

# Hospice Chaplains: Presence and Listening at the End of Life

Charles J. Lopez Jr.

Chaplain and Spiritual Care Director

Evangelical Lutheran Church in America (ELCA), Pacifica Synod

**H**ospice chaplains see their share of death and dying. Even though the culture still seems to deny death, many dying individuals and their families request the presence of a chaplain at the end of life.<sup>1</sup> In her 2010 book, *A Clergy Guide to End-of-Life Issues*, Martha Jacobs agrees with Ernest Becker who thought “that one of the most basic functions of culture is to help us avoid awareness of our mortality.”<sup>2</sup>

We will all die...some day. Therefore, it comes as no surprise that dying individuals and their families have either connected with God or they seem to be searching for the “right moment” to be in God’s presence. Hospice chaplains are aware that an individual’s spiritual formation and development has many forms and shapes.<sup>3</sup> Hospice chaplains serve individuals from a variety of religious and faith traditions, as well as atheists and agnostics, and therefore need to begin with the experience of the individual. Edwin DuBose in his study on the end of life encourages us to “meet me where I am.”<sup>4</sup> Hospice chaplains meet individuals and families where they are.

From the beginning of life to the end of life “the Spirit blows where it will” (John 3:8). The emphasis on spiritual care at the end of life may generate significant interest in going deeper into one’s relationship with God/the Holy One.<sup>5</sup> Therefore, hospice chaplains are able to benefit the dying individuals and their family members by providing them presence and listening. Hence, presence and listening are necessary foundations for all hospice chaplains.

## Hospice background

The necessary foundations for all hospice chaplains are presence and listening. In order for the hospice chaplain to practice

---

**H**ospice chaplains are able to benefit the dying individuals and their family members by providing them presence and listening.

---

presence and listening, it is important to underscore some basics. What is hospice? The Latin word “*hospes*” means host and guest, forming the root for the words hospitality, hostess, hospital, hotel, and hospice.<sup>6</sup> They all include the ideas of kindness and generosity to strangers, or caring for our fellow human beings by offering them nourishment and refreshment. “Hospice” was first applied to the care of dying patients by Jeanne Garnier who founded the Dames de Calvaire in Lyon, France in 1842. The modern usage of the word “hospice” began in Britain in the mid-nineteenth century when “Sister Mary Aikenhead founded the Irish Sisters of Charity in Dublin in 1815 which ultimately led to the establishment of Our Lady’s Hospice in Dublin in 1879 and St. Joseph’s Hospice in Hackney, London in 1905.”<sup>7</sup>

Florence Wald (April 19, 1917–November 8, 2008), who died at home in Branford, Connecticut,<sup>8</sup> is the “mother of the American hospice.” She organized an interdisciplinary team of Yale University doctors, clergy, and nurses to study the needs of dying patients, which led to the first United States hospice in 1974 ([www.hospice.com](http://www.hospice.com)). Connecticut Hospice, as it was called, initially provided only in-home care. In 1980, an inpatient facility opened. By 2008, there were 4700 hospices in the United States.<sup>9</sup>

1. See Ernest Becker, *The Denial of Death* (New York: Free Press, 1973), 1 ff.

2. Martha R. Jacobs, *A Clergy Guide to End of Life Issues* (Cleveland: Pilgrim, 2010), 6.

3. James W. Fowler, *Stages of Faith: The Psychology of Human Development and the Quest for Meaning* (New York: Harper Collins, 1995 [1981]); see also James W. Fowler, *Becoming Adult, Becoming Christian: Adult Development and Christian Faith* (San Francisco: Harper and Row, 1984).

4. Edwin R. DuBose, “A Special Report: Spiritual Care at the End of Life,” *Second Opinion* 10 (2002): 66.

5. See William A. Barry, *Letting God Come Close: An Approach to the Ignatian Spiritual Exercises* (Chicago: Loyola, 2001).

6. See Marcia Lattanzi-Licht et al. *The Hospice Choice: In Pursuit of a Peaceful Death* (New York: Fireside, 1998), 44; Kenneth P. Cohen, *Hospice Prescription for Terminal Care* (Germantown: Aspen Systems Corporation, 1979), 13ff.

