

Intro ([00:01](#)):

Yale Podcast

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Network. Welcome to the Quadcast, a Yale Divinity School podcast series focusing on issues related to religion, culture, and politics. In this episode, Emily Judd interviews YDS alum, Reverend Aaron Klink, a hospice chaplain in North Carolina who has spent decades providing spiritual care to people at the end of life. He discusses how spiritual care fills gaps left by modern medicine.

Klink ([00:28](#)):

Medicine's goal is the cure of the body. What medicine misses is that we're human beings in a web of relationships.

Intro ([00:38](#)):

Reverend Klink reflects on a near death experience that shifted him from caregiver to patient and changed his understanding of suffering.

Klink ([00:45](#)):

That was one of the most powerful experiences of ministry I've ever felt. So I think sometimes God in the midst of suffering is about the people who show up.

Intro ([00:56](#)):

And Reverend Klink shares what those at end of life have taught him about how to live fully.

Klink ([01:01](#)):

People ask me what makes for a good death? And I said, usually a good life. There was an old monastic practice of keeping your death before your eyes daily and to realize that time on earth is finite and not to wait to say I'm sorry and not to wait to say I love you and not wait to say I forgive you.

Judd ([01:28](#)):

After decades as a hospice chaplain and providing end of life spiritual care, have you found that serious illness tends to draw people towards faith or have you seen the opposite? Have you seen that serious illness actually draws people away from religion?

Klink ([01:47](#)):

I think that it depends on the person. So for people for whom faith is important, they do turn to faith to ask questions of meaning and hope at life's end, but they also sometimes find that the faith that they thought will work for them doesn't quite work. And so they turn and search for new understandings, not necessarily abandoning their faith, but finding different ways of understanding God and God's action within the midst of illness and suffering and loss. So people do turn to their faith and sometimes the end of life can be a chance for faith to deepen, not only for patients, but for families. And also I know that my faith has been changed by the witness of my patients. Often they do as much preaching to me and

changing of my faith as I do to them. One of my CPU supervisors said, remember that the chaplain doesn't bring God into the room.

[\(02:52\)](#):

God is already there. Our job is to help people see or think about the ways that God is already present and working. And so less preaching and more observation and creating meaning with people.

Judd [\(03:10\)](#):

Building on that, there is something called Ministry of Presence, which is a form of Christian pastoral care that emphasizes just simply being physically and emotionally available to someone in need rather than providing words or providing solutions or providing advice. Can you talk about the power of presence and silence?

Klink [\(03:35\)](#):

There's a joke among chaplains. Don't just do something, sit there. And I think that one of the things that chaplains offer that the medical system these days, because they expect the doctors and the nurses to care for so many patients, is that we have the gift of giving people time. And we don't have ... The nurse goes in, she has to take people's ... She has a list of tasks. And nurses are present in many ways too in ways that sustain patients, but they have a list of tasks. They have to draw blood, they have to change wounds, they have to take both in the same way with physicians. But the chaplain doesn't necessarily have a set of predetermined tasks that I have to finish. So I always try to sit down and listen to people and hear where they are.

[\(04:29\)](#):

And my task is to help them find meaning and hope in the ways that they need to find it. And there's an old book called *The Search for God in Time and Memory*. And a lot of what people do at the end of life is they look for ways or testify to ... Testimony is a Christian practice. They testify the ways that God has been active in their lives, or they question where God was in their lives when these things happened. So I think the Ministry of Presence is about the ministry of accompaniment without a real set agenda or a task list that has to be done. And that's important. And there's critiques of chaplains that the ministry of presence is too vague to capture, but I think sometimes we become obsessed with evidence and outcomes and measurable outcomes. And there certainly is a movement in chaplaincy toward outcome-based chaplaincy and evidence-based chaplaincy.

[\(05:41\)](#):

And there's some merit into thinking about what interventions are more helpful for patients. But if you really take chaplaincy seriously theologically, you really can't capture how God is going to move. And the work of the Holy Spirit or the work of the Holy, however you want to define it, can't necessarily be reduced to metrics and numbers.

Judd [\(06:04\)](#):

Yeah, that's very interesting. And as you mentioned, the role of a nurse can be a lot about metrics and numbers compared to a chaplain who has a different purpose. And you wrote an amazing article for the YDS Journal Reflections. And in that article, you wrote, quote, "Modern medicine can sometimes struggle to see us as whole persons rather than a collection of symptoms or numbers." In your opinion, what parts of the human experience does spiritual care tend to notice more than medicine does?

