

Emory Center for Pastoral Services Supports Health and Healing

BY ELWOOD H. (WOODY) SPACKMAN

Entering a health care system is always a spiritual crisis regardless of the intensity or seriousness of the potential or known diagnosis. Surrendering one's autonomy into the hands of others creates a state of vulnerability and lack of control that is humbling and anxiety producing. But, it is also an opportunity to confront the meaning of one's life, the interconnectivity of persons and the fragility of our bodies that is unequaled in human experience. It is for these reasons that I have dedicated the past 23 years of my life to ministry in between the worlds of health care and spiritual community. Following 19 years of parish ministry, I chose to focus my pastoral care on persons who are the most vulnerable in our society - the sick, injured and frightened. In current role I am able to help educate a new generation of spiritual care providers and lead the Emory Center for Pastoral Services at Emory University.

Emory Center for Pastoral Services, a component of Emory Healthcare, in collaboration with Emory's Candler School of Theology, sets a defining standard of excellence in pastoral care and leadership. It is one of the largest and most respected programs in the country. The program engages the depth of the human condition with its diverse and creative program in order to serve a wide need.

The program offers inter-faith pastoral care to patients, their families, hospital staff and to the community in a non-aligned manner. The chaplain is, in the best sense, a neutral figure in the context of health care and is called to facilitate and offer help without fostering any particular agenda. Pastoral care is based on offering a restorative rela-



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tionship to persons who are often in crisis. It is providing an inductive guiding presence to persons frequently making life-changing decisions.

Pastoral care can be an important part of healing and living. The department of pastoral services offers pastoral care to patients, residents, family and staff. Key programs include visitation, devotionals and worship, consultation and referral, grief counseling, memorial services, clinical pastoral education, community education on spiritual issues of aging, confidential individual consultation and referral, staff support groups, conflict resolution, and continuing staff education on spiritual, ethical and moral issues.

Pastoral Services also extends to specialty areas such as Emory Winship Cancer Institute, the transplant programs, acute care teams, the new Emory University Orthopaedics and Spine Hospital, as well as for palliative care and hospice with the health system. Chaplains are available with all Emory Hospitals 24 hours a day, seven days a week for support, conversation, prayers and sacraments/ordinances. Chaplains are also privileged to open doors for personal spiritual care providers to visit patients - minister, priest, rabbi or others.

It continues to be my privilege to facilitate and encourage an atmosphere of healing and care for the "whole person" who comes to us for help. I can think of no higher privilege than to continue to set the standard for care though Emory Healthcare.

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The Spiritual Component of Hospice Care

BY DAPHNE CLEMENT, D.MIN, BCC

As a chaplain at Hospice Atlanta (a division of the non-profit Visiting Nurse Health System), I see patients and families struggle with the pain that accompanies the dying process. Physical pain can be alleviated by today's vast array of medications, but no amount of medication can ease emotional or spiritual pain. Spiritual anxiety won't go away until you treat it within a spiritual framework.

Because of its interdisciplinary nature and its focus on dying with dignity, hospice care is well-equipped to connect with patients and families on a spiritual level. We find many patients are eager to talk about their faith. Some share their worries, fears, sadness or rage. Others, who have suffered an extended illness after a long and fulfilling life, seem accepting and prepared to die. In fact, they are often more prepared than the families who love them and the doctors who treat them, many of whom feel a deep responsibility to continue treating the disease for as long as possible.

Harold G. Koenig, M.D., Duke University Medical Center, advocates that doctors do a spiritual screening with their terminal patients before they transition to hospice care, opening the way for people to express how they are handling their diagnosis. Most patients don't know how to invite clinicians to discuss their spiritual and emotional needs, and many doctors don't know either. We don't even have words in the English language for the spiritual connection between two people, especially when it involves the dying process.

Finding a way to enter the spiritual realm at this difficult time is the core work of hospice chaplains and is vitally important to patients and families alike. We are all spiritual beings and have a right to be heard as we face our own or a loved one's death. The three chaplains here at Hospice Atlanta invite patients and families to talk about their spiritual needs as and when they choose. We honor people of all faiths - Christian, Jewish, Muslim,



Daphne Clement

Hindu, Buddhist - as well as those who don't belong to any religious community.

Our role is primarily to listen. When we visit patients at home or at the Hospice Atlanta Center, we are there to hear what they need - whether it's calling a priest to give last rites, joining hands in prayer, or talking about the birds outside their window. And sometimes there is nothing to do except be present.

This is the one of the greatest gifts we can give patients and families as they go through the end-of-life process together.

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