7. Jeraldine Kohut and Sylvester Kohut, *Hospice: Caring for the Terminally Ill* (Springfield: Charles C. Thomas, 1984), 6. See also Donald S. Blake, *Mary Aikenhead (1787–1858) Servant of the Poor: Founder of the Religious Sisters of Charity* (Dublin: Caritas, 2001).

8. See M.J. Friedrich, “Hospice Care in the United States: A Conversation with Florence S. Wald” *Journal of the American Medical Association* 281/18 (1999) 1683–1685; Paul R. Brenner, “Spirituality in Hospice: The Challenge of Success,” *Bulletin* (May/June 2001), 5–6.

9. See Connecticut Hospice, Inc, [www.hospice.com](http://www.hospice.com).

Connecticut Hospice was part of a demonstration project supported by the National Cancer Institute.<sup>10</sup> In addition, the Connecticut Hospice served as a springboard for the formation of a National Hospice Organization (NHO) founded in 1978.<sup>11</sup> Other hospice organizations are the National Hospice & Palliative Care Organization (NHPCO)<sup>12</sup> and The Hospice Foundation of America (HFA) ([www.hospicefoundation.org](http://www.hospicefoundation.org)). Both NHO and NHPCO are non-profit and incorporated with headquarters near Washington, D.C.<sup>13</sup>

Originally, a hospice was a stopping place for weary travelers. During the Crusades, hospices were like Holiday Inns for devout and dedicated, but tired, pilgrims. Hospice today is a way of caring for the terminally ill, those weary travelers who are nearing the end of their earthly pilgrimage.<sup>14</sup> Callanan and Kelley write that “the dying often use the metaphor of travel to alert those around them that it is time for them to die.”<sup>15</sup> For example, by looking for his passport and papers, George reveals that he is dying and is beginning his final journey.<sup>16</sup>

The pioneer institution in the care of the terminally ill is appropriately named for St. Christopher, the patron saint of travelers.<sup>17</sup> On April 10, 1967, St. Christopher’s Hospice, located in the Sydenham section of London, opened its doors. The medical director was Cicely Saunders. She served St. Christopher’s until her death in July 2005.<sup>18</sup> Dr. Saunders introduced the idea of pain relief on demand and used the phrase, “to live until you die.”

Hospice care is for comfort, including pain and symptom management.<sup>19</sup> The usual place for hospice is in an individual’s own home, although hospice care has connections and contracts with skilled nursing facilities, hospital transitional and palliative care units, and board and care group homes.<sup>20</sup> Hospice is interdisciplinary. The hospice team consists of physicians, nurses,

When patients and families are experiencing losses, despair, questions about the meaning of suffering, or a sense of abandonment by the divine, more than anything else they need to be heard and know they are not alone.

social workers, chaplains, volunteers, dietitians, and home health aides, all assigned by a clinical manager, who is usually a registered nurse.<sup>21</sup> There is a written plan of care (now part of the electronic record of care) for each patient and the hospice team meets weekly to develop, review, maintain, collaborate, and implement the individual’s plan of care.<sup>22</sup>

As hospice has evolved, it is often spoken of as a program providing palliative and supportive care for terminally ill diagnosed patients and their families. This care takes place either directly or on a consulting basis with the patient’s primary physician or community public health or visiting nurse.<sup>23</sup> Palliative care<sup>24</sup> focuses on physical, emotional, and spiritual comfort for the patient when treatments aimed at cure are no longer realistic or appropriate. In practice, however, this distinction between palliative hospice care and curative treatment may not always be clear and easy to define.<sup>25</sup> Palliative hospice care programs have been introduced throughout the country and are on the increase throughout the U.S. The goal of palliative care is to help the patient live life to the fullest with quality and dignity. We turn now to presence for the hospice chaplain.

## Presence

Presence is “being with a person.” Healthcare professionals are experts at solving problems, identifying goals, and measuring outcomes, which ultimately means “fixing it.” The heart of spiritual care for the hospice chaplain is presence, some say, empathetic presence, the exact opposite of “fixing it.” Empathetic presence helps people feel heard and not alone. When patients and families are experiencing losses, despair, questions about the meaning of suffering, or a sense of abandonment by the divine, more than anything else they need to be heard and know they are not alone. Hence, it is essential to create an environment in which the person feels free to explore their concerns and openly express their feelings without feeling rejected or judged. The hospice chaplain is trained to be present and to listen for clues for engaging the individual

10. See Kohut and Kohut, *Hospice*, 20; Lattanzi-Licht, *The Hospice Choice*, 47.

11. Lattanzi-Licht, *The Hospice Choice*, 270.

12. See [www.nhpc.org](http://www.nhpc.org); also The Hospice Foundation of America (HFA), [www.hospicefoundation.org](http://www.hospicefoundation.org).