Klink [\(06:43\)](#):

Medicine's goal is the cure of the body and the cure of things that go wrong in the body. And there's a lot to be said about the advances of modern medicine and because there's so much knowledge about the body and about diseases, they break up the body into systems. But I think what medicine misses is that we're human beings in a web of relationships. And so people are deeply connected to a sense of home and place. And when you put somebody in the hospital, you remove them from the place and their relationships in that place. And when you take people out of their home and their geography, you lose that sense of connection. And I think hospice, especially because it treats people to where they ... Especially the people in homes, it helps them maintain that connection to place. And you can look at the pictures on the wall and you can hear about the gatherings that happened around the dining room table while you sit there and talk with a patient.

[\(07:52\)](#):

And so it's that sense of wholeness of a life in a place and relationship that I think modern medicine can miss and often does because it's just not set up to treat it.

Judd [\(08:09\)](#):

We touched a little bit about the questions that people might have at the end of their life. And after many years of accompanying people at the end of their lives, how has your understanding of the age old question, where is God in suffering? How has your understanding of that question evolved?

Klink [\(08:30\)](#):

I've learned there isn't one answer in that I can't presume to know what the answer to the question will be for each person. Some people, when they're really suffering, don't feel God's presence, and that's a reality to them and has to be respected. And some people really feel that even in the midst of great suffering, they have sort of a felt sense of God's presence, and the scriptures have become so deeply a part of them. And for me, coming out of a specific deeply Lutheran tradition, the scripture's about promises, and that's the promise that we've been given, that even in the Lutheran theology in which I was raised, even if you can't feel God's presence, you know that God has promised to be there. And so you try to believe that that's true even when you don't feel it. I also think that sometimes God's presence comes in the form of the people who gather around us.

[\(09:46\)](#):

And I, about seven years ago, out of the middle of nowhere got a serious blood clot and landed in the Duke emergency room, not knowing what had happened, having had a physical a couple months before and everything was normal. And suddenly I was in horrible pain and I had a blood clot and I didn't know what was going on. It took them several hours to discover a blood clot. And so I called a good friend of mine who's a pastor and I said, "I'm just scared." And I didn't know what to do. He said, "I'm on my way over." He was a classmate of mine in divinity school and as a pastor in Durham. And he just sat there in the corner of my emergency room and prayed. And I said, "I don't want to keep you from work." And he said, "Hush." He said, "I'm just staying until we know what's going on.

[\(10:39\)](#):

" And I always told him, I said, "You didn't say much, but the fact that you were there to me was a sign that I wasn't alone and that I knew prayers were growing up, that I was in too much pain and had too many drugs in my system to say." And that was one of the most powerful experiences of ministry I've ever felt. So I think sometimes God in the midst of suffering is about the people who show up to remind people that they're not alone, that they're cared about, and that they're loved.

Judd ([11:16](#)):

Well, thank you for sharing that personal story and that personal testimony. I'm wondering if you could also share a difficult moment that you experienced during your years working in hospice and maybe one moment that taught you about suffering.

Klink ([11:33](#)):

I was a chaplain all through the pandemic and we have a lot of patients in nursing homes and our nursing homes got hit pretty badly. We lost a lot of patients. We lost some staff too. And so there was a woman that I had seen for about a year in her 90s after the outbreak happened in our nursing home and I went to see her. The families were not allowed in the nursing homes for over a year, so they hadn't had any physical contact or presence from their families for over a year. And then Medicare finally got us the chaplains back in. We had been declared non-essential. So I went to the nursing home to see her and there was a long nursing home hall and there wasn't that many staff because so many of them had gotten sick and I went to see her and her oxygen was off and her breakfast was there and she just looked at me and she said, "Erin, can you help me?"

([12:47](#)):

Can you help me? There's no one here to help me.

([12:52](#)):

" And so I fixed her oxygen, I fed her breakfast, I got her nightgown all straightened up. I covered her back in bed. I was in gloves and masks and down and hat and booties and the whole get up. And I fed her breakfast and I sat there with her and she just said, "This is so awful." She said, "This disease is so awful." And there was a door between the COVID unit and the outside where you had to take everything off and put it in the biohazard bag. And I was crying. I kept it together while I was in the room and I took everything off and put it in the biohazard bag. And I went out into the courtyard and I just started crying because I called my boss and I was like, "I may take tomorrow off." Well, I decided if I'm going to come back and do this again.

([13:55](#)):

And I was just crying. I said, "I can't do this anymore." Her daughter came by to see her through the window and her daughter was able to say goodbye to her and she died about 12 hours after I saw her.

