

Interview by **Christine Cleary**

Walter Moczynski, D. Min., BCC

The door is usually open to Walter Moczynski's modest office next to Dana-Farber's chapel, in case patients drop by. His top drawer contains handwritten thank-you notes from patients, families, and staff. Having become Dana-Farber's first in-house chaplain in 1988, Moczynski is now director of the Center for Spiritual Care, a large, multifaceted program for patients, families, and staff members. He is also a field education supervisor for Harvard Divinity School, where some of Dana-Farber's interns study.

Q: What is the difference between being religious and being spiritual?

A: Most people eventually ask age-old questions: Where do we come from, what are we doing here, where are we going? Being spiritual means having a sense that life is not just physical, and that we are more than molecules in motion. Someone religious is also spiritual, but that person has found a community of people with similar beliefs and practices. When I came to Dana-Farber, patients were asked on a questionnaire if religion was important, and about 50 percent said yes. After I added the word spirituality, about 80 percent said yes.

Q: How can spirituality guide someone through cancer?

A: Spirituality or religion can support patients in unimaginable ways. They see the world with a new energy. They know cancer is serious, but it is only one part of their lives. They can say, "I'm still me, I still have a name." They own their own narrative and their own beliefs. Cancer cannot damage or destroy the spirit.

Q: How do you support staff members?

A: We make rounds in the clinics, offer one-on-one support, and help staff members cope with grief and other

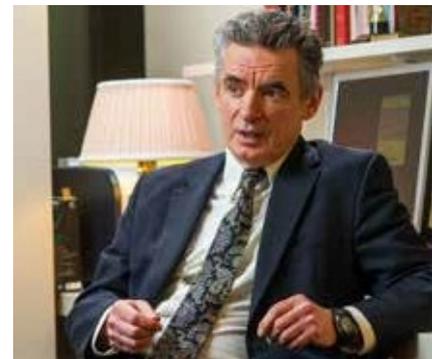
work challenges. We hold healing services in the face of disaster, such as the Boston Marathon bombing. When a staff member calls a code [which means a patient needs emergency care], we assist the family, sometimes accompanying them to a hospital emergency room, and later return to support the staff members involved.

Q: What changes have you seen since you began work in 1988?

A: Patients and families are freer to articulate their personal beliefs and develop their own practices. They also come from many more countries than in the past. Denominational and interfaith chaplains are more integrated with the medical team and participate on key committees, such as ethics.

Q: Can you describe a memorable encounter with a patient?

A: An out-of-state couple, engaged to be married, came by because the young woman's father was critically ill, and she did not feel she could have the wedding without him. Her father shared that he was most looking forward to the exchange of vows at his daughter's wedding. We decided to begin the wedding in his hospital room and resume the service in his home state at a later time.



Dressed in a tuxedo, he witnessed the exchange of vows and died a few days later. ■