13. Kohut and Kohut, *Hospice*, 20.

14. See Merrill Collet, *At Home with Dying: A Zen Hospice Approach* (Boston: Shambhala, 1999), 33–45.

15. Maggie Callanan and Patricia Kelley, *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying* (New York: Bantam, 1997), 71.

16. *Ibid.*, 75ff.

17. See Kenneth B. Wentzel, *To Those Who Need It Most, Hospice Means Hope* (Boston: Charles River, 1981), 1, 15; Kohut and Kohut, *Hospice*, 17ff; Lattanzi-Licht, *The Hospice Choice*, 44ff.

18. Valerie Nelson, “Dame Cicely Saunders, 87; Pioneered Modern System of Hospice Care.” *Los Angeles Times*, Saturday, July 16, 2005, B17, Obituaries.

19. See Wentzel, *To Those Who Need It Most*, 19ff; Lattanzi-Licht, *The Hospice Choice*, 34ff; Judith Ahronheim and Doron Weber, *Final Passages: Positive Choices for the Dying and their Loves Ones* (New York: Simon and Schuster, 1992), 191ff.

20. See Larry Beresford, *The Hospice Handbook: A Complete Guide* (Boston: Little, Brown and Company, 1993), 3–25; Lattanzi-Licht, *The Hospice Choice*, 185; Robert W. Buckingham, *The Complete Hospice Guide* (New York: Harper and Row, 1983), 31ff.

21. See Beresford, *Hospice Handbook*, 31–49.

22. Lattanzi-Licht, *The Hospice Choice*, 267.

23. See Kohut and Kohut, *Hospice*, 6.

24. See DuBose, “A Special Report,” 12.

25. Beresford, *Hospice Handbook*, 17.

and family as they face end of life issues.<sup>26</sup>

The clinical training in Clinical Pastoral Education (CPE) informs hospice chaplains to be present and provide listening to the patients they meet. Another way to see presence is, as Jane Brody writes: “Your mere presence lets those who are dying know they are not alone.”<sup>27</sup> Furthermore she adds: “people who are dying often face questions about the meaning of life. Your job is not necessarily to provide answers or solutions but to listen, to let them speak freely and openly without advice or contradiction.”<sup>28</sup>

The foundation of hospice is interdisciplinary, focusing on the physical, emotional, and spiritual needs of the individual and their families at the end of life.<sup>29</sup> It should be noted that spiritual needs are more global and go beyond particular religious beliefs to the consideration of personal beliefs and meanings. Some patients say they are “more spiritual than religious.” As a hospice chaplain, my role is to provide spiritual care with families and individuals as they are dying and to be sensitive to religious and spiritual connections.<sup>30</sup>

Presence is “turning feelings into concrete, observable, practical expressions of love,” writes James Kok.<sup>31</sup> These may be in form of prayer, an understanding word, a personal visit, a phone call, or a handwritten card. The hospice chaplain does all of these but most important for the dying person and their family is the personal visit.

Lani Leary in *No One Has to Die Alone* clearly indicates that “when we are truly present with the personal, spiritual experience of the dying...the transition from living to dying can become as sacred...as being born into this world.”<sup>32</sup> She also says that “practicing unconditional love is the most important work during our lifetime.”<sup>33</sup>

Elisabeth Kubler-Ross and Cicely Saunders were instrumental in the development of care for the dying and the early beginnings of hospice care, which included both presence with and listening to dying individuals. While at the University of Chicago, Kubler-Ross provided presence and listening to the dying patients she interviewed, as she researched and identified the so-called five stages of dying: denial, anger, bargaining, depression, and acceptance.<sup>34</sup> Saunders laid the foundation for hospice care at St. Christopher’s by practicing her presence and listening skills with the patients she visited.

