

- Staff photo by ROBERT MULHERIN

Sister Olivia Prendergast sometimes gets "battle fatigue" because "I love my job dearly."

Sister Olivia wipes away tears of dying

By KIM PHELAN
Globe-News Medical Writer

Oma Bankhead closed her eyes against the light, squeezing out the tears that had gathered beneath her lids. Her choked voice slowly sang hymns from her childhood. And she cried.

At her bedside perched Sister Olivia Prendergast, with a box of tissues, singing the words with the dying woman. The window shades to the St. Anthony's Hospice and Life Enrichment Center were shut against the spring day. The interior darkness was warmed by the rose and teal-blue colors in the room surrounding the 80-year-old woman.

Oma's tears continued to flow as she clenched the hand of the hospice pastoral care coordinator. Sister Olivia motionlessly held the tissues with one hand, hesitating to wipe Oma's tears away until they slipped down the woman's chin.

These were cleansing tears, she explained. These were the tears of death and dying.

Sister Olivia has been wiping away the tears of dying patients ever since she was obstetrical supervisor at Spohn Hospital in Corpus Christi. She learned the art of softly touching dying patients from the Lamaze classes for her pregnant patients who needed to be ca-

Sister Olivia

From 1-A

ressed and massaged.
While at Spohn she also learned on the psychological and spiritual needs of dying patients. Hospital nurses would ask her to visit patients in intensive care, to comfort them until they quiested down.

I "I would go down into all this technology with all the tubes hanging and machines going and all I could see were the eyes of those patients looking at me, begging for help," she recalled.

"They were terrified. administer to the psychological d spiritual needs of dying pa-

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help," she recalled.
"They were terrified, petrified that they were going to die. And the

fears were coming out of them like monsters out of Lock Ness." Recognizing that the needs of dy-ing patients weren't being met, Sister Olivia resigned as obstetrical supervisor to become the hospital's thanatology director. She held the position for one year before entering the Clinical Pastoral Expering

ing the Clinical Pastoral Experience training program in Albuquerque to further her skills for ministering to the dying.

In September 1980, St. Anthony's Hospital recruited Sister Olivia from Albuquerque to head its new hospice program. She nursed the hospice from its infancy when it was only a hand-holding, consoling Life Enrichment program operated out of a closet-size room in St. Anthony's Hospital.

out of a closer sale. The hony's Hospital.

'In those days we never refused anybody," she recalled. "We never had any rules or regulations or Medicare to deal with. It was heaven that first year. We would be able to go anywhere we needed. We had an open Mother Teresa service."

Quickly the program grew. And with the growth came government regulations dictating who could be served where, when and for how long. Sister Olivia nurtured the hospice concept locally, actively participating in committees to raise the needed \$4 million to build the 20-bed feelity. facility across the street.

With one hand she caressed patients while the other hand filed cer-

"I had hoped we wouldn't be bound up in that bureaucratic mess.

"I had hoped we wouldn't be bound up in that bureaucratic mess.
I had hoped we would ripple out to the whole world," she said spreading her arms wide. "And for a while were Camelot.

"For our program, I think the regulations hinder us because we have to write everything down, sign our names to everything down, signiour names to everything, discuss every detail in many, many meetings. I have one foot out the door at every meeting. All this time spent on regulations could be spent with patients." discuss patients.

For many people who have come into contact with the St. Anthony's program, Sister Olivia is the heart of the hospice. The \$-foot-2-inch sister of the hospice.

or the nospice. The 5-1001-2-inch sis-ter, however, credits a much larger being for the hospice's existence. "God is our source in hospice," she insisted. "And we acknowledge that even if he seems like he is on vacation sometimes. He is still our source.

But sitting back and admiring her accomplishments at St. Antho-ny's Hospice and Life Enrichment Center does not come easy to Sister ny's Hospice and Life Enrichment Center does not come easy to Sister Olivia. Periodically, almost inevita-bly, the 57-year-old Catholic nun will work herself to the point of ex-haustion. Teil-tale cold sores will appear on her lips and her body will refuse to leave the protection of her hed bed

Then she must admit defeat. She

Then she must admit deteat. She must put her feet up and admit that the world's problems can't be solved by one nun in one day.

"Sometimes I do get angry at my God because he doesn't give me what I need. He doesn't give me just a little bit more energy," she said a little bit more energy a little bit more energy," she said as she spent a rare moment in her office rather than fluttering around the hospice. Her hand rested on her desk calender packed with appoint-ments. Unanswered phone messages littered her bulletin board and crowded onto the wall.

