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Church nurses aim to fill in U.S. health care gaps

Sun Sep 23, 2007 11:56pm EDT

By Joanne Kenen

WASHINGTON (Reuters) - Mel Bamel, 81, has been in the coronary unit of the hospital for just over a week. He's feeling a little better today. He was able to enjoy the artichokes his daughter Liz brought over for dinner last night.

But he's worried about his pacemaker, his nausea and his slurred speech. He's worried that the doctors who know him best are scattered at several hospitals around Washington and its suburbs, and that the physicians who are caring for him here can't quite agree on what's wrong with him or how to fix it.

He's worried about how long he'll stay here, which nursing home rehab unit he'll go to next, and whether he'll be able to return to his own home some day. He certainly doesn't want to go back to the last rehab center, where the air conditioner broke down in the midst of a hot and sticky Washington summer.

Sitting by his side was Joannie Friend, a nurse who talked about his symptoms, explained the side effects of his drugs, and gave advice on coordinating care from all those doctors. She promised to call around to find a nursing home that would be right for him. She spent about 45 minutes with him, and clasped his hands in prayer before she left.

Friend is not part of the hospital. She is a parish nurse, working out of her Presbyterian church in Bethesda, Maryland, a Washington suburb.

Parish nursing, which is also called faith community and congregational nursing, has been around since the mid-1980s but it has grown recently to plug some of the health care gaps in a nation where 47 million people lack insurance.

Experts estimate between 7,000 and 11,000 churches and a handful of synagogues have nurses, weaving a safety net for a health care system that doesn't do a particularly good job in managing chronic disease, teaching preventive health, or supporting the home-bound elderly or the dying.

A recent survey of 6,000 churches by the National Council of Churches USA found that 70 percent provided some health care by trained professionals, whether paid or volunteer. Half gave financial help to people who couldn't pay medical bills.

The movement is alive Australia, Britain, Canada and New Zealand, among other countries.

The specifics, naturally, vary. A nurse at a church with many young families may focus on well-baby visits and helping new parents adjust. One whose congregants are elderly might focus on fall prevention or helping people tap into community services for the aging, said Alyson Breisch, who trains parish nurses at Duke University and also nurses at her own church, the United Church of Chapel Hill in North Carolina.

BODY, MIND, SPIRIT

Such nurses also provide a spiritual component to healing. Sometimes it takes the form of a traditional religious practice, like Friend's moment of prayer with Bamel. Sometimes it's more amorphous, addressing people's values and sense of meaning in life.

"Every nurse worth her salt says she takes care of the body, mind and spirit. And we are all spiritual people whether we believe in God or not," said Alvyne Rethemyer, director of the International Parish Nurse Resource Center. "Our spirituality is affected by our health, and our health is affected by our spirituality."

For a variety of legal and regulatory reasons, parish nurses typically don't do things like dress wounds, change IVs, or administer injections, although they might run an annual flu shot or childhood immunization clinic at the church.

They do teach people at the church, in homes, and at hospitals how to manage diseases like hypertension, asthma or diabetes. And they serve as advocates to bewildered patients trying to navigate a fragmented medical system.

Since the parish nursing movement gained momentum in the Chicago area in 1984, it has spread across the country. Nurses work in both liberal and conservative denominations, rich communities and poor ones, cities and suburbs. Sometimes they take on multiple missions.

Most members of St. Paul United Church of Christ in St. Louis are elderly and white and Mary Ann Brischetto helps them deal with chronic diseases of aging. When appropriate, she gently helps them plan their end of life care.

But the church has also reached out to poor younger families in crisis, whose health, economic, social and emotional problems are intermeshed, and who may respond better to a nurse than to a case worker at the welfare office.

Brischetto helps connect them to health and social services they may not have known they were eligible for; in several cases, she has been able to get a correct diagnosis instead of an inaccurate label for a troubled child. She cites the case of a boy deemed mentally retarded because of poor school performance who needed nothing more than an eye exam and a strong pair of glasses.

And she recalled one recent night when she divided her time between the hospital bedside of a dying old woman, and the local jail where a 17-year-old

boy was being held.

"It's the most exciting form of nursing that there is," she said. "This is not a field of nursing you go into to retire. You go to give life, and to share in life."

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