

August 2024 Monthly Chaplaincy Update!

This was a busy month for me, and it started off with a lot to do. In the first two weeks, I was preparing for the USC Street Medicine Conference and finishing up the final details of the presentation. Part of it involved communicating with the organizers to ensure everything was in place for our presentation. Though tiring, everything worked out well, and we completed the presentation on August 8th at three in the afternoon. We had estimated that about 45-50 people would attend, and that's exactly the number we had. They appreciated the discussion on *Dying at the Margins: Spirituality and the Culture of Homelessness*.



With Bill (chaplain colleague), before our USC Street Medicine Workshop Presentation

That morning before the presentation, I had the opportunity to visit an unhoused patient who expressed his desire to sober up and enter a shelter. During the pandemic, he lost his job and began drinking, which had a negative impact on his health. Consequently, he was involved in an accident that resulted in a leg injury. At the time of the visit, he was waiting for a second surgery to repair the damage. He expressed sadness and was tearful, acknowledging his estrangement from his family and his daughter's willingness to assist him if he was ready. Another

event we had at St. Camillus was our four CPE interns' summer graduation, which went well. Two of the interns were part of the staff team, while the other two were new to CPE and were pursuing seminary training. One was from the Armenian Orthodox Church, attending a seminary in New York, and the other was from a Jewish rabbinical school in California. Despite the additional activities, I have continued to visit patients as usual. This month, I'd like to reflect on some of my encounters with patients who are not religious and others who I have been supporting.

"I am not Religious!"

One of my visits this month was with a patient on my floor who, when I introduced myself as a chaplain, quickly noted that "I am not religious." I went ahead to explain that in my role as a chaplain, I offer support to everyone, including those who are not religious, and that the focus is not on talking about faith but seeing how he was coping while dealing with illness and what brings him meaning. The gentleman went ahead to say that he was dealing with heart issues that had been going on for a while, and his main concern was that he was now having shortness of breath. When he was in his mid-eighties, he attributed some of his health challenges to aging and considered it "a normal part of growing old." When I inquired about his family or friends for support, the man revealed that he was the sole surviving member of his family, with everyone else having passed away. He has a few friends for support, but overall, he felt comfortable being alone. As I conducted a life review, the man proceeded to discuss his upbringing in Los Angeles, the challenges he faced during the civil rights movement in the 1950s and 1960s, and how these experiences shaped his perspective on life, including religious belief. The man shared that he draws meaning from humanity and his work. He had worked in the airline industry for a long time before retiring, and that was the only thing that he enjoyed doing. As the visit ended, the man noted that he had started having shortness of breath

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again, and as I was still visiting other patients, a rapid response code was called, and he was moved to the ICU. He was still in the ICU the next day when I checked on him and recovering well.



Group Discussions during our Presentation

“Words of Wisdom”

Another visit I made recently was with a patient, "Sam," in the ICU, which I cover on Fridays. He was awake when I arrived, and the staff were just finishing up attending to him. Sam then looked up at me, and since he was connected to various drips, I decided to move closer to the bed so that he could see me while we spoke. After introducing myself as a chaplain, the patient quickly noted that he was not religious, but welcomed me to visit and offer him “words of wisdom.” As I explored what was going on, Sam went ahead to share that he was having issues with his heart and was waiting for major surgery. I observed that he appeared anxious, uncertain about what had happened to him, and filled with concern, given that he was only in his forties and had been ill for a month. We talked about his family, which included his siblings, an aunt, and friends who were busy with their own lives and visiting for support. As I thought of words of wisdom to share with the patient, I drew some words from the scriptures, such as the book of Joshua,

where God encourages him to be strong and courageous, and I interpreted it as an encouragement for the patient who was waiting for a major surgery. I also encouraged him not to give up, since he will need time to recover and get back on his feet after the surgery. As I explored sources of meaning for the Sam, he talked about enjoying the work that he does while also living an active and independent lifestyle. He noted that his main concern was losing the ability to work and live independently, even though he has substantial support from family and friends. He joked about loving to cook, though he enjoys eating the food more than preparing it. At the end of the visit, Sam opened up about his initial fear when I introduced myself as a chaplain. He thought that something was wrong with him. I explained to him that our role as chaplains is to support all patients in the hospital, even beyond times when they are dealing with crisis situations or emergencies, which made him more at ease.



A ribbon wreath for unhoused persons at the USC Street Medicine Conference

“I am dying”

A few weeks ago, I responded to a consult for a patient in our cancer unit (7B). When I arrived, the patient, whom I will call “Angel” (pseudonym), was awake and sitting on the

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bed. He looked weak and visibly sad, and I sat down next to the bed. I noticed that he was also having trouble speaking and could only whisper. As I inquired what was going on, Angel told me that he was dying and had just spoken to the MDs about it. He proceeded to reveal that he was battling a type of cancer that began in the region of his neck where he wore a bandage, and I sensed that this was also the location of the biopsy procedure. As I explored SC needs, Angel said he wanted me to pray for him since his faith was the only important thing to him at that moment. I validated his feelings of sadness, concern, and guilt over his health issues and the possibility of his life ending soon.



