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Michael Shortall

Learning to sit with

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INTRODUCTION

The National Gathering of the *Support Network of Catholic Health Care Chaplains* (SNCHC) took place in October 2017. The theme of the opening session was Healthcare Chaplaincy and Pastoral Ethics. Up to one hundred hospital chaplains from across the country attended. Such a group of experienced professionals – both lay and ordained – holds a deep well of wisdom. Therefore, to draw from this source, the attendees were asked to respond to a Text, a Story, and a Case-Study.

The text was a passage of scripture; the story was from my own experience of hospital ministry, and the moral case was well-known from the previous summer. These three inputs, along with interaction from the chaplains, built towards an understanding of health care chaplaincy as "the Christian community's commitment to sit with those in pain." In turn, this approach became the context for pastoral ethics as "a partner in discernment".

THE TEXT

The morning began with a reading of the following passage the Book of Job.

> Job's friends heard of all this evil that had come upon him, then came each from his own place […] to come to console him and comfort him. And when they saw him from afar, they did not recognise him; and they raised their voices and wept; and they rent their clothes and sprinkled dust upon their heads towards heaven. And they sat with him on the ground seven days and seven nights, and no one spoke a word to him, for they saw that his suffering was very great. (Job 2:11-13)

When asked to respond, the healthcare chaplains were quick to identify aspects of their task in the passage of scripture. The friends

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of Job, although robbed of the person they once knew, simply sat with him in the silence for the longest time. They recognised in this simple commitment what they commonly referred to as their *ministry of presence*. They offered further observations: the alienating force of pain, powerlessness in the face of suffering, and the importance of listening and simple presence.

One chaplain noticed how the friends of Job had wept, raising the important role of emotion in responding to suffering. Silence, the passage suggests, should not be stoical. Yet, how wrong it went as soon as the friends started to speak. Their words are far from comforting, insisting that his suffering must be a punishment for sin. Could one lesson of the Book of Job be the value of staying in a shared silence? Job, for his turn, demanded to speak out, and plead his innocence. Another lesson may be that we all have a story we must share.

THE STORY

I shared my story too and asked the chaplains to respond. Our Lady's Hospice in Harold's Cross is special to me. I think of it as the place I became a priest, despite the fact that I was over ten years ordained when I first visited. Let me explain. During those initial visits, I would be nervous, not knowing what to expect, powerless in the face of not being able to do anything, and most of all, fearful of getting it wrong. Over the period of a few weeks, two parishioners introduced me to the reality of real suffering and so to ministry. Mrs H was being helped by family when I entered her room. On seeing me, she told them, "Send him away." I wasn't wanted. I quickly retreated as they approached apologetically. How to react? What has always stayed with me is the sense that at that moment I actually did understand her – she simply wasn't ready. I didn't have to take it personally. Later, after talking to her family, I visited again: she seemed good about me being there. I wish I could remember more of the second visit; all I recall now was she was so weak.

Around the same time, Mr W arrived. A quietly religious man, he struggled spiritually as his health declined. On a couple of occasions, we got to spend some time alone. We talked of faith and doubt, of God and uncertainty. It was challenging to hear – after all, isn't faith supposed to give you comfort at the end? Yet, what I witnessed was a mature struggle of someone coming to terms with immanent death. Did he reach peace in the end? To be honest, I don't know as I wasn't there when he died.

I noticed a change within because of these experiences. A prior innocence had fallen away. I sat with someone suffering and it opened me more deeply to our human reality. The gathered

chaplains considered the same possibility, that it is conceivable to think of a day that truly marks the beginning of their ministry, different from the day that begins an appointment or contract. They shared their stories: one person spoke of being humbled by visiting homes in Africa long after he was ordained, another related to my experience without wanting to go any further; another spoke of an experience that initiated her into the ministry of chaplaincy *before* she undertook her appointment.

THE CASE STUDY

Finally, a moral case was outlined and evaluated by the hospital chaplains. An international story concerning eleven-month-old Charlie Grad was still fresh in their memory from the previous summer. He was diagnosed with encephalomyopathic mitochondrial DNA depletion syndrome (MDDS), an extremely rare genetic and unfortunately incurable condition. His medical team at London's Great Ormond Street Hospital (GOSH) judged that intensive life support was only increasing his pain and suffering and that he should be moved to palliative care and be allowed to die.

His parents, Connie Yates and Chris Gard, appealed the decision to the High Court in the hope of transferring Charlie to the US for an experimental treatment. With significant media attention, many commentators and ethicists offered opinions, often with different conclusions. Eventually, the High Court ordered that Charlie be transferred to a hospice and life support be withdrawn. The following day, his parents accepted that his condition had deteriorated such that any experimental treatment had no reasonable possibility of success and Charlie passed away.

