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LA General Chaplaincy Update- March 2025!

Greetings from LA General Hospital! I hope this chaplaincy update finds you well. March has been a "normal-ish" month here at the hospital. At the beginning of the month, we were still having fewer patients in the emergency room area where I cover each morning, and this has given me the opportunity to visit some of the other areas such as the behavioral health unit and the northern part of the emergency room, where patients who are not critical and need to be observed, are attended to. One of the core activities of this month was the Ash Wednesday service (March 5th), which was a very busy day. I started off as usual with my morning visits in the emergency room area and later with one of our chaplain residents, Anna, we went back and rounded in all areas and offered ashes to patients, families and staff. It was interesting since we both ended up getting referrals to see patients while imposing the ashes and had to take breaks in between. In the latter part of the morning, we went out to the breezeway area, which is located at the entrance of the inpatient tower. During our two hours there we encountered more than two hundred people who included visitors and vendors at the farmers market, which takes place every Wednesday. We were surprised at the turnout since it was raining and very cold and our tent ended up being set up late. I have continued to visit and offer spiritual care to patients and their families, and I will share a few of my encounters below.

Imposing Ashes @ the Breezeway on March 5th (with Chaplains Sebastian and Bill)

"Will the Government pay for her burial?"

One of the challenging visits I had this month was with a lady, Marianne (pseudonym), in one of my units. I arrived early one morning to find a visit request at my desk, and when I went to check on the patient, she was sleeping, and I decided to follow up later. After our morning devotion, I was informed that a bioethics meeting (222) had been set up for this patient, and as the unit chaplain, I was requested to attend. As I prepared for the meeting, I reviewed the chart and noticed that Marianne had been in the hospital for 137 days, and I had visited with her last year, in November. Since then, the complexity of her medical history, including the possibility of TB, has led to her transfer to several units.

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During the bioethics meeting, the doctors took turns sharing in detail about Marianne's medical history, which was quite extensive. They had called the meeting due to Marianne's declining health and the absence of surrogate decision makers. The doctors reported that during their conversations with Marianne, she had been refusing any aggressive interventions. Based on this refusal and the futility of the treatment, they requested a transition to end-of-life-focused care. While everyone on the committee agreed that we should transition to comfort care, I also suggested the need to notify the family even though they had opted not to be involved in decision-making.

That afternoon, I reached out to the family and spoke with Marianne's distant relative (a sister-in-law), who noted she would rather not be involved in any decision-making capacity but wanted an update on what was going on. I was able to liaise with the attending doctor team and the palliative care team to update the family by phone, and I also organized for Marianne to have a priest visit for last rites as requested by the family. To try and help the family, I found out that the social workers had learned that Marianne moved to the US from the southern part of Asia in the eighties, and they had reached out to her home consulate to try and locate family and had not heard anything back.

One of my concerns was about what would happen to Marianne's body, as the family didn't want to be involved and wanted to know "if the government could bury her." I reached out to our spiritual care department, as Marianne is a Catholic, and they informed me that some Catholic cemeteries offer discounts to their parishioners. However, they require a priest to sign the paperwork, after which the family would take care of the remaining portion. Since no one claimed Marianne's body after three years, the only option was to cremate it and bury the ashes in our annual unclaimed burial. This experience made the LA General Hospital's annual burial for the unclaimed even more important. Every year, several hundred bodies remain unclaimed, and it is only right to give them a proper burial.

Celebrations for the Patient Access Week @ LA General (March 30th-April 5th)

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"A Loving Dad"

A visit I had early in the morning while rounding in the emergency room was with a patient's family who had requested grief support. I was surprised to learn that the patient was still alive and was sleeping when I arrived. There were two family members present for support, and one of them was sleeping on the floor. I offered support to the daughter who was awake as she talked about her anticipatory grief as they were planning for their dad to go on comfort care. She talked about his life, family, and illnesses. She described how the dad was "a fighter" after dealing with two types of cancers and strokes. Nevertheless, the family had observed that he was becoming increasingly fatigued and frail, and they were determined to prevent him from experiencing any further discomfort. For a few weeks he had been sick and unable to talk, and they had been told that he had more strokes, so they didn't want any more aggressive treatment and had opted to take him home on hospice.

Celebrating Doctors Day 2025 @ LA General (2nd on the left is Dr Emily Beers, one of our palliative care doctors who also serves on the Bioethics Resource Committee)

As I did a life review, the daughter shared how her dad worked for a clothing company for more than thirty years before he retired. He also loved to sing, especially the mariachi songs, but the most memorable thing was how he treated them as a dad. He was very close to her and her younger sister, who has Down syndrome. As his children, they will always remember his kindness in taking in their mom, who had five older children before she and her sister were born. The dad had supported the mom in many ways, including helping his stepchildren immigrate to the USA. They were all taking turns visiting, and their mom had also spent the night with them before returning home to rest.

