



Listen

Office of Health Care Ministry

April 2002

MINISTRY NOTES

Responding to Emergency Calls

INTRODUCTION

In hospitals, the presence of the local Church community is an integral part of caring for patients and families. Perhaps no call is more daunting than to be summoned to the Emergency Room. Even the most experienced hospital chaplains feel that moment of fear and trepidation as they make their way to the situation at hand. For parish priests who cover community hospitals, calls to the ER or other hospital crises can be a difficult venture. These *Notes* are intended to dispel some of that anxiety and answer commonly asked questions about pastoral response in such situations.

Why are priests called?

There are a number of possible scenarios to which priests could be asked to respond:

- * Sudden illness such as heart attack or stroke.
- * Accidents, trauma, violence.
- * Serious decline in health of an elderly person coming from home or an extended care facility.
- * Emergent situations involving children and teenagers.
- * Premature birth, fetal demise, stillborn babies.
- * Suicide attempts.
- * Patient dead on arrival with family being called.

How can the priest be a pastoral presence when called to the ER?

Flexibility is important when called to the ER. Remember to be open minded. Your presence may be consoling to some and a cause for anxiety to others already frightened by the situation at hand. In crisis situations, words of explanation or theological insight are generally not expected or helpful. A calm and caring approach is usually welcomed. Emergency situations can be very time consuming. Do the best you can in the time you have available in the crisis.

- * Listen to the patient when possible.
- * Provide prayer and sacraments as appropriate.
- * Be with family members.
- * Offer support to hospital staff, EMTs and police officers.
- * Collaborate with hospital chaplains when present and as needed.

What actions are important?

- * Ask for pertinent information that may assist in pastoral care, e.g., the nature of the emergency, family members that are present, etc.
- * Be mindful of confidentiality in an open, public space in the hospital.
- * Remember it is the **physician's** place to share medical information, outcome, prognosis, or a patient's death with the family, although you may be present during these conversations for support.
- * Seek cooperation from staff so as to offer the Sacrament of Anointing of the Sick or other ritual at the appropriate time.
- * Be aware of the Church's teachings on organ donation (encouraged as an act of charity) and autopsy (no prohibitions).
- * Be familiar with rituals for miscarried or stillborn infants so you may share helpful and accurate information or offer appropriate prayer.
- * Check with staff regarding precautions related to infection risk. Follow instructions concerning gloves, eye protection, gowns and hand washing.
- * Be prudent when encountering media coverage of a trauma or accident
- * Be familiar with funeral homes that service your community so you can offer several options if asked. Have family members make the calls themselves.

These *Notes* were prepared for the Office of Health Care Ministry by Judith LoGerfo, Coordinator of Catholic Pastoral Services at Mt. Auburn Hospital, Cambridge.

Guidelines: what is helpful and what is not

DO

- Listen, listen, listen. People need to retell the story of what happened.
- Be comfortable with silence. Presence speaks more than words.
- Be mindful of everyone present, especially the least vocal - children and the elderly.
- Ask if prayer would be helpful now and how they might like to pray. Keep focus on God's presence; not on the outcome of the situation.
- Ask for interpreter services to assist you if the patient or family do not speak English.
- Be attentive as to how people of different cultures and pieties deal with loss, fear and anger.
- Inform the family if you were present to anoint or pray with the patient during the treatment efforts. If the family was not there, it can be a consolation to them to know that a pastoral presence was at their loved one's side.
- Offer to accompany family members to see their loved one in the treatment area or to see the body of the deceased if they wish - enlisting help of staff as to timing and preparation of the family as to what to expect.
- Offer to keep patient and family in prayer in days ahead. A note, call or visit can be appropriate following the event.

Ritual in an Emergency Setting

Be aware that the Anointing of the Sick may seem rather perfunctory and quick in a crisis. Be sensitive to the needs of family members in situations when you cannot offer a requested ritual, i.e., baptism of a stillborn baby or anointing of a deceased person. Being a prayerful, unobtrusive presence during resuscitation efforts can be helpful to all involved. When possible, invite staff to join with you and family for bedside ritual and prayer. The nurses can be supportive to the needs of distraught relatives and assist them if necessary. Be attentive to cultural and emotional responses if you gather for the prayers for the dead. Prayer can be the intervention that allows the family to leave the ER peacefully after a painful situation.

DON'T

- Offer platitudes or explanations.
- Offer any opinions regarding medical treatment.
- Be afraid to just let people cry, be angry, express guilt or be silent. Shock produces a range of emotions.
- Offer stories of other people's experiences. Attend to the experience at hand.
- Forget to let family and staff know that you are leaving the hospital to go back to the parish.
- Forget to record Anointing of the Sick or other care as requested by the hospital. This serves as a record of your presence for the staff on later shifts, the hospital chaplain and family members who may be notified at a distance.

Self Care After a Critical Incident

Responding to emergency situations can be stressful and emotionally draining, especially when children or teenagers are involved, when there is an act of violence or trauma, when the situation brings up personal memories (such as the sudden death of our own loved one) or when the patient or family are personally known to us. These are called "critical incidents." It is not uncommon to experience trouble sleeping and eating, to have flashbacks or to feel grief, helplessness or anger over the event. These are normal reactions but pastoral care providers do well to tend to their own needs during this time.

- ◇ Talk about the incident and your reactions with a trusted colleague or the hospital chaplain where you can reflect in a confidential setting without compromising the privacy of patient and family.
- ◇ If the hospital offers critical incident debriefing (facilitated opportunity to share experiences with other involved persons), attend the session.
- ◇ Be gentle with yourself as a caregiver and allow yourself to integrate the experience.

CONCLUSION

In emergency situations in hospitals, the availability of prayer, sacraments, kindness, competence and support is evidence of the incarnate presence of a compassionate God even in the most jarring of circumstances. It is a fulfillment of Christ's promise that we shall not be left alone in our suffering. When the event marks a life changing tragedy in the lives of people, it is our hope that, as they remember that day, the presence of the Church will be a consolation to them and will facilitate the process of healing. In the blur of memory, names and faces may be forgotten, but the sense of compassion and care they experienced will remain.

