



You need to know

For historical reasons the Wellington Hospital Chaplaincy Trust includes two foundations:

1. **The Wellington Hospital Chaplaincy Trust**, set up in 2005, as an immediate (and on-going support) for the continuation of day-to-day chaplaincy services.
2. **The Jim Rowe Memorial Trust**, set up in 2011, to commemorate Jim's active involvement in the provision of chaplaincy services in the Wellington hospital and his vision of their sustainability into the future.

Both Trusts are registered charities

Donations of over \$5.00 are tax deductible

I wish to donate



by cheque (enclosed)

or

by direct credit to

06-0513-0258082-00

(National Bank, Courtenay Place)



to:

☐ **Wellington Hospital Chaplaincy Trust**

☐ **Jim Rowe Memorial Trust**
(please tick the desired Trust)



Please include your:

Name _____

Address _____

E-mail _____

Receipt required ☐ Yes ☐ No

The Treasurer
Wellington Hospital
Chaplaincy Trust
PO Box 10-931
Wellington 6143

Taken from her address to the 2011 AGM of the Trust in November

"No matter what way you look at health services, funding is a major issue and will continue to be an issue. The establishment of the Trust in 2005 was a very sound decision and has provided the Chaplaincy service with a certain level of security but like every other aspect of our rapidly changing world you cannot take your eye off the ball for a moment and I note that the Jim Rowe memorial extension to your Trust is focused on a sustainable service. I wish you well. Your debate on extending your Trusts' roles to other areas is challenging and I note that research of the work you undertake is also being considered..."

Margaret Falkner (elected member of the District Health Board)



AN OPEN LETTER From the Trust Board

February 2012

The Trust web site www.whct.org.nz has been set up to keep people informed of the Trust's programmes. It's an exciting site. Please have a browse.

However, in spite of the Technological Age, an old-fashioned Communication-by-Post may still be in order to expand on developments.

The Immediate Focus

The Wellington Hospital Chaplaincy Trust was set up to bridge a financial gap that seriously threatened the continued existence of chaplaincy services in the Wellington Hospital. A failure in the spiritual support offered to all staff, patients and their families would have put at risk a recognised part of the holistic health care provided by the Hospital. That was in 2005.

Today the focus remains as sharp and as urgent.

The Nitty Gritty

Our particular funding need can be summarised simply: ***we need an additional \$1,000 a month, or \$12,000 a year from generous donors to cover the expected cost of maintaining chaplaincy services in Wellington hospitals.***

In fact, the overall cost of maintaining and supporting chaplaincy in Wellington hospitals is around \$144,000 a year. Central funds, including the 50% Ministry of Health component and our share of the contributions channelled via the Interchurch Hospital Chaplaincy Trust Appeal cover around \$108,000 of this. This leaves a shortfall of around \$36,000 a year, (or an average call of \$3,000 a month) to be met by local contributions. The tricky bit is that the calls occur monthly; we need to have available sufficient money, each and every month – and thanks to our adept Treasurer, David Underwood, so far we have done just that. In the Wellington Hospital Chaplaincy Trust area we are helped by having a group of "major donors", (each contributing more than \$1,000 a year) adding up to \$24,000 a year. It is the remaining \$12,000 that is our great concern.

WHCT is fortunate in having the benefit of sufficient reserves to cover, at the moment, most worst-case scenarios. These reserves were created from the efforts of a small group headed by Jim Rowe and Brian Cunningham, dedicated to the survival of the

chaplaincy service. A portion of these reserves, tagged to specific needs, is not necessarily available at all times. Trustee preference of course, is to continue to meet each year's needs from its yearly income, which means, in effect, raising a further \$12,000 a year.

Accordingly

The trust has decided to make its annual financial appeal early in each New Year to be certain of the funds to maintain the service. This timing will also effectively separate its specifically Wellington-based request from that of the national ICHC appeal in September.

Major Donors

We wish to recognise and record the tremendous support we receive from our major donors. Last year each of the following contributed more than \$1,000; some donations were considerably larger.

- Interchurch National Appeal
- St Peter's Anglican Church (Willis St)
- Otaki/Waikanae Presbyterian Church
- McKenzie Trust
- Bowen Trust
- Onslow Anglican Church
- Methodist District Synod
- Funeral Donations via the chaplaincy

Trustees have been working with the national Interchurch Hospital Chaplaincy Organisation to make sure that the purpose and vision of the Trust can be effectively provided in conjunction with the national chaplaincy programme (each with its own local support group).

