Patient Vignette

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During my summer CPE unit at Barnes-Jewish Hospital in St. Louis, Missouri, I had the opportunity to work with a variety of diverse hospital patients. In each of these visits, I hope to provide support, counseling, comfort, and a sympathetic ear – among other things. But in the same way I provide something for the patients, each of them provides a learning opportunity for me. There are some visits, however, that stand out more than others. Below, you will find one such encounter:

I received a referral to speak to this particular patient from a social worker, who described the patient as "deeply spiritual." The aforementioned patient was a 34 year old, African American, female patient. Her primary diagnosis was metastatic breast cancer, though for this visit she was admitted for abdominal pain and fevers. During rounds, earlier in the morning, the case manager had reported that this woman would be a "placement nightmare" due to the fact that she was homeless and did not have insurance. The case manager also mentioned that the patient had no support system to speak of.

Through the course of this conversation, the patient described a life filled with personal challenges; homelessness, poverty, and illness, just to name a few. It was her theology, however, that allowed her to make meaning of her struggles. Her theology—that God has a purpose for everyone and that everything happens for a reason—allows the patient to understand that her personal struggles are not punishments, but rather she sees them as tests from God. Her homelessness, poverty, and illness have no bearing on her relationship with God. Rather, she seems to regard these "tests" as proof of God's love, understanding that God looks to her to serve as an example to others.

In addition, the patient has significant community support challenges. As a homeless woman, without a stable community, she often feels isolated. It seemed to me as though she viewed herself as a prophet of sorts, perceiving that God expects her to spread God's vision, and help those around her to understand the "right" way to live their lives –this may very well be the source of her isolation. During the discussion, the patient commented that she found herself lonely much of the time, wishing that those around her would accept her beliefs.

My desired outcomes for the visit were: to connect with the Holy, identify her spiritual resources, and take ownership in the recovery/healing process. Though I was able to provide a supportive presence, affirmation, and active listening, I found it hard to achieve my desired outcomes in this particular case. I had wanted to address other issues yet the patient inevitably steered the conversation back to theology, frustrating me immensely. However, this visit provided me with a valuable lesson: despite my sincere attempts, I may not be able to achieve the goals that I set for the visit. Through this I learned that my initial spiritual assessments may not always be correct, and they may represent my own goals for the visit rather than what the patient truly needs. Thus, I need to be able to continually reassess the patient's needs through the visit, and be willing to adjust my care plan as necessary.