One of the main sessions at the USC Street Medicine conference

Angel confirmed that he is a Christian and requested for me to pray for him. Before I prayed, I read him some scripture for encouragement, and then we prayed. Angel continued to be tearful, and I decided to stay for a while for support. As I assessed his sources of support, Angel shared that he has family in Mexico. He expressed sadness, noting that some of his brothers have not visited him, possibly because they don't want to. I encouraged him to consult with a Social Worker to obtain a visitation letter, and subsequently, I discovered that some of his family members had traveled from Mexico. A week later I found out that Angel had decided to make himself a DNR (Do Not Resuscitate) and

transition to comfort care. I wrestled with his decision because I had inquired from one of our palliative care doctors who said that neck and head cancers are sometimes able to respond to treatment, so I decided to visit Angel again.

When I arrived, he was awake and was trying to eat some puréed food. His voice was much better, and he looked stronger as he sat on the bed. I continued to offer support as Angel shared how happy he was to eat and drink, which was a request he made when the doctor came to see him. He was tired of tube feeding and wanted the real taste of food. He also shared with me his ongoing struggles with pain in the neck and back areas. The pain primarily affected the area where he had a mass, but he also believed that part of the pain was caused by not eating for several days and then starting again. Angel told me about his life and family and revealed that he had two adult children—a boy and a girl—but he was not sure where they were. He also had ex-girlfriends who had children that fondly called him “Papa,” and I helped him think of ways he could reach out to them since he didn’t have their numbers to call. When his family came to visit, I was still at the bedside, and the sister remembered my earlier visits with Angel and appreciated the support. I was still wrestling with some of the things that Angel shared about his decision not to be resuscitated after a conversation with his family, and he did not want to overburden them with his health issues. Upon following up with the palliative care team, they informed me that Angel was not on their patient list and had not received consultation. I returned to the unit and asked the nurse to contact the MD to request a consultation with palliative care. The nurse complied, and I was relieved that Angel would receive better care, at least for his pain, and also assist him and his family in determining the goals of care as he transitions towards comfort care.



Notes of Joy Board at the USC Street Medicine Symposium!

That week, on Friday, I made another visit to check on Angel for support since I was going to be away for the weekend. When I arrived, he was awake and sitting on the bed. He seemed to be doing much better than the past few days. He talked about his ongoing pain problems and how he was now afraid to eat solid food. He was also having bad constipation and was still wrestling with taking the medication that the nurse had brought. In a sense, I felt like this was my first real visit with Angel as he shared about his life with me. He was born in Mexico, a town known as Guadalajara, and when he was nineteen years old, he moved to the US to work. Angel worked mainly in the construction industry, and while looking around the room, he told me that he could do all the construction jobs necessary to build such a room. It was intriguing to me to discover that Angel never attended school after completing his high school education in Mexico and instead learned English through his construction work. He worked for several different companies in various parts of California. One sad thing I learned about Angel was that, despite being here in the US for over forty years, he never became a legal resident. He noted that he had to find ways to survive, like using other people's documents or fake ones. He was the first one from his family to migrate to California but later his sister was

able to move to the US. Angel also revealed to me that he became a Christian through interactions with a family near where he lived and started going to church with them. He was born and raised as a Catholic, but he eventually accepted Christ. Reflecting on my visits with him, I noticed several instances where Angel expressed his reliance on God for support during his cancer battle and his lack of fear of death.

My support for Angel is ongoing, and at the end of our visit, I offered a prayer and let Angel know that I would see him the next week. He looked up at me, seemed sad, and extended his hand to greet me. For a moment, he held my hand and kissed it as a sign of his gratitude.

During my last visit, I found Angel writing in an exercise book some of the things he wants done before he passes on. He seemed much stronger now despite being on comfort care, and the medical team was exploring the option of discharging him to a SNF on hospice. Angel continues to depend on God for everything during this season, and in my last visit, I read for him Psalms 91, since he said the *Salmos* is his favorite book in the Bible. His sister had brought a Spanish bible for him to read, and the niece had also brought him photos, which he showed me from the eighties and nineties when he was younger and travelled to visit places around California. I've gotten to know his family, who visit frequently and often request that I hang out with them, even though they mostly speak Spanish.

Prayer Items:

- Continue to pray for the patients at LA General, especially those who have no faith or have chosen to walk away. Pray for God's continued presence and healing, as well as for their families, who sometimes have a lot to deal with. Pray for those who are aging and alone without any family members. Pray also for all those patients with

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chronic, terminal, and acute health issues, such as Angel, who are on hospice as they live out their last days.

- Continue to pray for patients like Peter, who I mentioned in the last monthly update, as his ongoing wait for a facility is negatively impacting his mental health. Pray for our incarcerated patients who are lonely and face many challenges transitioning from prison into society.
- I am grateful for the success of my presentation at the USC Street Medicine Workshop. Pray that the attendees, who were mainly medical practitioners dealing with unhoused patients, will continue to serve them well. I spoke with one of the participants after our presentation, and her comment was that she had found courage to help her unhoused patient talk about advance directives, including the end-of-life options such as DNR/DNI (Do not resuscitate or Do not intubate)
- Pray for me as I prepare for my upcoming bioethics fellowship meetings in September, and that the readings will be completed on time. Of all the other books we've read, the one we're reading this time seems quite challenging and has a lot of material to digest.
- Pray for my ministry as a chaplain at LA General, that I will be able to serve well daily, and that God will give me wisdom and guidance to know what to do in my encounters with patients, families, and staff.