



Rural Clergy Training Program



Not all war wounds
are visible...

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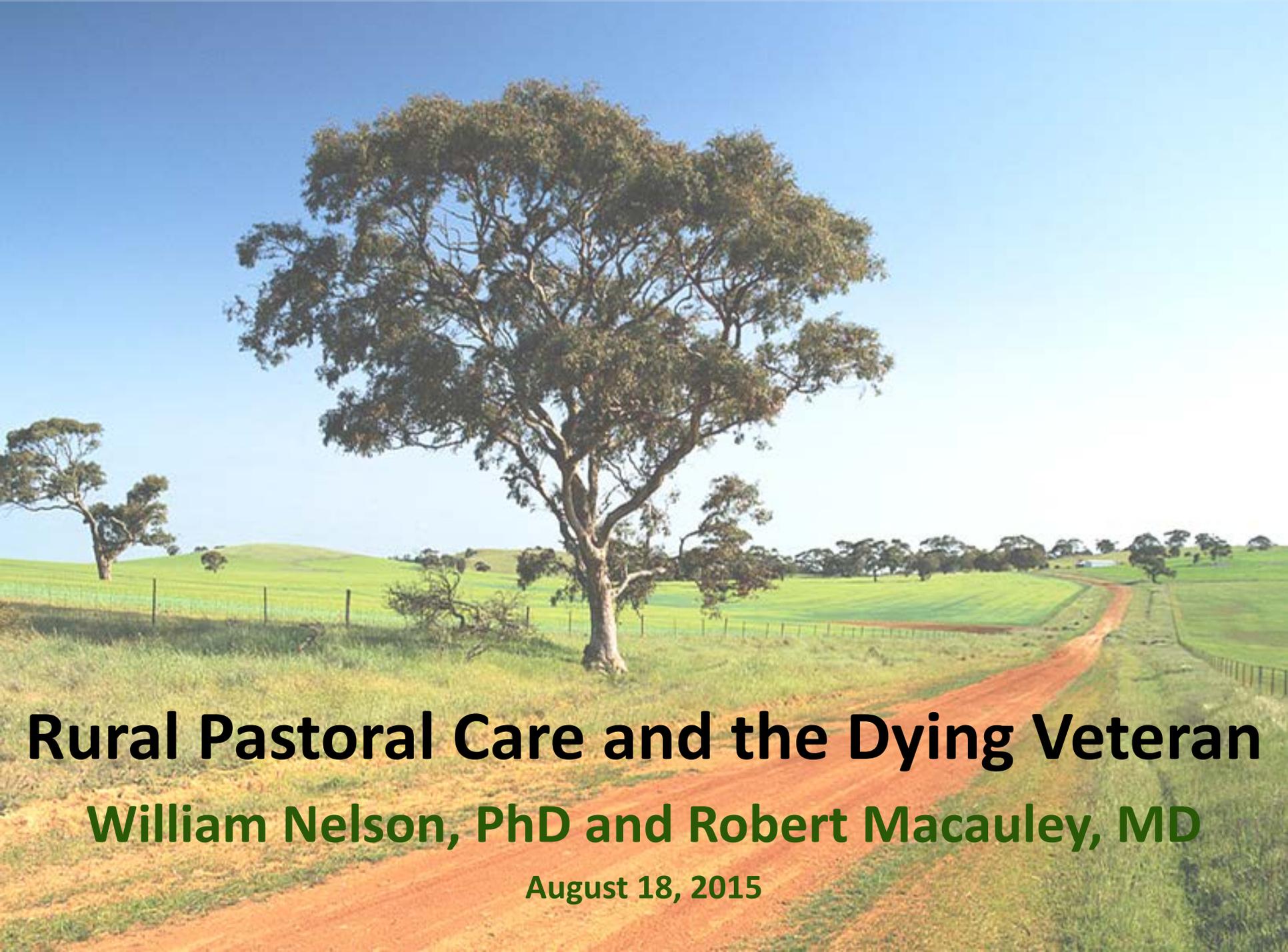
Department of Veterans Affairs
Veterans Health Administration



