The author of Ecclesiastes tells us “For everything there is a season, and a time for every matter under heaven.” (Ecclesiastes 3:1). These past months have been filled with change as God, in God’s time, has moved in and through our healing ministry here at Advocate Lutheran General Hospital.

As part of our strategic plan we recently established a department of orthopedic surgery and welcomed Dr. Wayne Goldstein as chair of our new department. Dr. Goldstein brings a wealth of experience and expertise to this role and enables us to provide the best in services for our orthopedic surgery patients. We will continue to implement various dimensions of our strategic plan in the coming months, so stay tuned for further information.

In February we bid farewell to two dedicated servants who have served this hospital and our community well over the last two plus decades. Rabbi Stanley Kazan will retire mid February after 24 years of faithful and exemplary service. Rabbi Kazan’s wisdom and gentle spirit have been a blessing to all with whom he has served. A reception will be held in Rabbi Kazan’s honor at a date to be determined later.

Chaplain John Wilson retired on February 1st after 28 years as chaplain to our critical care, trauma and emergency departments. John’s ministry has been an amazing gift to our patients, families and staff. In addition, John’s work in disaster preparedness and emergency response has been an invaluable part of the work of our community and our nation’s disaster planning and response. A farewell reception for Chaplain Wilson was held on Tuesday, February 1st.

And last month we bid farewell, all too soon, to our dear friend, colleague and leader, Julie Schaffner, who entered God’s heavenly kingdom after an eighteen month battle with ovarian cancer. (See article on page 2.) Per Julie’s request, gifts in her memory are being accepted for the Music Therapy Program here at Advocate Lutheran General.

May God bless and guide you as you experience changes in your life and ministry.

With thanks to God for all you do,

Rev. Kathie Bender Schwich
Vice President
Mission and Spiritual Care
Intouch Home Care Services (a program of Lutheran Social Services of Illinois [LSSI]) has become a preferred provider of Advocate Home Health Services. Together, we provide a full range of home-based, health and support services that help clients remain in the comfort of their own home. Intouch Home Care provides non-medical assistance for older adults in their homes. Trained home care assistants, including CNAs—help seniors with tasks such as housekeeping, meal planning and preparation, minor errands and assistance with personal care. Advocate Home Health Services provides specialized in-home medical care, durable medical equipment and hospice care. The two organizations work together to tailor services to help clients make a seamless transition from hospital or nursing home to their own home, no matter where they reside in the Chicago Metropolitan area. Both Advocate Home Health Services and Lutheran Social Services of Illinois are faith-based organizations and share a common mission, philosophies and values. For further information, contact Connie Polke (AHHS) at 847/812-1629.

Celebrating with Music
Black History Month

On Friday, February 4, 2011, Advocate Lutheran General Hospital will host the Lutheran School of Theology at Chicago Gospel Choir to begin our celebration of Black History Month. This concert will take place at 7:00 PM in Johnson Auditorium on the ground floor of the Parkside Professional Building. Please join us for this special concert and refreshments as we celebrate the diversity that surrounds us.

In Memoriam
Julie W. Schaffner
1954-2010

A dear colleague and friend Julie Schaffner, RN, MSN, FACHE, Lutheran General’s Chief Operating Officer (COO), and for many years Chief Nurse Executive, lost her courageous battle with cancer on Friday, December 31, 2010. She was 56. Julie joined Lutheran General in 1986 and over the years has left a lasting impression of devotion to nursing, transformational leadership and an enthusiastic drive to motivate others and provide opportunities for growth. She led Lutheran General to achieve Magnet designation in 2005 – followed by the even greater achievement of Magnet re-designation in February 2010. Julie’s knowledge, talent and her friendship will be greatly missed by all of us at Lutheran General Hospital and Advocate Healthcare and many in our surrounding communities.

A memorial service to celebrate Julie’s life and legacy is scheduled at Advocate Lutheran General Hospital on Wednesday, February 9th at 3:30 p.m. in Olson Auditorium.

“Rest eternal grant her, O God, and let light perpetual shine upon her.”

