

# Bringing the Human Touch to Spiritual Care

*This Philosophy Guides Gina Garvin and the Pastoral Care Department at St. Vincent's Hospital Manhattan*



**BY GABRIEL KILEY**  
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**N**EW YORK CITY — It's mid-morning in late February as a dozen members of the palliative care team sit at a table in a cramped room on the 11th floor of St. Vincent's Hospital Manhattan. This multi-disciplinary group is wrapping up its weekly Monday meeting where they assess and coordinate care for patients suffering from progressive or advanced illnesses.

One of the participants in this regular gathering is Gina (pronounced "je:na") Garvin, the hospital's manager of pastoral care and chaplaincy services. As team members discuss the role of pastoral care in treating patients with just days, weeks or months to live, Garvin shares a story about an interaction with a homeless man, who asked her to trim his long hair and scruffy beard. The man was preparing to enter hospice care.

"As I was shaving his beard, he started to cry. At first I thought I had nicked him and asked him

what was wrong," Garvin said. "He said, 'It's been so long since someone touched me.'"

That personal touch with patients, whether it is giving a haircut, holding hands and listening to concerns, leading a prayer, or helping absorb the news of a disconcerting diagnosis, is indicative of Garvin's broad definition of pastoral care. To her, pastoral care is more than just meeting a patient's religious request.

"I can't change the outcome for the patient, but I can change how it looks in an acute care hospital," she said. "Hospitals aren't the most warm and fuzzy places so I try to add a human touch to the situation. Sometimes I know I can make a difference in how it plays out."

Garvin may have an office, but she spends the vast majority of her time visiting patients and staff throughout this hospital. She's a familiar face to patients, nurses, doctors and colleagues.

"One of my favorite books is *Faith is a Verb* and that title is my motto," Garvin said. "Christ's healing ministry was all about action. It's not passive. Even sitting in a room with someone in silence is an action."

Colleagues agree that Garvin's active presence makes a difference. "Gina does really anything and everything to try to add some humanity to what goes on at this hospital," said Wendy Edwards, MD, chief and medical director, palliative medicine, St. Vincent's.

After spending several years raising her four daughters and two sons, Garvin started working at St. Vincent's in 1996 as a part-time employee assigned to promote mission to hospital employees. By happenstance, her desk was located in the pastoral care department, which led to occasional conversations with patients who visited the office.

"I just got very drawn to the patient," Garvin said of those past experiences that eventually inspired her current profession. She went on to earn a master's degree in pastoral counseling and spiritual care at nearby Fordham University.

## ABOUT ST. VINCENT'S HOSPITAL MANHATTAN



St. Vincent's Hospital Manhattan is part of Saint Vincent Catholic Medical Centers, which includes St. Vincent's Hospital Westchester, continuing care and home care services, specialty outpatient care through ambulatory treatment centers, and behavioral health services. The Manhattan location serves as the academic medical center for New York Medical College, offers residency and fellowship programs in various specialties and sub-specialties, and houses the Comprehensive HIV Center, the state's largest primary care and case management facility for individuals afflicted with HIV.

Today, hospital leaders are attempting to finalize plans with the city to construct an \$830 million, 19-story hospital tower to replace the current O'Toole Medical Services building on Seventh Avenue. The tower is part of the hospital's \$1.65 billion, two-tower plan to upgrade its facilities.

Visit [www.svcmc.org](http://www.svcmc.org) for more information.



Gina Garvin (right), manager of pastoral care, confers with Wendy Edwards, MD, chief and medical director, palliative medicine, regarding a patient in the oncology department. The duo works together frequently as members of the hospital's palliative care team.

St. Vincent's Hospital Manhattan — New York City's lone Catholic hospital — straddles the border of Greenwich Village and Chelsea, two prominent neighborhoods in Lower Manhattan. The 480-bed tertiary and acute care hospital, which opened in 1849, is one of the country's most well-known Catholic health care facilities with a rich history. (see sidebar on pg. 64)

The hospital serves patients from numerous ethnic and religious backgrounds, as might be expected from its location in one of the world's most cosmopolitan cities. According to hospital statistics, more than 50 percent of admitted patients are of Christian denominations, 7 percent are Jewish and smaller percentages are Buddhist, Hindu, Islam, Jehovah's Witnesses and Russian Orthodox. (Thirty-four percent described their affiliation as "unknown" or "other.") Overall, the hospital lists 24 religious choices on its admissions intake form.

The hospital data is representative of the racial and ethnic diversity in Lower Manhattan. Asians are the largest racial group in the area at 43 percent, followed by non-Hispanic whites (32 percent), Hispanics (19 percent) and African-Americans (6 percent), according to the 2000 U.S. Census.

In order to accommodate this mix, Garvin depends heavily on staff and volunteer clergy to meet specific religious requests. The staff includes two full-time Catholic priests, an Episcopal dea-

con and a Jewish rabbi.

