

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

- April 9. **Palm Sunday** (Christian). Remembrance of Jesus's triumphal entrance into Jerusalem. Beginning of Holy Week.
- April 11. **The Lord's Evening Meal** (Jehovah's Witnesses). Annual commemoration of Jesus's death, and remembrance of his last meal with his disciples.
- April 11-18. **Pesach** (Jewish). Pilgrimage festival remembering the journey from slavery in Egypt to freedom. Also called Passover.
- April 13. **Maundy Thursday** (Christian). Commemoration of Jesus's last supper with his disciples and prayer in the garden.
- April 14. **Good Friday** (Christian). Remembering Jesus's suffering and death on the cross.
- April 16. **Easter Sunday** (Christian). Beginning of the fifty-day celebration of Jesus Christ's resurrection from the dead.
- May 27. **Ramadan begins** (Islam). Holiest month of the year, observed with fasting from sunup to sundown, remembering the receiving of the divine revelation recorded in the Qur'an.
- May 31-June 1. **Shavuot** (Jewish). Celebration of Moses's descent from Mt. Sinai with the ten commandments.

Source: <http://www.interfaith-calendar.org>

## Spirituality Spotlight: Judaism

by Chaplain Terry Wilson

Each Caring Spirit Newsletter focuses on a different religious or spiritual practice in order that we may be better equipped to put Patients and Families First, which is one of our institutional goals. Awareness of different religious practices is also part of MUSC Excellence. This edition focuses on Judaism. Below are several traditions and practices observed by Jewish people. Note there is variation in practice.

**Sabbath** – No work is conducted from sundown Friday until sundown Saturday. Examples of what could be considered work: include using tools, turning on or off electrical switches, pushing buttons (i.e. nurse call or elevator buttons) and, writing or tearing paper. Medical procedures are only scheduled during the Sabbath, if its considered life-saving.

**Diet** – Kosher food, prepared under strict practices, is offered by MUSC dietary services for Jewish patients and/or can be provided for patients through their synagogue.

**Organ Donation** – It is a personal choice, though some families may wish to discuss this option with a rabbi.

**Holidays** – Passover is a holiday celebrated in the spring-time, Rosh Hashanah and Yom Kippur occur in the fall. These holidays may affect the scheduling of medical procedures and may involve dietary restrictions (need for special food or to fast). All Jewish holidays run from sundown-to-sundown.

**Yarmulke or Kippah (cap) and Phylacteries** - It is common for Jewish patients to wear a *yarmulke* or *kippah* (skull cap), especially for prayer, but some may wish to keep them on at all times. Patients or family members may also wear prayer shawls and use

*phylacteries*, which are two small boxes containing scriptural verses and having leather straps, and are worn on the forehead and forearm during prayer. There may be a request that at least ten people (a *minyan*) be allowed in the patient's room for prayer.

**End of Life** – Questions about the withholding or withdrawing of life-sustaining therapy are deeply debated within Judaism, and some patients or families are strongly opposed to the idea. Family members often wish to consult with a rabbi about the specific circumstances and decisions regarding end-of-life care.

**Death** – After a patient has died, Jewish tradition directs that burial happens quickly and that there be no autopsy (though there is acceptance when autopsy is deemed necessary, such as by a mandate from the Medical Examiner). Also, the family may request that a family member or representative constantly accompany the body in the hospital, even to the morgue (where the person may sit outside any restricted area yet relatively near the body), to say prayers and read psalms.

In offering spiritual support to Jewish patients we may ask patients and/or health care agents (if patient lacks decision-making ability), what religious support would best meet their healthcare needs. Pastoral Care Services has established relationships with local rabbis who provide spiritual support. Many come to visit the patient in a timely manner. For more in-depth information on Jewish beliefs related to health care decisions, visit <http://www.advocatehealth.com/documents/faith/Jewish4.pdf>

Source: [http://www.ups.upenn.edu/pastoral/resed/diversity\\_points.html](http://www.ups.upenn.edu/pastoral/resed/diversity_points.html)



This monthly program provides a forum for MUSC care team members to debrief difficult cases and to share strategies that support families, colleagues, and themselves. One hour of Diversity Education training credit will be provided.

Participants must register via MyQuest. The follow-

ing programs are planned for April and May.