While the hospital chaplains acknowledged the traditional Catholic bioethical principles of ordinary and extraordinary care that apply in this case, they identified many more concerns. Such ethical cases are more than problems to be solved. They identified social trends, practices and ideas that come to bear in cases like this, many of which they often experience in their own ministry. In particular, they named the extraordinary advances in technology, the role of the media in presenting a story in a particular way, the extent of parent's rights in deciding the best interests of their child, and the lack of social resources to help people navigate through tragic cases. Hospitals are not immune (excuse the bad pun) to changing trends in society. I would further add the expansive influence of the economic free-market structure, the depth of concern over self-identify, mass migration of people, the access, consumption and power over information, cultural and religious transformation, and new legal and political trends.

HEALTH CARE CHAPLAINCY AND PASTORAL ETHICS

Healthcare Chaplaincy

It is well beyond a morning gathering of healthcare chaplains to offer a detailed analysis of the above trends, as important as they are. More immediate to the Chaplains was a reflection on their own role and engagement with a healthcare community and system. Within the context of the above reflections, the morning turned to reflect on the identity of the hospital chaplain.

Theologically, the ultimate source of the legitimacy of all Health Care Professionals is vocational. Their task is sourced beyond mere skill (professionalism) or right actions (ethics). *The New Charter for Health Care Workers* by The Pontifical Council for Pastoral Assistance to Health Care Workers states:

> Mission is equivalent to vocation; that is, it is a response to a transcendent call that takes shape in the suffering face of the other. This activity is the prolongation and the fulfilment of the charity of Christ, who "went about doing good and healing all" (Acts 10:38). At the same time, it is charity directed towards Christ himself: He is the patient – "I was sick" – and so He considers care given to a brother or sister as being rendered to himself: "You did it to me" (cf Mt 25: 31-40).[1]

This dense passage names the experience of suffering as a privileged invitation or call towards and a manifestation of the divine.

Health care itself is marked out as the myriad of activities that responds to suffering experienced as a cry of pain and alienation. Without doubt, to cure is an urgent answer to such a pleading, but a cure is not always immediate or possible. Rather, medicine, more broadly and more fundamentally understood, is a commitment to remain present with those who suffer pain. Health care chaplaincy is a specific expression of this commitment. It is not an additional role, to be undertaken when doctors fail. It is intrinsic to the very dynamic of medicine itself. Health care chaplains are health care professionals too. Stanley Hauerwas argues that because medicine is a faithful commitment to those who suffer pain, it needs the church. He concludes: "To learn how to be present […] we need examples – that is, a people who have so learned to embody such a presence in their lives that it has become the marrow of their habits."[2] Healthcare chaplaincy, I would argue, is a living example of this claim. To return to the scripture text, and to personal stories

1 The Pontifical Council for Pastoral Assistance to Health Care Workers, *The New Charter for Health Care Workers* (Philadelphia: National Catholic Bioethics Centre, 2016), para 8.

2 Stanley Hauerwas, 'Salvation and Health: Why Medicine Needs the Church' in Stephen E. Lammers and Allen Verhley, eds, *On Moral Medicine: Theological Perspectives in Medical Ethics*, 2nd ed (Grand Rapids: Wm. B. Eerdmans, 1998), 72-83, 81.

of being with the sick, chaplaincy, it may be said, is how we *sit* with pain and alienation. It is an expression of the church's commitment of presence, and so intrinsic to the church. Health care chaplains are ministers too.

PASTORAL ETHICS

Pastoral ethics is difficult to demarcate. It may be a category of ethics, a context for ethics, or indeed a method for doing ethics. Broadly, it may be located within a traditional distinction of Catholic Moral Theology. On one hand there is objective morality, that is, the imperatives necessary for the well-being of individuals and the community, which are part of the objective order, discernible by way of reason (natural law) and Revelation. On the other hand, there is subjective morality (not to be confused with subjectivism) which concerns the person's real context and actual capacity in freedom and knowledge to live morally, accepting the sinfulness and finitude of each person. Healthcare chaplains within the Catholic tradition often find themselves thrust into a position between witnessing to the objective moral order, while acknowledging the personal realities in a given situation.

Pastoral ethics has three commonly held understandings. Firstly, it may be the recounting of ethical issues that are encountered in pastoral situations: examples could include real cases that arise in a local context or changing trends in society. Secondly, there is the ethics of the pastoral encounter itself: examples here could include concerns about power, boundaries, confidentiality, manipulation and so on. Thirdly, and finally, there are the norms that could guide how a minister, or in this context a chaplain, may accompany a moral decision maker in a pastoral setting: examples might include the role and responsibilities of the accompanier, respect for freedom, and faithfulness to moral demands and faith traditions. Indeed, considerations of a particular moral case within her responsibility may move between the different levels. Reflective practice could quite easily throw up the following questions: what is leading to this situation? (understanding one) how am I in this situation? (understanding two) and how can I help someone make a difficult decision? (understanding three).