Office of Rural Health



National VA Chaplain Center



Rural Pastoral Care and the Dying Veteran

William Nelson, PhD and Robert Macauley, MD

August 18, 2015



Introduction

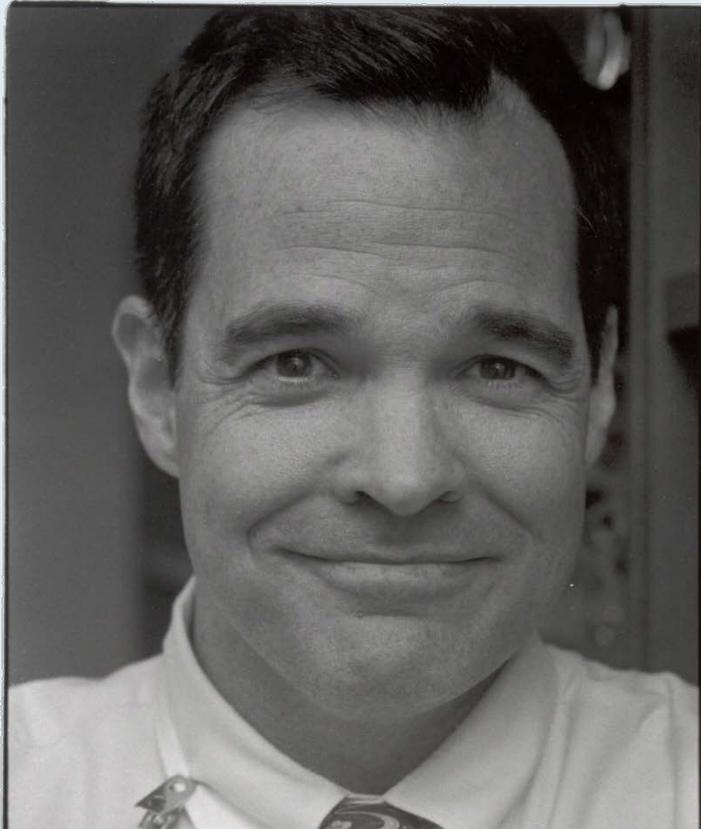


Dr. William Nelson is an Associate Professor, The Dartmouth Institute for Health Policy and Clinical Practice, Community & Family Medicine at Geisel School of Medicine at Dartmouth. Directs the Rural Ethics Initiatives Program. Teaching and scholarship of health care ethics focuses on the relation between ethics, quality and value in today's health care organizations.

Previously was a VA Chaplain and the Ethics Education Coordinator for the VA's National Center of Health Care Ethics.



Introduction



Dr. Bob Macauley is a pediatrician, ethicist, and Episcopal priest. After graduating from the combined medical/divinity school program at Yale, he did a residency in pediatrics at Johns Hopkins, worked as a hospitalist in Connecticut, New York, and Uganda, and then came to the University of Vermont part-time in 2002. He served parishes in Maryland, Connecticut, and New York, before becoming rector of St. Paul's Episcopal Church in Vergennes from 2002-2006, when his work at the University of Vermont expanded to full-time.

Objectives

- **Participants will understand the emotional, spiritual, social, and physical needs of terminally ill veterans**
- **Participants will review various practical approaches for addressing the patient's and family's needs**
- **Participants to share their experiences in caring for terminally ill members of the specific faith community**
- **Participants will identify beneficial resource's to enhance the skills of clergy and members of their faith community**

Today's Flow...

