

December 2024 Monthly Chaplaincy Update!

We are finally in December, which is the last month of the year. Personally, I love December because of Christmas despite all the hustle and bustle that comes with it. Growing up in Kenya, I have fond memories of traveling to visit family members in Nakuru, an area located in the Western part of the country, where my grandparents lived at the time. December is a busy month at LA General Hospital as the holiday season approaches and there are different activities going on. Two of the key events we held were the burial of the unclaimed dead and the distribution of quilts to all our patients. In some ways, I felt prepared for the burial of the unclaimed, as during the summer, we visited the County crematorium with the CPE students. It was a bittersweet experience for me, and at first, I was undecided about whether I should go. But we had a wonderful visit with the gentleman who has been working there for more than thirty years. We found solace in the knowledge that they had not conducted any cremations due to malfunctioning machines, instead outsourcing the task to other suppliers. Part of the reason, as we later found out, was also because the machines are very old. I will share about some of my visits from this month. As I mentioned in my November update, I am enjoying my visits with patients and their families. In recent months, I have had the opportunity to follow up with them for several weeks before their final discharge.

“I am dying”

One patient that I have been following up with is Simon (pseudonym), who is a long-term patient at LA General. I first became aware of Simon (pseudonym) a few months ago when the palliative care team was monitoring him in the jail unit. When I asked if he was able to have visitors, I was

informed that he was not allowed to. Later, I discovered he was compassionately released from jail and sent to a hospice. During the palliative care rounds, I learned that Simon had returned to the hospital, and they were finding him a new hospice. Since he was in the emergency room, which I cover, I planned to visit and offer support. Because of the high turnover of the patients at LA General, sometimes it is difficult to follow up. Simon had moved to our cancer unit, 7B, when I finally had the opportunity to visit him. He was awake when I arrived and was finishing his lunch. When he looked up at me, I introduced myself as the chaplain and let him know that I was there to check on him. Simon glanced up at me once more and confided in me, saying, “I am dying.” His candor and vulnerability struck me instantly. Very few patients I meet are willing to be that direct, and for some, it can take a few visits to start opening about their health issues.



Burial for the Unclaimed @ LA County Cemetery

My initial visit with Simon was short, but he shared about his terrible experience at the hospice where they were not feeding him or changing him. He also revealed to me that his prolonged incarceration had estranged him from his daughter. He had recently reached out to her and asked me to call and have a conversation with her. As I explored Simon’s spiritual needs, he shared that he was Jewish and would like to see a rabbi, which I said I would try and do.

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After finding a rabbi who was willing to visit early in the morning, I visited Simon again the following day. I escorted the rabbi to the room, made the introductions, and allowed them some privacy to talk. After his visit, the rabbi, informed me that everything went well, and they had discussed ways to support Simon during this challenging time. The rabbi reached out to others in their community, and for the next few days, we talked about how they could support Simon. They expressed their willingness to visit Simon, provide him with food and other necessities, and act as his advocate at the hospice.



Participating in the Burial for the Unclaimed!

I was able to call and speak with Simon's daughter over the phone a couple of days later. She confirmed that they had been estranged for over forty years and knew little about him. The daughter shared about his history, including what led her dad to prison. She also described how he treated her badly as a child, something that was difficult for her to

forgive and find a way to start building their relationship. The daughter also experienced the loss of her mother at an early age, growing up with her grandparents in what she described as an "unhappy living situation." Her grandparents had given her everything she wanted, but they were also not good people. I helped the daughter process some of her grief over the loss of her parents, including her dad, who had been in prison since the seventies. I also liaised with the doctors to update her about her dad's health issues as she was trying to decide if she wanted to become his surrogate decision maker. I connected the rabbi community with the staff who were handling Simon's discharge. After his discharge, the rabbi community started to follow-up for support. They informed me that Simon was now enjoying the hospice where the hospital sent him, and they will continue to check on him.

"The Waiting Game"

One of the challenging visits I had this month was with a young woman in her late forties who I encountered in the trauma area of the emergency room. As I entered the department for my morning rounds, I noticed the social worker escorting three young people, including a child, to the family room. I immediately knew that something was going on and spoke with the social worker, who gave me a quick update about the patient whose heart had stopped again, and the staff were busy trying to revive her. I made the decision to initially assess the patient's condition and found that the ED staff were still trying to revive her and administering medication. Later, they prepped her and took her to the cath lab for an emergency procedure. I decided to go and meet her family, who all said they were her three children. I noticed that the two younger children, a daughter and a son, were both sad and distraught, and it was clear that they had been crying. The older son was calmer and worried about his mother. I introduced myself and my role as a chaplain and informed them that I was there to

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support them. At that moment, a social worker entered the room, and both of us continued to provide support. The daughter revealed that they had visited the flower market that morning, as is customary, to buy flowers for her mom's business. However, her mother started feeling unwell and eventually collapsed, leading to her hospitalization at LA General. During the visit, the older son asked if we could find out more about what was going on with the mom, and I informed them that I would try to get the doctor to update them.

