

other problem — albeit picky — with the book. While decrying the existence of racial stereotypes, White helps to perpetuate them. This occurs in his recounting of an incident when he and some friends were menaced by some “white boys,” and elsewhere when he affirms the existence of “colored people’s time.” Such inclusions — while they arguably contribute to White’s light tone in addressing heavy ques-

tions — may be off-putting to some readers.

Despite the noted weaknesses, the book is accessible to a general audience and should be required reading for patients and for all medical professionals, including physicians. It raises serious moral considerations about the inequalities in contemporary medical practice, inequalities that must be articulated to be eliminated. It offers a

generous dose of curative medicine to both doctors and patients.

DOLORES L. CHRISTIE is the former executive director of the Catholic Theological Society of America and author of *Last Rights: A Catholic Perspective on End-of-Life Decisions* (Sheed & Ward, 2003).

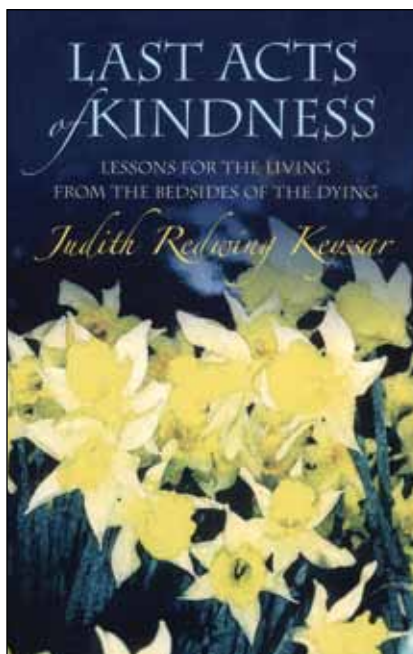
ACCEPT AND CELEBRATE THE SPIRIT’S NEW PATH

REVIEWED BY JAMES P. RUDDEN, M.S.W., L.C.S.W. AND BONNIE M. RUDDEN, M.A., L.P.C.

Just as we celebrate the birth of a new child, we should also celebrate the death of a person, Judith Redwing Keyssar writes in *Last Acts of Kindness*. The author, a leader and innovator in the field of palliative care, has gathered many stories during her career as a “midwife to the dying.” By sharing some of these experiences, she hopes to change the emotions surrounding dying in our culture from one of fear and anxiety to one of acceptance and compassion. Her nursing expertise, along with her efforts to provide emotional and spiritual guidance to patients, has helped many people to accept and celebrate the end of life.

Hoping for a day when death will be widely understood to be a more natural part of life in Western culture, as opposed to something to be kept hidden from view, she offers readers examples from other cultures. These include non-traditional celebrations intended to assist the spirit’s return home from her own Native American background and from Buddhist traditions.

Our family received a copy of *Last Acts of Kindness* from a caring relative when our daughter, Dana, was at home with hospice care due to inoper-



**LAST ACTS OF KINDNESS:
LESSONS FOR THE LIVING FROM
THE BEDSIDES OF THE DYING**

BY JUDITH REDWING KEYSAR, RN

Transformations-in-Care, 2010

216 pages, \$15.95

lastactsofkindness.com

able lung cancer that metastasized to her brain. Many parts of the book were quite validating and educational for us as practicing clinical counselors and, most importantly, as grieving parents. The touching end-of-life stories documented in the book all share beautiful endings.

Despite the tensions that often go hand-in-hand with serious illnesses and decisions around end-of-life care, Keyssar believes the end of life is not the time for family feuds. “When a loved one is dying the past is truly the past and the present is all that counts. The tangle of family dynamics needs to be put aside,” she writes. She encourages people to examine their personal relationships with an eye to healing.

