

## LA General Chaplaincy Update- February 2025!

**G**reetings from LA General! February has been a quiet month, though we have had some challenging cases with a few of our patients. As noted previously, I enjoy "normal" days where I can visit with patients and their families and spend time charting on the floors as I get to interact with the staff. At Providence, we were encouraged us to do this because it allowed the chaplain to support the staff while they worked. We called it "intentional loitering." It's been interesting to meet some staff members on my floors who have been thinking that I am a case manager or social worker, and they are surprised when I tell them that I am a chaplain. I am still building relationships, and one of the places that is challenging for me to know the names of the staff members is the emergency room department since it's quite huge, and the staff, including the doctors, are rotated off quite frequently. One of the noticeable changes about the emergency room department is that there have been days we have fewer patients, especially in the resuscitation area, which I cover in the mornings when I arrive at the hospital. But this has given me the opportunity to visit patients in the inpatient tower and spend more time there. I will share a few of my visits for this month.

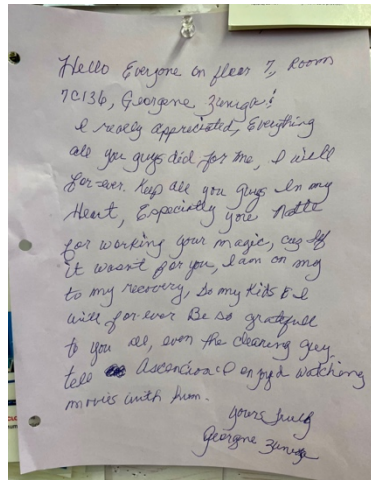


*African American Heritage Month @ LA General*

### **"Regrets about bad things!"**

**I**nitiated a spiritual care visit with Larry (pseudonym) while rounding in one of my units. When I arrived, he was awake and sitting on the bed. Since he was on contact precautions, I donned the gown, mask, and gloves and walked into the room to visit with Larry, who requested that I come closer to the bed so that he could hear me speak. I offered extended listening support as Larry shared about his illness, life experiences, and concerns about recovery. He noted that he was having difficulty walking due to weakness in his legs, and he was concerned about being able to walk again because he cannot get out of bed on his own. Larry also discussed his life on the streets, which he believes is the primary cause of his health issues and his lack of self-care. He described his living situation in downtown LA, where he panhandles to earn money for beer and cigarettes. Larry then spent time talking about how he thinks drinking is the main cause of his health issues and noted that he has been drinking all the time because there was not much to do on the streets, and

it's hard to sleep since he doesn't want to be robbed or attacked again. Larry also recounted an attack he suffered four years ago, during which he misplaced most of his documents. These documents included bank cards, money, and keys. When he went back to the apartment where he was living, the manager refused to open it up for him, and he ended up having to live on the streets. He has had a couple of jobs, but at some point, he could no longer work because he could no longer take care of himself.



A patient's letter thanking staff in 7C (one of my core units!)

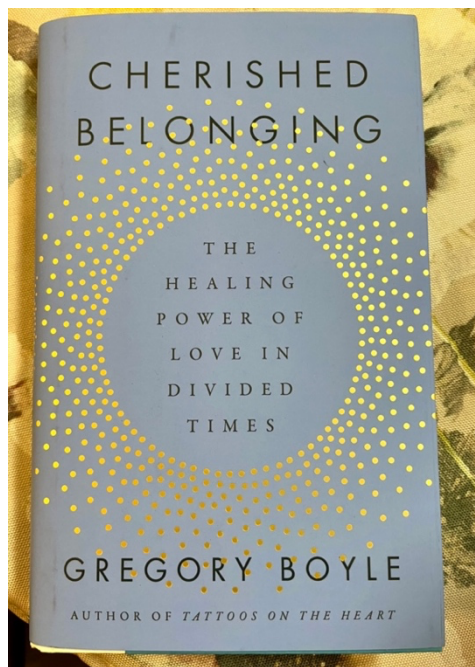
As I explored sources of support, Larry said he has no family and most of them have passed on. He went ahead to share that he had an ex-wife and daughter, but he has not seen them since before he went to prison. He also talked about different things he did that caused him to be imprisoned twice, which included theft of cars and guns and eventually taking the life of a person who tried to molest him. He regrets what he did and other things, including the use of illicit drugs and taking other people's things, including guns. Larry feels like his time in prison reformed him, and he noted how he promised the parole board when he was released, he would never go looking for his ex-wife like he had tried to before going to prison. He devoted a significant amount of time to discussing his daughter, who was born prematurely due to his wife's drug use and expressed a deep desire to locate her and discover her fate. He disagreed with his ex-wife because he felt she had abandoned their daughter, a feeling he found difficult to reconcile. While checking if he had any spiritual needs, Larry shared that he had grown up as a Protestant, but while in prison he had become an Apostolic. He requested prayer, which I offered at the bedside. Despite the challenges he was dealing with, Larry appreciated the visit and having someone to talk to. He was feeling ready to have his lunch, and I allowed him to have some privacy. I also informed Larry that since I covered that unit, I would try to follow up again and see how he was doing. He noted that he was hoping that he would find a nursing facility to go to since he cannot go back to the streets.

