

## ***Humanities: Art, Language, and Spirituality in Health Care***

Series Editors: Christina M. Puchalski, MD, MS, and Charles G. Sasser, MD

### **Ministry**



Dr. Jane deLima Thomas, MD

*Department of Psychosocial Oncology and Palliative Care, Dana-Farber Cancer Institute, Boston, Massachusetts, USA*

I arrived at church, exhausted and discouraged. A divorced single mother with a demanding job, I was failing in all directions. The growing pile of unanswered e-mails, empty fridge, and unpaid bills were evidence of small failings, but the risk of shortchanging my patients was what really haunted me. And my son, usually so even-keeled, was struggling with one classmate who was bullying another. I felt alone with it all, responsible for helping my son, for running my household, for taking care of my patients, for leading my team at work, for keeping it all running smoothly and happily. And I just couldn't do it.

I went to church for solace. While I do not consider myself particularly religious, I grew up going to church every Sunday and I often find the familiar prayers and hymns comforting. I entered the chapel and felt the hush surround me. I sidled into an empty pew, and I stood and sat and sang as prompted by the service. My mouth formed the syllables that strung together to make prayers, but the words fell from my mouth and rolled off my skin. I felt alone even while surrounded by people.

My eye was drawn to a face that was familiar but out of place. Reading the gospel was a priest I had not seen at church before, but I felt sure I knew him from somewhere. I scanned my memory, trying to match face to context. And then I remembered him at the bedside of his dying father, who had been a patient of mine in the hospital some months before. The son's name was Michael, and I had not known he was a priest.

Michael's father was sick for many reasons, metastatic prostate cancer only one of them. He had the dwindles, an accelerating decline not due to any one cause but rather an accumulation of physiologic insults. As a result it was hard for me to identify a specific reason I was so worried about his prognosis, but I thought time was short, on the order of weeks.

I had an encounter with him that sharpened my concern. I was leading morning rounds and asked him, "How are you feeling today?" He turned to me,

frail, elderly, and suddenly confused: "I'm scared. Where is this boat going?" He became distressed and tearful. I pulled the lidded trashcan up to the side of his bed and sat on it. I took his hand in both of mine and asked him to tell me why he was frightened. In a tumble of words he told me that he was going on a trip in a boat, that no one was telling him where he was going, that he thought he would not be coming back.

I wasn't sure how much of what he was saying was allegory and how much was delirium, but there was wisdom in there and I tried to respond as kindly and directly as I knew how. I reassured him that he wasn't alone. I reminded him that Michael was at his side and that we—his doctors and nurses—would help him feel better while he was on his journey. We talked for maybe 10 minutes, and the distress eased. Michael mouthed the words, "thank you," over his father's head when I stood up to leave.

I was moved by the encounter, acutely aware that it is those moments of communion with patients and families that feel most meaningful in my work. In those moments, I feel the world fall away. There is nothing left but an intention to use myself—my skill, experience, and compassion—to be helpful to the person in front of me. And when it goes well and I can feel a patient's distress easing, it feels like a small river rippling inside me.

Fortunately, after this encounter and some further discussions with Michael and his family, we were able to make plans to get Michael's father home to New Jersey with hospice care. He lived for two weeks before dying comfortably in his own bed. In palliative care, we consider this a roaring success.

So then, some months later, it felt surreal to see Michael in full priest's regalia reading the gospel in my church. And it was especially jarring to have that series of interactions brought to mind—interactions where I felt competent and helpful—in the midst of my crisis of inadequacy. I was disoriented. The

---

*Address correspondence to:* Dr. Jane deLima Thomas, MD, Department of Psychosocial Oncology and Palliative Care,

---

Dana-Farber Cancer Institute, Boston, MA, USA. E-mail: [Jane\\_thomas@dfci.harvard.edu](mailto:Jane_thomas@dfci.harvard.edu)

disorientation deepened when I wondered: which of us is responsible for helping the other? Am I the doctor who helped Michael's family? Is Michael my priest? Can we both occupy the roles of minister and ministered to at the same time?

At a pause in the service, I went to find Michael, and when he recognized me he held out his arms to hug me. My eyes filled with tears and when I drew away I saw that his had, too. We were both profoundly moved in that moment, something we have talked about many times since.

Michael became a friend, in addition to being my priest and my late patient's son. I tried to observe professional boundaries and found them too confusing to track clearly. Should I refrain from talking about my personal struggles with someone who was the family member of a patient? Would Michael feel sensitive that one of his parishioners had met him at such a personal, vulnerable time? The conventional guidelines about boundaries between clinicians and patients or

priests and parishioners seemed inadequate, so I relied on my instinct to guide me. I introduced Michael to my son, Gabriel, and they hit it off immediately. Over time, I confided in Michael about the struggles I was having. And on the rare occasions when I received communion, it was sometimes Michael who gave it to me.

Eventually, in the back and forth flow of helpfulness and goodwill between Michael and me grew the realization that I was less alone and less tragically flawed than I had imagined. And then, on a brisk autumn Sunday after church, I entered the doorway to the chapel to find Michael and Gabriel sitting on one of the pews talking together about the bully at Gabriel's school. When I saw Michael, a shiver of recognition ran through me; I could see that for him, the world had fallen away and that he was using himself—his skill, experience, and compassion—for Gabriel's good. And to my surprise, I could feel the familiar rippling of a small river inside me.