A TASK OF THE CHAPLAIN: PARTNER IN DISCERNMENT

There are many images of the pastoral carer such as 'The Wounded Healer' and 'The Midwife'[3]. In her concise and insightful text, *The Pastor as a Moral Guide*, Rebekah Miles paints the image of a

3 For a collection of classic readings see Robert C Dykstra, *Images of Pastoral Care* (Atlanta GA: Chalice Press, 2005).

minister as 'A Fellow Pilgrim'.[4] The task of moral guidance is identified by Sondra Ely Wheeler as one of four roles of a pastoral carer within the context of medicine. The other three roles are: the previously mentioned ministry of presence or a companionship during times of trouble, acknowledging that Christ too is present in the encounter; the Chaplain as interpreter, who can facilitate communication and understanding between parties involved; and finally the chaplain as a witness to the Gospel, offering the stories, symbols and norms by which a person may come to understand their situation and relationship with God.[5]

The chaplain in the role of moral guide is – to use Wheeler's term – 'A Partner-in-Discernment'. The chaplain will at times move between spiritual discernment and moral deliberation to facilitate people facing challenging decisions in difficult times. As a result, a chaplain mediates between witnessing to an objective moral order while acknowledging the context and capacities of a person. This role is not separate from the other three identified by Wheeler – indeed they mutually up-build each other to enhance the quality of the pastoral relationship.

Such a task is distinct from two other important roles that are often confused for chaplaincy. On one hand, in the pastoral encounter, the chaplain is not an ethicist, activist, campaigner or moral guardian. Such tasks have an important place within the church but, I would contend, they are for others, or, at least, for other times. (It may be that a chaplain is asked to fulfil such roles in other contexts, such as sitting on ethics or management committees.) To confuse such roles can lead to a moralism or judgementalism that actually disempowers the decision maker, ultimately undermining the very moral order that it wishes to defend.

On the other hand, the chaplain is not a counsellor. There is an important distinction between non-directive counselling and moral guidance. The former, by and large, is non-directive and guided by the agenda of the client. Generally, there is a relatively long-term commitment to a process which focuses on the needs and wants of the individual. The latter more often takes place in a pastoral context in which there is an immediate short-term crisis to be navigated. It tends to be goal orientated, focusing on working through pressing issues (often in a cognitive manner) that takes into account wider responsibilities.

How then may a hospital chaplain proceed? While, the uniqueness of each situation makes it difficult, and indeed dangerous, to be overly prescriptive, one thing remains crucial: the quality of the

4 Rebekah Miles, *The Pastor as a Moral Guide* (Minneapolis: Fortress Press, 1999).
5 Sondra Ely Wheeler, *Stewards of Life: Bioethics and Pastoral Care* (Abingdon Press, 1996), 93-112.

pastoral relationship. Richard Gula suggests three stances that create such an atmosphere of discernment: be understanding, that is be conscious of the capacities, context, and resources of the individual; be encouraging, that is, facilitate in personal and practical ways the responsibility to choose; be challenging, that is, be clear about the responsibilities (moral requirements) of the situation.[6]

Being 'a partner-in-discernment' is suggestive of the pastoral approach of Pope Francis and the resources available in Ignatian spirituality. Yet, the rules of discernment outlined by St Ignatius are many and subtle. To illustrate, the Spiritual Exercises of St Ignatius classify two set of rules: the first set comprises fourteen rules, the second set has eight rules. That is enough rules to stretch a beginner's guide to over 250 pages.[7]

There is, I would suggest, much to be done in identifying how the strategies used in spiritual and vocational direction may be made practical in specific moral decision making, especially in the context of short-term crisis. Rebekah Miles does well to propose the following four questions to be kept in mind: What is happening? Who are we and where are we going? What rules and principles do we follow and how do we make exceptions? Who is God and what difference does it make?[8]

I would like then to conclude by briefly turning a point made earlier on its head. It's not just that the church needs chaplains, but chaplains needs the church. By church I mean that community marked out by particular practices informed by faithfulness to its central story that in turn dispose its members to virtuous living. To borrow the earlier words of Hauerwas, chaplains should be people capable of being present in the "marrow of their habits". One key practice is surely silent prayer. The deepest spiritual traditions carried by the church provide the resources to support people face the silence, to the point of suffering, and beyond. In short, they train us to "sit with".

So, once in a while, (although less so in recent times) when I find myself free of an evening I call back to the Oratory of Our Lady's Hospice. Behind the altar, a light brightens the large stained-glass window, portraying the hill of Calvary. In the silence, I "sit with". When the time comes when there is someone to visit, I'm a little more practiced and so a little stronger and hopefully a little wiser. Although I will still say that soldier's Hail Mary.

6 Richard Gula, *Just Ministry* (New York/Mahwah NJ: Paulist Press, 2010), 235 ff.

7 See Brian Grogan SJ, *Making Good Decisions: A Beginner's Guide* (Dublin: Veritas Publications, 2015).

8 Rebekah Miles, *The Pastor as a Moral Guide* (Minneapolis: Fortress Press, 1999), 27-34.