

April 2025 Chaplaincy Update @ LA General

Greetings from LA General Medical Center! The hospital's ministry has been going well in April. One of the key things that is keeping the staff busy is working on the magnet recognition since we are having a site visit in May. It is a big deal for the hospital, and I have heard it mentioned several times during rounds in one of my units. The AANC¹ Magnet Recognition Program is the highest credential a healthcare facility can achieve, according to the notice. "It acknowledges the invaluable contributions of nurses in healthcare settings and among all populations around the world." We also had several departments celebrating different events, such as the NICU (Neonatal Intensive Care Unit), which had their annual skills fair; the laboratory services, which had their "Happy Lab Week; and the health information services, who had their special week with the theme "Celebrating the Superheroes of Health Information." In addition to my regular chaplaincy work, I attended our bioethics meeting in San Francisco. This time the readings were quite dense, due to our special guest's area of expertise. We had the opportunity to read and discuss Robert P. George's publications. He is an American legal scholar and political scholar and serves as the sixth McCormick Professor of Jurisprudence at Princeton University. We also had the opportunity to participate in a conversation between three scholars who all served on the President's Bioethics Committee between 2001 and 2005, which was led by Leon R. Kass MD., who is another well-known bioethicist and the core bioethical issues they were dealing with at the time. Below I will share about a few of my visits with patients at the hospital.

ACPE Site Evaluation Team, Staff Chaplains and Interns ➡



"Will I ever go back home again?"

One of the visits I had this month was with a patient in one of our burn intensive care units. Earlier in the week, I had responded to a visit request for anointing for this patient and so when I saw the second visit request, I was concerned about what was going on. During the initial visit, I had learnt that the patient was Catholic and so was his mother who had requested for the anointing. The staff had also noted that the wife was a Christian. While checking in with the staff, I learned that the patient was having a procedure later in the day, which may include the amputation of his

¹ AANC is an acronym for American Nurses Credentialing Centre.

fingers. After donning the protective gear (mask, gloves, and mask), I went into the room to visit with Matthew (pseudonym) who had his eyes closed and was lying on the bed. He opened his eyes when the nurse called out his name and introduced me as a chaplain.

I offered extended listening support to Matthew who shared that he had requested for a chaplain because the night before, he had been feeling “sad and down,” and was wondering if his “life would ever be normal again” (he paused, became tearful then continued) “will I ever go back home?” As I explored his concerns further...Matthew revealed that on the day of the accident, he was driving away from home to work as a Uber driver which he does sometimes to make extra money. He paused again and then went ahead to describe the accident and that after the car had rolled over, it burst out into flames and exploded... for fifteen minutes he had tried to call for help and no one could hear him and then he blacked out. I normalized Matthew’s feelings of sadness, shock and trauma from the accident, fatigue since he could not sleep well due to his wounds and being overwhelmed while trying to navigate all the health issues, he was dealing with including the procedures.



➡ Magnet Recognition Site Visit Notice for LA General in May 2025

While exploring sources of support, Matthew revealed that his mom had been visiting to check on him. He was worried about his two sons who live with her- a fourteen-year-old and five-year-old. Matthew went ahead to share that his older son had been struggling with school and feels like he abandoned them after moving out when he got married. Jose noted that he was thinking of trying to find an apartment where they can live together but financially, it was challenging to do so. He also noted that it was hard for his sons whose mother had abandoned them six years ago and they had

not seen her since then and they were not sure if she was alive or not. I helped Matthew explore ways to stay in touch while at the hospital such as calling and talking to each of his sons. I also suggested that when he is ready, they could also do FaceTime so that his sons could see him. At the end of the visit, I reminded Matthew that his family was the main source of meaning in his life and encouraged him to reach to his sons who he is concerned about. We also spent time in prayer and then I allowed him to continue resting while waiting for the procedure later in the day.

“Different Realities”

One of the challenging visits I had this month was with a two month old baby’s mother, Annette (pseudonym). During my initial visit, I had responded to an early morning request for a visit to offer grief support to the baby’s family.

When I arrived, there were staff in the room attending to the baby and there were two family members at the bedside. After donning the PPE (gown, mask, and gloves) I entered the room and walked to the nearest family member, a gentleman who was sitting on a chair. He informed me that he was the uncle to the baby and requested for a follow-up visit later when the mom was awake and after offering a prayer as requested, I said I would visit again and bring a bible.

During the follow-up SC visit, I met Annette, the baby's mom who seemed sad, tired, and sleepy. She narrated the events of the day before when she woke up and found the baby unresponsive. She became tearful while noting that the baby was doing okay earlier before they slept and had fed well. Annette went ahead to describe the past two months when the baby was born at another facility and had been doing well since they came home from the hospital after being in the neonatal intensive care unit for three weeks. She described the baby as "always calm and quiet and makes no fuss." Annette also said the baby was her best friend since he was born since they spend a lot of time together.