"There is a conflict because I hear the advice, I've read the articles and books that warn against burnout and battle fatigue. I don't think mine is burnout. I think it's think mine is burnout. I think it's battle fatigue because I love my job

dearly."
Sister Olivia's "job" borders on an obsession. From early morning until the wee hours of twilight the Irish native seeks out the dying pa-tients that most health care profes-

sionals would prefer to avoid.

When she isn't in the hospice sitwhen she is in the hospiter sit-ting at the bedside of dying patients, consoling families, sharing with staff members or attending meet-ings, the woman is traveling through the Panhandle visiting with home care patients, attending fu-nerals of past patients or teaching community organizations about the

community organizations about the hospice concept.

This summer she plans to take a vacation. She will return to her mother land to visit another hospice. Every five years Sister Olivia returns to Ireland, which she left in 1949 when the 21-year-old girl accompanied by her sister decided to become missionaries to the United States.

"Every little girl in Ireland wants to be a nun,"she explained. The musical brogue still clings to her soft voice. "I've always had a hankering for the Lord or he always had a hankering for me. Being

had a hankering for me. Being around spiritual places feeds me."

And spiritual yet unconventional places have continued to surround the conservative nun turned liberal. Sixter Olivia has shot the block and Sister Olivia has shed the black and white habit, which she vowed would never change, for informal denim dresses and comfortable loafers. A permanent indentation in her jaw bone left from the facial guimpe still reminds her of the former con-

stricting years.

Since Vatican II, Sister Olivia has joined the Moonies for two years to better understand why the younger generations were leaving the church for the sect.

"I went through brainwashing once to see what it was like. I slept on the floor shoulder to shoulder with them, I even sold candles on Wall Street," she recalled with a chuckle: "Yes, I did it all."

Later during an educational leave the nun would travel to New York City to study midwifery. Each day she would ride the subway with strangers she remembers fondly.

Yet, the leave she remembers

Yet, the leave she remembers with the most pain and pleasure came in 1982 when she returned to Ireland to care for her dying father. For three years her sister, one of 10 siblings, cared for their father. And for three years Sister Olivia would telephone her sister with hospice

advice.
"Then one day she called me and said, 'You are so knowledgeable in hospice. Now you come over and see that it is not working.' She was tired and angry," Sister Olivia re-

"Hospice is for the last six months of life. She spent three years, 24 hours a day, seven days a week caring for our father. At that

week caring for our father. At that point hospice starts getting defeating and you start calling it names."
Although the first hospice facility built lay only 20 miles away, the Prendergast family tried to cope with their father's death alone, she said. The Ireland hospice housed mostly people who didn't have family to care for them.

"Most everybody over there is oor so you don't have much choice. Unless you're desperately ill, you don't go to the hospital. Many peo-

don't go to the hospital. Many people die in the homes in Ireland.

'There they honor their father and mother to a point where it's almost disgraceful if you don't care for your parents. So culturally it's expected to take care of your mom and dad when they die. So it's a natural hospice.''

and dad when they die. So it's a natural hospice."

Sister Olivia went to Ireland to
do her duty, to relieve her sister.
"I went home to bury him," she
admitted. "But we took so good
care of him that he didn't die. Nobody dies on time... He was living
his life through my sister until there
was nothing left. And suddenly I realized he was going to do the same alized he was going to do the same to me. It was real torture.

"Dad taught me situational ethics. Suddenly I found the word eu-thanasia on my mind. I was think-ing murder, withdrawing the pills. In a way, he really helped me learn to help the families here. I can tell them that it's all right to think those thoughts. We just can't kill them." Sister Olivia remained in Ireland



A soft hug is part of a comforting visit.

caring for her father while St. Anthony's Hospice struggled without a director for more than a year. Although she told them to fill her vacant position, they waited for her return. Finally, they hired a new director during the same week that her father died.

Her father's death left her with feelings of guilt that most family members experience when a loved one dies. On top of those feelings, Sister Olivia also has guilt concerning the hospice. She said she feels guilty about not having enough time to deal with the staff's needs, not having enough time to attend important committee and board meetings and not enough time to spend with patients and families.

"I feel guilty about passing families in the hallway, reading their body language and just saying, 'Hi,' and passing by knowing they need more of me, more of my time.

"To become more vulnerable and less productive is a goal for

Olivia this year. If I don't, I'll just be forced to by cold sores and exhaustion. But I'm an idealistic dreamer. I want my dreams to come true and I'm willing to work for them.

"And hospice must continue. We must never let go of hospice. I think it is the hope of the world, really. True hospice is seeing the patient and family in their time of need. Money doesn't cut it. It has to be a spiritual commitment and dedication."