Ash Wednesday
Observances at Advocate Lutheran General Hospital

On Wednesday, March 9th the Advocate Lutheran General community will observe Ash Wednesday with our traditional Ash Wednesday Service in Olson Auditorium at 12:00 Noon. This service will also be broadcast live into all of the patient rooms by way of CareVision Channel 12. Also, throughout the day our Spiritual Care staff will distribute ashes and provide copies of our Lenten Devotional Guide. The Lenten Devotional is written by our chaplains and community clergy and is a meaningful way to journey through the 40 days of the Lenten Season.
Lessons I Never Paid for
From the School of Medical Missions
Greg Kirschner, MD, MPH, Associate Director
Family Medicine Residency Program at
Advocate Lutheran General Hospital

In 1985 I was a senior family medicine resident at Lutheran General Hospital contemplating what it would be like to help out in a medical mission setting. With the blessing of my program director and the hospital education director, I would journey to the Dominican Republic with my wife (an OB-GYN resident) for what would become the start of a 25 plus year experience in short and long-term medical missions. Eventually, we would relocate our family to Jos, Nigeria, where for 7 years I was blessed to teach Nigerian family doctors at ECWA Evangel Hospital. We’ve now returned to practice and teaching here in the U.S., but continue to go back and forth to West Africa, most recently in November 2010. It has been an amazing time of learning and serving for our family—all wrapped up together. Through it all, Advocate Lutheran General has been my American professional base and point of reference.

As a faculty physician in the Family Medicine residency at Advocate Lutheran General I have spent many hours studying, reading, lecturing, and supervising. Yet my medical missionary experiences have provided an expanded education beyond the walls of traditional Western medical institutions. As a teacher, I love sharing lessons that I am learning. Here are a few:

1. Bringing medical care to hurting people in the context of a developing country is truly a great privilege. But to be the guests of a host country, and to be given permission to freely serve their citizens, is really amazing. In order to provide the medical care that we bring, we must ourselves be dependent on our hosts for a myriad of needs—housing, transportation, facilities, support staff, etc. We always have been amazed at the generosity and gracious spirit of our hosts—and what we learn from their culture and context.

2. As a Christian physician, I am blessed with the privilege of extending the transforming, healing love of Jesus through my words and through my actions. Medical missionary work has helped me get in touch with that very directly. When working with the poorest of the poor, the business and liability aspects of modern medical work fade into the background, and the patient becomes central in a profound way. The focus becomes “What is the most we can do to bring true healing to this patient, given our limited technology and other resources?” This question might be answered with medication or a surgery—or a gentle touch or compassionate word. This could be true in my U.S. context as well, but it often seems that other considerations crowd the scene and confuse the issues. How wonderful to have this clarity of purpose, even for a few days!

3. Serving the poorest of the poor means being with them—which means going to where they live and work. Such situations bring inherent risk—but it has been a risk worth taking. And while we are not to take unnecessary risk, it has been good to teach our children that staying safe is not the ultimate goal in life. In the context of taking risk, we have also learned more about prayer—including prayer for and with our patients. In the African context, prayer is a natural part of the clinical encounter! Inviting God into difficult medical situations seems so central when on foreign soil.

4. Finally, we have learned that medical mission is never a one-way street. We don’t just bring blessings to “the poor people of Nigeria.” Rather, the people of Nigeria mutually bless us with their generosity, hospitality, spirituality, culture, and more.

It is literally our prayer that many from Advocate Lutheran General Hospital, and from Advocate Health Care at large, will continue to be a blessing, and be blessed, by participation in medical missions work. My wife Carolyn and I are grateful to all who have encouraged, supported, and prayed for us.
The 2010 extended fall unit of Clinical Pastoral Education (CPE) will end on February 13, 2011 following nearly five months of close group work and clinical ministry. Five students from diverse backgrounds joined together in this journey of learning, reflection, and ministry experience at Advocate Lutheran General Hospital. Along the way, they have accompanied hundreds of patients and families who have experienced life-changing illnesses, accidents or injuries, birth, and death. They worked in a variety of units providing spiritual care to people and families of all ages, ethnicities, religions, and backgrounds. It has been a time of profound pastoral formation and spiritual growth for the students.

Extended CPE programs, like the one described above, are especially responsible to the current continuing pastoral education needs of clergy in congregational settings. While learning in these CPE programs may be drawn from encounters with patients, families and staff in the health care setting of the hospital, there are transfers of learning that can be made to the congregational setting in areas of: effective empathic communication, spiritual assessment and intervention, competent reading and assessing the implications of the emotional processes of families and groups, insight into professional partnering with interdisciplinary health care staff, and pastoral identity and authority.

Advocate Lutheran General Hospital usually offers two extended CPE program opportunities each year, one beginning in the fall (late August or early September) and one in the winter (January through early June). We welcome the opportunity to work with parish clergy and faith leaders in this way. Generally speaking, anyone interested in using a program of CPE for continuing pastoral/professional education would need about 20 hours per week of availability for CPE program requisites, over a period of about 22 weeks. If you have interest in an extended CPE program, please call our Mission and Spiritual Care Office at 847.723.6395 for further information.
Q. It is often said that people with alcohol or drug problems will not get help until they are ready. What can those who care about them do to help them get ready?