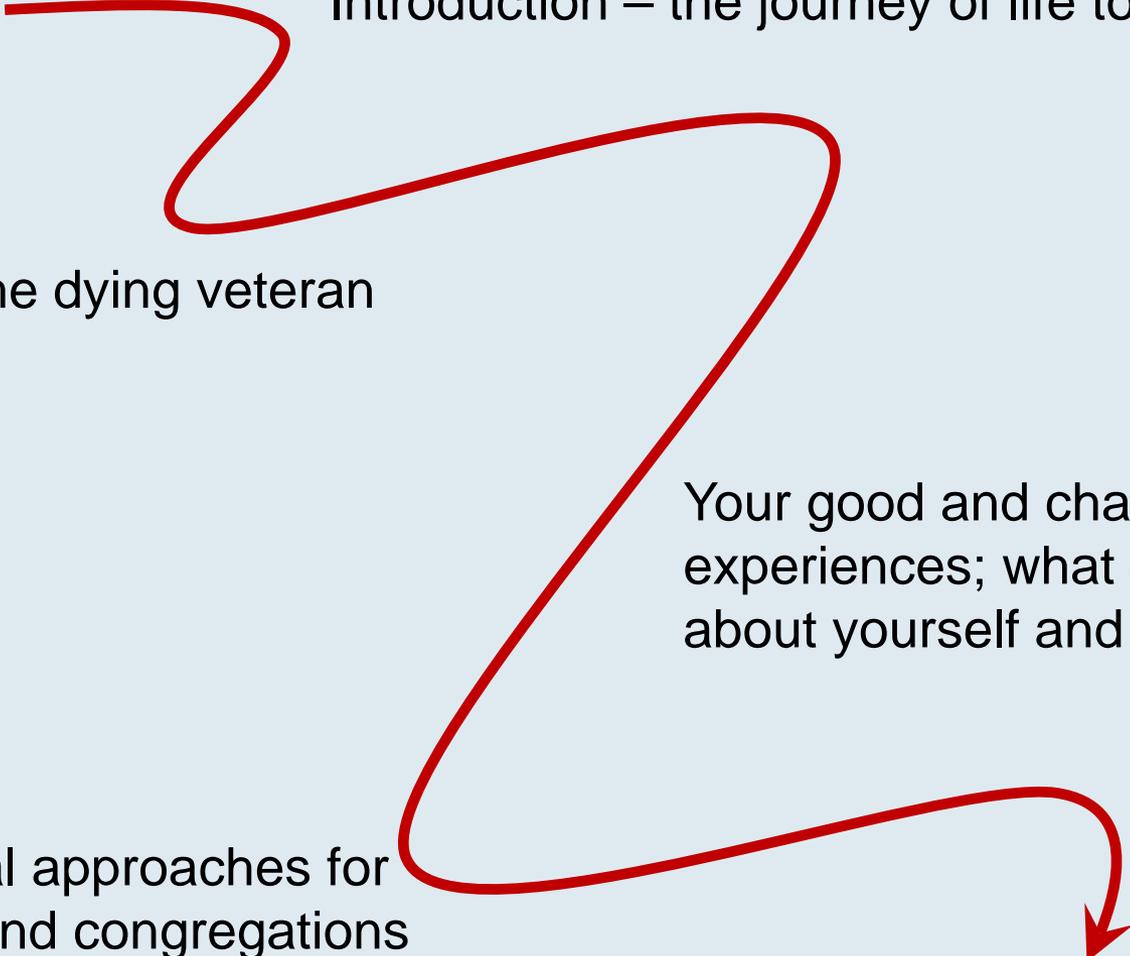
Introduction – the journey of life to death

Needs of the dying veteran

Your good and challenging experiences; what did you learn about yourself and others?

Practical approaches for clergy and congregations

Final thoughts, wrap-up



Disclaimer and Acknowledgement

Disclaimer – In this presentation and discussion, we am not representing the VA, only our personal perspective

Acknowledgement – We want to express our deep appreciation to several people that contributed to this Webinar, members of the VA Chaplain Center Rural Clergy Project and Dartmouth's Dave Numme

No One Path on the Journey

“Teach us to number our days” (Psalm 90:12)

- Everyone is unique – beliefs, values, relationships, experiences (and death)
- There’s no “right” way on the journey from life to death

Human Response to Dying

- Shock – disbelief, fear
- Grasping – fighting, hoping, denying
- Grief – loss of self, life reflection, range of responses
- Letting go – accepting the journey's transition
- Healing – accepting and forgiving oneself

Needs of the Terminally Ill Along the Journey

- Support during the process of dying – respect the experience of living and meaning until the end
- Relief of suffering – prevent and alleviate pain and symptoms whenever possible
- Control and respect of the person – getting “things” in order, support self-determination

Needs of the Terminally Ill Along the Journey (continued)

- Relationships respected – promote supportive ties to loved ones
- Differences respected – acknowledge the role that beliefs, family traditions, ethnic and cultural values
- System(s) of care with professional competency – overcoming barriers to good care

Needs of the Terminally Ill Along the Journey (continued)

