Summary: Ethics for Lunch, 15 December 2020

**The Role of the Faith Community in Working with Racial/Ethnic Minorities Facing Ethical Dilemmas**

<https://www.youtube.com/watch?v=ABtfhAhUC6E&feature=youtu.be>

Panelists: Mr. Ty Crowe, Rev. John Ponnala, Fr. Patrick Besel, Rev. Matt Norvell, Ms. Oby Okoye

The December 2020 Ethics for Lunch focused on racial disparities in healthcare during the pandemic from a spiritual perspective. Panelists addressed the growing concerns of racial and ethnic minorities facing the moral and ethical dilemmas resulting from the pandemic. In addition, the panelists stressed the importance of listening to the care team’s perspectives on the issues surrounding family distrust of medical care, in cases of imminent death from COVID and in persons under investigation (PUI) for COVID. The challenges of immigrant communities add on another layer of suffering, in that their sufferings are intensified by the realities of financial resources, language and communication issues, and cultural differences. Immigrants have difficulty understanding health care systems and practices that are foreign to them.

Panelists shared insights about the overall challenges of providing spiritual care during the pandemic, with particular emphasis on the ways chaplains at JHH have adapted their practices to be present with patients, families, and staff. The primary focus was on the ways that chaplains navigate emotional, spiritual or existential distress in their work with families, particularly those experiencing and expressing their intense grief reactions.

During the EFL session, a chaplain shared this prayer (<https://www.beliefnet.com/prayers/protestant/comfort/prayer-of-despair.aspx>). See below.

**Prayer of Despair**

I have been rejected and despised;

I am hurting and destroyed by the pain.

I am angry with others and with you, O God,

for there is no comfort, none anywhere.

I call your name and you are absent.

I wonder why you let me suffer so.

My cries echo in the universe

and ring in my ears

and I am weary of the taste of my tears.

Hear my plea, O God of love.

Let me not be destroyed

by this agony on the brink of death.

I am like a broken reed,

fragile and crushed.

Hear my plea, O God of love.

Let me not be destroyed. Amen.

The panelists urged attendees to reflect upon the various ways the medical team is perceived through the eyes of racial and ethnic minorities and to keep in mind the importance of these perceptions as they are amplified through the pandemic. Further, recognizing as Pope Francis said, “to stress the close bond between these two words: ‘dignity’ and ‘transcendent,’” the core concern of spiritual care is to protect and sustain human dignity.

**Recommendations**

* Chaplains and medical care teams are encouraged to be transparent, sharing and acknowledging their feelings with the patient's family.Appropriate self-disclosures may help the staff to connect with family members and further help the care teams in humanizing care practices.
* Health care team members should be mindful of inner influences such as fear, loss and grief and how they surface in an encounter with patients and families.
* Health care team members should recognize and maintain healthy boundaries so that their own grief will not cloud their interactions with others. In other words, make space for your grief outside of work.
* The role of faith community is viewed by families as a bridge between the family and medical teams. In light of visitor restrictions, which contributes to the feelings of guilt and abandonment of their loved ones, it is often helpful for families to engage in communication with chaplains to regain confidence and trust in care.
* Tele-chaplaincy was instrumental in reaching out to families who were in home quarantine and missing opportunities to be physically present; it allowed family members to feel supported and feel they were supporting their loved ones.
* The importance of rituals, especially the sacraments for those who are dying, was much appreciated. Performing rituals virtually should be done only in rare circumstances, as chaplains are prepared to be physically present for these important, sacred moments.

**References:**

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