Healthcare Chaplaincy in Scotland.  
A Case of benign envy.

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I want to begin by posing a dilemma for you, as I am sure you are all familiar with challenging situations and difficult dilemmas. This one is an ethical issue. Many of you will be familiar with the 10 commandments in the Bible with their various challenges. Others will have heard of or be familiar with what is called, the Seven Deadly Sins.

My question today is, is it acceptable to be envious?

Envy has been defined as “a resentful emotion that occurs when a person lacks another’s superior quality, achievement or possession and either desires it or wishes that the other lacked it” Envy has been categorised as one of the Seven Deadly Sins by the Roman Catholic Church alongside wrath, greed, sloth, pride, lust and gluttony.

This might appear to be a strange beginning to this day, except for those of us in healthcare chaplaincy out with Scotland, this is a real dilemma. My reason in posing the dilemma thus is because the rest of the United Kingdom feels this way with regards to the developments of Chaplaincy in Scotland in the last decade. I suspect that if it was possible to interview others from abroad, they might share similar feelings about the profound and sustained developments in Chaplaincy “north of the border”.

I would suggest along with the psychologists Zeelenberg and Pieters, that envy can carry both positive and negative, connotations, (malicious or benign envy). My point is to stress the very significant developments that have occurred in Scotland over the last 10 years as they have engaged with the quality agenda in Healthcare.

It has often been suggested that Chaplaincy/spiritual care services are soft targets for cutbacks amidst challenging financial times. The quality that they bring to the whole healthcare service is quite disproportionate to their cost. It is an integral part of the work of healthcare to look critically at all aspects, chaplaincy/spiritual care continues to handle the scrutiny in terms of cost and benefit. It is sad that chaplains are not good at engaging with that agenda, preferring that their works goes on unsung. Too often patients are slow to affirm that dimension of care in writing but when they do the gems are worth treasuring. A while ago I was asked to do a presentation to the Board of Governors of the Hospital in Cambridge about chaplaincy. One PowerPoint slide, entitled, is pastoral care cost effective?, produced a phenomenal response with several governors quite angry that such an idea should be raised because they assumed that everyone knew of the outstanding work that chaplaincy staff do with patients, staff and relatives. After all who else goes in with empty hands, no toolkit but simply a heart of compassion to relate with the damaged, the defeated, the distressed and despairing across a plethora of circumstances?

This is an excellent opportunity for me as an outsider to portray for you with a series of big brush strokes some of the developments of the past 10 years. I am confident that such developments will continue to increase so that healthcare chaplaincy/spiritual care continues to be fit for purpose in the 21st century.

A brief overview
The story begins back in 2001 with a political initiative, a careful scoping study, and an academic examination of chaplaincy exploring what they do.

In 2002 HDL (2002) 76 Spiritual Care in NHS Scotland was published which placed a requirement on the NHS in Scotland to do something about the provision of spiritual care through the Health Boards. The
political initiative was significant and had a huge impact in starting the changes we witness today. That guidance was revisited and revised in CEL (2008) 49 – Spiritual Care which continued to underscore that political initiative and emphasise the need for the appropriate services to provide spiritual care in the NHS in Scotland.

Some background work was undertaken across the NHS in Scotland to scope the provision of spiritual care with a formal report published in 2005 entitled, “Report of the Scoping Study Group on the provision of spiritual care in the NHS Scotland.” At the same time a more critical and academic piece of work was undertaken by Prof J Swinton and Dr H Mowatt to clarify exactly what was the task of chaplains. That study was published in 2005, entitled, “What do Chaplains do?” – the role of the chaplain in meeting the spiritual needs to patients.

The territory is now known
On the basis of this political initiative and with the findings of the studies mentioned, some significant steps were taken to develop the provision of spiritual care. Four aspects will be mentioned here as key:-

1) Standards for NHS Scotland Chaplaincy Services 2007 were produced which carefully delineated the requirements of a chaplaincy service. This is an excellent document with its audit tool in the appendix.

2) Capabilities and Competences for Healthcare Chaplains followed in 2008 which clarified the role of the chaplain as a practitioner working within that chaplaincy service.

3) ‘A multi faith resource for healthcare staff,’ was produced to enable all staff working in the NHS to have guidance about the diversity of needs within the hospital population. This definitive publication continues to provide excellent guidance for a wide range of faiths and groups whose needs require special attention and consideration.

4) Training resources are developed for the entire workforce in the NHS about spiritual care. These were published in 2009 as “Spiritual Care Matters”: An introductory resource for all NHS Scotland Staff.

The impact of these last two publications was to empower all staff within the NHS to engage with the spiritual care agenda and for it not to be seen as exclusively the chaplain’s domain.