## Most important for the dying person and their family is the personal visit.

Henri Nouwen introduced the concept of the “ministry of absence” when in the presence of an individual.<sup>35</sup> Nouwen realized that it is impossible to be with a person every second of the day. Hence, rather than building one’s anxiety level, Nouwen allows for one’s presence to be felt while absent. Of course, Nouwen was referring to God’s presence when the spiritual care provider was absent. God’s presence is always there, said Nouwen, it is, after all, “God’s work and not ours.”<sup>36</sup> Nouwen realized that God’s Spirit is always there, and so should the hospice chaplain. The person is in the presence of the Spirit. We will turn now to the meaning of listening for the hospice chaplain.

### Listening

As Thomas Hart indicates, “listening is not always easy. It takes time, and the time might be inconvenient besides. It demands really being for the other during that period, fully present and attentive, one’s own needs and concerns set aside.”<sup>37</sup> “To listen attentively to another and to go with another in companionship are expressions of love.”<sup>38</sup> The hospice chaplain listens for the hopes, joys, despairs, and other spiritual and emotional challenges with the individual and family members who are facing end of life issues. As the hospice chaplain listens, Dr. Ira Byock and Margaret Guenther offer some guidance to hear.

Ira Byock writes that the four things that matter most to the dying patient is for the dying patient to say: “please forgive me; I forgive you; thank you; and I love you.”<sup>39</sup> Forgiveness, gratitude, and affection are foundational. Byock’s most recent book, *The Best Care Possible*, is also revealing and helpful for chaplains.<sup>40</sup>

The skill of listening by the hospice chaplain is demonstrated by two basic foundations: first, when the patient has demonstrated that they have a relationship with God, and, second, when the patient shares a willingness to go deeper in talking about their relationship in the Spirit.<sup>41</sup> When a hospice chaplain listens and

26. See Lani Leary, *No One Has To Die Alone: Preparing for a Meaningful Death* (New York: Atria, 2012), 13–23.

27. Jane Brody, *Jane Brody’s Guide to the Great Beyond: A Practical Primer to Help You and Your Loves Ones Prepare Medically, Legally, and Emotionally for the End of Life* (New York: Random House, 2009), 136.

28. Ibid.

29. See Janice Peterson and Carl Peterson, “End-of-Life Decisions and the Science-Theology Dialogue,” *Lutheran Partners* 22/2 (2006).

30. See Elisabeth Kubler-Ross. *On Death and Dying* (New York: Macmillan, 1969), 34–121.

31. James R. Kok, *90% of Helping is Just Showing Up* (Grand Rapids: CRC, 1996) 7.

32. Leary, *No One Has to Die Alone*, 62.

33. Ibid., 60.

34. See Kubler-Ross, *On Death and Dying*.

35. Henri J.M. Nouwen. *The Living Reminder: Service and Prayer in Memory of Jesus Christ* (New York: Seabury, 1977), 39–54.

36. Ibid., 51.

37. Thomas N. Hart, *The Art of Christian Listening* (New York: Paulist Press, 1980), 16–17.

38. Ibid., 18.

39. Ira Byock, *The Four Things That Matter Most: A Book About Living* (New York: Free Press, 2004), 3. See also Byock, *Dying Well: Peace and Possibilities at the End of Life* (New York: Riverhead, 1997).

40. Ira Byock, *The Best Care Possible* (New York: Avery, 2013) is also helpful for chaplains. In addition, see also [www.dyingwell.org](http://www.dyingwell.org).

41. See William A. Barry, *Paying Attention to God* (Notre Dame: Ave Maria, 1990), 15ff; William A. Barry, *Letting God Come Close: An Approach to the Ignatian Spiritual Exercises* (Chicago: Loyola, 2001), 91ff; William A. Barry and William J. Connolly, *The Practice of Spirituality*

hears that a person has a relationship with God and wants to go deeper, then that is the appropriate time to move together with the person to discover more about the spiritual connections.

While exploring my role as hospice chaplain with the dying, Margaret Guenther's observations have been both instructive and insightful. She tells the story of the woman at the well (John 4:13–15), where Jesus helps the woman to look deeply into herself to discover her thirst for God. Guenther affirms that “in the ministry of spiritual direction, there are no right answers, only clearer visions and ever deeper questions.”<sup>42</sup>

In addition, Guenther says that providing spiritual care... is about “holy listening,” waiting, attentiveness, and presence.<sup>43</sup> As a hospice chaplain, the skill of listening is essential. One never knows when the Spirit will break in, so listening is vital and foundational for the hospice chaplain. During the second half of life, Guenther encourages chaplains “to sit with patients and listen to their stories... for they are rare parchment waiting to be read.”<sup>44</sup> The art of listening is essential for hospice chaplains. Do not get too far ahead of the individual... stay close and listen intently!

