

This bimonthly newsletter, produced by Pastoral Care Services/Office of Diversity and Inclusion, will highlight some of the spiritual and religious beliefs held by patients and their families, providers and others in the MUSC community. It will offer strategies for staff self-care as well as information to better address the spiritual needs of the diverse patients and families that we serve.

Interfaith Calendar Highlights

- June 15-17 **Eid al Fitr** (Islam). Festival of thanksgiving and fostering understanding with other religions at the end of Ramadan.
- June 20 **Hajj Day** (Islam). Pilgrimage rites in the holy city of Mecca, in which each Muslim would hope to participate at least once.
- June 21 **Litha** (Wicca/Pagan). Celebration of summer solstice in northern hemisphere.
- July 9 **Martyrdom of the Bab** (Baha'i). In commemoration of the death of Ali Mohammed at the hands of Persian authorities in 1850, followers abstain from commerce and work.
- July 13-15 **Obon** (Shinto Buddhist). Festival to honor deceased ancestors.
- July 22 **Tish'a B'av** (Jewish). Day of fasting in remembrance of the destruction of the temple in 586 BCE and 70 CE.
- July 24 **Pioneer Day** (Church of Jesus Christ of Latter Day Saints). Anniversary of the arrival of the first Mormon settlers at the Great Salt Lake in 1847.
- July 27 **Asalha Puja Day** (Buddhist). Observance of the anniversary of the day when Gautama Buddha made his first public proclamation.

Source: <http://www.interfaith-calendar.org>

Studies: Timely Referral to Palliative Care Team Improves Quality of Life

from *Indian Journal of Palliative Care*

"Dealing with symptoms of any painful or serious or life-limiting illness is a challenging task for any health care professional. Palliative care provides an answer and has a vital role to play in the management of such of those patients whose very existence is under a serious threat, which may well be compounded by pain and other distressing symptoms. Palliative care is a comprehensive care, tailored to cater to the individual patients' needs and works in synergy with the primary treatment the patient is receiving. . .

Palliative care provides emotional support not only to the patient, but also to his family and helps in opening up discussions about disease-related treatment choices and management of symptoms related to it.

Palliative care helps the patient and the family to communicate better with each other and with health care professionals. It helps them identify the priorities and set goals for the future that can lead to a meaningful, satisfactory life for both the patient and themselves. Studies reveal that palliative care ensures care more in line with patients' wishes and meets emotional and spiritual needs of the patient. . .

To provide a reasonable and meaningful quality of life (QOL) is the central theme of palliative care. The domains included in health-related QOL are physical function, symptom distress, family well being, emotional well being, social function, and spiritual satisfaction. The other areas that could be focused on are the financial impact of disease,

sexual function, body image concerns, and spirituality crisis. . .

Doctors find it difficult to make early referrals to palliative care for many reasons. These include being unsure of the disease process, possibility of periods of remission, inadequate communication skill, lack of knowledge about palliative care, lack of support, time, and lack of team accessibility. . .

Some recent comments from families of patients who died without being referred to palliative care teams or referred late:

- Much of the misery could have been lessened had someone been there to address the physical and emotional aspects of the disease from the very diagnosis of the disease. It seems logical that less pain and stress would have led to improved QOL.
- Early integrated palliative care could have helped patients live longer.
- Majority of families preferred an earlier consultation."

These excerpts are taken from P. Saraswathi Devi's article, "A Timely Referral to Palliative Care Team Improves Quality of Life" in *Indian Journal of Palliative Care*. You can see the whole article, as well as links to cited studies, [here](#).

To learn more, please join us for Health Care Theater on June 20 focusing on the topic of Palliative Care Consults. See below for details.



This monthly program provides a forum for MUSC care team members to debrief difficult cases and share strategies to support families, colleagues, and themselves. One (1) hour of Diversity Education training will be provided.

Participants must register via MyQuest. The following programs are planned for June and July.

[Overcoming Barriers to Palliative Care Consults](#)

June 20, 2018 1:00 pm - 2:00 pm

Main Hospital: 2 West Classroom

Palliative care seeks to improve quality of life for patients with life-threatening illnesses, through prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems. Come learn about when to reach out to the Palliative Care team.

[Establishing Inclusive Partnerships with LGBTQ Patients](#)

July 25, 2018 1:00 pm - 2:00 pm

ART: 1st floor Auditorium

This program will discuss how heterosexism and homophobia impact patient experience and perpetuate healthcare disparities in LGBTQ patients.

Get to Know a Chaplain

In each issue, we will focus on a different member of MUSC Pastoral Care team.

Came to MUSC in: 2002

Hometown: Ravenel, SC

Education and training: Bachelor of Science from Charleston Southern University (“back when it was Baptist College”); Master of Divinity from Southeastern Baptist Theological Seminary; Clinical Pastoral Education in Savannah, GA.

As a chaplain, what do you bring to the MUSC team? “Compassion to accompany patients, families, and staff in this thing we call life.”

What do you do to relax? “Take walks with my husband and our dog.”

What is one thing you wish people knew about chaplains that most don’t? “Chaplains interact with interfaith community leaders to bring quality pastoral care to patients and families.”

Interesting/fun fact about you: “I have four great-nieces and three great-nephews.”

Rev. Lynn Brown Conklin, MDiv



WHAT DID YOU LEARN?

Some benefits of Palliative Care include:

- A. Helping the patient and family communicate better with each other and medical professionals.
- B. Assisting the patient to identify priorities and set goals.
- C. Meeting the emotional and spiritual needs of the patient.
- D. All of the above.

The first team member to respond with the correct answer will be recognized in a future edition of the newsletter. Send responses to sergents@muscd.edu.



No winner this issue.

Correct answer from the [April-May edition](#):

All of the following are true of soul injury except:

- C. It always requires surgery.

Blessing the Hands That Serve

by Chaplain Stacy S. Lawton

As part of Nurses’ Week and Employee Appreciation Week this year, the chaplains offered an interfaith Blessing of the Hands on Tuesday, May 8th. Over 130 staff members participated. This was a very meaningful time for everyone involved.



All of us who are part of the MUSC team do such important work with our hands, whether they are performing surgery, administering medicine, preparing food, typing reports, cleaning floors, or offering a comforting touch to those in distress.

Seeing the positive response from everyone who was able to participate, the Pastoral Care team has decided to expand this service as part of this year’s Pastoral Care Week, October 21st through 27th. We will offer several time slots for team members to stop by the hospital chapels for a blessing

throughout the week, as well as doing “mobile blessings” for different departments and areas of MUSC Health. Be on the lookout for more information as we get closer to that time, especially in the October-November issue of *Caring Spirit!*

During the service, we used this short prayer written by Colette M. Pierson. May it be a blessing to you today.

“Blessed be these hands that have touched life.

Blessed be these hands that have felt pain.

Blessed be these hands that have embraced with compassion.

Blessed be these hands that have offered healing.

Blessed be these hands that have drawn blood, administered medicine, made progress notes, and dealt with difficult situations.

Blessed be these hands that have welcomed and guided those anxious about their future.

Blessed be our hands, for they are the work of God’s hands.

Amen.”



Do you have topic ideas for future issues or would like to provide general feedback about the newsletter? If so, send an email to

sergents@muscd.edu

Chaplain Stacy S. Lawton,
Editor

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Chaplains are available 24/7/365