

Chaplaincy Update @ LA General Medical Center

This month at LA General has been busy, though unlike May, we had fewer hospital-wide events. My busyness has stemmed from staff being on leave and because of the other things that I am involved in that are also related to my work as a chaplain. One of the key events for June was attending our bioethics meetings in San Francisco, where we had great conversations about the book *“Anticipatory Corpse”* by Dr. Jeffery Bishop, who is a professor of philosophy at Saint Louis University and the Tenet Chair of Bioethics. It was one of the meetings that I was really looking forward to, as I had read the book during my doctoral research in bioethics. We attended a dinner to celebrate Dr. Bishop's 2024 Paul Ramsey Award. I also enrolled in a palliative care course following an interesting conversation with one of our palliative care physicians. She was concerned that she was not seeing a difference between the work of chaplains involved in palliative care and those who were not. I am now in my sixth week, with two more to go before I complete it. Amid these two additional learning opportunities, my regular visits with patients and their families have continued and I will share a few encounters below.

“Receiving bad news”

While rounding in one of my units, I visited with a patient, Ken (a pseudonym), who is in his fifties. When I arrived, he was awake and watching TV. As I inquired how he was doing, Ken went ahead to share that he had just received bad news about his health. He went ahead to note that he had come into the hospital because he was having difficulty breathing when he was trying to sleep, and now he was feeling much better. However, he had just found out that his kidneys were failing, and he needed to start dialysis as soon as possible. As I

explored Ken's concerns about dialysis, he said he was not sure about doing it because he thought his kidneys were not that bad and he was still able to “pee.” He also noted that part of his concern was being unhoused, and he was wondering how he could do dialysis while living on the streets or having no place to call home. Ken shared that he had been homeless since December 2022 and had moved out of where he was staying because he did not want to catch COVID. Since then, he has struggled to find shelter, and only recently was he accepted into a recuperative care facility, where he was hoping to find help finding shelter but was still concerned since he had not been there for the required three months.



***Paul Ramsey Fellows & Scholars with Dr Jeffrey Bishop
(next to me on the left) and Guest- Riley Gaines (12X NCAA
All American Swimmer)***

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When checking in on his sources of support, Ken said that he had family—two sisters—but they were having their own challenges. One sister lives in section eight, and another has family that also needs support. He also had a mom who had just recently moved to another state and was hoping he could join her if his health improves. I helped Ken explore options for finding the support he needs, and he shared that one of the key challenges was also that he had not received his SSI for disability and was still struggling to find out why. We talked about ways he could continue to pursue it, including talking to a social worker and case manager to see if they could help. I encouraged Ken to also have another conversation with the doctors about dialysis, as he was still struggling with the news and needed to decide to put in a catheter as soon as possible. He noted that he spoke with his mom, who encouraged him to do it since other family members were also doing dialysis, but according to Ken, his cousins have different opinions about it.



AIN Interview with Halmar Chavez, a former patient and volunteer at LA General Medical Center

Some find it challenging, while others told him they took their time to decide, even though they kept hearing from the doctors that they needed to start dialysis as soon as possible. As we concluded the visit, Ken confirmed that he is a Christian and requested that I keep him in prayer as he makes decisions about his health and the next steps.

“What Can You do for Me?”

One of the challenging encounters I had this month was with a patient on one of my floors. Earlier in the month, I received a referral to visit a patient who was feeling sad and depressed. Before going in, I checked in with the nurse, who shared that the patient had been cleared and was no longer on contact precautions, but I could still wear a gown if I needed to. When I entered the room, the patient was lying on the bed and seemed asleep, though he woke up when I opened the door. I used my phone for translation after confirming that the patient only speaks another foreign language and not the one indicated in his chart. The patient went ahead to share that he was feeling very sad about his situation and did not know what to do. He narrated that he was living in another part of California and had been arrested (civil) because he contracted a respiratory illness and was brought to the hospital. He was feeling desperate because he lost all his documents in a fire and had not gone through the proper channels to get into the country. As I explored his concerns, the patient said he was desperate to do anything and was willing to work as a cook or guard so that he could just earn some money to help his family back home on another continent. I encouraged the patient to try and stay strong and be patient with his recovery, which was taking a long time. At the time of my visit, the patient had been in the hospital for more than two months and had been confined in the same room since he was contagious and had to wait until he

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was cleared. I offered to try and help the patient by talking to the staff, including a social worker, to see if there was anything that could be done regarding the replacement of identification papers.

