

THANK YOU, HEALTHCARE WORKERS!

By Blake Sittler

On Ash Wednesday, millions of Catholics entered into the season of Lent; forty days that prepare them for the Easter Season. At the liturgy of the day, individuals are reminded that they are dust “and unto dust you shall return”.

Little did they know that their 40-days of Lent, reminiscent of both of Moses’ forty years in the wilderness and Jesus’ forty days in the desert, that we all would be entering into another kind of Lent—the COVID-19 quarantine.

Quarantine comes from the Italian word that means “forty days”. Quarantines have existed for millennia to isolate people to keep from passing on diseases to each other. This current quarantine is the largest in human history.

This pandemic has highlighted the heroics of many people. Healthcare workers obviously have been on the frontline. **The act of getting out of bed to put on scrubs has become the contemporary version of Clark Kent stepping into a phone booth to take off his glasses and pull open his dress shirt to reveal that he is Superman.**

Other everyday heroes have been revealed by this storm. The wind has blown off the dust of mundanity and revealed

the faces of personal care aids, postal workers, grocery store clerks, pharmacists, delivery drivers and so many others. By simply staying the course in the face of infection, they are showing us what courage looks like.

For many of us, seeing our family members having to enter long-term care or even the hospital for a few days can lead to much consternation. We want to offer our loved ones care but in most situations it is nearly impossible.

Many people have their minds put at ease when they meet some of the caring and professional staff of these institutions of care. I traveled around the province last summer to visit all of

the members of CHAS, including five hospitals in Esterhazy, Estevan, Gravelbourg, Melville and Saskatoon as well as long term care homes and health centres in Macklin, Moose Jaw, Ponteix, Radville, Regina, Prince Albert, North Battleford and Saskatoon.

After those visits, I realized that “hero” is not a big enough word. They are disciples—and their discipline is to come in everyday to care

to our family members. Thank you to all of you for your dedication especially in this stressful time. We are grateful for your service.



Catholic Health
Association of Saskatchewan

The Compassion of Christ Compels Us

HEALTHY
2020
VISION
Seeing our Mission Clearly
Catholic Health Association of Saskatchewan
ANNUAL CONVENTION
OCTOBER 22 - 23, 2020
HERITAGE INN, MOOSE JAW, SK

What distinguishes Catholic hospitals and care homes from their public partners? What are the opportunities and challenges that arise when we embrace our Catholic identity?

Our keynote presenters will offer us ideas to help us discover how our day-to-day work can be enhanced when we understand what Pope Francis meant when he said that we

It is with much disappointment and in an abundance of precaution that CHAS is postponing our 2020 annual convention until October 21-22, 2021.

However, on Thursday, October 22, 2020 we will host an enrichment opportunity and then immediately move into an abbreviated AGM.

Thursday, October 22, 2020

10:00 AM



Guest Presentation by COVID survivor,
Atish Ram, photographer, philanthropist

*The Physical, Mental and
Spiritual Impact of COVID*

10:30 AM Virtual AGM

- presentation of Annual Report
- vote on new bylaws and new board members
- opportunity to ask questions

You will find a link to register for the presentation and all material for the AGM *including the Nomination Form to recommend a board member* and our Annual Report and agenda (by September) on our website:

www.chassk.ca/annual-convention/

Advance Health Care Directives During COVID-19

By Fr. Mark Miller

As the pandemic reality has hit home in Canada, I have heard many calls for citizens to plan ahead by thinking about the treatment they might want or not want should they be afflicted by the Covid-19 illness. In the midst of the present crisis it is assumed that Advance Health Care Directives (ACDs) would be enormously helpful when critical decisions have to be made for seriously ill patients.

I always have a double reaction to such calls for ACDs. On the one hand I strongly believe in them and their potential usefulness. On the other hand, I find that healthcare providers can sometimes see ACDs as a short-hand form for making decisions which may be correct legally but not very compassionate in the care of a patient. Today with the potential for the health of any of us to change dramatically should we contract COVID-19, I want to err on the side of preparation and here are three suggestions.