“The true director is the Holy Spirit.”<sup>45</sup> Guenther here reflects on the words of Thomas Merton who wrote, “spiritual direction is, in reality, nothing more than a way of leading us to see and obey the real director—the Holy Spirit hidden in the depths of our soul.”<sup>46</sup>

Furthermore, hospice chaplains learn that spiritual growth can be gradual and often hidden at the end of life. Waiting can be burdensome. Guenther uses the image of midwifery as a way to encourage the individual to move ahead by giving birth to something that is new and not yet known.<sup>47</sup> We recognize that even in birthing the world, God brought order out of chaos. As an individual passes from this world to the next, they too are experiencing a new birth. As Paul writes: “So if anyone is in Christ, there is a new creation: everything old has passed away; see, everything has become new” (2 Cor 5:17). The hospice chaplain provides the patient and family with presence, listening, patience, a limited time-frame, and a ministry of absence.

## Presence and listening are vital

Brother Lawrence, writing in *The Practice of the Presence of God*, indicates that presence and listening would be important for the hospice chaplain.<sup>48</sup> Brother Lawrence says that it is the art of “practicing the presence of God in one single act that does not end.”<sup>49</sup> Furthermore, Brother Lawrence encourages “everyone to

“There is a ministry in which our leaving creates space for God’s spirit, and in which, by our absence, God can become present in a new way.”

be aware of God’s constant presence, if for no other reason than because God’s presence is a delight to our souls and spirits.”<sup>50</sup>

Henry Nouwen also recognized the importance of the presence of a spiritual care provider when accompanying the dying.<sup>51</sup> Nouwen realized that a spiritual care provider/chaplain cannot be present with the dying person every minute. That’s why “...there is a ministry in which our leaving creates space for God’s spirit, and in which, by our absence, God can become present in a new way.”<sup>52</sup> “We have to learn to leave so that the Spirit can come.”<sup>53</sup> What a great concept! The Spirit is present when we are absent! St. Paul said something similar: “we do not live to ourselves, and we do not die to ourselves. If we live, we live to the Lord, and if we die, we die to the Lord, so then, whether we live or whether we die, we are the Lord’s” (Rom 14:7–8).

To Nouwen a ministry of absence<sup>54</sup> is important because it underscores who the real director is in spiritual care—the Spirit. In the absence there is a presence. As a hospice chaplain, I am aware of being ‘the symbolic presence of God’ with the dying person but also realize that God is with those dying, whether or not I am present. It is a grace-filled moment. The words of Jesus serve as a reminder: “...it is for your own good that I am going, because unless I go the Advocate [the Holy Spirit] will not come to you; but if I go, I will send him to you... When the Spirit of truth comes he will lead you to the complete truth” (John 16:7, 13). Nouwen says that the constant interplay between presence and absence is sustaining and allows for an “ever growing intimacy with God in prayer.”<sup>55</sup>

Kenneth Doka writes that beyond the medical, social, and psychological needs of dying individuals, there are spiritual needs as well.<sup>56</sup> Humans are aware of their finitude and yet have a sense of transcendence.<sup>57</sup> It has been my experience as a hospice chaplain that both individuals and families know when a loved one is dying. Sometimes families forbid the hospice team from using the dreaded “D” word in front of the dying patient.

*tual Direction* (2<sup>nd</sup> rev. ed.; New York: Harper Collins, 1982), 67–83.

42. Margaret Guenther, *Holy Listening: The Art of Spiritual Direction* (Cambridge, Mass.: Cowley, 1992), 65.

43. *Ibid.*, 127.

44. *Ibid.*, 1.

45. *Ibid.*

46. Thomas Merton, *Spiritual Direction and Meditation* (Collegeville: The Liturgical Press, 1960), 39.

47. Guenther, *Holy Listening*, 81ff.

48. Brother Lawrence, *The Practice of the Presence of God* (Springdale: Whitaker House, 1982), 30.

49. *Ibid.*

50. *Ibid.*

51. Henri J.M. Nouwen, *Our Greatest Gift: A Meditation on Dying and Caring* (San Francisco: Harper, 1994)

52. Nouwen, *The Living Reminder*, 44–45. See also Wil Hernandez, “Henri Nouwen on Presence in Absence,” in *Presence: An International Journal of Spiritual Direction* 18/3 (2012): 20.

