

In the Middle Ages, a crucible was the implement used by alchemists to transform lead into gold. Or so they hoped. Lead was heated to very high temperatures with various other ingredients in the hope that gold would be formed. Actually, those alchemists were not so far off in their thinking. They erred only by many millions of degrees and unimaginable gravitational forces. Long a mystery, astronomers have only recently discovered that gold and platinum and the other really heavy metals were created in the collisions of neutron stars.ⁱ

The hospital is a crucible. People do not enter a hospital, whether voluntarily or in emergency, without undergoing change. That change may simply be physical—a loss in abilities, or a gain. Treatment for trauma. The birth of a child. The discovery of a terminal illness. There is always change, but there may or may not be change beyond the physical.

As a chaplain, I dealt in the possibility of change beyond the physical. Often it happened, usually in small ways. Sometimes I was privileged to witness, to be party to, something much larger.

Everyone in the hospital has a job to do, and except for the chaplain, this job is primarily about meeting the physical needs of the patient. Peripherally, doctors and nurses and even housekeeping staff will sometimes address the emotional and spiritual and existential needs of the patient. Some of them do this frequently and quite well. They are rare. But always, their primary job responsibility beckons, pulling them on.

It is the chaplain who's primary responsibility, ne, only responsibility, is to address the emotional, spiritual and existential needs of the patient.

I wish to digress here for a moment to explain two different types of chaplaincy. There are volunteer chaplains who wander the halls of the hospital representing their particular faith. Often, even usually, they are Christian. A cross is usually in prominent display on their person. This is the chaplaincy that is offered by our local Enloe Hospital. Yearly, I receive a letter asking me to be a volunteer chaplain for their facility. I've not yet written them an angry letter in response, but I've been tempted.

Note that I distinguish between this inappropriate chaplain work and pastors of all faiths who enter the hospital to tend to the needs of their own. It is entirely appropriate that the pastor tend to members of their flock using the theology and beliefs of their faith. It is inappropriate that a chaplain foist their brand of theology on emotionally vulnerable patients, which is to say most patients.

Why am I angered? Because this is an old and inappropriate model of chaplaincy. It angers me that Enloe is too cheap to pay for professional chaplains. What is the difference, you ask? The professional chaplain, of whatever personal faith, has undergone extensive training beyond ordination in doing the work of a chaplain. There is a certification process, with a minimum of 1600 hours of supervised chaplain work. I got half way through this process while in seminary. The professional chaplain is trained to meet the patient wherever the patient is, to help them in their emotional, spiritual or existential needs without proselytizing. We attempt to set aside our own beliefs, while at the same time being aware of how our beliefs may influence how we interact with the patient. Sometimes we are more successful with this than at other times. When we do it well, when we meet the patient who is ready and receptive, when we meet them where they are, when we truly listen, when we are inspired to ask the right question or say they right words, then the results can be truly amazing. Some would say miraculous.

Here is one of those stories. I was asked by a nurse to drop in on John. John was in the final stages of liver failure. In these final stages one is often not lucid. I was lucky enough to enter John's room during one of his rare periods of lucidity.

He had apparently successfully drunk himself to death, although that was, of course, not his intent. He was young, in his late thirties. He had a wife and mother who were understandably furious with him. He felt this. He knew this. And he was wracked with guilt. He identified as Christian, although he was not participating in any Christian community. When he was young he had been exposed to fundamentalist Christian beliefs about a wrathful God, hell and damnation. He was frightened. He expressed hope of getting a liver transplant, although his wife pointed out that he needed 6 months of sobriety to be eligible. His remaining life was likely to be measured in weeks, if not shorter.

At some point during my visit his wife left the room to take a phone call. While she was gone we talked about his fear.

"I'm afraid of dying. What happens to me after I die? Do you believe there is a heaven?" he asked.

My brain raced. How to answer? I didn't want to pause too long, as any answer I might give was losing credibility by the second. Personally, I don't believe in heaven, or the continued life of a soul after death. What I said was, "Yes. I think there is a place where you will go to be with God after you die."

"But don't you think that I will be punished for my drinking, for leaving my wife and children alone?" he asked.

"Is that what Jesus taught?" I responded.

"No," he acknowledged.

"What did Jesus preach? How do you understand the death of Jesus?" I asked.

"He preached forgiveness. He died so that we would be forgiven for our sins," said John.

"So this applies to everyone but you?"

Long pause. "Well...I see what you mean. I guess it does apply to me."

I could see the relief in his face and hear it in his voice.

John's wife reentered the room, cutting short our exploration, but the real work had been done, the shift had happened.

After a few more minutes with them I prepared to leave. I asked if there was anything else I could offer, prayer or anything. "Yes," they said, "prayer."

I said the Lord's prayer, which John said softly with me. I immediately followed with a personal prayer.

"Dear God, we ask that you look after John and Sally. He is scared of dying and asks forgiveness for his drinking. He doesn't know what will become of him

or his family if he dies. We ask that you comfort him and give him strength during this trial. And we ask that you guide the medical team providing his care, that he may receive the best care possible. And we pray for his wife Sally and her children, that they may also receive your strength and comfort during this frightening time. These things we ask in your name, dear God. Amen."

The next day I stopped by John's room. He had slipped into an end-of-life coma. Death was imminent. His wife and mother were present. We spoke briefly. They expressed their gratitude for my earlier visit. They said that a profound change had happened for John, that he became comfortable with his death after our talk. They expressed how the change in him had effected a change for them, that they were more accepting of his death and more forgiving of him.

Wow. What a privilege that I was able to facilitate easing the journey of this man and his family. I say facilitate, because I don't think I was responsible. I do not presume to understand what happened in that room, but I do think there was a force present, understood differently by him than by me, that offered John and his family hope.

Hope dies last.

Victor Frankl, the great Austrian psychiatrist, was a survivor of the Holocaust. In his book, "Man's Search for Meaning," he explores how some inmates found meaning, and reason for living, in the unspeakably horrible and dangerous conditions of the camps.

Early in the book, Frankl talks about how cigarettes were a valuable commodity in the camps, but not to smoke. If you somehow earned a few cigarettes, you hoarded them, to barter for more valuable things, like soup packets, something that could actually help keep you alive. It was obvious, he said, when someone had given up hope. You would see them smoking their cigarettes. With their will to live gone, they were usually dead within a few days. Hope had died. The body soon followed.

For John, my patient, hope played a different role. His experience that he would be forgiven by the God that he believed in allowed him to transition into death peaceably.

"Hope is a shape shifter," writes Rev. Kirk Loadman-Copeland. "[It] has the ability to adapt to the possibilities of each day. Each day, hope rises to lift a person's spirit as high and as far as it can go. Hope dies last, and then it is reborn in the next moment."ⁱⁱⁱ

May it be so.

ⁱ Mary Beth Griggs. "Neutron Star Collisions May Have Created Most of the Gold in the Universe." *Popular Science*, October 18, 2017. <https://www.popsci.com/neutron-star-gold> Accessed 12/15/2017

ⁱⁱ Kirk Loadman-Copeland. "Introduction to the Theme." *Touchstones: a monthly journal of Unitarian Universalism*. December 2017. P2.