

## Faith in Nursing

By Sarah Christensen

Ash Wednesday marks the beginning of Lent in the Christian church. Lent is the forty days leading up to Easter, a season marked by reflections on mortality and punctuated by the resurrection of Jesus. Ash Wednesday in particular is a day for remembering that in the midst of life we are also in death. You're supposed to go to church and get the sign of the cross marked on your forehead in ash.

I work on a cancer unit at a pediatric hospital, twelve-hour shifts, which means that I am in the habit of waiting until the end of the day to go get my ashes. Wednesday mornings usually find me more focused on my young patients than Jesus, and today is no different. Today I am assigned to my buddy Jamie.

Jamie had been on the unit for months, almost a year straight, without discharge. It was deemed unsafe for him to leave the hospital between chemo treatments, due to the risk for infection. He was fifteen and had been diagnosed with Acute Myeloid Leukemia (AML), a type that accounts for twenty percent of pediatric cancers. At admission he stood about a sixty percent chance of long-term survival, but his treatments didn't take. The chemo was ineffective to stop the cancerous cells from proliferating and it decimated his immune system, leaving him open to the deadly opportunistic infections that a healthy child would have staved off. Additionally, a last ditch bone marrow transplant caused graft-versus-host disease (GVHD) to flare up in his gut, a reaction that can appear mildly in some, but in Jamie essentially caused his body to expel its own insides.

For months he lived in a hospital room cluttered with clothing and text books and big bright balloons hanging in every corner, encouraging our guy to *Get Well Soon!* His laptop was ever present and he often wore a headset while he was on it, the sign of a dedicated video gamer. IV tubes streamed down from the central venous port at his heart, connecting him to a tall IV pole laden with bright yellow bags of chemo and big clear ones full of normal saline.

I got to know him because he would walk laps around the unit, pushing his IV pole beside him. He always wore those slipper socks that hospitals give out, the ones with the tread glued to the bottom for safety. If I had downtime I would walk with him, chatting. He had a dry sense of humor that made me laugh. He reminded me of my brother.

At that time, I was brand new to nursing, still working as an aide, finishing up my undergraduate degree, getting ready to take the state boards in a few months. I was soaking it all in, alternately enamored with the profession and perplexed by what I was seeing: medicine at its most advanced, half a century of research and evidence collected in the name of cancer, a cutting edge hospital unit, men and women at their professional best and still children suffering, children dying.

At this world-class children's hospital we solve problems and fix kids. Our oncology department ranks in the top five pediatric cancer programs in the country. We work miracles through the power of science and technology. Just sixty years ago, cancer was a sure death sentence. Children like Jamie were quietly shut away to live out a fate too grim for the public eye.

Now we have chemo and bone marrow transplants and immunotherapy. Now we have

Zofran and Reglan for nausea, and steroids to stimulate your appetite. There is acupuncture and massage and meditation and tinctures of CBD (that's cannabis oil) and gabapentin. There are therapy dogs, a project one of our own nurses on the unit is running, still in the research phase and immediately successful. There is Disney *everything* all over the unit and large flat screen televisions in every room featuring a rotating library of kid-friendly movies and shows. Hello Kitty can be found in almost every room, on blankets and jammies and backpacks. Tunes from Disney musicals make up the soundtrack of our workday, competing to be heard over the beeping of electronic monitors and the occasional code blue.

Shifts at the hospital begin with getting report on your assigned patients from the off-going nurse. Today, this Wednesday morning, I am assigned to Jamie so I find Jenny, who has worked overnight, outside of his room. A good nurse's report shouldn't take more than a few sentences per patient but the shortest report takes just one.

"Jamie died this morning."

My first thought is, *Ash Wednesday*.

In the weeks before his death, Jamie had been deteriorating. One morning I entered his room for vital signs and found him limply propped up on pillows, murmuring in conversation, alone. A chill ran through me as I looked at the empty armchair by the bed and then back at Jamie's face. I knew that his father had died of lung cancer years ago and I understood that he was now in the room with us. The dead father must have been telling jokes because my patient was chuckling quietly.

At the bedside with the suffering, among the dying, old ideas about faith remain and there is room for God and questions and imaginative answers. Faith in the unknown is a must in healthcare, just as important as evidence-based practice and rigorous peer review.

Now it is Ash Wednesday and Jamie is gone but there are eight other kids to get vitals from, check in with, get breakfast, and get going. Docs will be rounding, someone will need to go to radiation or x-ray or surgery. Someone will get sick without warning and need an extra ten or fifteen minutes of care.

Twelve hours fly by. I am aware of Jamie's mark on my forehead, and I wish anyone could see it there while I smile and soothe and fetch and fuss over the little things that make people feel better. A call light goes off and I remember how he never used his, didn't like to bother us. Is he with his dad now? Is it too early, is he still hanging around the unit, maybe taking a last slow lap and pulling a phantom IV pole along beside him? Is he just gone? Nothing?

At the end of the day, I shoulder my bag and walk off the bright, clean unit on the eighth floor, past floor-to-ceiling windows with beautiful views of the pretty suburbs surrounding the hospital and downtown in the distance with its sparkling skyscrapers.

The hospital chapel is on the ground floor, and I think about this in the elevator, how God can be found on the ground, not up in the clouds or out in space or in another dimension but down there in the heart of the hospital.

The round room is empty, but the chaplain has seen me from her office across the hall and she is full of peaceful energy when she enters, eager to be of service. There are candles burning and a few rows of folding chairs. The walls are hung with articles from every faith you can think of and there is a stack of prayer rugs over there on the floor. Next to them there is a big artful paper tree spanning many feet of wall, leafy and full of life.

I stand facing the altar and think about Jamie. The chaplain holds a little bowl full of ashes and she is serious now and the ashes smell good from the scented oil they have been mixed with and she presses her thumb into the black bottom of the bowl and she makes the sign of the cross on my forehead and says softly, “Remember you are dust, and to dust you shall return.”

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**Sarah Christensen is a pediatric nurse and writer living in Seattle. She began her career as early as eight years old, a child patient herself, watching her own doctors and nurses practice medicine. She highly values methods of science and rituals of faith. She loves books and storytelling, her family, and animals. Christensen is a fellow with the Think-Write-Publish project, a group of writers from around the world who foster narratives of harmony between faith and science. She prefers bridges to walls.**