  
Director, Diversity & Inclusion  
[taylorst@musc.edu](mailto:taylorst@musc.edu)  
843-792-2341

## Changing the Way We Think about Grief

by Chaplain Terry Wilson

In 1969, Elisabeth Kübler-Ross published her theory concerning the five stages of grief including denial, anger, bargaining, depression, and acceptance. Her work was shared worldwide, and changed some of our thoughts around grief. Research has changed our thinking regarding whether grief is experienced in “stages”. In the past, scientists believed that persons experiencing grief would feel a sense of guilt if they did not undergo the five stages and that each phase had to be experienced in a particular order.

Recent research has shown that most people do not go through all stages of grief, but may experience one or two of the identified phases and most may never experience grief in a specified order.

Though grief is extremely difficult and can be paralyzing, persons experiencing grief should own their feelings of grief rather than remain in a state of denial. For many people in this state, denial can be a coping mechanism however once the

person experiencing grief can embrace the process, healing can begin.

It is difficult to grieve alone, yet many people experiencing grief often isolate themselves during this time. Because different people grieve in different ways, we should listen to what those grieving have to say and help them with the simple necessities of life such as food, rest, and providing a safe environment for them to reach out.

Loss comes to us in many ways and the loss of a loved one is only one of many reasons for grief. One may grieve due to loss of a dream, home, goal, health, a relationship, finances, job, a pet, or something treasured. Loss adds to the narrative of our lives and will be a part of our story. It can help us close a chapter and embark on a new path. The journey to healing following grief is difficult and should be handled with great care and sensitivity.

### WHAT DID YOU LEARN?

If a family requests Catholic baptism of an infant who is likely to die before a priest can arrive, anyone can do the baptism as

long as they:

- A. Have good intent.
- B. Say, “In the name of the Father, and of the Son, and of the Holy Spirit”
- C. Promise to become a priest later.
- D. Both A and B

The first team member to respond with the correct answer will be recognized in a future edition of the newsletter. Send responses to [sergents@musc.edu](mailto:sergents@musc.edu)



No Winner

Correct Answer:  
August/September Newsletter  
TRUE

### Walking With Grief

Do not hurry as you walk with grief;  
it does not help the journey.  
Walk slowly, pausing often  
do not hurry as you walk with grief.  
Be gentle with the one who walks with grief.  
If it is you, be gentle with yourself.  
Swiftly forgive; walk slowly, pausing often.  
Take time, be gentle  
as you walk with grief.

- George MacDonald

## Sliding Into Heaven: Befriending Death and Grief and Finding Relief

by Chaplain George Rossi



For some people, death comes as a relief and is the point at which suffering no longer wins the day. Death silently approaches despite our level of preparation or understanding of the inevitability of the event.

Some people “slide into heaven” like the old space shuttles used to glide onto the hard soil of Edwards Air Force Base in California. The glide path is long, not rocky, and certainly everyone sees it coming. There are no surprises or great hu-

man struggles. The aircraft routinely puts down its tires and slowly makes contact with the desert soil. There is no rough landing. It is peaceful, calm, and a beautiful homecoming event.

Families who have patients nearing end of life sometimes welcome death as a kindness that keeps the patient from going through more treatments and therapies which have unknown efficacy. What becomes known for families and grievers is a holy and quiet peace

and a sacred Shalom that surpasses all understanding.

Grieving can be easy sometimes. Most of the time it is not, but there are times when people have lived long, productive lives and they are ready to let go and be with God in heaven. It's like watching a loved one slide into heaven. Grief sometimes doesn't demand one's total emotion and total attention. Sometimes it is a gentle glide path for the one leaving and the ones left behind.