Back to School

PHOTO BY K. C. KRATT

By Lynda Stidham, MD '85

After countless hours in classrooms, labs and hospitals in order to finally be able to practice medicine, I chose to return to school in September 1998 to earn another degree. This past May I graduated from Christ the King Seminary in East Aurora, New York, with a Certificate in Pastoral Studies.

First I completed 12 courses in theology and ministry, including Old and New Testament concentrations, Moral Theology, and Youth Ministry, among others. The final requirement was the "Field Education Practicum" in which the student must participate in 60 hours of ministry in a setting of interest, e.g. hospital, nursing home, prison or church. I chose to be an intern in the Pastoral Care Dept at Roswell Park Cancer Institute (RPCI) under the supervision of department head, Beth Lenegan, PhD.

This summer I began serving as a volunteer in the department as a pastoral care visitor and visit with patients and families twice monthly. I have found this endeavor to be highly rewarding and meaningful. It is also a striking contrast to my work in primary care pediatrics.

What possessed me to return to school? Certainly I had a busy life and work schedule; however, lifelong learning is a part of our profession. In our training we are taught about the biopsychosocial model of patient care. I had long felt a strong calling to explore the role of spirituality and religion in medicine. Why is there suffering? Why and how do some people maintain positive attitudes in the face of difficult circumstances? Why and how do some people overcome obstacles and recover despite serious illness or injury? What happens to one's life view when confronted with a serious illness or injury? What if it is your child, parent or partner facing a tough situation? How does one best deal with a dying person and assist them and their family with dying and death?

Oliver Sacks, in his book, *Awakenings*, states: "The terrors of suffering, sickness, and death, of losing ourselves and losing the world, are the most elemental and intense we know."

The advances in medical technology and treatments do not change the fact that people will face serious diagnoses and poor prognoses. Illness, injury, suffering, dying and death are a part of life and of medicine. So, ultimately, as it was ages ago, the practice of medicine is a human process, and the interaction between patient and physician is about showing compassion, active listening and providing comfort.

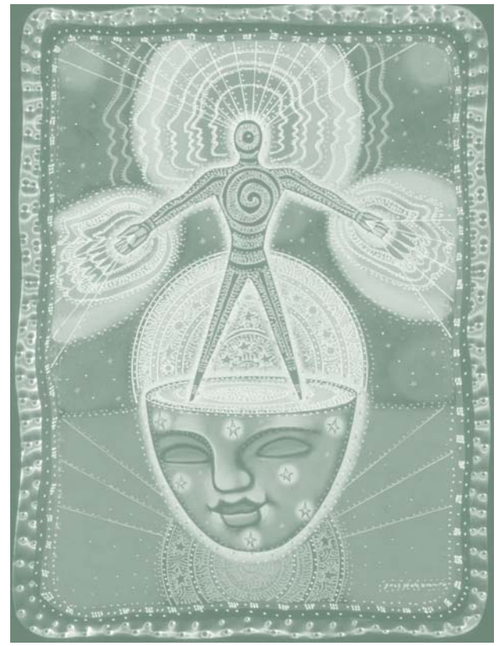

ILLUSTRATION BY JOEL NAKAMURA

Pastoral ministry involves a holistic approach to caring for people by focusing on the physical, psychological, emotional and spiritual needs of a person and their family. It means recognizing that a person's spiritual faith, regardless of participation in organized religion, can and does have a major role in their treatment and recovery. (Yes, some people are agnostics or atheists, but this does not change their need for hope and support. Discussions just take on a different flavor.) It means being aware of a divine presence in the events of human life. It is important to be attentive to and respect the various individual beliefs and faiths that people follow.

One of the initial challenges I faced when I began at RPCI was the change of roles. I was seeing patients not as a physician but as a pastoral care visitor. I was not there to take a medical history, perform a physical exam, arrive at an assessment or set up a plan. I was there to listen and to provide support by determining the patient's spiritual needs and wishes.

Being a physician did make things easier for me, as being in the hospital setting, seeing medical equipment attached to sick patients, was a familiar one for me. In time, I became more comfortable with *not* being the doctor. Although I have never introduced myself as a physician, as I feel that my title should be left at the door, in some instances I have revealed that I am a physician, such as when commenting that I am familiar with their medication or treatment. One woman said, "For a doctor you're really nice."

