



## Spiritual and Religious Awareness Week October 17-23 2010

The Ontario Multifaith Council on Spiritual and Religious Care (OMC) invited all to participate in the annual celebration on Spiritual and Religious Care Awareness Week (SRCAW), which took place from October 17-23 at Scarborough Civic Centre. OMC promotes and engages in education in order to enhance the bonds of partnership in the provision of spiritual and religious care across Ontario. The Spiritual and Religious Care Awareness Week paid tribute to religious & spiritual care providers, to the staff, families and volunteers from all faith communities.



### My Spiritual Awareness: testimony and reflection.

By John Kaminski

As a new regional manager for OMC – Southwest, this year I had the unique opportunity and privilege to participate in two special events prepared by our RMCs to commemorate the annual Spiritual and Religious Awareness Week, October 17-23, 2010. I enjoyed both of these very much.

The first was a display in the Scarborough Civic Centre prepared and led by members from the Toronto/Peel/Halton RMC. The

second was a special Multifaith Liturgy in the Chapel of Sunnyside Home prepared and led by Chaplain Shirley Ruller of the London/Kitchener/Waterloo RMC.

Both events were well attended and offered a rich variety of spiritual inspiration. The display in Scarborough documented how the OMC is initiating, sponsoring and organizing the spiritual support offered by religious communities, charitable organizations, individuals and professional chaplains to those who need it, especially to those who are in correctional institutions.

People who chose to visit the display were often attracted to it by the gentle sound of music (violin and harp) played by two professional musicians/volunteers. Music... the sound of friendship and love... or, the sound of human hearts and hands in action.



Both events sent similar, strong messages, reminding busy people to nourish their spiritual awareness daily. We need to recognize and take advantage of the healing power which resides in every person. We need this power to heal our relationship with the Divine and with each other, to improve communication in our workplace, enkindle our worship and ritual and to make our relaxation and leisure more internally refreshing.

The 2010 Spiritual & Religious Awareness Week provided me with another opportunity to reflect on the presence of the Spiritual Power not only in every person, but in everything and everywhere! It reminded me of those

mysterious words I once read in the Upanishad of India (III, IV): *The SELF that indwells all things is within you (te)*. This concept of Hinduism is echoed in the Bible: *On that day you will realize that I am in my Father and you are in Me and I in you* (John 14:20).

Continuing my reflection, I realized that if I am not aware of the presence of the Great Spirit (the name used by many American Aborigines) in me, in my environment and in the universe, I am exposing myself to the confusion of my speculative mind. This in turn leads to fear, a strong by-product of such confusion.

Certainly, my reflections are only mine and are not “for sale.” Every one of us has a heart and mind to reflect and come to individual conclusions, which will be as good as any other conclusion of any other person. Someone once said that *beauty likes variety* and I agree with this, because in my philosophy I accept and respect everyone and everything as it is now. By the same token I accept and respect changes which reveal the nature of life unfolding, including the moment of passing away.



The most important spiritual values for me then are ACCEPTANCE and RESPECT. By way of illustration, I offer a story from my days of service as a hospital chaplain. A middle-age woman was dying of bone cancer. It was a terribly painful one, but she bravely accepted it. After many weeks of struggling with pain, this woman became well known to the nursing staff as one who always refused the full dose of

morphine prescribed by her palliative care doctor. She repeatedly made her point saying “I want to be present to my illness and experience my pain as much as I can, because I don’t want to run away from my vocation to suffer.” At the bedside, her daughter and the nurse struggled with her choice. Even though they may not have understood it, they were united in respect for the wishes of this dying patient. When the moment of death came, the daughter (seeing the painful spasm on her mother’s face) asked: “what can I do to help you mom?” The mother responded: “Nothing my Dear. Everything is exactly the way God wanted it to be at this moment. Thank you for being here and for helping me die my way. I love you!” After these words, the brave mother passed away. Uninterrupted peace came back to her face, and the pain had no more power over her. Echoing the mother’s last words, the daughter and nurse said: “we love you too.”

This story is wrapped in a shroud of mystery, which perhaps one day will bring some new understanding to the hearts of those who participated in it.

As Kahlil Gibran writes, “your pain is the breaking of shell that encloses your understanding (The Prophet).”

I wish all of you who read these words to experience the healing power of the Great Spirit in your life, family and workplace. I believe you will, or may already, experience this if you are aware - keeping your eyes and hearts open. Bon Voyage on your spiritual journey!

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For more pictures and information on Spiritual and Religious Awareness Week October 17-23 2011 visit <http://tinyurl.com/338vpeb>

## **ESSAY CONTEST - 2010**

This past year, the OMC invited all college students registered in religious education in Ontario, to participate in the OMC Essay Contest – 2010.