([14:17](#)):

And I did her funeral a couple days later, which was outside as it had to be. Everybody was wearing masks and we buried her in the church where her parents, where she had grown up and where her parents, and I think grandparents too, had been buried at a small church in North Carolina, but it was really hard.

Judd ([14:43](#)):

I can't imagine.

Klink ([14:44](#)):

There was the nurse who said there was the people we lost to COVID, and then there was the people that we lost to the COVID restrictions because when you can't see your family and then in a nursing home, people were just like, "What's the point?" They got so lonely.

Judd ([15:01](#)):

You brought up family and family members of people in hospice. How much of the work that you do is with the family members versus the patient? What sort of counseling do you do with family members who have loved ones that are in the hospice process?

Klink ([15:20](#)):

I work with a lot of nursing home patients, so it's harder to connect with the families because often they're working, but I'm also the bereavement coordinator, and so I do memorial services. And I think it's just reassuring families that they're doing the best they can. A lot of them feel guilt about having to put someone they love in a nursing home, but when you have advanced dementia, it's impossible for one person to care for another person round the clock in the way that they need to in a safe way because they start to wander and then they wander outside and they leave ovens on and it's just not safe. So a lot of it is assuring people that they've made the best decisions they can as people whose emotional and physical resources are not unlimited and also affirming the care. I have one patient and her, she's been in the nursing home six years and her husband still comes twice a day to feed her lunch and feed her dinner because he said-

([16:31](#)):

That's commitment.

([16:31](#)):

"This is the love of my life." And just affirming that continued effort to let people know your care is not unseen and your love is not unseen.

Judd ([16:44](#)):

How did your time at Yale Divinity School prepare you, help you in some way in the chaplaincy work that you're doing now?

Klink ([16:52](#)):

I've been a congregational pastor too, and in congregational ministry, you preach the doctrine of your denomination and everybody comes to hear the doctrine of the denomination. But in chaplaincy, I work with everybody from people who are spiritual, but not religious to Baptists. I'm in North Carolina, there's a lot of Baptists, there's probably about 10 different kinds, Pentecostals, Roman Catholics, Lutherans, Episcopalians. So I think what Gail prepared me for was to work with and understand a variety of liturgical practices, theologies, ways of approaching scripture because we had representation from the Roman Catholic community. Of course, with Berkeley, you had a lot of Episcopalians, you had people from African American traditions and Pentecostal traditions and Roman Catholics, and you studied with Roman Catholics and Baptists and Episcopalians and Lutherans. And so Yale allowed me to stay grounded in my Lutheran tradition because they had a Lutheran studies program.

([18:08](#)):

But I think that YDS, because you're studying with such a diverse group of other students and faculty and learning from one another, it just makes you able to think about the Christian tradition in a broader way. And I think too, a lot of that learning occurs because we live together. I'm glad that YDS has maintained a commitment to residential theological education. I think that's so important because we learn as much about faith and theology from our friends as we did from our professors and moving through life together at the YDS community in Marquan.

Judd ([18:52](#)):

I definitely second that. I'm Catholic. And when I went to YDS, it was a very ecumenical environment, like you said, not just the professors, but the student body as a whole. And as we come to the end of our conversation, I'm wondering a final question, what have people who are nearing the end of their lives taught you about how the rest of us should live?

Klink ([19:19](#)):

People ask me what makes for good death? And I said, usually a good life, which is to say you can't fix everything in the last six months of life. Yes, some reconciliations happen and when they happen, they're beautiful. Sometimes they don't happen. When you've spent your life alienating people or alienating your family or not being in contact with them, sometimes at the end of your life, they don't show up. So I think there was an old monastic practice of keeping your death before your eyes daily and to realize that time on earth is finite and not to wait to say, "I'm sorry," and not to wait to say, "I love you," and not wait to say, "I forgive you," because you may not have the chance to do those things. I mean, we have people in hospice, they have a terminal diagnosis, so they have some time.

([20:37](#)):

But when I got the blood clot, the surgeons at Duke were phenomenal and saved my life, but I went from relatively healthy to having my life in severe danger in about six hours. So I think that it's just appreciating life's fragility.

Judd ([20:57](#)):

Well, I just want to thank you so much for joining us today for this conversation. This is the first podcast episode that we've ever had related to hospice and chaplaincy. So thank you so much for sharing your experiences, perspectives, and insights.

Klink ([21:12](#)):

Thank you.

Intro ([21:13](#)):

Thanks for listening today. We hope you'll tune in again for the next episode of the YDS Quadcast.