First, the most important part of an ACD is the appointment of a proxy or substitute decision maker. Should you lose the capacity to make decisions for yourself, it is enormously helpful for staff to have a clear, written statement of the person(s) you appoint to make treatment decisions for you.

To make the document official in all provinces, one or two witnesses, other than the proxy, need to sign the document. And if you appoint more than one proxy, please provide a method for them to come to a decision if they differ among themselves (e.g., x makes the decision after talking things over with y and z).

Whomever you appoint as your proxy now needs to hear from you what your wishes would be. If you are elderly and/or afflicted by other illnesses (such as diabetes or congenital heart disease or kidney failure), COVID-19 could be devastating and I have heard statistics that 66% to 80% of intubated patients (of all ages and conditions) do

not survive the illness. I have also heard from a number of nurses who have told me that they would not want to be intubated at all because of how harsh the treatment experience is, how it steals any final opportunities to say goodbye to family, and how the outcome can be very poor. In other words, before you tell your proxy what you might want or not want, get as much information as you can and think of your current health situation.



Second, talk with your proxy and while you cannot anticipate exactly what you might go through, give your proxy some idea of how you would make decisions. Being a proxy is a difficult task when the crunch comes, but it is a whole lot easier if you have had some discussions beforehand.

Third, written instructions can be helpful but, in my opinion, they should be interpreted by the proxy rather than the health care team. The proxy can talk with family or friends to support his/her own sense of the wishes of the patient. Written instructions, however, can sometimes be helpful if they are needed to convince family members that the patient's wishes are clear and not to be overruled.

The Coronavirus is dangerous and fatal in a small percentage of cases. Hence, having somebody able to converse with the doctor about your wishes might be the best gift you can give your family and, I expect, the medical team. That is why planning ahead, preparing a proxy document, and talking over possible situations with your proxy could prevent a crisis response as decisions need to be made.

A Christian View of Life and Death

By Blake Sittler

When my dad was dying of cancer, my mom phoned me and asked me to come talk to him. When I asked why, she simply responded:

“You have to tell him he’s dying.”

Dad had inoperable throat cancer and had not been able to eat for months. This did not stop him from demanding a small bar fridge be put in his hospital room filled with pies and beer. These were not for him but his visitors.

“What do you mean?” I asked.

Mom calmly replied, “He keeps asking about why they are not starting radiation or chemotherapy. He doesn’t know that this is it”.

The “it” my mother was referring to was, of course, death.

* * *

No one likes to talk about death but as Christians, we know a little secret known only to the faithful and a few poets: Death is not a door that closes; it is a door that opens.

What people of faith can bring to the conversation about healthcare is a peaceful awareness that death is what makes life so precious; death is our most intimate encounter with a life much brighter than this fragile one we live.

In the words of Canadian songwriter, Hawksley Workman, “The one certainty of living is that you’re gonna die, so why not stand in awe of it instead of asking why?”

This courageous hope around the reality of death is an invitation to sigh bitter-sweetly when we consider everything from how we want to live our life and how, when our time comes, we do not have to fight it. We can invite it into the room with us and offer it a slice of pie and a beer.