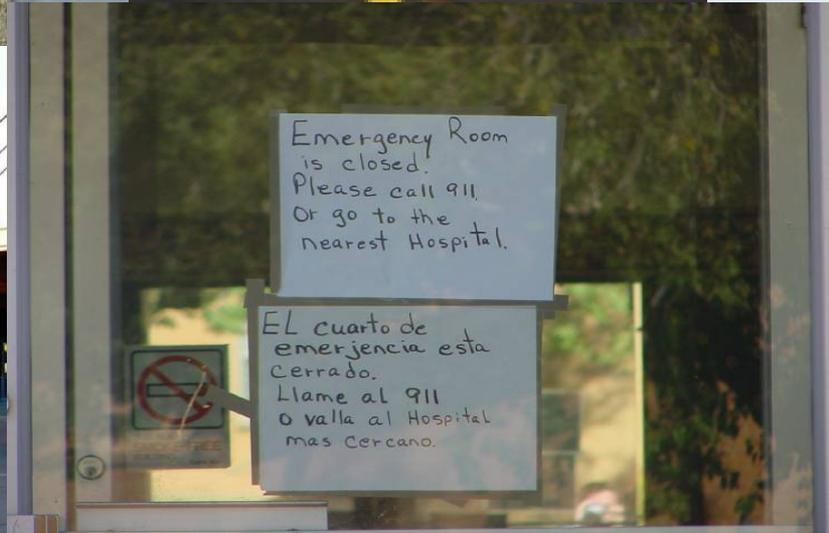
- The consistent presence of others
- Religious and spiritual support- the clergy and faith community



Terminally Ill Veterans

- An estimated 600,000 veterans die each year, a number bound to grow due to the aging of World War II, Korean and Vietnam veterans
 - Albuquerque's VA alone, 250 veterans died last year
- Beyond the basic Veterans' needs
 - Acceptance of oneself
 - Moral injury, guilt and forgiveness
 - <http://www.ptsd.va.gov/>
 - Opportunity to (re)connect with others

The Influence of the Rural Context on Veterans



Emergency Room
is closed.
Please call 911.
Or go to the
nearest Hospital.

EL cuarto de
emergencia esta
Cerrado.
Llame al 911
o valla al Hospital
mas Cercano.

Your experiences Ministering to Terminally Ill Veterans

What worked well in your caring for rural veterans?

What was difficult and challenging for you?

Practical Approaches for Addressing Veterans Needs



Ministry to the Seriously Ill: Clergy

- Understand the basics of the medical situation
- Assist the patient/family in navigating complexity
- “First, do not harm”
- Offer both prayerful and practical support
 - Liturgical resources:
http://justus.anglican.org/resources/bcp/min_sick.doc
- Help the patient identify goals that reflect their beliefs
 - Life as a gift from God
 - God being in control over everything
 - Promise of eternal life

Ministry to the Seriously Ill: Congregation

- Disseminate information as appropriate, balancing concern and confidentiality
 - Prayer chain?
- Train parishioners in basics of pastoral care
 - E.g., Stephen Ministry (www.stephenministries.org)
- Identify (and perhaps automate) ministry to the patient and family
 - E.g., www.takethemameal.com

Ministry to the Dying: Clergy

- Be present for the patient and family
- Utilize local resources (e.g., hospital chaplaincy)
- Provide spiritual context/words for prayer
 - Liturgical resources:
http://justus.anglican.org/resources/bcp/min_sick.doc
- Things everyone needs to say to the people important to them
 - I forgive you.
 - Will you forgive me?
 - I love you.
 - Thank you.

Ministry to the Dying: Clergy (cont'd)

- Specific approaches to the dying parishioner
 - Life review
 - Anointing/absolution
 - Favorite hymns
 - Funeral planning (if appropriate)
- Specific approaches with the parish
 - Balancing joy and grief (on the model of Jesus and Lazarus)
 - Seeking meaning
 - Supporting all who are grieving

Ministry to the Dying: Congregation

- Communicating with the members of the church
- Teaching opportunities
 - Esp. preparing vulnerable members of the church (e.g., kids)
- Caring for the family before, during and after the person's death
 - Support wanes over time
 - Practical things are important, too
 - Easier to make specific offers than asking, Let me know if there's anything I can do
- Anniversaries and firsts are important



Resources for Rural Clergy

- VA Medical Center and Clinics
 - Pain management
 - Palliative care
 - VA Chaplains
- “No Veteran Dies Alone” program
- Local Hospice and VAN programs

Key Points

- There's no “right” way to die
- However, everyone moves along a process
- Central to support is acceptance of the person's uniqueness, including the rural veteran's journey
- The skilled presence of clergy and others from the congregation can be a great source support
- Clergy need to be prepared to provide non-judgement presence
- And, clergy should be aware of and use resources



Our Newsletter: The Clergy Connection

<http://www.ruralhealth.va.gov/ruralclergytraining/>

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THANK YOU

Further thoughts and questions.