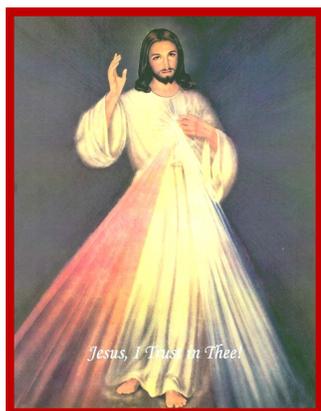


Father, and of the Son, and of the Holy Spirit." The patient died within the hour. The physician later commented: "Hopefully the patient was disposed to receive the Sacrament. I believe his parents were comforted by their decision, and rightfully so. They had probably just requested the most important event in their son's existence."

Some Catholic health care workers may take a largely hands-off approach when it comes to addressing the spiritual needs of their patients. The physician or nurse may feel such spiritual concerns are not really their purview or concern. Yet close collaboration between Catholic medical professionals and clergy is critical to effectively address the needs of patients approaching death. Even when a priest may not be available, physicians and nurses often will have opportunities to serve as unique conduits of God's grace, if they are willing to be courageous, take some risks, and bring Christ into the clinic.



NOTE: YOU MAY ALWAYS PRAY A CHAPLET OF DIVINE MERCY FOR THE SICK AND DYING, EVEN FROM A DISTANCE.

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Bringing Christ to the Clinic
by Rev Father Tad Pacholczyk

A catholic physician once related to me a powerful story about one of his patients, who had just received a diagnosis of advanced, metastatic cancer and had a relatively short time left to live.

The patient mentioned to the doctor that he was Catholic but had drifted away from the Church and no longer practiced. A short time after sharing the diagnosis, the doctor returned to the man's hospital room together with a priest, asking whether he would like to talk with him. The man became upset and threw them both out of the room, saying to his doctor, "Don't ever do that again!"

Over the next few weeks as his condition worsened, the doctor worked tirelessly with the patient, addressing his medical and pain management needs. He became closer to him each day, and spoke with him about a range of topics. A relationship of trust began to grow and develop.

When the patient's condition took a sharp turn for the worse, the physician knew the end was approaching. Once again he came to the door of the patient's room accompanied by a priest and stood there for a moment. The patient caught the doctor's eye, and with a glimmer in his own, said rather cryptically, "Oh, what the heck, he probably knows me better than you do, so send him in here."

The priest didn't come out of the room for over an hour. The man ended up going to Confession and receiving the last Sacraments. Ninety minutes after the priest departed, the man passed on to the Lord.

It might seem bold that the physician brought the priest to the room initially without first inquiring whether the patient had wanted a visit from the priest. Yet it was clearly out of concern for the patient's spiritual needs that he "erred" on the side of taking that risk. That

same personal concern, bolstered by a stronger relationship with the patient, led him to try a second time, making it possible for the man to receive the Sacraments and make his peace with God. The physician's boldness and unflagging concern for this patient played an important role in bringing Christ into a situation where His healing graces were needed, where even the priest alone probably could not have succeeded.

A few months ago, a physician in Florida told me a similar story from his own experience. A young man who had been found unconscious from a suspected drug overdose was admitted to the ICU. He was not brain dead, but his neurologic exam was poor, and death was imminent. His parents and sister were at the hospital that Sunday morning when it looked like he would die in the next hour or so. The physician explained the situation and then asked if they had any spiritual needs he could help them with. The father and mother indicated they were both Catholic, but they had never had the children baptized, saying, "I thought they should make their own decision." The doctor inquired if they would like their son to be baptized. They nodded yes, even though their daughter didn't agree.

The doctor placed a call to the hospital's spiritual services but couldn't reach anyone. He tried calling two local parishes but the priests were saying Mass. Finally he called a retired housebound priest he knew and asked him how to proceed. The priest instructed the physician to baptize the patient conditionally.

When the physician returned, the father spontaneously restated that he would like his son baptized. With the nurse and the parents at bedside, the physician took some tap water into his hand and poured it over the patient's forehead while saying, "I baptize you conditionally in the name of the