



University of Maryland Medical System

University of Maryland Hospital

VIEWING ROOM

Condolence Room

83-84

24 April, 1984

Mrs. Granger G. Sutton, President
University of Maryland Hospital Auxiliary

Dear Mrs. Sutton,

I was delighted to learn of the Auxiliary's interest in decorating and furnishing a Viewing Room for Mortuary Services in the Pathology area of the Hospital. As one who is frequently called to accompany family members when they view the body of their deceased relative, I can testify to the very unsatisfactory environment used for this purpose. The room is presently emotionally cold, poorly lighted and is not at all conducive to a healthy initial grief process. Rather, it works against any sort of healthy grief.

Mr. Austin Veale has outlined for you the needs in furniture and decoration that will help to correct this situation. I feel that those needs could be provided fairly inexpensively. Unfortunately, the Hospital's priorities for care of the living and our limited resources have not allowed for this project.

The Viewing Room would be used in situations such as the following:

1. Family members are called in to make identification of victims of accidents or sudden illness who have come to the Hospital dead on arrival.
2. Family members are called to the Emergency Room following an accident or sudden illness of a relative. They arrive shortly after death has occurred. Or the relative dies while they are waiting for treatment outcomes.
3. A patient dies in one of our inpatient areas. The family is informed by phone and requests to see the body before it is removed to the funeral home. Often their personal situation or distance involves prevents them from arriving at the Hospital for one to three hours or more. (It is inadvisable to leave the body in the inpatient area for this length of time out of consideration for other patients and/or their families. The inpatient area affords little or no privacy for the grieving family and their grief expression can be disturbing to other patients.)
4. A family is called because their relative is dying. They have a distance to come - one to three hours or more. The patient dies while they are enroute. Again, out consideration for them and for others, it

is important for the body to be removed from the in-patient area and for the persons involved to have privacy for free expression of their grieving.

5. A stillborn, newborn or premature infant dies. The parents elect for State disposition of the body, but request a memorial service and some private time with the dead infant or child. Hospital policy and other humane considerations do not allow for transport of the body through the public areas of the Hospital to the Chapel. The service could be held in the Viewing Room if the atmosphere were more conducive. (I have been involved in two such situations within the past two months.)

These are but a few examples. This initial grief period is extremely important to family members. It affects their whole adjustment to the loss and can even affect the future health of those closest to the deceased. They desperately need an aesthetically helpful, comfortable atmosphere for this time.

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We have been trying for several years to bring this project to completion. So far, our only success has been in identifying and reserving the room. Funds have simply not been available for improvements to that bare room. Obviously, the Hospital's main commitment must be to the living. However, we feel that this room allows for preventive therapy ("medicine" if you will) for the grieving family members.

In Pastoral Care Services and the Pathology Department, we are most appreciative of your consideration of this project. If I can be of any help in either the consideration or the execution of this project, I will be glad to assist in any way possible.

Thank you so much.

Sincerely,

Carl Heim Greenawald

Reverend Carl Heim Greenawald
Director, Pastoral Care Services

Copies: Austin Veale
Linda J. Gilligan



UNIVERSITY OF MARYLAND HOSPITAL

DEPARTMENT OF PATHOLOGY
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April 20, 1984

Ms. Barbara Sutton
Volunteer Services
University of Maryland Hospital
Room N1E25B - UMH

RE: VIEWING ROOM PROJECT

Dear Ms. Sutton:

I am, indeed, grateful for the interest in which you have shown for our viewing room project. We have struggled for several years to adequately furnish and make available a viewing room that would meet the needs of this Hospital.

Presently our viewing room facility is being used for approximately 50-60% of our death situations. It could, if furnished properly, accommodate 95% of our death situations; that would include a waiting area for family to arrive, a viewing area and a conference area for family and physician both at the time of death or, in some cases, possibly after the performance of an autopsy.

The needs for this room are as follows:

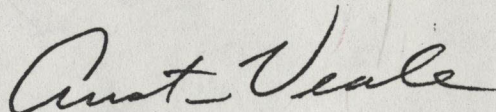
1. Carpeting, 23-1/2' x 8-1/2'
2. Indirect lighting (2 lamps)
3. Sofa (2)
4. End tables 2)
5. Lamps (2)
6. Draped litter for decease
7. Desk and chair
8. Curtain (ceiling to floor, 8' x 8-1/2')
9. Walls painted

These are the items which I and several members of the Viewing Room Committee, headed by Clergyman Carl Greenawald, feel the viewing room needs. The Viewing Room Committee has been in existence for several years now and were promised that these items would be made available to us. Some how this has not been accomplished.

Ms. Barbara Sutton
April 20, 1984
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Again I would like to thank you for your help and the help of the Auxillary in your promptness in coming to see what our problem is and in giving us immediately four chairs which look better than anything we presently have.

Sincerely yours,



Austin Veale
Supervisor, Autopsy Services

AV/et

xc: Dr. Chen-Chih J. Sun
Clergyman Greenawald