These negotiations will require further discussion, to allow for whatever changes (both predictable and unforeseeable) may occur within the health systems of New Zealand.

One thing is sure: whatever the changing patterns of health care, the special skills of the chaplaincy services will continue to be an important part of the vulnerable human situation that makes up the special world of health treatment and which, in one way or another, involves us all.

A Day's Diary Note from a Hospital Chaplain

6.30am

A tui and the sun's rays together announce Monday morning. The pager goes off.

"We have an elderly woman dying. Her daughter cannot get in as her father needs to be taken to hospital. She has asked if a chaplain can be with her Mum".

"I'll be there in fifteen minutes. What ward and who is the patient?"

"7 North and Mrs B, bed A1"

"Good. See you then."

When I arrive I can see that she is very low. I hold her hand and introduce myself but she gives no response. I pray for her and ten minutes later she dies. I assist the nurse with laying her out, then I pray again with the nurse present. We talk briefly about Mrs B before she leaves for her day's duties. I leave a card and a note for the family offering to come back when they get to the hospital.

After breakfast and some quiet time in the chapel I checked e-mails. My list of patients to be visited included a 70 year old who had had a stroke. He had been found on the floor by his wife when she returned from a night at the theatre with a friend. He was still unconscious; while he was being washed I was able to spend time with his wife, giving her an opportunity to tell the story and to express what it meant to her not to have been with him at the time of the stroke.

Later in the morning I was able to cheer a patient who was in her twelfth day in hospital and eagerly waiting permission to go home. I was then able to see eight other patients.

During lunch I was called to bless the room where Mrs B had died. Since her family had not been able to come in, she had been taken directly to the funeral home; the nurse who had cared for her was with me while I blessed the room.

After lunch I went to Wakefield Hospital where the charge nurse on Ward 3 discussed the patients who needed a visit. One of these appreciated a bit of outside company; the other was reflecting on the second chance of life that his surgery offered him. He resolved to spend more time with his family in the future.

On the second floor, two men were recovering from cardiac surgery. One of them needed to tell how close to a heart attack he had come. Everything had happened very fast and he was still coming to terms with it all. Telling his story was part of making it real. He appreciated a prayer and wept as we gave thanks for his recovery.

Back in Wellington Hospital I responded to a call to see a lonely elderly man. He had been in hospital for 9 days; his family all live overseas and visits from chaplaincy volunteers were very important. As we talked together he concluded that material things were not as important as friends and family. I said a prayer with him and left him alone again, pondering on his comments as I biked quietly home.



Photographs included in this newsletter depict the chapel windows.

ROOM BLESSINGS

It is the normal practice of a hospital to bless a room (or an operating theatre) after a death. Usually the chaplains do this, though at night it is often done by a member of staff using holy water and prayers provided by the chaplains. At a room blessing the person who has died will be commended to God and the room blessed with the sign of the cross and holy water, with the prayer that it will be cleansed of all that is destructive to the human spirit and be a place of love, peace and healing to all who use it (patients, relatives and staff).

Modern hospitals are places of huge technical sophistication. But all this technical expertise is intended to be a servant of the human qualities of compassion, care and respect for the human pilgrim in this life and beyond it. To be in the place of death is to stand in a mysterious place. The hopes and disappointments, the achievements and failures, the dreams and despair of this human life have entered a new state of being. A human person, conceived and borne through childhood in love (mostly, thank God) formed, challenged and shaped through all the changes and chances of a unique life, has gone to God.

Does the human heart allow us just to wrap up the body, take it away and simply get on with the next task which falls to hand? Of course not. In the Maori understanding death is *tapu*. It takes us into an experience which is above and beyond the ordinary. This room, which has become *tapu*, a holy place, needs to be returned to its ordinary, normal use, from *tapu* to *noa*, by a deliberate act which acknowledges the significance of what has taken place.

Maori custom expresses a universal psychological truth. So Christians have always blessed places, too. With the sign of the cross and the sprinkling with holy water Christ's victory over death, and the eternal cleansing and new birth of baptism, are proclaimed. When, at a time of death, we pray "*Our Father in heaven*" we also mean "*Our Father in this room*", acknowledging the One who has stood and received his child into his fatherly embrace in this place. In the blessing of a room after a death we acknowledge God's presence and action as well as our own sense of mystery and awe in the face of something so profound and so full of "*otherness*", at once so fearful and so hopeful.

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