A. Just as we can enable the illness of chemical dependence, we can also enable recovery. Do not let the behavior of the dependent person bait you into anger. Instead, find ways to tell the addict that you see the behavior, that you see the harm that it is doing, and that you know that it is driven by their use of alcohol or drugs. Few people can do this without the help of others who can act as a sounding board, people who will coach them so that they express their thoughts and feelings in a constructive manner. Many people have found this kind of coaching by attending meetings of Alanon or Families Anonymous. These 12 Step Groups are intended to help spouses, partners or parents to recognize how addiction effects everyone who comes in contact with it and how to confront the disease without attacking the person.

Q. Is it necessary for recovering alcoholics or addicts to attend 12 step groups such as Alcoholics Anonymous or Narcotics Anonymous?

A. We recommend the use of 12 step recovery groups, because there is no cure for alcoholism or drug dependency. Even the best treatment program in the world cannot guarantee that treatment will prevent any further use or abuse of an addictive substance. Twelve step programs are the maintenance plan for people who are living a drug and alcohol free life. They help people address the day-to-day issues that come with a change to sobriety. Many choose to be part of AA for years.

Q. My loved one abuses substances, but also seems to have problems with emotions such as sadness or anxiety, or with social problems such as relationship conflicts or economic stress. How are those problems addressed by treatment professionals?

A. People start drinking for a reason. Those who drink for relief may have another health problem such as depression, chronic pain or life-stress. It is very important that these problems also receive attention and that the person finds new and more effective ways to deal with them. In order to do that, however, the alcohol or drug use needs to be stopped. Only with abstinence from alcohol or drug use is the person able to use their full mental and emotional capacity to address other problems. A good treatment program has sobriety as its first priority, but does not stop there. Once the person is on the path of sobriety attention is given to addressing any barriers that might diminish the quality of life. When called for, other kinds of specialists are enlisted to help.

Q. Why is spirituality such an important concept in overcoming addiction? How does recovery affect a person’s religious identity?

A. For many people recovery is a spiritual journey because sobriety provides them an opportunity to feel connected to the world in a way that never could be when they were using alcohol or drugs. Addiction is isolating and alienating. Addicts know at some level that they are living a lie. People who live around the addict lose trust and distance themselves out of self-protection. Ultimately, the addict ends up cut off and cynical about life. With sobriety, however, the reason for isolation, dishonesty and alienation goes away. Gradually, trust begins to return. People see a change and respond more positively to the addict. The addict sees other recovering people who have truly happy lives in sobriety. The addict reaches out and instead of being rebuffed, is welcomed. This is spiritual renewal in action. Every major religion is consistent with this kind of renewal. So, while not all recovering persons are ready or willing to participate in a religious community, they will find their place in just about any religious community when and if they so choose.

Q. What resources are available to help people who are struggling with addiction?

The Advocate Healthcare System has an outpatient treatment program affiliated with Lutheran General Hospital and located in Des Plaines. Good Samaritan Hospital also has a primary treatment program for chemical dependency. Assessments are done at the Des Plaines office for free Monday through Friday. A certified counselor will meet with the client and his/her family. When appropriate a nurse will also see the client. After the counselor has consulted with our Medical Director, a recommendation will be made to the client. Of course, there is no obligation to accept the recommendation.

You may wish to visit the website for the Advocate Addiction Treatment Program (AATP) at advocate-health.com/addiction or call 847-795-3100 to talk with a counselor.
Cancer Prevention

Preventing cancer is complex. Many varying factors are involved. Although heredity plays a role in up to 15% of all cases, almost 2 out of 3 cancers are related to the personal choices we make. That means these can be prevented!

Approximately one third of all cancers are the result of cigarette smoking. Tobacco is one of the most potent carcinogens (agents that cause cancer). Additionally, many cancers are the result of excessive alcohol consumption. The person who both smokes and drinks greatly increases the risk of getting cancer. All cancers caused by smoking cigarettes and drinking too much alcohol can be completely prevented.

Another one third of all cancers are the result of lifestyle choices like poor nutrition, not enough exercise and being overweight. Lifestyle changes are within everyone’s reach.

Avoiding carcinogens can prevent cancer, too. These can be physical (cigarette smoke), chemical (vinyl chloride found in industry), viral (the human papillomaviruses of cervical cancer) or bacterial (the cancer B-cell lymphoma).

And new cancer-preventive methods are being used and tried:
- Drugs like tamoxifen (used in preventing breast cancer in women at high risk) and new drugs currently being tested for FDA approval.
- Preventive surgery such as colon polyp removal in persons at high risk for colon cancer.
- Herbs, supplements and treatments currently being studied.