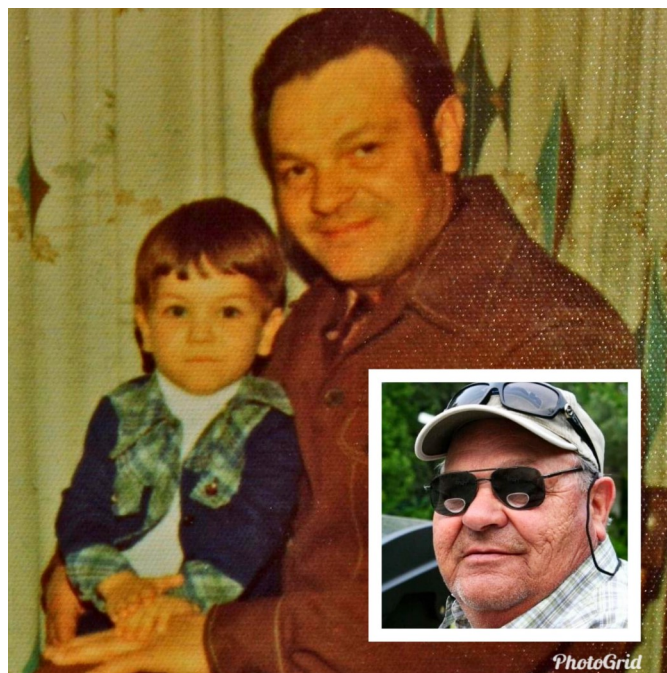
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I headed over to the hospital and sat beside dad and we chatted. He was a farmer and a pilot. He liked hunting and fishing and visiting with family and friends.

From the window of his hospital, he could see out to the west. He could see the land he farmed. He could see the skies he flew in. He could see the river that led to the lakes where he fished and that ran by the places he used to hunt and drink rum.

He stared out the window silently.

“I’ve had a good life. I have a good family. I



have no regrets,” he stated.

And then he pointed to his bag of Ensure that was giving him all the nutrients in his body and proclaimed, “When that bag is empty, I’m gone”.

I tried to reassure him that it would not be that sudden.

“Dad, dying is like giving birth. A woman goes into labour and everyone gathers around her to support her. We are all here to support you but it could take some time. You are not alone in this”.

Dad’s bag of Ensure ran out that night around midnight and by 2:00 AM he was gone. He was a good man, he was grateful for his life, and now he is somewhere where neither the most beautiful poetry nor erudite theology can describe except to say that he is home and well for all eternity.

Pandemic an Opportunity to Build Community

By Gary Goldsand, CHAS Ethicist

As a health ethicist practicing in Edmonton during the pandemic scares of 2003 and 2009, I have spent substantial time considering the unique ethical issues that a pandemic might raise: How shall we prioritize patients competing for care? How shall we organize clinical professionals to meet huge demands without endangering them unreasonably?

As the middle of March approached, the enormous scale of this pandemic was beginning to come into focus, and once-hypothetical catastrophic scenarios became reality in Italy and New York. At work, I observed a simultaneous rise of both compassion, deep concern for the sufferings of others, and fear, the harsh realization that this virus is likely on its way here in the near future. How bad might it be?

It would be another two weeks before my rising sense of fear began to subside, mainly as a result of seeing that intensive care units in New York had not been overwhelmed, despite shockingly high numbers. With some reduction in fear, my naturally optimistic self began to explore all of the potentially “brighter sides” of our situation.

There are many brighter sides to contemplate at such a time. It appears this virus is only “mildly lethal,” compared to what one can imagine. It appears that our governments and large institutions are, at least, somewhat capable of cooperative responses to new threats. Scientists and health professionals are also able to embrace drastic changes to their working lives and collaborate in fighting a public health threat.

I am confident this pandemic will inspire us to be far more serious about the planning we do for the next one or the next phase of this one. These are all gifts, in a relative sense. They are opportunities to build community.

The lesson that has been reverberating in my mind most over recent weeks originates in a small phrase from CHAC’s Health Ethics Guide, which reads, **“Healing occurs best when people experience that they belong to communities of compassion.”** The pandemic has reinforced for me that patients, care providers, and most citizens belong to a variety of communities that give them support and enable

them to trust others. With trust and comfort come the transmission of compassion, which is the core idea that has been able to thrive in these recent weeks.

The impulse to selfishness, so well embodied early on by the mass hoarding of toilet paper, has given way to what I think is a deeper impulse - to care for each other with compassion. Even at great economic expense.

