

MORAL ISSUES TODAY



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Parish nurse ministry: convincing the skeptics

This is the second of a two-part series.

Since I have been blessed with many opportunities to get to know parish nurses, to see the results of their extraordinary ministry and to work with them in the healing ministry of the church, I am often astonished at the skepticism and objections that I run into. Hence, I would like to give my responses to key criticisms and invite readers to let me know what they think.

The first and most common objection is that there are home care nurses who do the same work and should do this work.

Yes, there are excellent home care services in the health system today, but what most of us do not see are the limitations of these services. Home care providers (nurses, aides, therapists, etc.) are given specific tasks and time frames for their assigned home care services. They do a wonderful job, but they generally do not have the time or the mandate to see the individual client as a whole person. Often, for example, emotional or familial problems are present, but that is not what home care providers are there for. As one home care nurse said, “I stopped asking my clients how they were because I did not have time to listen and, if I did, then there was often little I could do to help them.”

Where home care providers concentrate on tasks, parish nurses have time and are focused on seeing the larger context of the people they visit. They are experienced in all manner of care so they can see what is missing and make suggestions about needed services. Home care workers have to work by the book. Parish nurses are professional nurses, but they can often work by the Spirit.

The second and often most vociferous criticism of parish nursing is the cost. Most parishes do not have a surplus in their collections, so where would the money come from to employ a nurse?

To this I always respond that true Catholic health care — the kind brought to Western Canada by various groups of sisters — always came long before the money arrived. These religious women knew there was a need, a ministry for the church, and they set to work. The money appeared. Such, I believe, is the faith with which we are asked to live our mission. If it is important, ways will be found to support it.

Some of the poorer parishes that support parish nursing do so with some extraordinary community events. There are suppers to raise funds. St. Mary's Parish makes use of a parish auction. I talked with one parish where the parishioners — including the children — put their spare change at the end of the week into a fund for parish nursing; they covered a third of the cost with this simple commitment. Some parishes ask for a special collection or contribution, and are surprised at the generosity of their people. Some parishes make it an essential part of their normal budget.

When I hear people questioning the cost of parish nursing, I am convinced that they do not understand what a blessing this is. Most parish nurses, because they consider it a ministry, do not receive a wage anywhere near what they could earn with their skills as a nurse. (That raises the issue of a just wage, but we will simply note that for now.) And I have seldom seen such value for money spent as I have with parish nursing. Indeed, many people will tell you that they “bitterly opposed this work at the start, but now consider it one of the most essential components of the parish.”

A third objection is phrased in different ways but amounts to something like, “This is not an essential ministry of the church; this is the government's responsibility,” to which I reply that the healing ministry of the church is as important as the Good News. Read the Gospels and see how often Jesus describes his ministry or charges his disciples to “preach the Good News and heal the sick.” Parish nursing is one form of this ministry, I admit. But in a world where we are increasingly turning the work of healing over to the professionals (who are focused on healing the body, but don't have time for the spiritual, emotional, psychological, and family relations), I fear that the caring side of this work will be lost to the planners, budgeters, efficiency experts and managers. Caring is not simply a job; it is a way of life. And so a parish that does not care for its homebound poor and marginalized is therefore not fulfilling the Gospel mandate of Christ.

Because of confidentiality issues, I cannot simply relate the stories of how people have benefited from parish nursing. Nonetheless, I have often conversed with recipients of this care and have been told many stories of the good things that have happened. I conclude by sketching a few of these stories with built-in protections for the personal health information contained.

Consider the elderly wife whose husband appeared ill but refused to go to the doctor or hospital. The parish nurse made an assessment and had no difficulty convincing him that he needed to go to emergency, which helped to prevent his condition from deteriorating further.

New mothers are often discharged from hospitals within 24 hours of giving birth. They do receive one or more visits from a specialized home care nurse who helps with feeding and care issues. Parish nurses, however, provide more personal support.

Donna (a pseudonym) was waiting for surgery and the doctor told her he would call. She waited patiently. But when the parish nurse visited, Donna was not looking well, and the parish nurse convinced her to go to the emergency department where she was diagnosed with a serious anemia that would have caused complications, perhaps even

delaying the surgery when it finally was offered.

Mr. & Mrs. J were frightened because their son in Toronto was to undergo some kind of heart treatment. A visit from and discussion with the parish nurse calmed them down in anticipation of what turned out to be serious, but fairly routine surgery.

And Mr X's comment still sticks with me: "When I was going to church, I never knew as much about the parish as I do now." To be connected is to feel worthwhile, to feel cared for, to feel a sense of belonging. And that is what our parishes should be.

And now two stories from parish nurses, again, adapted to protect privacy. One of the nurses told me the story of helping an elderly patient with corns and calluses on her feet. There must be something about trusting people who are tender with your feet, because the lady began to talk about her family, her sorrows in life, her estrangement from one child. She poured out much of her soul and, said the nurse, one could see the beginning of some inner healing. Can you imagine what it would be like to have a disciple kneeling at and caring for your feet? Sound familiar?

Then there was the crotchety old man who made life difficult for anyone who tried to care for him, including the parish nurse. Extra time was always needed to break down his defences ("I don't need any help!") but eventually he would let the nurse do her work. The nurse's comment struck me when she said, "I suddenly realized that this was his way of saying, 'I'm not worth your care,' " and it was a joy for her to see that he could accept loving care.

Parish nurses should be active in all our communities. Perhaps even better would be a diocesan-wide commitment that would then not separate poorer from more affluent parishes. Most of all, though, I would love to see all Catholics filled with a sense of urgency about Catholic health care on the frontlines such that the ministry of parish nurses would be considered an essential part of our service in the name of Christ the Healer. The Christ would then radiate in us all!

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