

Being There, Making a Difference

We Have a Nurse

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Miss Anne was a woman somewhere in her early 70s. By all appearances, she was on her final journey and had been on one of the medical units for a number of days. The nursing staff and palliative care team were making her last days at Our Lady of the Lake Regional Medical Center as comfortable and pain free as possible. Whenever I made my pastoral visits, her hospital room would be in semi-dark tones. Sometimes soft, meditative music was played on the television. I observed that the patient's breathing was in constant short puffs. She did not seem to be suffering or showing any distress symptoms. During these pastoral visits, I did not encounter any family members. A quiet somberness filled the patient's room: no flowers, no get-well cards, no indications that family and friends were staying overnight in quiet watchfulness with the patient. In my extensive accompanying of the dying, I have not found these familial absences unusual. Family and friends sometimes find it very hard journeying with the expiring on their final days. There is a finality in which the dying person crosses over an unseen threshold where there is no return. Up to this point, the loved ones have sought every medical means to keep the patient alive and said every prayer to delay God's ultimate and final decision. Nevertheless, the dying and God encounter each other and leave the room together. Such "goodbyes" for the grieving often are too painful to endure. Sometimes they feel that someone else will be with the loved one at his or her final moment. For others, by their staying away, they can still cling desperately to denial.

I had observed during my visitations that there was an understated tenderness with the staff in their individual and col-

lective care for Miss Anne. Without anyone's asking, they became her witnessing family. She may have been expiring, but she was not going to be overlooked by the compassionate staff. For them, Miss Anne was going to be treated like a lady to the very end.

The Story

I was working my assigned late shift and I had gone into the cafeteria for my evening supper. Nurse Danielle Kemp, RN, met me by chance at the knives and forks counter. She appeared anxious and I inquired what the matter was. Danielle seemed close to tears. She said that Miss Anne was dying and there was no family by her bedside. As the patient's condition steadily deteriorated, the family had, at the same time, absented themselves from visiting her. She asked me if I would drop by later in the evening to visit and pray with the patient. I readily agreed.

It was about an hour later before I was able to honor Danielle's request. When I went into Miss Anne's room, Danielle was sitting by her bedside keeping a quiet watch. I could see that Danielle had been crying. It was long past her time to go home; therefore, I asked her what she was doing. She replied that she could not let the patient die alone. I looked over at Miss Anne and it appeared her breathing had not changed since I visited her earlier in the day. Danielle could be correct in her intuitions; the patient looked as if she could expire at any moment. However, there was no significant change from before and she did not seem in any great distress.

Danielle's lone witnessing recalled for me my early days as a chaplain when I spent long hours with the dying. Very often they died when I went home exhausted from my unpaid and unasked for watches. I surmised that Danielle was going to make a fine nurse but she, like the

rest of us, had to learn her boundaries and know when it was time to let go and let someone else take over the responsibility. Miss Anne was on a hospital unit where the nursing care was available around the clock. The night nurses and certified nursing assistants knew the situation and would be faithful in their collective attentiveness. I saw that I had a pastoral responsibility in shepherding Danielle. I suggested that we pray together for the patient. When this was completed, I explained to Danielle that she should go home. She had her nursing obligations to her other patients starting at 7:30 the next morning. They and her peers expected her to come to her job tomorrow morning rested and alert. If she stayed indefinitely this evening, she would come into work feeling tired from too little sleep and not able to give her best. Danielle seemed able to comprehend the scenario; she gathered her belongings and went home. I remained with Miss Anne for another hour.

While I was sitting by Miss Anne's bed, I began noticing the quiet tone of her room. There was a profound peacefulness about it; an unseen goodness keeping vigilance where it was most needed. Miss Anne was never going to be alone. After an hour, I too had my other patient duties to fulfill. I said a final prayer and left the room.

Conclusion

Eventually some of Miss Anne's family came and stayed with her for brief periods. Whenever I encountered them, I could see grief written all over their anxious faces. Somehow, in the patient's final days, they were able to make the heart-breaking decision and have her moved to the inpatient hospice unit.

Looking back I can see that, for whatever reasons, Miss Anne's family was unable to accompany her when she needed them the most; none of us knew their pain or stood in their shoes or felt that a