53. Nouwen, *The Living Reminder*, 44–45, 53.

54. *Ibid.*, 43–45.

55. *Ibid.*, 53.

56. Kenneth Doka, ed., *Death and Spirituality* (Amityville: Baywood, 1993).

57. See David Kuhl, *What Dying People Want: Practical Wisdom for the End of Life* (New York: Public Affairs, 2002), 249–273.

No one knows when a person will die.<sup>58</sup> However, there are signs that serve as a trigger to indicate that the end may be near. Callanan and Kelley point to the following: “difficulty swallowing...rattling noise...breathing patterns may change...irregular body temperature...involuntary movements, and communication may be more subtle.”<sup>59</sup> Some of these signs may occur hours, weeks or months before the person dies. Each person is unique, hence these signs may not always be present.

Doka indicates that there are three spiritual needs for the dying person: 1) the search for meaning of life, 2) to die appropriately, and 3) to find hope that extends beyond the grave.<sup>60</sup> As a hospice chaplain, I agree that a chaplain will “provide individuals with opportunities to explore their concerns in a non-threatening and non-judgmental atmosphere<sup>61</sup>; that it is useful to explore faith stories with dying individuals; and that rituals such as confession or communion can provide a visible sign of forgiveness.”<sup>62</sup>

As hospice chaplains we connect with local parishes, synagogues, temples, mosques, and various houses of worship for those individuals and families who request it. Edwin DuBose has referred to a Gallup survey reinforcing what dying patients seem to want most: “including death at home among close family and friends, recognition of and support for the deeper spiritual and meaning dimensions of dying and death, and assurance that their families will not be overburdened with their care or neglected in their loss.”<sup>63</sup>

DuBose also discovered that among the qualities mentioned by patients as important in their spiritual care providers are: genuineness, humor, flexibility, attentiveness, empathy, and a listening presence.<sup>64</sup> Patients rank empathy, warmth, sense of humor, and flexibility as central features of spiritual care.<sup>65</sup>

As one who provides spiritual care at the end of life, I have assisted individuals and their families by reexamining their beliefs, exploring their beliefs about an afterlife, reconciling their life choices, exploring their lifetime contributions, examining their loving relationships, and discovering their personal meaning.

Discovering personal meaning is perhaps the most essential and valuable part of our individual humanness. Hospice chaplains are witnesses to these discoveries and experience the virtue of character in dying individuals.<sup>66</sup> The more the hospice chaplain listens, the more the individual and family members become open to share their stories.

## Discovering personal meaning is perhaps the most essential and valuable part of our individual humanness. Hospice chaplains are witnesses to these discoveries and experience the virtue of character in dying individuals.

As a hospice chaplain, it becomes apparent that some dying individuals want a deeper spiritual connection with God. Patients have said that God seems closer to them, especially in their prayer lives. They seem to pay closer attention to God.<sup>67</sup> In Ignatian spirituality it is understood that “God can be found in all things” and especially in prayer.<sup>68</sup> Thomas Merton, the contemplative Trappist monk, defined prayer as, “paying attention.”<sup>69</sup> Merton is right, paying attention to the Spirit’s presence in our prayer life is vital.

Martin Marty writes: “Being a presence does not mean they will never have anything to say. But their narratives and their verbal counsel will more likely come in the context of urgings, as in wisdom attributed to Saint Francis: ‘Preach the Gospel. Use words if necessary.’ Being a presence may mean that silence rules. However, Pierre Teilhard de Chardin was also on to something when he reminded readers that “a presence is never mute.”<sup>70</sup>

### Two Cases: Lillie and Aaron

The following two cases, Lillie and Aaron (not their real names), highlight both presence and listening for the hospice chaplain.

**Case One:** Lillie is resident at a Board & Care. Her husband of sixty years died two years ago while they were living in Kansas. Lillie is an African-American woman in her 90s. Her niece brought Lillie to Los Angeles to live with her. Lillie’s diagnosis is chronic obstructive pulmonary disease, along with some dementia. She uses oxygen to ease her breathing. She is a strong Christian and loves the Lord. She has a Baptist background. Her niece said, “My aunt loves the Lord.”