Garvin also relies on the hospital's language services office, which has full-time Spanish, Cantonese and Mandarin translators and provides interpretation services in 40 languages. She uses an interpreter to inquire about religious needs of patients and families during their stay or about end-of-life rituals, mostly with palliative care patients. Although acknowledging it is less than ideal, she will even use an interpreter to help provide pastoral counseling.

In addition, Garvin turns to her connections throughout the city to help fulfill unusual religious wishes by patients and families. For example, Garvin carried out a family's request to have a Buddhist monk chant at the bedside of a dying relative. In another case, Garvin facilitated an appeal from an Orthodox Jewish family to have a deceased patient's body placed on the floor for a brief time.

"Over the years, I've learned about many religions, especially around end-of-life care. But the biggest thing is to learn how to accommodate and how to ask the family," she said. "I can't possibly know everyone's religious traditions."

#### PHILOSOPHY ABOUT PASTORAL CARE

Early in her career, Garvin learned that every patient experience is unique. "If the patient is scared or if the patient feels sort of helpless like most patients do, or wants to hold onto hope

and pray for a miracle, you try to work from there,” she said. “We often see some patients for quite some time so you really do establish a therapeutic relationship with people.”

Sensitive to the privileged position of spending time with someone in the final weeks or days of life, Garvin works hard to establish trust. “It’s an intimate time in someone’s life and I’m always aware of that,” she said. “I can’t go into a room with an agenda.”

Garvin spends most of her time visiting regularly with patients in oncology and in various intensive care units through her work with the palliative care team. But no day at the hospital is routine.



Garvin and Edwards talk with patient Joseph Nickelson, who has metastatic lung cancer.

“Every day is different. It depends on (the patients) I’m following,” Garvin said. “I could also get beeped with a trauma in surgical intensive care or if someone just received a bad diagnosis in oncology and I need to follow up with the patient. So every day you have to sort of triage.”

Random patient interactions are also part of the job. As Garvin was guiding visitors through oncology, she noticed a patient in need of medical attention and alerted the clinical staff. While visiting surgical intensive care, she noticed a patient who was trying to get the staff’s attention. She stays alert, always conscious of the patients’ needs.

#### DEPARTMENTAL CHALLENGES

At St. Vincent’s, the pastoral care department and the hospital have experienced many ups and downs throughout this decade as the result of staff and budget cuts, a hospital bankruptcy and

varying administrative philosophies toward pastoral care. St. Vincent’s Hospital Manhattan is part of Saint Vincent Catholic Medical Centers, which emerged from bankruptcy in 2007 after filing for Chapter 11 in July 2005.<sup>1</sup> The road lately, however, has been smoother. Staffing levels and administrative support are as high as they’ve ever been, Garvin said.

Garvin proved to be a leader through the tough times, according to Sr. Miriam Kevin Phillips, SC, senior vice president of mission and Garvin’s immediate supervisor.

“Her interdisciplinary talents surfaced and she easily commingled with the professional staffs who welcomed her presence,” Sr. Phillips said. “Staff saw her as a true colleague who bridged the gap between their primary role to give physical care and the all important role of spiritual and emotional care.”

Today, St. Vincent’s, like many other Catholic hospitals nationwide, is in the process of measuring the value of pastoral care services. More than ever, operational leaders want to know how financial resources are allocated throughout every department in the hospital. As this nascent information-gathering process continues, Garvin feels comfortable that the pastoral care department will continue to demonstrate value to patients, staff and administration.

“I think I’ve made an impact on the way pastoral care is viewed here,” she said.

#### LEANING ON THE STAFF

A part of Garvin’s duties is to make sure full- and part-time clergy are able to meet as many patients with specific religious requests as possible. To that end, Episcopalian Deacon Anne Auchincloss volunteered her services for five years at St. Vincent’s before becoming a part-time employee last year. Working three days a week, she averages 15 visits for each 4½-hour shift visiting Episcopalian and Protestant patients.

“I had a patient one day ask me, ‘How do you pray for a cure?’ and I said, ‘I never pray for a cure; I pray for healing,’” Auchincloss said. “I think that’s the essence of chaplaincy. It’s the mind, body and spirit that you’re dealing with.”

Rabbi Sholom Rephun, who works at the hospital twice a week, said his objective is to put patients at ease by offering a compliment or finding something in common with them. He sometimes offers his perspective to patients who are enduring physical or emotional pain.

“Some patients will tell you that they suffer great pain and I try to instruct them about the difference between suffering and pain,” said



Garvin (far right) listens to a conversation during the weekly palliative care meeting. Other team members shown here, from left, are Charity Maranan, Meghan Hinman and Annie Mei.

Rephun, who joined the department three years ago. “I say, ‘A woman who gives birth may be in pain but is not suffering.’”

A new addition to the department is Fr. Chris Keenan, OFM, who came on board earlier this year as a full-time chaplain. He is also the Roman Catholic chaplain for the New York City Fire Department, taking over for his friend Fr. Mychal Judge, OFM, who perished at the World Trade Center on 9/11.

Keenan believes strongly in the hospital’s mission and tradition of service.