While exploring spiritual care needs, the daughter confirmed that John is religious and a Catholic. She noted that he had been anointed by one of their local priests who visited him at home. She asked that I pray for the father at the bedside and arrange for a priest to visit

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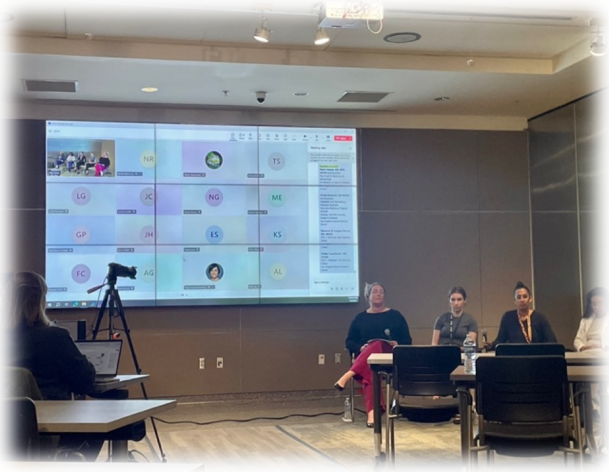
later, which I did. I validated the daughter's sadness and concerns for their dad as he approached the end of his life. We talked about dealing with grief before and after the loss and ways to support John until the end while also practicing good self-care. The daughter also said that John has siblings who would also want to help and visit for support after he goes home. The daughter appreciated the visit, and I also checked in with the bedside nurse, who gave me an update about the plan of care.

"Many Ups and Downs"

I initiated a SC visit with one of our patient's boyfriends, Peter (pseudonym), who was visiting and was standing outside the ICU (Intensive Care Unit). I observed that he seemed sad and tired, and so I stopped by to offer him support. I offered extended listening support to Peter as he shared about his girlfriend's injuries and relational dynamics with her family. He described how difficult the past month has been since they were involved in a MVA (motor vehicle accident) while he was driving and that he had gone to pick the patient up when they were hit by a driver who was running away from cops. He is grateful that the driver was caught and is now in jail but continues to be worried about the patient who sustained several injuries, including neurological issues, and has not woken up since.



Schwartz Rounds on March 4th with a team of Doctors from L&D (The conversation was about an L&D patient I visited and had passed on)

Peter also noted that it has been difficult for him because of his girlfriend's family, who blame him for the accident even though it was not his fault. He shared that since he started dating her, they have had issues, and they have been together since 2020 and have had "many ups and downs" in their relationship, but they "love each other so much and were so hopeful for a life together." Peter had proposed with the hope that they would get married soon. He was tearful as he recalled that they went through a miscarriage but also noted his gratefulness for their two-year-old son, who is also named after him and shares the same birthday.

I validated Peter's feelings of guilt, being overwhelmed, lost, and traumatized over the accident. He noted that it's been hard for him to talk about it with anyone, including his

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Family. As I explored additional sources of support, Peter said he has his mom, who also lives here in California and that before moving to Washington, they were living with her. He also has brothers who are supportive but very few friends or people he can talk to. He is concerned about his girlfriend's family, who are trying to keep away their two-year-old son from him and noted that he has not seen him for three days.

According to Peter, he is not sure what to do about his son and wants to spend the time he has with his girlfriend while she remains in hospital. He is also concerned about his job since he had just started working for Albertsons in Washington, but they are aware of what is going on and have given him time off to support his girlfriend. He was looking forward to building a new life there since he was tired of living in California, and they had travelled back to celebrate his and his son's birthday when the accident happened.

At the end of the visit, we spent time in prayer for the patient and their son, for the families on both sides, and for Peter as he continues to navigate all the challenges he is dealing with. I also helped Peter recognize that his family is the most important source of meaning in his life and that he needs to find time to spend with his son. I encouraged him to find time to practice self-care so that he can be there for his girlfriend and his son. I also liaised with the social worker to provide resources for counseling or therapy for additional support for Peter, which he requested at the end of the visit.

Mini Service Day @ AIN to prepare Hygiene Kits for our vulnerable patients-March 29

Prayer Requests:

Continue praying for hospital patients, especially those like Marianne, who are alone or have out-of-state or foreign families. Pray for their families and loved ones who struggle to support the patients and in some cases are unable to serve as surrogate decision-makers. Pray for the hospital staff as they care for patients and make sacrifices, including making decisions without family or loved ones. Pray for the various hospital departments, including those handling decedent affairs and their important work especially for the unclaimed patients after they pass on. Pray for me as I prepare for our upcoming bioethics meetings in April and to attend a bioethics conference in June and as I continue to serve at LA General.