58. See Sherwin B. Nuland, *How We Die: Reflections on Life's Final Chapter* (New York: Vintage, 1993), 263 ff; Art Buchwald, *Too Soon To Say Goodbye* (New York: Random House, 2006), 6–9.

59. Callanan and Kelley, *Final Gifts*, 34–36.

60. Doka, *Death & Spirituality*, 145–146. See also David Kessler, *The Needs of the Dying* (San Francisco: Harper Collins, 2000), 91–109.

61. Doka, *Death & Spirituality*, 149. See also DuBose, “A Special Report: Spiritual Care at the End of Life,” 43.

62. Doka, *Death & Spirituality*, 149.

63. DuBose, “A Special Report,” 12.

64. *Ibid.*, 62.

65. *Ibid.*, 64. See also Kessler, *The Needs of the Dying*, 91–109.

66. Aristotle: *Nicomachean Ethics*, trans. Terence Irwin (Indianapolis: Hackett, 1985), 35. The author writes that the virtue of thought and character “reach our complete perfection through habit.”

67. See Barry, *Paying Attention to God*, 15ff; Barry, *Letting God Come Close*, 91ff.

68. Barry, *Letting God Come Close*, 92, 136.

69. Thomas Merton, *Thoughts in Solitude* (New York: Farrar, Straus, 1958). See also Lawrence S. Cunningham, ed., *Thomas Merton: Spiritual Master: The Essential Writings* (New York: Paulist, 1992).

70. Martin E. Marty, “Patient Presence: Attending to Death and Dying,” *Bulletin: The Park Ridge Center for the Study of Health, Faith, and Ethics* (May/June 2001): 15.

Key: P = Patient; C = Chaplain

- P1: My niece said that you would be stopping by today. I am so glad to meet you.
- C1: It's good to meet you. I see that you are watching TBN (Christian Network).
- P2: Yes, I keep the Lord close to me.
- C2: You have a close connection to the Lord...this is very special to you?
- P3: Yes it is. My parents were a strong influence with my faith. My father went to church and so did my mother. We loved the Lord and I even taught Sunday School for many years. Why there's even a church building with my parents' name on it in Kansas.
- C3: You have some good roots and a strong Christian foundation.
- P4: Yes I do...my husband also loved the Lord and together we would spread the Word to our neighbors.
- C4: Do you still have that connection with Jesus?
- P5: Yes, I do...I love Jesus and I'm thankful for what he has done in my life. I couldn't make it without Jesus...
- C5: You seem well-grounded in your faith journey.
- P6: Yes I am...I know that I may not have much longer here (*tearful*)...but I know where I'm going. There's an old song that I remember. I don't remember the music, but the words are: "*when he was on the cross, I was on his mind...*"
- C6: Good words, especially since we just celebrated Easter. God is with us right now. Do you feel God's love and presence?
- P7: Yes, I do...God is here...always has been, always will be. Yes, I know God is keeping me in mind...like the words of the song.
- C7: Do you sense God's presence here with us now?
- P8: Yes, I do...I know I may not have much longer and I want to thank Him for all that He has done for me. I am thankful that you are here to share Jesus with me. I love being with God...and some day soon...I'll be there with God.
- C8: Jesus loves you very much. God is with you and will take you home...to be with him.
- P9: Yes, I know...I'm going to be with my Savior. Oh, how he loves me...thank you for helping me praise my Savior today.
- C9: I sense God's love is surrounding us right now.

P10: Yes, indeed, God is here...loving us...thank you, Jesus...thank you, Jesus...(*tearful*).

Lillie is well-connected to the Spirit. Lillie sensed the presence of God in her life and during this visit. The hospice chaplain listened and provided openings for Lillie to stay close to her feelings of God's presence. As a hospice chaplain, without Lillie's willingness to want God in her life and to go deeper, this chaplain may not have been helpful. Practicing the skills of presence and listening have allowed Lillie to move forward.

**Case Two:** Aaron is a retired Los Angeles superior court judge. He and his wife, Carol, have been married for more than fifty years. They are both Jewish and in their 80s. Aaron has been the caregiver for Carol for the past five years. She has been on hospice and in a coma with a feeding tube for the past two years.

P1: I spoke with the Rabbi the other day...I'm not sure he was listening.

C1: What did you hear him say to you?

P2: Oh, he said something like 'you need to slow down...'