I made two additional visits with Larry, and during the second visit, he was awake and sitting on the bed. He reported that he could breathe better and was ready to walk around the unit with his walker. Larry also noted how he was surprised that he was not having urges to drink or smoke since he was off the streets and was afraid that he may relapse if he doesn't get a place to go. I confirmed that the caseworkers were still checking the facilities



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Ruth revealed to me during my exploration of her spiritual needs that she is a Christian, but she does not belong to any local congregation. Due to her work hours and the kinds of jobs she did as a bartender and then as a metro bus driver, she was not able to join a church, but she likes to listen to the “pink women’s bible” on her phone. I encouraged Ruth to look at online churches where she could attend their services, enabling her to establish a spiritual community and deepen her faith. I offered a prayer for her at the bedside and informed her that chaplains would remain available as needed for support. Ruth appreciated the visit and mentioned that the words I prayed over her were very moving.



Fr. Greg Boyle's Latest Book (2024)- "Cherished Belonging"

### **"Brian Death as Suicide"**

One of the challenging cases we have had these past few weeks is dealing with four young people who were severely injured during a motor vehicle accident. They were all seated at the back of the car without seat belts and the two who were in the front seats survived the crash. One family has been having a difficult time accepting that their son is brain dead and arguing that based on their Islamic religion, they don't recognize brain death but only accept cardiac death. As a result, the family did not accept that the patient should be extubated as legally required by the law here in California once brain death is confirmed. During my initial visit with the family on a Friday when I cover the intensive care units, I met the family who were gathered at the bedside of the patient. The dad was on the phone and the mom was near the bed and was praying for the patient while playing music. As I had been informed that the parents only speak their ethnic language, I addressed the patient's brother who was sitting at a corner eating. He shared with me how difficult it has been for the family and that he was unable to find time for self-care. The brother shared briefly that the brother had just finished high school and is very good and kind person. He also noted that they have a connection to a local mosque and that many people are praying for them around the world. He also shared that additional family members including his sisters and brothers are involved and two of his siblings are stuck in a



country in the Middle East, which was adding to their distress. As I explored needs, the brother requested that as chaplains we should keep them in prayer.

After hearing from the ICU chaplain earlier in the week, I suggested bioethics be involved to resolve the situation. I also spoke with one of the doctors who is part of the main bioethics committee, who said she would check in with the Intensive Care Unit team. I made a follow-up visit again on the last day, a few hours before the patient was extubated, to support the family, who were still busy trying to find a facility to move the patient to. The brother informed us that they "still had hope," and they were "nowhere near accepting that their brother had passed on." They requested us to continue praying and refused our offer to prepare keepsakes in honor of their brother. I was still thinking about the family as I went home that evening and wondered what would happen. I followed up the next day and learned that sadly, the facilities that they were hoping to transfer the patient to, which are out of state, both rejected the transfer due to medical futility. As a result, the patient who had been at our facility for seventeen days was extubated as planned and passed on immediately.

*(It has been sad and interesting for me support this family since my area of interest is bioethics, which I am currently doing a fellowship in. Brain death is a key issue that we often wrestle with because death based on the neurological criteria is still hard for many people to accept. I had a follow-up conversation with one of the doctors in the bioethics committee, and the plan is to discuss it during the monthly meetings. I hope it will be part of our discussion in the smaller committee, FIC, which deals with fetal, infant, and child biological ethics).*

### **Prayer Items:**

- Continue to pray for the patients, families, and staff members. Pray for our unhoused patients, such as Larry, as they continue to receive treatment, and the staff work to find shelters and skilled nursing facilities. Pray for families whose loved ones are critical and dealing with issues like brain death and the challenges that come with that.
- Pray for the staff who are also going through their own issues, such as those still dealing with the losses of their homes from the wildfires and those who have loved ones dealing with illness or other issues in their families.
- Continue to pray for chaplains and the many patients we see daily with serious illnesses and other issues. Pray for God's continued renewed strength and guidance through the Holy Spirit as we continue to serve at LA General.



A Frontal view of the hospital!