I was still supporting the family with the social worker when the doctor came in to update them. He informed them about the emergency procedure in the cath lab to assess what was going on with her heart. The doctor was honest and informed the family that there was a chance that their mom would pass away. We continued to provide support as the ten-year-old boy began to cry and moved closer to his tearful sister. They both hugged each other and continued to weep after receiving the news. As the doctor continued to share the difficult news, the older son, who remained stoic, began to say, "Okay, okay, okay," and informed us that he would update the family, including his stepdad. *(I realized later that this was his coping mechanism while trying to be strong for his siblings as the oldest child).* We stayed with the family until they calmed down, during which they confirmed their religious affiliation as Christians and their attendance at a local church in the Long Beach area. I made several visits to check on the family and support them until other family members arrived to be with them. I could see how hard it was for the whole family who were still in shock over the news that their mom, who they thought was doing "okay" and had gone to work that morning, may pass away. The older sister shared that the patient had been feeling unwell for the past two months and had received a referral to see a cardiologist but had not followed up due to lack of insurance. The patient ended up staying in the cath lab for about six hours, and more family members and friends

continued to arrive. After the family moved to the main lobby, I asked another social worker to help me in supporting them. She was also able to provide translation services for those who only spoke Spanish. I was present as she guided the family through the medical decision-making process, urging them to appoint surrogate decision-makers and they agreed on the eldest son and oldest sister, given that the stepdad was no longer part of the family. She also made them aware of the fact that their youngest son, who is ten, could go to the dad's custody if the patient passed.



Laying Flowers at the Burial for the Unclaimed!

After the patient's transfer to the ICU, I conducted a follow-up visit, and found the staff were still very busy due to her severe illness. I spoke with the cardiologist and asked him to update to the family about patient's condition, and he graciously agreed to meet them in the lobby. At the time, the cardiologist had placed the patient on an ECMO machine, a device that provides rest and recovery for critically ill patients. During the family meeting, the doctor reiterated that the patient remained extremely sick, that

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they had completed the procedure, and that they planned to see if she could wake up in approximately three days. Towards the end, the older son, who appeared tired but was still trying to still be strong, informed the doctor that it seemed like a waiting game, as nothing was known until they tried to wake the patient. The doctor agreed, noting that there was still much to do to stabilize her. He also informed the family that there was still a chance she might not survive, which made them tearful and sad again. However, one of the patient's sisters expressed that they were still praying and clinging to hope. The following day, I returned to check on the patient, as I usually cover ICUs on Fridays. The staff was still busy tending to her, and no family members were present. I offered a prayer near the door and planned to continue following up.



Volunteers Distributing Quilts @ LA General!

I was still thinking about the patient and her family when I returned to work the next week and on Monday learned

that she had been transferred to another facility to be evaluated for a heart transplant. *I was grateful to God for this news, but it also brought up other questions about the plan, given my knowledge of the complexity of transplant procedures, including the aftercare. This prompted me to have a conversation with a doctor who serves on the bioethics committee. It was interesting to discover that, in Los Angeles, four private hospitals exclusively perform transplants, necessitating the transfer of patients and the donated organs to their facilities. I wrestled with question of how patients like one I encountered would get opportunities for transplants including the care they need without insurance.* I followed up with the family that week, and the oldest son said his mom was still on the heart and lung machine, and they were still waiting to see if she would wake up.

“Giving up”

Another visit was with Janna while I was doing morning rounds in the emergency resuscitation area. She was awake when I arrived and was getting ready to eat her breakfast. As I observed Janna, I recalled visiting with her a few months ago in the same area, and she confirmed that she was here for the same issues. As I assessed her spiritual care needs, Janna shared that she has been to the hospital four times recently due to issues related to her ileostomy bag, and she was feeling very tired of being in and out of the hospital. She also expressed feelings of hopelessness and a sense of "giving up" due to the overwhelming challenges she was facing alone. During a life review, Janna shared that she has had health issues since 2005 when she was involved in a motor vehicle accident and had not been able to walk since then. She had to use a wheelchair. While exploring sources of meaning, Janna noted that her daughter is the main reason she keeps going, but she also wondered how long she can continue to do this. She expressed that she draws strength from her faith in God as a Muslim and tries to pray as often as she can.

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Janna also noted that she has limited social support, as most of her family lives in Saudi Arabia (mom and siblings). She has one friend here in LA who helps her in caring for her daughter when she needs to be in the hospital. Janna also talked about her ongoing grief after the loss of her dad last year and the lack of closure since she did not attend the funeral. I reflected to Janna that her daughter is a key source of meaning and purpose and the main reason she keeps holding on. I helped Janna to realize the significant role she plays as a mother, despite feeling limited by her illness. I also helped Janna in understanding that her fifteen-year-old daughter, who may leave for college in three years, needs her more at this time. As I delved into her relationships with her family, it became clear that they are still involved, despite their distance and limited communication. I helped her in understanding that her close relationship with her mother serves as a source of hope, as she relies on their conversations to navigate health-related issues. I also highlighted that Janna's strong faith in God can give her hope and meaning in living through the difficult times. By the end of the visit, Janna was more calm and expressed being grateful for her daughter's support to keep going. She recognized that there were things that she could continue to live for.

Prayer Corner!

- Please continue to pray for our patients, families, and the staff at LA General Medical Center. Pray for healing and provision of resources including finances for treatment. Pray for those patients and families dealing with chronic, acute and terminal illnesses and the staff teams including doctors as they help them navigate the challenges including decision making.
- Pray for the chaplaincy ministry at LA General Medical Center as chaplains continue to serve in different units and the hospital. Pray for God's continued provision for the ministry and give thanks for the provision this far.



Staff & Volunteers Distributing Quilts @ LA
General!

Thanks for ALL Your Support in 2024!

Blessings for Christmas and the New
Year-2025!