

# Putting Patients First RESPONSE

## Saying Goodbye

In the May-June issue of *Health Progress*, we asked what you do, when a patient is dying, to make death easier to bear for both the patient and his or her family. Here's what you told us. Answer this issue's question on p. 15, and we'll publish your responses in an upcoming issue.

### "BEING" WITH THE DYING

Why would you attempt to make death "easier" for the family? Death is a loss and needs to be treated that way. My relationship with the family of someone who is dying is to "be" with them. It's a small word but powerful. I try to hear their concerns and summarize them in our prayers together.

Death is a difficult time for everyone concerned. I try not to undermine, circumvent, or skirt the issue. "Being" with the family and the dying person and recognizing each person with a story to tell is a ministry in itself.

*Rev. Joe Jagodensky, SDS  
Alexian Village of Milwaukee*

### ACTIVE LISTENING AND SUPPORT

Saint John's Health Center has an extensive support program for patients and family members when a patient is

dying. Nursing, medical social work, and pastoral care staff work with physicians to provide comfort and support to the patient and family members. Clinical social workers offer supportive services, crisis intervention, and brief therapy. They may also teach relaxation and guided imagery techniques or provide audiocassette players and relaxation tapes. Volunteers, trained by clinical staff and the American Cancer Society in active listening techniques, visit patients who lack friends or family in the area.

With the exception of the cassette players and tapes, all the above services are also available to family members and friends. In addition, "Dinner with Friends," a support group for those fighting cancer, is offered twice a month to outpatients and their families and friends. This support group is based on the supportive-expressive model developed at Stanford by David Spiegel, MD,

and his colleagues. The goal is to improve the quality of life for cancer patients by encouraging them to discuss the issues that are occurring in their lives; by facilitating helpful input from other group members; and by using nonintrusive therapeutic responses such as empathic reflection.

Finally, we offer a bereavement group for friends and family members after the death of a loved one. This 10-session program, based on a design developed by the Grief Education Institute of Denver, helps participants recover from loss by providing support while also teaching techniques for managing emotional pain.

*Louise West  
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### A COMPANIONSHIP PROGRAM

Our long-term care campus has instituted a "Companionship for the Dying" program that involves both staff and volunteers in providing spiritual focus during a resident's last days of life. Nursing staff contact the pastoral care department when a person is imminently dying. A chaplain then meets with the resident and/or their loved ones to make a pastoral assessment of spiritual concerns, as well as to offer the option of companions who are trained to cultivate a spiritual presence at the bedside through prayer, music, gentle touch, and comfort. This program benefits the resident, their loved ones, and staff because many people do not want to die alone or have someone they are close to die alone. This ministry is a gift to our campus.

*Kathleen E. Sullivan  
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