I became an agnostic at the age of 9. Throughout my childhood in the city of Torrance in Southern California, I had numerous encounters with religiosity. I attended South Bay Junior Academy, a Seventh Day Adventist K-10 school from kindergarten to fourth grade. I played Mary in my first-grade Christmas pageant. After fourth grade, I transferred to Riviera Hall Lutheran School and pledged allegiance to the white-and-blue Lutheran flag each morning. I prayed and sung gospel songs in weekly Friday morning Chapel service and always won Bible class Jeopardy with my knowledge that Methuselah was the oldest figure in the Bible. My maternal grandparents had emigrated from Taiwan to live with us and were casual Buddhists who filled our home with audio recordings of slow, melodious chants. When my grandfather died I threw bundles of paper money into a fire pit after his Buddhist funeral ceremony. My paternal grandparents, also Taiwanese immigrants, lived an hour away in Chinese-Mexican El Monte and were Christians who led us in saying "grace" in their Taiwanese dialect whenever we gathered for weekend dinners. My parents, however, were not religious themselves and had sought to educate my brother and me at small religious schools so that morals would be reinforced at school as at home. We did not attend any type of service while growing up, and I have remained agnostic throughout youth.

It is through the lens of this agnostic youth that I have attempted to explore religiosity and redemption in the nursing home. I moved to New York City to attend college at Columbia College at Columbia University, living on the Morningside Heights campus my entire four years there. I first became involved in geriatrics and nursing home work through an internship for pre-medical students the summer after my sophomore year of college at ArchCare at Terence Cardinal Cooke (TCC), then a 729-bed skilled nursing home and subacute rehabilitation center at East 106th Street and Fifth Avenue fifteen minutes away across the top of Central Park. The internship experience was designed to allow pre-medical students to become immersed in the challenges of delivering end-of-life care and palliative care for people dying in the nursing home. I would continue as an intern at TCC from 2010-2013 working to improve end of life and palliative care services throughout my college career, eventually starting a 200-student volunteer accompaniment program. After graduating from college in 2013, I worked full-time at TCC as a Project Coordinator in Quality of Life and Medical Administration before matriculating at Harvard Medical School in August 2014.

During my time at TCC, I was supervised by Dr. Anthony Lechich, Medical Director, an internist and geriatrician- "Tony" to his patients and colleagues and always "Dr. L" to me. Dr. L's Catholicism infused his clinical mission. As Medical Director at TCC for over 20 years, Dr. L was our walking personification of ArchCare's Catholic mission of providing excellent, holistic care for the frail elderly. During my years at TCC, we celebrated Dr. L's Saint Day (St. Anthony of Padua's Feast Day) on June 13th along with his birthday on February 8th. TCC's mission was summarized proudly in a framed quote that hung in the building's grand Fifth Avenue lobby under a photo of the late Terence Cardinal Cooke and read, "The 'gift of life,' God's special gift, is no less beautiful when it is accompanied by illness or weakness, hunger or poverty, mental or physical handicaps, loneliness or old age. Indeed, at these times, human life gains extra splendor as it requires our special care, concern and reverence. It is in and through the weakest of human vessels that the Lord continues to reveal the power of His love." Dr. L quoted it at all times to all parties present.

Dr. L was "Tony" to the nursing home residents. "Tony" was known to sit with a nursing home resident for hours accompanied by a well-worn issue of the New Yorker or the New York Times (particularly the Tuesday Science Times). Every nursing home resident had Dr. L's personal cell phone number and he never missed a call, even in the middle of the night. He was tormented by instances of sub-optimal care in the nursing home, a tireless advocate. He ran everywhere within the nursing home, his presence marked by the flying coattails of his lab coat. Often growing impatient waiting for TCC's old elevators, Dr. L and I would shout our conversations while running down the stairwells, with me shouting down as he was always two floors ahead of me. He was driven by the conviction that his patients *could not wait*, not for him to wait for the elevator, not for pain relief, not for nothing.

Through his fervor and the environment and expectations it created for caregivers at TCC, I, ever the agnostic, began to experience religiosity in the nursing home. I understand religiosity as the preferential treatment of certain phenomena as sacred. What is sacred takes a lifetime of effort to preserve. Through the application of Catholicism to his calling as a physician, what was sacred to Dr. L was the preferential care of the most vulnerable, personified by his patients dying in the nursing home. The aim of such preferential care, Dr. L exemplified, was to restore for our disenfranchised nursing home residents the sacred act of being loved, of belonging.

Redemption is defined in our secular dictionary as “the action of saving or being saved from sin, error, or evil.” Dr. L’s last encounters with a TCC nursing home resident whom we will call Chris represented for me a modern parable of redemption in the nursing home, a parable that continues to fuel my vision for the patient-healer relationship.

Chris had lived at TCC for twenty years. Chris had been a tall troublemaker with a threatening and eruptive temper who had been known to lumber around the nursing home in his earlier days. Dr. L had gotten to know him through the many times Dr. L had been called to calm him down. Chris had lost the strength and temper he had brought with him from the outside world as he became confined to his bed with illness and increasing age. During his twenty years at TCC, Chris had never had a single visitor.