For instance, we had mixed feelings about Dana’s end-of-life challenges. Our daughter had been an enlisted military staff person for the past 26 years. Because of her military assignments, she lived away from the family home, both out of state and many times out of the country. We had minimal contact with her in recent years, leaving much to be desired. Then her illness and imminent death brought intimacy back into our relationship with her. We are saddened

that it took such a drastic event to bring the family together. We learned and witnessed, even at the time of approaching death, that Dana was an extremely strong-willed and generous person. She said she wished she could take all of the family's illnesses with her, so no one else had to go through the suffering she experienced.

Adding to all we have learned from this book, we have come away with a deeper understanding of palliative care. When palliative care was mentioned to

us as an option for Dana's health care, we really were not sure what it meant. From Keyssar we learned that palliative care is about relieving suffering, whether a person is in hospice care or not.

Keyssar's recommendations validated for us that we were taking the right approach to Dana's last days. We visited Dana at her home in Oklahoma at least once a month. Encouraged and inspired by *Last Acts of Kindness*, we strove to go where our hearts led us during this sacred time for our family.

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WINDOWS TO AN ORGANIZATION'S SOUL

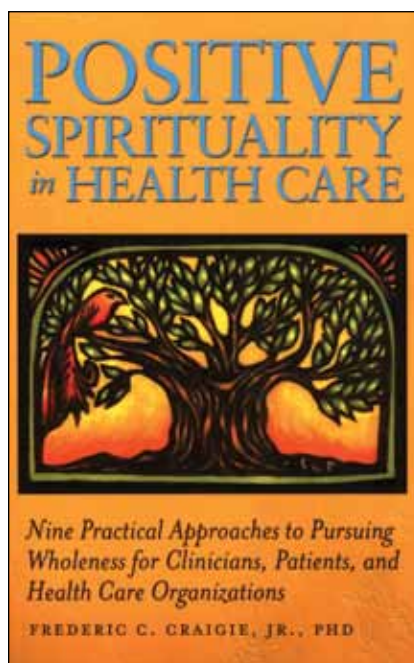
BY MARY JO QUICK, RN, M.H.A.

"We all have the power within us for doing good."

The Venerable Mary Potter, founder, Little Company of Mary Sisters

I begin this review with this quote from the founder of an international community of women religious because it captures a continuous thread that runs through *Positive Spirituality in Health Care*. The author, Frederic C. Craigie, Jr., not only encourages all caregivers to support patients, their families and their colleagues through deeper conversations, but also challenges us to notice how often we are already doing it and to recognize the significance of the outcomes.

Craigie is a list-maker, as his subtitle indicates. In his first four chapters, he cites four research studies on spirituality (cross-sectional studies, longitudinal studies, meta-analytic reviews and intervention studies) demonstrating the positive medical and emotional health outcomes of people who attest to a strong faith life, religious connections, awareness of being prayed for, and so on. He also provides a number of definitions and dimensions of spiritu-



POSITIVE SPIRITUALITY IN HEALTH CARE
NINE PRACTICAL APPROACHES TO PURSUING WHOLENESS FOR CLINICIANS, PATIENTS, AND HEALTH CARE ORGANIZATIONS
 BY FREDERIC C. CRAIGIE, JR.
 Mill City Press
 412 pages, \$21.95

ality and invites us to reflect on what it means and why it matters. He expresses great confidence in the idea that we have opportunities to open spiritual conversations with patients. Unexpectedly, he writes, our seemingly non-spiritual questions may open windows on patients' thoughts about meaning and purpose in the context of their immediate health realities.

In a particularly helpful section, Craigie frames "three arenas of spiritual care": the personal, the clinical and the organizational, arenas that offer opportunities for formation in working with staff, managers, executives and physicians. For example, he quotes pediatrician Robert A. Prendergast, MD, on the personal arena:

"I have to be a person of integrity, grounded in compassion and the intention to be a channel of healing for my patients ... it starts with me."

In exploring the clinical arena, Craigie emphasizes the significance of an earlier definition of spirituality: "helping patients connect with the things that

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