My encounters thus far have been varied, some quite poignant and powerful, others more simple and brief. When I call upon patients I begin by asking if a visit is desired. The patient has a choice about whether to invite me into their room, their space. Some people are exhausted from their disease or their treatment and are sleeping or choose to not have a visit at that time. Others state that their own clergy has already visited. Then others show no interest at all, seemingly puzzled as to my purpose. Regardless, the visit is for the patient and the family, not for me to discuss my faith or beliefs. After introductions, I ask if the person would like me to hold their hand, as I feel that physical contact with another human is comforting and healing. Next I ask how they are doing, how they feel, and how I can help them. Then I ask if they would like to say a prayer together.

The RPCI Pastoral Care Department has two books with collections of prayers from a wide variety of faiths. It is fascinating to read these, as one can readily see that, no matter what one's faith may be, we all struggle with the realities and meanings of suffering and death. After a prayer I then offer words of hope and comfort before moving on.

> Every pastoral visit is different, so *I never know what to expect.* I do consider these encounters privileged and revered. For people to invite me into their rooms, to share their fear, anger and sadness while confronting illness—but to be open to hope and comfort—is *a blessed human experience.*

My very first visit involved a young man who was recovering from surgery. He was thin and frail, and accompanied by his wife and infant son. When I asked how he was doing, he responded firmly and slowly, "I am blessed." It stunned me to hear this man declare his gratitude for life at a time when he was clearly suffering. His strong faith inspired me as we spoke at length about his health and family. Later he asked for a Bible, and when I presented one to him, he was like a child opening a gift on Christmas morning. "This is really mine? I get to keep this? Thank you, thank you."

Some patients have become known to me through repeated visits, either because they have had long hospital stays or weekly chemotherapy visits. It is then gratifying when the patient recognizes me and asks to spend some time together once again.

Many visits have included family members who are in the room with the patient. I have carried out heart-rending prayer sessions with the patient, the family and myself holding hands. If the patient is sleeping or unconscious, then I provide support and prayer to the family. There is a tremendous psychological impact on families when a loved one is diagnosed with a serious illness.

My longest and most challenging visit was when I met a woman in the Chemotherapy Unit. When I asked if she wanted a visit, she promptly told me to sit down in the chair. She then proceeded to state, "I am ready to die." She had metastatic breast cancer and was undergoing further experimental treatment, mostly at the urging of her daughters. This woman was truly ready to die, not because she was clinically depressed, but because she accepted that the disease could not be cured. She was struggling with the implications of her decision on her family and friends. I listened to her concerns and provided validation, prayer, comfort and hope. She thanked me for the visit and even apologized for taking up so much of my time. It has been one of my most stirring and memorable visits so far.

Another visit involved a man of 79 recovering from surgery. He hesitated initially but then looked at his wife and daughter and allowed me to enter the room. He was quiet but attentive through the visit. As I said good-bye he shook my hand, looked at me with tears in his eyes and replied, "Thank you. I really needed that."

There was a little girl from my own practice whom I visited weekly while she was on the Bone Marrow Transplant Unit. The diagnosis of cancer in children is particularly disconcerting. Her mother is a model of loving and tireless strength and she inspired me very much. She said many times, "I am just doing what I need to do."

Every pastoral visit is different, so I never know what to expect. I do consider these encounters privileged and revered. For people to invite me into their rooms, to share their fear, anger and sadness while confronting illness—but to be open to hope and comfort—is a blessed human experience.

In my office practice, I have become far more open to discussing religion and spirituality, when appropriate, with children and parents. In particular, I spend extra time helping children and parents deal with grieving. Becoming a pastoral minister has enriched my life and my career in ways I never thought possible. These experiences have helped me to know the mystery of God and to know who I am on this journey called life. BP

Lynda Stidham, MD, graduated from the UB School of Medicine and Biomedical Sciences in 1985 and completed her residency in pediatrics at Women and Children's Hospital of Buffalo in 1988. Since then she has practiced primary care pediatrics in Western New York. If readers would like further information regarding pastoral ministry, they are welcome to contact her at LMStidham@adelphia.net.