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A Conversation with Sister Elaine Goodell, PBVM, DMA, BCC

Bringing comfort to believers and nonbelievers alike

By **Jo Cavallo** May 1, 2011, Volume 2, Issue 7



Sr. Elaine Goodell For over 25 years, **Sister Elaine Goodell, PBVM, DMA, BCC**, has brought spiritual comfort to thousands of patients with cancer at Memorial Sloan-Kettering Cancer Center in New York. As staff chaplain, Sister Elaine ministers to patients of all faiths as well as nonbelievers, to help ease their fears and anxieties about their illness and even provide a laugh or two.

In 1944, Sister Elaine joined the order of the Sisters of the Presentation of the Blessed Virgin Mary in Aberdeen, South Dakota, and there taught music to students from grade school through college age for over 30 years. Although Sister Elaine found teaching fulfilling, she was drawn to hospital work. At the time, clinical pastoral education came into prominence, and she thought a chaplaincy career in a hospital would satisfy her need to give support and solace to seriously ill patients.

After earning her credentials as a board-certified chaplain, Sister Elaine moved to New York and went to work for HealthCare Chaplaincy, which manages chaplaincy services for 12 health-care institutions. Last year, Memorial Sloan-Kettering selected Sister Elaine as its Wholeness of Life Award honoree.

At age 85, Sister Elaine shows no signs of slowing down. *The ASCO Post* caught up with Sister Elaine for a conversation about her work.

Helping Hospital Patients

You've had a long career, first as a convent-based nun and then as a music teacher. Why were you interested in becoming a hospital chaplain?

I always had a hankering to work in a hospital. I thought if I got training in clinical pastoral education, I could work in a hospital. So I gave up 30 years of teaching music and I've now worked about 30 years as a chaplain. Two weeks after coming to New York and starting work at Memorial Sloan-Kettering Cancer Center, I knew I had found my niche.

How do you approach patients with cancer who are going through surgery or chemotherapy? What do you say to help them?

Some people have an agenda, but my only agenda is to be with the patient in whatever is happening. Life is about relationships, connections, and the state of being interested in another person. In our work, it could be called presence. Presence is attentiveness, concentration, and focusing on what the patient is saying and not anticipating your next remark. Those are also the qualities of a good listener.

Some times it's really hard to go into a patient's room. I'm the preop chaplain on the floor for head and neck cancers, and in some cases patients aren't able to speak. I say a little prayer and then I just go into the room. You have to treat patients as normal people.

“When people get a cancer diagnosis, all the existential issues of life pour down at that moment, and then the ultimate question is, “Am I going to die?””

Facing Terminal Illness

In your experience, what is the greatest fear of patients with cancer?

I would say it's the fear of suffering. Patients need pain management.

But there's also the fear of death. When people get a cancer diagnosis, they may be shocked and stunned. Even if the patient has a deep faith system, that faith system can be shattered. All the existential issues of life pour down at that moment, and then the ultimate question is, “Am I going to die?”

How are you able to bring comfort to patients who are terminally ill?

You have to go to the patient and ask how he or she is doing. I just say, “I'm Sister Elaine. Don't panic; I want you to know that you're in my thoughts and best wishes.” I don't say “you're in my prayers,” so as not to alienate anyone. I also want the family to know that I'm there to give them support as well.

Helping Nonbelievers

Are nonbelievers receptive to you?

Yes, 99% of the time. One time I introduced myself to a patient, and he said, “I’m an atheist and I don’t need anything.” I said, “That’s fine. All I wanted to do is to wish you well. Is that okay?” I also sometimes say, “I just want to wish you healing.” It’s all in how you say it. You have to see what the vibe is for each patient, but I don’t mention prayer if it’s not appropriate.

Is it easier for a patient with faith to face death than it is for a nonbeliever?

On one level, it’s easier if you have a belief system, but it’s still a struggle and there’s sadness. Acceptance is the crux of life. I think that we cannot have peace without acceptance. The point is we are not in control. There are so many things in life that we have to accept. But for those of us with a belief system, we may be angry with God and that’s okay—He can take care of Himself—but we are fortunate because God is with us all the time.

I tell patients, “We are only assured of this moment right now, and we go on to the next moment and that’s all we can be sure of. We do not know what is going to happen to us.” When you have cancer you have time to tell people how you feel about them and to fix broken relationships. I suggest to patients that they write letters to their loved ones, which is so meaningful to the people left behind.

What can oncologists do to help their patients overcome fear and anxiety?

A recent survey of chaplains, nurses, and patients ranked talking and listening as the number 1 spiritual intervention. Talking and listening is intrinsic to human existence. ■