

Thank you to His All Holiness Patriarch Batholomew, His Eminence and host Metropolitan Kyrillos, the Organizing Committee and dedicated lay and clergy who work in the various fields of Pastoral Care.

I wish to also thank those who (planned and) invited us to participate and deepen our understanding of Pastoral Care – especially Fr. Stavros Kofinas whose vision and hard work brought us together.

My task is to share with you a few thoughts regarding Pastoral Care and ministry within the U.S. and specifically in the Boston area. A brief summary such as this can only touch upon certain themes and trends – some of which have been touched upon these last few days.

## **I. Hospitals – Pastoral Care in Boston**

Most of the larger hospitals in the U S A and in particular the greater Boston area have Pastoral Care offices. These are part of the “team” approach to include chaplains, pastors and other “spiritual care” providers working with doctors, social workers, nurses and staff in offering an “integrated” approach to assist patients.

Resident chaplains usually, one or sometimes two, are on call to address emergencies and/or ethical questions concerning life and death situations with patients’ families. Usually doctors indirectly have opinions but many steer clear in offering what patients ought to do with –for instance – end of life issues.

Just as managed care, life preserving technology, law and the growing awareness of the importance of spirituality in patients lives have changed medicine, they’ve also changed what we need to know and do as pastoral care providers.

A chaplain says: “Times have changed when hospital chaplains and priests (for instance) mainly sat by patients’ bedsides for comfort, to anoint the sick or to confer birth blessing or prayers at death.”

He continues “Hospitals – unlike our average parish or church – are dramatic places in which life-and-death choices are made every moment of every day.”

“Should I take my baby off the ventilator? Do I donate my mother’s organs? What do I do about this living will? Should I take this experimental treatment for cancer, AIDS, Parkinson’s or any other disease?”

Increasingly hospital chaplains and we as priests are asked by patients and physicians to weigh in on such matters, By necessity, hospital ministry and chaplainry over the years has become its own specialized area in the U.S. with its own board certification requiring a master’s degree and hundreds of hours of postgraduate clinical pastoral education in everything from psychology to law to crisis management in bioethics for chaplains.

Moreover, with the economics of managed care designed to treat and release patients quickly, hospital patients tend more and more to fall into two groups. There are those who are treated quickly and released, requiring us to establish rapport faster than ever before. The second group are patients who are admitted as very sick.

Nearly 80 percent of Americans now die in hospitals, making grief and bereavement counseling an ever-growing part of the chaplain's duty and I dare say of all our clergy who will inevitably be dealing with the concerns of the dying and their families.

## **II. The Wider Impact of Secular Society on Hospital Pastoral/Care**

There is a philosophical and theological battle for the souls, hearts and minds of our people in the U.S. Perhaps that is also the case where you live as a result of globalization and a movement towards that "one great society." One blurred comparison comes from an understanding (or misunderstanding if you prefer) of what is meant and taught by "faith/religion" over the vague and general term "spirituality." This has influenced our Orthodox people as well who often cannot distinguish between Orthodox spirituality over the general notion of "feeling" or considering themselves "spiritual."

This is an important element since in the hospital setting and in matters of life and death that patients face, the kind of pastoral care necessary is left to individuals and institutions to discern and provide.

Perhaps by looking at two broad definitions and some characteristics of traditional Christian understandings and prevailing "secularized" spirituality will help us understand this broader challenge to Pastoral Care.

While one view holds and sees that:

"Religion is an organized system of beliefs, practices, rituals, and symbols designed (a)-first - to facilitate closeness to the sacred and transcendent (God, or ultimate truth/reality) and (b) – second – its aim is to foster an understanding of one's relationship and responsibility to others living together in a community."

The other view says that:

"Spirituality is the personal quest for understanding that answers the ultimate questions about life, about meaning and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious tradition and the formation of community."

### General Characteristics:

<i>Religion</i>	<i>Spirituality</i>
Community focused	Individualistic
Observable, measurable, objective	Less visible and measurable, more subjective - vague
Formal, orthodox, organized	Less formal, less orthodox, less systematic
Behavior oriented, outward in its practices	Emotionally oriented, inward directed
Specific in terms of certain behaviors	Not specific, little accountability
Teachings separating good from evil based on Scripture/Tradition	Unifying, not doctrine oriented, general

As we know both understandings acknowledge the importance and impact of religion and spirituality on the patient's well being. They agree that spiritual beliefs and values often shape one's understandings of health, disease and healing and therefore influence health care decision-making as well as to cope with illness, dying and health. Yet, for us Orthodox and those faiths that have sacraments and specific ways of addressing the "healing and binding the wounds" of our people...often we do not have the opportunity to minister as we should to our faithful who often receive vastly differing kinds of pastoral care and comfort from a variety of secular sources.

### III. Pastoral Care and the Law

I share with you some thoughts about a specific federal law that was passed in 1996 known as the Health Insurance Portability and Accountability Act (HIPAA) but went in effect on April 2003 which impacts our hospital ministry and pastoral care for the sick enormously. Started as a simple idea that safeguards privacy and the transmission of medical care data, it has become a voluminous ruling that causes us in many cases not to even know about the hospitalization of our people as before. Instead of privacy it now provides secrecy.

When a patient is admitted, if they say 'no' to a visit from the clergy, we're not allowed to visit –period. We often don't know if someone is in the hospital unless the family notifies us." This is a departure from the past.

One of the problems that could easily happen is the worsening of a patient's condition where death is imminent.

In a secular hospital there usually is not an Orthodox priest in present. Many of our people would want and prefer someone they knew i.e. from their own faith and tradition

to be with them during emergency and dire circumstances. Many could and do die without the sacraments of the Eucharist ( Holy Communion) and/or unction.

Conclusion - The past practice of notifying clergy about a parishioner's hospitalization was "convenient" and helpful. Now the patient has to explicitly say "call my church" before we learn from the hospital of their situation and their need for us to minister to them.

#### **IV. Conclusion**

Following are some closing points in the form of challenges and positive points regarding hospital and pastoral care issues in the U.S. in general and in Boston in particular.

##### Challenges:

- Impact of secular society has effected the hospital Industry
- Economic constraints have also impacted Hospital care in that many hospitals have joined together forming large corporation to survive – i.e. becoming large impersonal places which are difficult for us to navigate.
- There is still resistance to have socialized medicine in the U.S. as governmental involvement is seen as grossly inefficient and often causes more problems then it solves.
- Chaplains employed by hospitals – usually non Orthodox – are often the first and last to minister to many of our people, leaving us unable to offer an ecclesial and sacramental presence.

##### Positives:

- On the positive side, there are laws that protect citizens and non-alike. Anyone needing medical care can receive it.
- Health Care, although expensive, is of a high caliber and breakthroughs are a common daily occurrence.
- We in Boston enjoy a special relationship with some of the best hospitals in the world. Through the connection and special relationship of Holy Cross/Hellenic College located in Boston our students, especially those who soon will be ordained, are required to participate in a mandatory Hospital Ministry / Field Education Program. They experience first hand the challenges and joys of ministry and pastoral care in area hospitals as they minister to patients in various stages of their illness. This program serves them well and becomes an invaluable experience as they integrate their theological, spiritual and practical knowledge into effective ways of offering Pastoral Care in the Hospital setting.

Thank you!