In my travels around the nursing home, I re-lived with our nursing home residents their memories spanning hundreds of collective years. The most significant memories were those of regret surrounding bitter estrangements from lovers, spouses, siblings, and children lost to disagreements along the way. The turbulent period at the end of life sometimes provided the odd and peaceful clarity necessary for moments of reconciliation with the estranged. If we were lucky, TCC’s social workers unearthed relatives unseen for years to discuss advanced directives and beckoned and pleaded with them to come say goodbye when our nursing home residents approached that final stage. I recall many sad occasions upon which a previously estranged child came to TCC too late - to collect a body from our morgue, awkwardly, wordlessly, and quickly. For many patients like Chris with the difficult, winding origin stories that had led up to life in the nursing home, the moment for the redemption of reconciliation with estranged loved ones never came. Attempts to bring in figures from the past were unsuccessful, with repeated calls left unanswered in a condemning silence.

Dr. L had disagreed with Chris over their many years together in the nursing home, but Dr. L would often take his newspaper to sit in Chris’s room after the work day. A week before his death, Chris, always a gruff man, turned in bed to face Dr. L and said, “Tony, I love you.” This, to me, an agnostic, is redemption: the ability to allow a person estranged from everyone in his universe to return to the phenomenon of belonging that is love for another person outside the bonds of blood or familial relation.

Dr. L had never been a mentor to encourage the separation of emotion through a rational, protective, professional distance from the job of healing. On the contrary, he preached that the best way to deal with one’s own emotion in the line of caring for the dying was to “weep with your patients and their loved ones, and love them, and hold them.” In loving his patients and in allowing them to love him, Dr. L allowed Chris to be redeemed. By allowing him to love through the doctor-patient relationship, I believe Chris was “saved from the sin, error, or evil” in his life that was the cause or result of abandonment and estrangement from his loved ones, those to whom he had formerly belonged. The act of compassion undertaken by Dr. L, a healer, of loving and caring and allowing in turn to be loved for and cared for by the patient constitutes a rebirth into the phenomenon of community, into a new identity of belonging to or with someone, into the responsibility of mutual ownership over nurturing a bond.

Witnessing this act in the institutional sterility of the nursing home allowed me as an agnostic understand and feel the fierceness of religiosity and the convictions that believers hold for facilitating this redemption - the redemption from the sin, error, and evil of loneliness which is partial to the frail, infirm, and elderly. There was undoubtedly sanctity in the many moments of the subconscious sense of belonging that I witnessed during my years in the nursing home.

I watched our nursing home residents with cognitive impairment and late stage dementia suffer the evil of relentless non-belonging to a certain and assured time, place, or identity. Sacred for me was my witnessing of their sense of comfort around certain volunteers and caregivers who were regulars in their lives although they could not recount the names or when they last saw them. Sacred for me was watching the face of an agitated non-verbal Chinese woman on her deathbed relax as we played an audio recording of Chinese folk music – perhaps allowing her to belong again to her memories of a homeland and loved ones long gone, far away from the sterile confines of the hospital room. Sacred for me was watching a nurse and a patient’s mother embrace after a long and bitter fight about the patient’s recreational feedings with watermelon cubes that could, to our best clinical judgment, cause aspiration and the dangers that came with it. Sacred to me were my experiences and the many accounts I heard of staff and volunteers at the nursing home of sitting quietly with a dying patient through their last breaths, witnessing the life force break free of the body. These moments were worth preserving. They were sacred. They offered salvation from the conviction that the barriers to achieving a “good death” for each of our own were insurmountable.

For now, I remain firm in my agnosticism. But through working to heal as a physician, I will continue to seek that mutual redemption through caring for and loving my patients. It will redeem me from the sin, error, and evil of cynicism and hopelessness that the hard work done when there is no cure at the end of life is futile, that the multiple and complex disease processes that accompany aging cannot possibly be managed, that the aging and dying are depressing to work with and for. If I may pray, my prayer will be this: May my work as a physician redeem my patients and their loved ones from the evil that is the loneliness of illness.

Bob quote about soul:

"If we simply connect these ideas an unexpected answer emerges, one based on the history of our species. The location of the soul of any one of us need not necessarily be entirely in our minds or bodies or brains. Instead, it could be — in part, or altogether — in the minds, bodies and brains of each of the people whom we have nurtured, and the minds, bodies and brains of those who have nurtured us. The argument here is not against Heaven. Those two prayers speak about those of us alive today, and the souls “within” us now. And I am arguing, simply, that these souls within us need not be individually ours alone. I hold in me a set of emotional and narrative memories of a number of people. Some people have impressed themselves deeply on me, and I know I will never forget them. Others once made me laugh or cry, but I can hardly remember why. Above and beyond any other people, my wife, my daughter and her family live inside of me with sharpness and intensity unrivalled by the memories of anyone else. From what I have said about our natural origins, it should be clear that the special intensity of these memories is not an accident, but rather that it is the predictable outcome of a strategy for the survival of our species, that has worked for it and for its ancestors as well, for hundreds of millions of years. All that I am saying that might be new, is that this special set of memories and feelings I hold for these people represents an aspect — maybe no more than a reflection, but maybe no less than a portion of the entirety — of each of their souls. Now let me make that symmetric. I will assume — it is no great immodesty — that a sense and a memory of me is as strong in each of them. In that sense each of them hold an aspect, or a portion, of my soul. And in each case, with full symmetry, it is that portion or aspect of our souls that can, without mystery or miracle, and while restricted entirely to this mortal world, survive death."