C2: ...and have you been able to slow down?

P3: Not really...I wish he would have said more about what Moses or the prophets have to say about my dilemma. Maybe something more religious...I mean after all he is a Rabbi.

C3: Sounds frustrating...

P4: Sure is...you know I've been wondering where God has been all these years. Now I've come to realize that God has been here all along.

C4: Sounds like God is walking with you right now. How has God been with you?

P5: Yes, God is with me, at least I think so...it's just been very difficult for me. I sometimes have my doubts as to what I'm doing...I want to do the right thing for my wife.

C5: Yes, you are in a difficult spot and you are doing what you need to do. Have you felt God's presence before as you have been caring for your wife?

P6: Yes, I suppose so...I know I have asked God for a sign.

C6: What sort of sign?

P7: A sign to know that I'm doing the right thing. I know during World War II when I was flying those bombing missions...the plane we were in got pretty shot up sometimes...but each time we were able to return to our base. That was a sign for me.

C7: Perhaps the sign that you are looking for is that you are providing good care for your wife and asking tough questions.

P8: Maybe so...

C8: Are you aware of God's presence right now?

P9: Yes...

C9: God is with you in your struggles for understanding and peacefulness.

P10: Yes...God gives me what peace I have been feeling recently. Thanks for walking with me today...

Aaron realized that God was with him from the very beginning. By providing presence and listening, Aaron was able to move forward in his life even as his wife was dying.

Presence and listening are relevant in these two cases by opening each person to the presence and the listening they were seeking. The hospice chaplain provided the space for each person to go deeper into their own soul.

As a hospice chaplain, I, too, was able to witness these connections and affirm their search to go deeper. The Spirit was present in our visits. Both were comfortable and peaceful. They were thankful to be able to search for deeper spiritual connections and meanings in their lives. Both presence and listening were provided by the hospice chaplain.

## Conclusion

Dying is a process involving the body, mind, and spirit.<sup>71</sup> The primary discernment for a hospice chaplain with the dying is related to timing. Not everyone on hospice wants to meet the chaplain. The luxury of on-going visits are reduced to months, weeks, days, and sometimes hours. This means that an individual must be a willing participant in exploring their deeper connections with the Holy One.

Hospice chaplains have specific responsibilities like documentation, interdisciplinary collaboration, and endless hours of

driving to and from appointments. As a hospice chaplain with the dying, chaplains must be willing to meet at the patient's place of residence, be it at home, a skilled nursing facility, a hospital room, or even a board and care group home.

The hospice chaplain is "the symbolic presence of God" by providing listening and presence, which builds trust in order for patients to share their stories, dreams, and memories. Being a hospice chaplain with the dying is a work in progress. My sense is that a hospice chaplain stands on the banks getting ready to step into the flow of the river. The stories, dreams, and memories of the patients are always flowing. The chaplain must be grounded and open to the work of the Spirit in that person's life as the stories, dreams, and memories come to the surface. Cicely Saunders was right that "we live until we die."

The hospice chaplain is in the presence of the Holy as the individual slips from this world to the next. Just as the river continues to flow, so do the spiritual connections with the dying individual. Those connections continue until the last breath.

As the dying individual transitions from this world to the next, there are times when one foot remains in this realm and the other foot in the next realm. It has been my deepest experience to be in the presence of the Holy One and experience the mystery of the Holy as the individual is ushered into the arms of a loving God (1 John 4:7-21: "God is love.").

Even though for the hospice chaplain the context of the dying person may be fuzzy or the water too deep, the clarity comes in what the Spirit gives. The dying individual is validated in their quest for a closer connection with God. There is an art to providing spiritual care with the dying. The hospice chaplain who provides spiritual care with the dying is seen as the connector, the messenger, the listener, the 'presence of God' for the dying individual and for the family.

Sogyal Rinpoche writes in *The Tibetan Book of Living and Dying*: "...don't try to be too wise; don't always try to search for something profound to say. You don't have to do or say anything to make things better. Just be there as fully as you can."<sup>72</sup>

---

71. See Therese A. Rando, *How To Go On Living When Someone You Love Dies* (New York: Bantam, 1991).

---

72. Sogyal Rinpoche, *The Tibetan Book of Living and Dying*, Patrick Gaffney and Andrew Harvey, eds. (rev. ed.; San Francisco: Harper San Francisco, 2002), 181.