Other developments
The momentum of change continued during this time and it is important to note that the SACH journal continued to flourish. This production has become key for chaplaincy in the UK as it is an online resource that is linked in with Medline and other major academic search facilities. It is the major vehicle for promoting chaplaincy practice.

The Association of Pastoral Supervisors and Educators (APSE) was formed in 2008 under the careful leadership of Chris Levison who recognised the need for chaplains to be properly equipped and supported in their work.

The work of drawing chaplaincy together as a profession was expedited with the formation of the U.K Board for Healthcare Chaplaincy (UKBHC) in 2009 with Chris Levison again playing a leading role and ensuring that developments across the UK were consistent and sustained.

A new certificate course in healthcare chaplaincy at Glasgow University was created in 2009 with Rev David Mitchell as the course tutor. This course provided an excellent basis for the academic development of the chaplaincy profession based on the framework document, Capabilities and Competences for Healthcare Chaplains. The first cohort of students was funded by NHS education for Scotland.

At this time there was a research study being undertaken by Dr Harriett Mowatt of Aberdeen University for English chaplaincy grouping, entitled, “The Potential for efficacy of healthcare chaplaincy and spiritual care provision in the NHS”.

By 2010 it is clear that the momentum continues to gather pace. “Spiritual Touch Points” was published which is a collection of digital stories of patients,
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carers and healthcare staff who have worked with healthcare chaplains.

A national research strategy group was created in 2010 with a research champion in each health board in Scotland.

The Community Chaplaincy listening project with 12 pilot sites started in 2010 and continues to thrive.

Another development was the creation of a PROM (patient related outcome measure) for use as a spiritual care intervention tool. Further work to progress that tool is ongoing.

The conference in Perth in June 2011, entitled, “Research informing practice” brought together a fascinating group of people who pondered findings from research activity and considered ways that might inform future practice. One speaker from America remarked that this was indeed, a world leading event.

Why such a success!

There are a number of factors that have contributed to this picture of success. National Leadership has been a key component combined with health board ownership of the changes. The developments have been well thought through and structured so that they have been fully integrated into the healthcare scene. The issuing of the HD circular and CEL letter from the top of the NHS enabled it to flow out. At the very centre of NHS Education for Scotland have been some very strategic leads that have nurtured and developed the ground so these new ways have gone forward in a cohesive way.

The professional leadership of Chris Levison and Ewan Kelly has contributed immensely to this success. Their style of leadership has been collaborative in approach so the various official documents had a very wide group of people involved in their production. They have had a clear sense of direction because they themselves are experienced practitioners. They have not allowed themselves to be dogged by the politics of the various church groups and have utilised a generic model of spiritual care. A vast amount has been achieved by a few people. This has indeed been value for money with an impact that is phenomenal.

The work has been shared generously so it has become integrated throughout Chaplaincy in the UK. If this is set in context, you will understand my affirmation. Within England we saw the formation of the Multi Faith Group for Healthcare Chaplaincy in 2002. In 2003 the ‘Caring for the Sprit’ project was started and eventually petered out in 2008 having cost approximately £3 million. The only good and lasting thing to emerge was Dr Mowatt’s study on the potential for efficacy study.

The story of healthcare chaplaincy in Scotland over the last 10 years is a story worth telling. This has used a small resource for a big impact and they are recognised as world leaders in healthcare chaplaincy. We will watch with eager anticipation to see what happens next.

A case of benign envy indeed!

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50
Healthcare is free to everyone living in Scotland regardless of your nationality, but you will have to pay fees for specialised services. In case you have to register yourself, you will have to duly fill and sign an application form at the nearest NHS centre. You will then be entitled to a Medical Card which will contain your personal National Insurance Number (NIN). The NIN is a unique and personal number which will allow you to benefit from health, unemployment and retirement insurance. Good to know: You can easily find a General Practitioner near you by visiting the Service Directory of NHS and filtering by area. Find out more here. Private health insurance in Scotland. Some good good news coming Bill Gates and his side kick Anthony Fauci along with the big Pharmaceutical Companies has lost a massive court case in the United States of America. The Supreme Court in the USA has ruled that it shall not be mandatory to have a vaccine. Also that there was no valid proof that many vaccines were safe. Listen to what this Doctor has to say about Vaccines and the court case. Click below to watch the video on YouTube: The video features a man, who said he is from Georgia, breathlessly reading the BeforeItsNews article, interpreting it as a major victory against those promoting vaccines to guard against diseases. The article reads View Healthcare Chaplaincy Research Papers on Academia.edu for free. This dissertation contends that in the case of Japan, Buddhists have developed training and practices for chaplains that maintain much of the image and understanding of the term “chaplaincy” while still attempting to appropriately adapt such roles to their specific cultural milieus. The research thus contributes to an expanded understanding of not only contemporary Japanese Buddhism, but also intercultural chaplaincy and spiritual care.