The topic of the essay competition conducted by OMC for the year 2010 was as follows:

***Dr. Keith Meador in his article “Spiritual Care at the End of Life: What is it and Who Does it?” makes the statement that a ‘good death’ includes: “...adequate pain management and the time to make peace with one’s neighbour and with God while supported emotionally by family and friends.”***

***Comment on this statement from your own experience in Spiritual and Religious care.***

Three editions of the OMC Newsletter will contain the winning entries from this year’s contest. In the results, each of the first, second and third places were ties. The following are the texts of the **two second place winners**.

We’d like to take this opportunity to thank Ron Hunt, Essay Committee Chair for his efforts at making this contest such a success!

### **A Comment on the Statement of**

**Dr. Keith Meador**

**By Rev. Gordon Holroyd, 2<sup>nd</sup> Place Co-Winner**

My essay will cover a personal experience during my training for ordained ministry. I was asked to visit the husband of one of the congregation of the parish I had been assigned to; I will call him Bill (not his real name). Bill did not attend Church, but his wife was a faithful soul, and did a great deal of work within the ACW. (Anglican Church Women of

the parish).

Bill’s wife Mary, (also not her real name), informed me that Bill had become quite ill, diagnosed with lung cancer, and was confined to his bed, the cancer was inoperable and Bill had chosen to refuse treatment. His physician gave him six months to a year to live. Bill had decided he wanted to pass his remaining time at home. His pain was being managed well although he had to be on oxygen twenty four hours a day. On my initial visit to their home, I chatted for quite some time with Mary, she told me that Bill really had no faith to speak of and, that since his diagnosis was very angry with the whole world and could not understand why she attended Church because a caring God would not let people get sick. With this in mind I had my first meeting with Bill.

He was quite polite but made no bones about telling me that he had no belief in God or life after death. We just chatted about life in general, about his family, how special his grandchildren were, and his great love for them all, although he said he now had difficulty being close to any of them, even his wife, since his diagnosis. He started to get quite emotional and asked to be alone. I made arrangements to visit again the following week.

At our next meeting Bill surprised me with a number of questions about my faith and I was very open and honest with him in my answers. I could see in his face that he was questioning his own lack of faith and this gave me the opening to introduce scripture into his life. I asked if I might read some passages from the Gospels to him and thanks be to God, he agreed. At the end of this meeting I asked if I might say a prayer before I left, again to my surprise, Bill said yes.

Over the next few weeks I continued to visit Bill, each time I read to him from the Bible and he continued to have questions for me. We started to pray together at each visit, and I stressed the importance of a strong prayer life. On one occasion he asked me if I thought it would be possible for him to learn more about Holy Communion. He said his wife Mary always talked about the need she felt to receive this each Sunday. Our next few meetings consisted of educating Bill about the life of our Lord Jesus, about the sacraments and the seasons of the Church, how we celebrate them, again he had many questions, but in particular, about Lent, Holy week and the Sacraments. I asked Bill if he had been baptized, he said he had when he was a child of around 9 years old, he remembered his mother “dragging” him to Church for this “to be done”. I informed Bill that we have an open Communion table in the Anglican Church, where anyone can be baptized

Christian is welcomed to make their Communion and that I could bring him Holy Communion in the form of “Reserved Sacrament” (I was not ordained at this particular time). He said he would like to think about it and let me know. As I was leaving their home I told Mary that this might happen and that it may help if she talked to Bill about it and offer to be present and make her Communion with him, if indeed he decided to proceed. The following Saturday I received a phone call from Mary that Bill had decided to proceed, so following Sunday service I took his first communion. Bill continued to grow in spirituality, each time I would visit, Bill and Mary always made their communion together. During the next few weeks, Bill’s health started

to decline and during one of our times together Bill surprised me by saying that he had started to feel a presence in his room, as if someone was visiting him and speaking to him. What did I think? I replied that I knew that Jesus knew of his pain and could be visiting to support him in his time of need, Bill seemed content with my answer.

The following week I received a phone call from Mary, she was quite concerned. She told me that Bill had asked her to put a chair at the side of his bed for his other visitor, did I think that this was okay? She said “it seems a strange request” as I was the only other visitor from outside of the family. I told her about Bill’s vision, and she agreed to place the chair.