As I did a life review, Annette shared about her life growing up in Midwest, with her mom and I later learned that they had moved from another state so that her mom could find help from her family. Annette noted that her dad lives in Central America, and she has four stepsisters she has never met. She also revealed her struggles with drug addiction for many years and that she came to California to attend a rehab in 2022. Annette also talked about various kinds of trauma including being raped when she was 12 and noted that her mom never believed her, and they had "different realities" of what happened while she was growing up. Annette also talked about her boyfriend who is currently incarcerated and was sad and tearful as she noted that he went to jail before the baby was born and had never met him. She had not been able to visit and see him because she did not have an ID and was waiting to get one but thinking that by the time, she would get it, he would be out of jail since he had a few more weeks.

During our Spring Bioethics Meeting ➡

A few days later, I met Annette's mom when she came into visit and during the visit, she revealed that she was a Catholic and had requested that the baby be baptized. During our conversation, she also shared that she had been through a lot with her daughter as she





had to go looking for her many times after she ran away as a teenager. She noted that having the baby in January had changed Annette as she seemed more mature though she was still concerned about her.

➡ Another photo from our Bioethics Meeting

Annette's mother also gave me an update about the baby based on the information they were receiving from the doctors, and that they still had hope despite the bad news they were receiving that he was not doing well. During the visit, I also supported the family as they met with the doctors for an update that the baby would not recover and had serious neurological problems. They were given time to think about what they wanted and make a choice between putting a tracheostomy and feeding tube or compassionate extubation.

At the end of visits, we would always spend time in prayer at the bedside, and I encouraged Annette to find time for self-care and take breaks since she seemed very tired, anxious, and overwhelmed about what was going on with the baby. *(My support visits for Annette and her baby are still going on since they are still at the hospital, and she opted to have the baby get a tracheostomy for breathing and a feeding tube. However, the plan to transfer the baby to another hospital where they can perform these two procedures for infants, has stalled due to various issues including insurance).*

“Sadness and Depression”

Another challenging visit I had was with a referral to visit with a patient who I had been told had fetal demise but on looking at her chart, I realized the information was wrong since she was in her mid seventies and was dealing with cancer. During the palliative care rounds, I also learned that the patient was part of their list, and the consult was partly due to her sadness and depression. When I arrived, Mary (pseudonym) was lying on the bed, awake but seemed tired and sleepy and her son- David (pseudonym) was visiting for support.

While assessing her needs, I offered support to Mary who prefers to use her middle name, and she said she was doing okay though tired. She spent time talking about things that had been done to her including her medication but could not explain clearly what had happened. I noticed that Mary was confused and during the conversation, she would close her eyes and turn away. Her son- David took over and shared with me what had happened when he brought her in on Saturday that she was having challenges eating and could not keep anything down and her abdomen was also very swollen. He went ahead to reveal that his mom was dealing with cancer for the past two years and had recently come back from visiting family including his brother in Jamaica where they are originally

from. David also confirmed that they are Christians and belong to a denomination known as Church of God and had requested for a chaplain to visit and offer prayer.

After finishing the prayer, as we were walking out to go and see the palliative care doctor, the gynecologist/oncologist team stopped by to check on Mary and confirm her decisions about the plan of care. During the conversation, the doctors shared about the options available, and Mary seemed confused about the choices she was being given and asked for them to repeat several times. After noticing that his mom was having a challenge communicating her wishes, David stepped into help her clarify what she wanted, and Mary confirmed that she was not ready for hospice and requested for time to talk to her slowly and speak with the family including his brother before signing any forms. David then became sad and tearful while asking if his mom was approaching the end and how much time she had left which the doctors responded to.

Later, I escorted David to meet with the palliative care doctor as he had requested and continued to offer support as he shared about the mom's life and illness. He described the mom as "a strong woman" who after she learnt that she had cancer would go for her appointments alone and never bothered her children with what was going on. David also noted that he thought the mom was not comfortable discussing the issues that were going on with her children since they are both male and instead preferred to talk to her female friends. As a result, he was not aware of how advanced the cancer had spread until recently when she started having more challenges. The palliative care doctor helped David to explore his mom's reluctance to talk about her wishes and the decision not to opt for home hospice which, she associates with "death and dying." At the end of the conversation, David requested that though they had opted for selective care, he knew the mom would still want some treatment including dialysis until she is able to see that her body cannot tolerate it. He was also planning to update the rest of the family including those who live out of the country and to also have conversations about what is going on. He also requested me to follow-up and visit again the next day to continue supporting his mom, which I agreed to do.

P **prayer requests:**

- Continue to pray for the patients and families as they receive care at the hospital like Annette and her baby and those in the burn unit such as Matthew who I met as they receive treatment and deal with challenges of recovery and prolonged hospitalization.
- Pray for the staff and especially those who were on strike as they negotiate their pay and benefits through the union. Pray also for the hospital administrators as they deal with the staff related concerns.
- Pray for me as I continue to serve the patients and families- for wisdom and guidance on the best ways to support them. Pray as I continue to study bioethics and prepare to attend a conference in Chicago in June where I am also presenting a paper.