#### Weight Bias

April 11, 2017  
1:30 pm - 2:30 pm  
300 Clinical Science Building (CSB)

#### Ethics Consultation: Partnership in Decision-Making

May 9, 2017  
1:30 pm - 2:30 pm  
300 Clinical Science Building (CSB)

## Spiritual Care Assessment and Delivery: An Interdisciplinary Approach

by *Chaplain George Rossi*

Chaplains work with interdisciplinary teams when it comes to knowing who to visit and when to visit. Rounding in a unit and receiving a referral from a nurse or a spiritual care consult from a physician are common ways for chaplains to learn of patient and family needs. In addition, a nurse or physician or RT may know more of a patient's story and may relay that information to the chaplain. For example, following an accident a patient may ask the hard question, "Will I ever be the same?" or a patient may show spiritual distress with words like, "I can't go on" following a tragedy where someone died and the patient is dealing with survivor guilt. Here are some suggestions for determining spiritual care needs for patients and families:

- Who or what provides the patient with strength and hope?
- Does the patient use prayer in their life?
- How does the patient express their spirituality?
- How would the patient describe their philosophy of life?
- What type of spiritual/religious support does the patient desire?
- What is the name of the patient's clergy, minister, chaplain, pastor, rabbi?
- What does suffering mean to the patient?
- What does dying mean to the patient?
- What are the patient's spiritual goals?
- How has illness affected the patient and his/her family?

This information and more can be found on The Joint Commission website (see below).  
[https://www.jointcommission.org/standards\\_information/standards.aspx](https://www.jointcommission.org/standards_information/standards.aspx)

### Sampling of Clinical Spiritual Assessments

During medical school and residency, I received no formal training in tending to the spiritual needs of patients. In the face of serious illness, the human spirit is tested just as much as the human body. If I as a clinician ignore the spiritual needs of patients and families, I will not be effective in ensuring comfort and healing. I ask children and their families about the importance of spirituality in their lives and how that might impact their healthcare. I recently learned of an approach I intend to use regularly: "In times of

difficulty, where do you find your strength? How well is that working for you right now?"

*Conrad Williams, MD, FAAP*

*Medical Director, Palliative Care Program Assistant Professor, Department of Pediatrics*

As a trained and board certified clinical chaplain I work to provide spiritual care that is focused first and foremost on expressed patient or family need. I work to be an authentic and compassionate presence, open-minded and open-hearted, as I assess for spiritual care needs. My assessments usually revolve around determining how a person makes meaning of his or her medical challenges amidst the person's known religious and spiritual needs. In particular I am looking for how a patient wants his/her community needs met, and in particular how love, hope, faith, joy, and beauty needs and concerns are being met. Sometimes a patient with an illness has lost hope and it is obvious. I work to find ways to help the patient tap into his/her spiritual resources of hope which can be a new treatment, a caring doctor, a compassionate caregiver or a religious reading. Ultimately, my job is to honor feelings, beliefs, dreams, pain/suffering, and meaning-making of the patient and family.

*Chaplain George M Rossi, M.A., M.Div., BCC Pastoral Care Services*

As a medical professional I did not receive training on how to handle the spiritual needs of patients. It is sometimes looked at as a Chaplain "thing." However, sometimes giving a prayer for someone who is dying (when no one is around) is how I usually bridge the gap. If the family requests that I pray with them then I will. I believe that we all have a purpose in life and it is up to us to see what that purpose is. I try to take that extra time with the family to make them feel loved. Sometimes it is the silent prayer that I say to a dying patient when they are in there last minutes of life. God gave us free will to determine how we live our lives. We have free will to do good or bad. Sometimes I feel it is up to me to help the grieving and the dying. I try to help them know that I care or spiritually help them with a prayer by asking for comforting, forgiveness, or peace.

*Joe Whitlock, RCP*

*MUSC Adult Respiratory Therapist*

### WHAT DID YOU LEARN?

Healthcare clinicians from various professions can assess the spiritual care needs of patients and families. Examples include concerns and issues such as:

- A. Coping with suffering
- B. Hopelessness
- C. Feeling disconnected from one's faith community
- D. All of the above

*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)*



**Tanya Stoehr, MHIT**  
Customer Support Analyst

Correct answer from the February-March 2017 issue:

D. A and C



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 Sergent, 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

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