

HOSPICE TRAINING ON "SPIRITUALITY":

CASE METHOD ----- ELLIOTT #1845

This thinksheet promotes case method in the Hospice training of professionals and volunteers vis-a-vis "spirituality." While a videocassette is preferable, an audiocassette has the advantage of (1) being less obtrusive to obtain and (2) being less distracting (clothing, e.g.) to view (the focus of the method for this purpose being audio-language, though body-language is important also.) No bugging, of course: the group must agree to the taping--at least for its own use, and hopefully also for the use of other groups in the future.

AN ACTUAL CASE: In its training course, a group of volunteers arrived at the "spirituality" session, for which a pallid, personable, Protestant minister was called in as leader.

MMM (MOST MEMORABLE MOMENT of the session): A professional nurse (volunteering for Hospice) recounted a death that day--on which she was the attendant nurse. The patient was in terror of dying, and the nurse manipulated her into viewing death a-la the nurse's way of viewing death, viz., as "going out into the light." This bit of guided imagery calmed the patient, who then died peacefully. The only Jew in the group objected to the nurse's manipulation, saying that the patient has the right to die with integrity, from within--without being manipulated, in this moment of ultimate vulnerability, from without; furthermore, death-resistance (not denial, but fighting against death) is an honor to life and to God, the primordial and final warrior-victor of life against death. No one in the group gave him verbal support for what he'd said, so he said he felt isolated.

INTERROGATIVE COMMENTARY: The rest of this thinksheet is a battery of questions that might emerge in a Hospice training session dealing with this MMM:

1. Listing the basic facts of the MMM, you might tell it how else? To get at this from another angle: what is the mood and viewpoint of the person who told it as above?
2. Did the nurse think the patient was going out to meet her Maker?
3. On "spirituality," should Hospice caregivers limit themselves to letting patients view their dying, death, afterlife (if any, in the patient's view) as the patient chooses? Or help the patients so view? Or try to supplement the patient's view? Or try to substitute another view (viz., the caregiver's)?
4. In the above case, the nurse involved the family in the process of guided fantasy, and reported that all seemed comforted (and the nurse was proud of her achievement): should the Hospice caregiver aim for family solidarity in how death/dying/afterlife are viewed?
5. Traditional medical/nursing training promotes minimum interference from patient and primary caregivers: passive physical and social organisms, active professionals. Does it seem probable that this --rather than any "spiritual" factor--was the main reason the nurse was so pleased with herself in cooling the situation?
6. How would you confront the nurse with what she's actually done to the patient and family?
7. Would you have given any verbal support to the Jew?
8. As valuing/judging is at the heart of "morality," was it immoral for everybody in the group to be nonjudgmental about everything anybody said (+ & -, i.e., neither contradicting nor supporting)?
9. Should the minister have been other than the yes-man he was?