Take time to learn more about cancer prevention. Then put what you’ve learned to use. Life is precious.

February Is Cancer Prevention Month

Prayer: Oh, God, life is precious. I want to make each day count. Guide me to make right choices, even when those choices are not easy. Amen.

Select a Lifestyle That Reduces Cancer Risk

According to the American Cancer Society, the single most important dietary intervention to lower risk for cancer is this: Eat five or more servings of fruits and vegetables each day. Could anything be simpler, easier or more natural?

With a third of all cancer deaths being related to diet, exercise and excess weight, this suggestion to eat more plants becomes critically important.

Here are other recommendations that have proven to help reduce cancer cases and deaths in large groups of people:

- Avoid tobacco and second-hand smoke.
- Get your weight right.
- Be physically active. At least 5 days a week, adults should engage in moderate levels of activity for 30 minutes or more, and children should do moderate to vigorous activity for at least 60 minutes.
- Eat a healthy diet. Find plants you like; learn to love them.
- Limit your intake of alcohol. Men under 65 should drink no more than 2 drinks a day; women and anyone over 65 should drink a maximum of 1 drink a day.
- Avoid carcinogens like asbestos, benzene, vinyl chloride.
- Do use sunscreen. Don’t use tanning parlors.
- Get the HPV vaccine if it will benefit you.
- Test for common cancers and pre-cancers. Pap tests, colonoscopies and mammograms can also detect cancer at an early stage when it’s small and easier to treat.

- advocatehealth.com
- americancancersociety.org
- smokefree.gov
- aa.org (Alcoholics Anonymous)
Brain Injuries and Older People

Like young men and small children, older adults also are at greater risk for brain injuries than the rest of the population. In those 75 and older, falls are responsible for most of the traumatic brain injuries (TBIs).

Older adults are at greater risk of falling due to vision and balance problems, brittle bones, inflexibility and medications.

Those with Alzheimer's disease are even more in danger. Changes in abilities and coordination coupled with poor memory sometimes make it challenging simply to go up stairs. Having had a TBI increases the risk of Alzheimer’s and Parkinson’s disease, illnesses that result in the degeneration of brain function. So avoiding falls is very desirable!

Here are tips for avoiding falls around the house:

✦ Install handrails in bathrooms and both sides of staircases.
✦ Use a non-slip mat in the bath or shower.
✦ Remove all area rugs.
✦ Use stronger light bulbs, replace burnt out lights and turn on the lights!
✦ Keep stairs and floors clear of clutter.
✦ Stay current with eye exams.
✦ Exercise! Stronger muscles, quicker reaction time and better balance all add up to fewer falls.

With spring just around the corner, now is the perfect time to make these home improvements for yourself or someone you love. Having a bad fall can change someone’s life forever.

March Is Brain Injury Awareness Month

Prayer: Dear God, thank you for the gifts of thought and feeling and memory. Help me be understanding of and patient with those in whom these gifts are compromised. Amen.

Brain Injuries and Young People

Between 2.5 and 6.5 million Americans have had a traumatic brain injury (TBI). Alcohol plays a role in many of these. Half of all TBIs are transportation accidents, violence is implicated in over 10% and sports injuries account for 3%.

Certain age groups are more likely than others to have TBIs:

Young men ages 15 to 24, especially those in lower socioeconomic levels, are most likely to be involved in risky driving, physical fights and criminal activity. These increase the likelihood of a TBI. Always wearing a seat belt and never driving while under the influence of alcohol or drugs greatly reduce this risk. (Accidents are the leading cause of death or disability in men under 35.)

Children under age five are at higher risk for TBIs than the general population, too, because they fall often and can be the victims of child abuse.

Shaken baby syndrome, the consequence of a form of child abuse, is a serious brain injury. Babies have weak neck muscles and struggle to support their heavy heads. When an infant is shaken, the brain moves back and forth inside the skull, causing bruising, swelling and bleeding. Brain cells are destroyed, and the brain stops getting enough oxygen. Only a few seconds of shaking is needed to cause irreversible brain damage in an infant. Half those with shaken baby syndrome die, and survivors may require lifelong medical care.

Shaken baby syndrome is 100% preventable, and parents can educate one another about its dangers.

- advocatehealth.com
- sbssupportnetwork.webs.com (Shaken Baby Support Network)
- niu.edu/mycycle (Motorcycle Safety Project for Illinois)
- littleleague.org>Programs>Safety Program (Little League Safety Program AGAP)
- ninds.nih.gov/health_and_medical/pubs/TBI (Nat’l Institute of Neurological Disorders and Stroke)