The upcoming weeks will hopefully see a flowering of compassion in our health system, as we figure out how to strengthen the communities that thrive in our long term care centres. Compassion demands that we not only keep our beloved seniors safe, but find ways to ensure that each of them gets the experience of mingling with community, as the weeks go on. Compassion compels us to do everything possible to see that dying patients and long-term residents can safely enjoy the company of loved ones.

Witnessing compassion suggests to me that we humans are all deeply attracted to the ideals of justice, and leaves me a bit more optimistic that in the wake of this crisis, we’ll create a health care system that is more attentive to the social needs of clinicians and patients, who all benefit when they interact with a deep sense of shared community.

CONGRATULATIONS!

Dr. Mary & Dallas Heilman are happy to introduce **Aster Cecelia Heilman**. Aster was born on March 25, 2020. Aster means star and was inspired by the passage from Job,



“Where were you when I laid the foundation of the earth? When the morning stars sang together and all the heavenly beings shouted for joy” (4:7).

Welcome, Aster!

Book Review

Serving Up God: My Workplace as a Ministry by Colin MacDougall

In our ministry, a vocation with Catholic health, we are privileged to have the freedom to share our faith in our daily duties. I recently read a book that spoke of the importance of not “compartmentalizing our lives into secular and spiritual and just let God show up wherever”.

Serving Up God: My Workplace as a Ministry by Canadian author, Colin MacDougall, is an easy, enjoyable, short book. I want us to be truly thankful wherever we work. Let us make our workplace a ministry. On a side note, this author also happens to have a little cheesecake shop in Halifax that I indulged in many times and cannot wait to go back.

A quote from this book that really spoke to me was about the importance of treating everyone with respect, “I realized, early in my career, that to be a good leader, I had to be a good follower. I have always believed that people follow leaders who inspire them and treat them with respect.”

My parents were self-employed and they modeled how to treat their staff and customers with respect. In my leadership role at Providence Place, I try to model how I treat people the same way my parents did.

I read most of this book lying on the beach by the Atlantic Ocean, while my son, fiancé and granddaughter swam. Tears filled my eyes as I realized how blessed I was to grow up in a Christian home, and parents with God’s love being shared with their employees and customers, not just by words but by their actions. *Serving Up God* reminds me how much responsibility we have as employees in healthcare to do the same.

Serving up God is a must read! It made me realize “my legacy isn’t seen in the financial results brought to the workplaces I have been part of. It is seen in the lives of those God has impacted through me.”

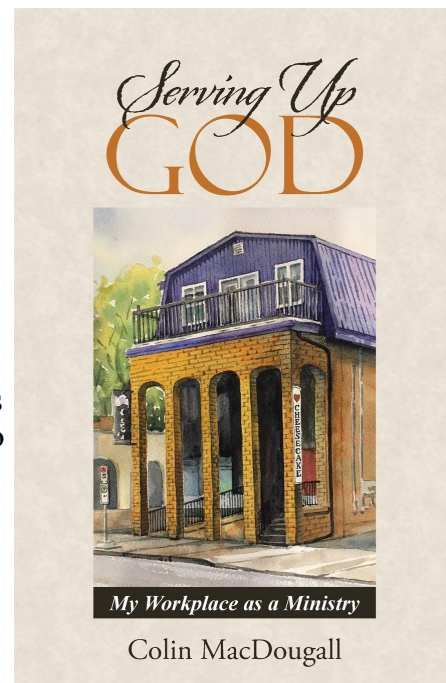
Working for a faith-based facility means that we are called to treat our co-workers with kindness, sharing its messiness with honesty. There is so much more to learn about ministering in our workplaces.

I hope everyone can enjoy the thoughts and words Colin MacDougall has beautifully integrated into this book. Take time to visit Sweet Hereafter Cafe in Halifax, Nova Scotia and enjoy this book while you indulge in a delicious piece of Colin’s homemade cheesecake.

Blessings in your vocation!

Romans 8:28, “we know that for those who love God all things work together for the good, for those who are called according to his purpose”

Submitted by:
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