

# The baptism

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For a Jewish doctor who calls himself an atheist, it was a strange request: help baptize a woman on oxygen dying of advanced lung cancer. If he could pull off the ceremony, without the patient dying in the process, it might be a small victory over the disease—for him and for her.

**I**t was in the mid-1980s, and I was practicing at Rio Hondo Hospital in Downey, California. Like many small community hospitals built during the '50s and '60s in southern California, Rio Hondo consisted of just one patient floor with a long hallway connecting all hospital services and the patient rooms. With fewer than 100 patient beds, Rio Hondo didn't even have a morgue. Few rooms had private showers, bathtubs, or toilets, and the hospital suffered from an intense drabness that came from decades of overuse. But because of the excellent community physicians who used this facility, Rio Hondo was constantly busy.

## A dying wish

It was near 10 o'clock on a Saturday night, and I was ready to go home after seeing a patient with a bleeding problem. As I was on my way out, a nurse I had known for many years stopped me and asked if I would visit with a patient previously seen by my partner, although she was no longer under his care. This patient had advanced lung cancer and was having significant difficulty breathing. A DNR order had been written. It was the nurse's hope that if I saw this patient, I would agree to help her realize her last wish.

Hopeful that it would get her into heaven, the patient wanted to be baptized.

Her admitting physician and her lung specialist had been called earlier in the day, and both said they would not help with this request because of her extremely poor medical condition. The nurse was aware of my activity with and support of the local hospice and thought I might be willing to help.

The patient's two daughters were present, as were other family members and friends, along with the minister from their church. The daughters were emphatic that a baptism was what their mother wanted, and they were determined to fulfill her request.

## Time was running out

Over the past 24 hours, the patient had worsened considerably; she wasn't responding to any supportive therapy. The minister wanted to baptize her but was fearful since she was getting IV fluids and was on oxygen. The family was becoming desperate but was terrified that the woman would die during the ceremony. They needed medical approval and help.

I asked to review the patient's chart. She had been born and raised in Arkansas. She was in her late 60s and had been a heavy smoker for many years. Six months earlier, she had been diagnosed with inoperable lung cancer. The tumor had already metastasized to her liver and to the other lung at the time of the initial diagnosis. The chemotherapy that was given was completely ineffectual, and radiation treatment to the large primary lung tumor had already been completed. She had been admitted this time because of severe shortness of breath, fever, and probable pneumonia. Her current treatment consisted of oxygen, IV bronchodilators and antibiotics, respiratory therapy, and antianxiety medication. The doctors' notes spoke of a life expectancy measured in days.

The patient's family was so deeply religious that I became skeptical that this desire for baptism was really the patient's wish and not theirs. I didn't know the extent of their influence or their expectations. Were they coercing the patient? Were they trying to assuage any guilt they had? Did they believe a baptism would cure their mother?

I admit I was intrigued by the situation: If I agreed to help, what were the physical requirements of fulfilling her request? What was my motivation? As an oncologist, I wanted and needed to obtain this

Manuscript received November 29, 2004; accepted January 26, 2005.

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Commun Oncol 2005;2:135-136 © 2005 Elsevier Inc. All rights reserved.

small but meaningful victory over the ravages of her cancer. If her wish could be granted, it would do us both good.

I spoke with the minister to learn more about the family situation and to understand what had to be done physically in order to baptize the patient. He said he was satisfied that the patient was sincere in wanting to be saved. He was convinced she made the decision based on religious reasons and that she harbored no illusions it would change her medical situation. However, he thought her daughters had hopes for a miracle.

He explained that we needed to totally immerse the patient, submerging her head under water in order to complete the baptism. This could be done in a bathtub in lieu of a river or lake or a church baptismal pool.

In meeting and examining the patient, it was obvious that she was severely ill. Her breathing was rapid and shallow. She was sitting upright, panting and audibly wheezing. Her lips and fingernails were cyanotic. She had difficulty talking and spoke tiredly. Her heart rate was rapid. There were clear signs of heart failure: pitting ankle edema, neck vein distention, and wet breath sounds in the bases of her lungs. Hoping to clear her lungs of the excess fluid that had accumulated, I gave the patient an intravenous injection of furosemide.

She told me herself that she wanted to be baptized. Even though talking was difficult, she made me understand that she was requesting this from her own hope that it would help her to salvation. She had no fantasies that the baptism would diminish the cancer, but she was prepared to welcome a miracle. She was aware that her life expectancy was very short and death was probably imminent, and she accepted this. She was sincere and eloquent, and I decided to help her obtain what was certainly her final wish. I was struck that I, an atheist and a Jew, would be an instrument of her Christian salvation.

We covered her IV tubing and bottle with plastic wrap and towels and switched her to portable oxygen. A bathtub in a private area was filled with water, and arrangements were made to transport the patient by wheelchair.

The nursing staff was wonderful and fully engaged in helping the patient. By 11 PM, all was ready, and she was wheeled into a small and ancient bathroom.

### Into the bath

A large group had gathered. In addition to the minister, the family, a few friends, and a couple of other patients, there were now two shifts of hospital personnel plus the hospital chaplain. Nearly 25 people congregated in that small bathroom and the adjacent hallway.

The patient was dressed only in a hospital gown that opened at the back. She was wearing no undergarments and had on hospital-issued paper slippers. The plan was to transfer her from her wheelchair into the bathtub just before immersion. The oxygen would be removed at the last possible moment before I submerged her head. The patient seemed terrified, exhausted from air hunger. Her wheezing was audible to everyone. But she found the strength to cooperate.

The ceremony began, and when the minister asked me to transfer the patient to the tub, we had to hold her left arm, hooked to the IV, out of the warm bath water. The minister was indicating to me to immerse her head. Quickly, I removed the nasal prongs and held her head in my hands, lowering her into the water until only her nose was visible. Her daughters had started to sing *Shall We Gather by the River*, and the minister continued with his incantations. I believed we had completed the rite, and I was feeling very content.

But then the bathtub started to overflow, the water colored a pale yellow. Her diuretic was working, and the floor was starting to get wet. The singing rose and the daughters were

now crying. Then I heard the minister say we had to do it again. I had not submerged her head far enough.

My shoes were getting wet, the warm urine-tainted water was flowing freely, the family was crying loudly, I was putting the nasal oxygen back on the patient, and the minister kept urging me to immerse her again. At that moment, I didn't know what to do. I looked down at the patient. In the midst of all this, she was calm and quiet. Looking into my eyes, she nodded, telling me without words that she was okay. "Alright," I said, "let's do it again."

The second time it worked. She was baptized. The hospital staff was crying, the minister was jubilant, and the daughters were hugging me as I got their mother out of the tub and back into the wheelchair. She was returned to her room and changed into dry clothing. As I left her room, she was humming a hymn I did not recognize.

### Envy—and thanks

I stopped in to visit with her the next day while I was making hospital rounds. She was breathing easily, and there was no wheezing. She was no longer gray, and her voice was stronger. Her edema was gone, and her chest was free of the rales I had heard the day before. She and the family were hugging and thanking me profusely. They were extremely grateful.

I happily sat with the patient for a few minutes, feeling very pleased with myself and with our victory. She was serene and at peace. I was so envious of how she felt. She thanked God repeatedly, as did her daughters and the ever-present minister. As for myself, I thanked the diuretic, but didn't share that thought with them; it was irrelevant. She was in a state of grace.

Later that day, when her heart stopped, she was ready for her final journey.

#### ABOUT THE AUTHOR

Myron Goldsmith, MD, is a medical oncologist living in Huntington Beach, CA.