Two days later Mary called me at nearly midnight and asked if I could come to the house as she had had to call Bill’s doctor, Bill’s time was short so I agreed to go right over. When I arrived Mary greeted me at the door in tears, Bill had passed away, we chatted, I gave my condolences. I tried to comfort her, she agreed that Bill’s passing was really a blessing. She said “I have something to show you before the funeral director arrives”. She took me into his bedroom and said “look where Bill’s hand is, what was he trying to do?” Bill was on his side with his arm fully outstretched, resting on the chair he had asked for. I said I believe that he was holding hands with Jesus as He came to walk him home. Mary cried, she thanked me for helping Bill to make peace with God and for helping her and the rest of the family to support Bill.

## **Comment on the Statement of**

**Dr. Keith Meador**

**By Kathleen Sorensen, 2<sup>nd</sup> Place Co-Winner**

### **At the Doorway**

In a rural hospital in a ‘Developing Nation’ Eva\* is dying. She is racked by pain, and drugs are unavailable. The hot stale air hangs like a shroud; the flies landing on her peeling skin are an ever-present irritation. Soon the end will come and at that moment her name will never be spoken again, not by her husband, who had surely brought this disease home by his unfaithfulness, not by her children’s children orphaned by its ravages, and not by her community whom she has loved and served.

In a big city hospital in a ‘First World Country’, the air conditioner constantly hums drawing cool fresh air into the room. He feels no pain because the best of modern medicine has been brought to bear on the harsh realities of his death. But here we do not speak of death, no not death – just palliative care – end of life - never death that is too final. And by these linguistic niceties the metaphorical doorway is concealed by a brightly painted façade. Bob’s family and friends have visited, said their last good byes, and made peace with him and the ‘condition’ that will claim him. Everything is ready, everyone is prepared, plans have been set in motion, and a good end waits.

Yet his wife still wonders what will become of them both, his children; agnostic by design, claim neither to know or care what will become of their father, and even his faith community struggle with the uncertainty of the resolution

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\* All the names have been changed

of the statement that includes ‘when I, if I...’ This was a ‘good’ death perhaps, by Meador’s evaluation, but far from a peaceful way of moving through the doorway that separates the here and now from the eternal. The unanswered questions lie heavily on the hearts of those left behind.

By Meador’s evaluation Eva’s was a ‘bad’ death, yet it wasn’t. Eva had, even in the face of the unbearable, the certain knowledge of the glory that lies beyond that doorway. Her husband knows that he will soon travel the same path, but he too trusts where the doorway leads, and what awaits him on the other side. The children, certain of their eternal inheritance, do not worry about today, there is no point; they have no need to be anxious. Likewise, the community; solidified in faith, hold to God’s word as their strength and shield, and are comforted by their blessed assurance. This was certainly a ‘good death’.

As a former missionary I witnessed the paradox of a community struggling with a 30% HIV infection rate, yet maintaining their faith, hope and knowledge of God’s love as they continually witnessed their loved ones moving through the glass darkly into the presence of The Almighty. As a Christian Ministry student I struggle with a disconnect that I see in our privileged culture surrounding matters of death; the concern with practical realities yet the avoidance of the theological questions; where technical knowledge frequently overshadows both hope and faith. In fact even in contemporary hospice literature there seems to be a predominant belief that inevitable death mitigates hope; and I think that therein lays the problem.

Whereas one can not argue with the conditions that Meador lays out as prerequisites of a “good death”; comfort, peace and support, I wonder if we might find a greater need and truth in looking more deeply into the unasked and unresolved questions about what lies beyond death. Ultimately we need to reconcile how one can walk with those facing death while acting a witness to transcendent hope.

Spiritual Care at the end of life is more than helping others in dealing with issues of the past and present; it is essentially involved with questions about the future. If the person responsible for that care deals only with that part of our human journey which ends at the moment of death then they can never point to something greater than our mortal condition. However, if the role of the Chaplain also includes the fundamental issues of faith as they answer the questions of the future then they can shine transcendental hope onto the pathway both for the person who is dying and for those in the community; be they family or friends.

In response to Meador’s conditions I would rewrite the stipulation as follows: A ‘good death’ includes adequate pain management and the time to make peace with one’s neighbour and with God while supported emotionally by family and friends *who hold a firm belief in hope which transcends the moment of death.*

### OMC AT A GLANCE

The Ontario Multifaith Council:

- consults and advises the government of Ontario on faith group matters relating to the provision of spiritual and religious care in government run or funded institutions
- ensures the availability of persons (Board members/appointees and volunteers) with adequate understanding, ability, qualifications and appropriate status within their faith group
- collaborates with the Government in providing multifaith awareness training and education to persons who work or volunteer in government institutions and transfer payment agencies

Please email us with your suggestions and content submissions. If you would like to write something for the newsletter, please let us know.

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