I spoke with two social workers about this patient, and they all gave the same advice: he needs to just call the consulate of the country of origin, and they can advise him on what to do. I was able to get the contact information for the patient, which I then took to him and, using a translator, explained to him what he needed to do. He appreciated the visit, but I could still see he was sad and stressed about his situation. I was still wrestling with how to help this patient, and the next time I saw him was after he was declared non-contagious and allowed to walk around the unit. He seemed much better but was still sad and withdrawn. As I was still wrestling with how to help this patient due to his language barrier, I remembered that one of our chaplains is also from his home country, and I referred him to see him since they speak the same language. Unfortunately, when this chaplain visited, the patient was having a bad day, and all he wanted to know was what the chaplain could do to help him. My support for this patient is still ongoing, and this past week, I checked in with the social worker who covers the floor, and he shared that the patient would be discharged to a facility soon. However, he will remain under civil arrest and must take medications for TB for the next six months before he can be fully cleared.

“I’m afraid that your son is already dead”

Another difficult visit I had this month was with a family whose fourteen-year-old son was approaching the end of life. I had responded to a consultation early in the morning and when I got to the pediatric intensive care unit, I noticed that several

family members were gathered at the bedside. After donning the gown and mask, I entered the room, where the nurse was busy updating the family on the patient’s condition. I offered support as the family was visibly sad, and some were tearful as they tried to process the news.



LA General Staff @ the Friday Showers for our unhoused neighbors!

The teenage boy’s condition had changed overnight, and he was bleeding in the brain, which had caused it to swell, and there were other complications. After introducing myself as the chaplain, I provided a rosary that they had requested, and as I explored any other needs, the family requested that we pray together. I led them in the Lord’s Prayer at the BS and then offered a prayer for the patient and the family.

I continued to offer support after the prayer and encouraged the family to talk to the patient as well as hold his hands. He was

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non-responsive and on artificial life support. As the younger sister requested to spend some time alone, I allowed the family some privacy and continued to offer support to the family near the waiting room. They all expressed their sadness and shock over the sudden turn of events since the night before. One family member noted that the patient had come in after being hit by a truck while riding his bike, and the investigations were still ongoing. Before things changed, the family was preparing to take him to a long-term subacute facility. I made another visit later to deliver a bible and prayer book for the family, and we spent time in prayer again at the BS. I was still present outside the room when the MDs decided to meet with the family and informed them that he was probably already dead. I helped the family process some of their concerns with the team, as they wondered if the change in his condition was caused by an error. They requested time to think about the next steps while waiting to see if the patient's biological father could visit and say goodbye.



Showers & Clothing for unhoused neighbors across the street from LA General (Fridays only)

Prayer Items:

- Continue to pray for our patients and families experiencing trauma, chronic illnesses, or those preparing to lose loved ones. Also, pray for those who are immigrants and are dealing with the challenges of being undocumented and lacking direction on what to do.
- Pray for our staff members, as some are also dealing with housing issues, and we recently heard about one woman who was living in her car.
- Pray as I continue to build relationships with the staff chaplains and other staff members in our department and others throughout the hospital.
- Pray as I prepare for the presentation at the USC Street Medicine Workshop on August 8 and 9 and for my colleague Bill, who is presenting with me, for guidance and the Holy Spirit's leading.
- Pray as I complete the palliative care course in the next few weeks and that what I am learning will be helpful in my work as a chaplain going forward.

Donations in Kind: Hygiene kits, Men's pants & Adult Diapers (Can be dropped off at St. Camillus-1911 Zonal Ave, Los Angeles, CA 90033).