“We have the freedom to live and breathe the mission out of the richness of our own religious traditions here,” said Fr. Keenan, who is one of two full-time priests on staff.

### MAKING THE ROUNDS

As a member of the palliative care team, Garvin often joins one of the team physicians on initial patient rounds. Even though doctors are trained to listen for patients’ spiritual needs, Edwards said it is not always easy for them since they are more focused on medical issues.

“Gina listens to things that speak of the spiritual emotion that these patients are in,” Edwards said. “What I’ve learned from Gina is to hear what patients are telling about their spiritual distress.”

Garvin and a fellow team member often “play off each other” when talking with a patient and family, especially when discussing difficult issues like medical advance directives.

“I listen to the medical information differently and sometimes I say that I don’t understand what the doctor is saying. This way, I can align myself

with the family and ask a question that they might be afraid to ask,” Garvin said. “Or sometimes doctors use all kinds of euphemisms for dying, and sometimes the medical jargon doesn’t really sink in with families or patients. So we have to be very direct with patients and then be able to stay at the bedside and help people absorb it.”

Doctors and nurses on the palliative care team credit Garvin’s willingness to train them to be sensitive to patients’ spiritual needs.

“Gina has taught me what to say when people are hoping for a miracle and to say ‘I’ll hope for that miracle with you but not everything you hope for or every miracle comes true,’” Edwards said.

Music therapist Meghan Hinman sometimes works with Garvin to address spiritual needs.

“Gina’s job is similar to mine although her job finds ways to access things in a direct conversational way whereas my job is to reach the patient in a symbolic way through the music,” said Hinman, who primarily plays the guitar. “I do a lot of verbal counseling where we both go in and give the same support. Music offers a different way in. What the music really does is get to the feelings.”

Also, many doctors and nurses, such as Jed Katzel, MD, hematology/oncology fellow at St. Vincent’s, are in regular contact with Garvin. For example, even if a patient does not make a specific request for pastoral care services, Katzel said he has taken upon himself to contact Garvin if he senses a patient in need.

### KEEPING BALANCE

In order to maintain balance in her life and nurture her spirituality, Garvin paints seascapes, land-

scapes and people (some of her watercolor and acrylic paintings hang in her office), takes long walks and sets aside Saturdays as a day of rest.

She also participates in supervision, a common practice in which a counselor or psychotherapist uses the services of another counselor or psychotherapist for professional and personal development.

"In this line of work, I carry a lot of people's stories and it's not easy to erase them from your mind," Garvin said. "Supervision helps you carry and process those experiences."

Self-care is important, Garvin said, making an analogy to air travel.

"When the oxygen masks come down, flight attendants say you should take oxygen first before giving it to the person needing assistance. That way, you are in better position to help the person

in need," she said. "Well, in my line of work, I can't really help a patient unless I've been attending to my needs." ■



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**NOTE**

1. According to various published articles, the bankruptcy resulted from several years of mounting debt and declining revenues that followed a 2000 merger of several Catholic hospitals in the city, resulting in the formation of the Saint Vincent Catholic Medical Centers. Ultimately the system divested three facilities and renegotiated several managed care and other service contracts.

**TRADITION OF SERVICE CONTINUES AT ST. VINCENT'S HOSPITAL**

The Sisters of Charity of Saint Vincent de Paul of New York opened St. Vincent's Hospital — the city's first Catholic hospital — on Nov. 4, 1849. As the hospital ultimately settled in its current location, the facility became a landmark in the Big Apple and its staff was noted for patient-centered service, particularly for the poor and disenfranchised.

Today, as the hospital celebrates its 160th year in operation, St. Vincent's Hospital Manhattan also has a well-earned reputation as a stalwart provider of care in response during some of America's most notable disasters and conflicts.

In the 1860s, hospital staff offered volunteer services to military hospitals during the Civil War and St. Vincent's Dr. Stephen Smith wrote the U.S. Army manual for field surgery. During the Spanish-American

War of 1898, 166 soldiers stricken with malaria returned from Cuba to be treated at the hospital.

In 1904, the SS General Slocum burned in the East River, and ambulances and doctors from St. Vincent's Hospital treated injured patients at the scene. Eight years later, doctors and nurses from the hospital treated 117 patients from the Titanic, caring for more patients from the historic ship than any other New York City facility. The hospital also played its part during World War II by serving as a training center for the U.S. Nursing Cadet Corps and other war-related efforts.

On 9/11, St. Vincent's Hospital Manhattan gained worldwide media attention as one of the first responders to terrorist attacks at the World Trade Center, treating more patients from the site than any

other hospital in metro New York City. The hospital, which was the closest Level 1 trauma facility to Ground Zero, quickly became a beehive of activity as people gathered outside to learn the whereabouts of loved ones.

Employees earned praise for their response to the unprecedented disaster and, later on, the hospital opened the Trauma and Wellness Center to offer mental health and stress management services for patients affected by 9/11 and other traumatic experiences.

And this past January, hospital staff treated nine passengers from US Airways Flight 1549 that was forced to land in the Hudson River. All 155 people on the flight survived.