

00325MORAL ISSUES TODAY



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Parish nurses

This is the first of a two-part series.

A while back I wrote an article on a Catholic health care tradition that is continuing in many hospitals and nursing homes. At the end of the article I spoke about the newer, innovative aspects of Catholic health care that are becoming part of our parishes and outreach within those parish communities. In particular I mentioned the parish home ministry of care programs (bringing communion and visitors to the sick, the homebound and the dying) as well as the parish nurse ministry. It is this latter pastoral activity that I would like to sketch today and in a future column, and encourage all parishes to consider this ministry.

Parish nursing is first and foremost a ministry of the church through the parish community. It is not a matter of hiring a nurse to do treatments for people at home.

What do we mean by a ministry? To begin with, a ministry flows from the person of Jesus Christ, the healer. It is in part a vocation — a calling in which one responds to God’s call to serve within the church God’s people, especially the poor and marginalized. And it is in part a service recognized by the church as integral to its own apostolic identity. The church has from the earliest times looked after “orphans and widows” (see Acts, chapter 6, where deacons were ordained for this ministry). Over the centuries, hospitals, hospices, homes for the elderly and homes for the mentally afflicted have provided a place of ministry where countless vocations have been lived out in fidelity to the gentle healing touch of Jesus.

Parish nurse ministry has arisen in response to at least three trends in modern society. First, there is the simple fact of an aging population who can remain at home longer despite frailty and limitations. Often one elderly spouse is caring for the other who is particularly frail. Second, many people of all ages are alone and feel isolated, with a sense that they are not important to anybody. Even families are often isolated and can be overwhelmed by anything out of the ordinary. Third, more and more health services are provided in the home while more and more people are looking after the sick, the handicapped, even the dying at home. Indeed, even new mothers are often left pretty much on their own at home after a short stay in a hospital to give birth.

Parish nurses bring two wonderful gifts into the homes of these people. First, they bring

an experienced eye to the health needs of individuals who are often not given the time necessary to see them in their wholeness. For example, a person might go to the doctor because of a cold that has caused breathing problems; the doctor prescribes some medication and the person goes home with the prescription. The parish nurse arrives, discusses the situation, checks it in relation to other health issues and possible medications being taken. He or she then makes a number of suggestions about diet, physical surroundings and exercise that at best the doctor alluded to but did not check out. Furthermore, the parish nurse may quickly realize that this person did not understand the dosing regimen very well and makes sure that the medication is taken properly at the right times.

This is not high-tech medicine, but it is valuable advice that enables people to look after themselves properly and, at times, prevents worse situations from developing. Not just elderly people find that doctors have only a bit of time for them such that the nuances of treatment and care can be lost in the clinical setting. Similarly, if a parish nurse visits on a regular basis, he or she may be able to determine relatively quickly if there has been a substantial change or other concerns about the health of this person. It does not sound like much, but people quickly realize what a godsend these services are. Parish nurses are wonderful, gentle teachers, always focused on the whole good of the people they visit.

And why the parish dimension? When people are sick, when they are old and frail, when they have children with handicaps — all of these conditions may make it difficult or impossible to go to the parish church. They want to be part of the parish community, but how can the parish come to them? One could, I suppose, institute a visiting program or the like. However, to visit them with the gifts, experience and insight of a nurse who can offer genuine support, advice and care tells them that they are important, that they have not been forgotten in their frailty and that they are still very much a part of the parish community which is now serving them in their need.

One need only talk to those who have been gifted with the presence and care of a parish nurse to realize how much this concern on the part of the parish is appreciated. They are connected and do not feel abandoned. They develop a trust, which is at the root of all good health care. Seeing people within their home context can lead to little changes/improvements that mean an enormous amount to these individuals.

Parish nurses also bring an ecumenical dimension to their ministry. Besides the parish nurses that work at Catholic parishes today, I have met those working in Lutheran, Mennonite, Anglican and United Church communities. Care in the name of Christ brings a unity among Christians that all the talking in the world cannot do.

Parish nurses are a fount of information. They know whom to contact if a particular type of medical care needs to be accessed; they often have knowledge of the social services available for everything from Meals-on-Wheels to proper medical assessment when necessary. These nurses can refer for counselling and advocacy when a situation arises which is beyond their own talents.

And, just like Jesus, parish nurses actually go well beyond the parishioners of a particular

parish. They often find themselves introduced to people who have not practiced their faith, or some who are not Catholic but are in desperate need. Parish nurses, because of the trust they develop and the confidentiality they live, often are told things that allow for opportunities for healing and reconciliation, for overcoming bitterness and old hurts. This takes place naturally (though not always easily) because people feel safe and secure in their home environment.

I have met many good and caring nurses in every dimension of health care — from hospitals and nursing homes to mental health and home care, from school nurses to nurse practitioners. But parish nurses have something extra special — an awareness that they come in the name of Christ, as embodied in a parish community, to be the Christ to those in need and to encounter the Christ who comes to us in the poor, the marginalized, the sick, the suffering and the dying. I can think of no more creative or better way of extending the true fullness of parish life than through what these parish nurses do because they seek to serve in faith as disciples of Jesus.

“The poor will always be with you,” Jesus tells us. And therefore the opportunities to care for them will always be with us — and challenge us to reach out to them in ever new and creative ways. Parish nursing is one of the best and most creative developments I have seen in my work within Catholic health care.

In my next article, I will deal with some of the objections to parish nursing as well as relate some of the stories I have heard about the wonderful good that is accomplished.