The European Network of Health Care Chaplaincy

Comments regarding the Communication of the EU concerning the Community action on health services

The Churches and National Chaplaincy Organizations that participate in the *European Network of Health Care Chaplaincy (ENHCC)* have well understood that health services on a national level cannot be completely "harmonized" on a European level, as well stated in the introduction of the communication (p 2). In forming the *ENHCC* and in facing different aspects of health care, we have have recognized the different ways in which care is approached throughout Europe, approaches which often depend on the particular conditions, traditions and character of each country and each patient.

The initial statement of the Communication as stated in part "1" sets the tone for the concerns below, concerns that deal mainly with the spiritual care that is needed in heath care, offered in health care institutions throughout Europe. These comments presuppose that one of the major components for wholeness and health is directly related to the aspect of one's spiritual life and that faith is a basic element of healing. This should be considered as being a "universal" principle in which all are equally entitled to the spiritual care needed in contributing to the healing process (p. 3.). In the spirit of the EU communication, we must stress the cultural and faith-centered aspects of health and health care and the need to respect these aspects in each patient seeking therapy.

As the Communication states, a high quality of health care is necessary. In order to establish and preserve such high quality care, standards are necessary to be formed, recognized and developed on an EU level. Such

standards will also reassure that "there are shared values and principles for health services on which citizens can rely throughout the EU" (p.4). Realizing the need for high quality care, the ENHCC adopted standards for health care chaplaincy in Europe in 2002, standards which have been accepted by all the participating Churches and National Chaplaincy Organizations.

In the comments that will be submitted to the EU Commission concerning this communication, amongst the health care providers mentioned, it is necessary to specify "spiritual health care" and/or chaplaincy as a service provided (2.2). The comments should also address the concern that a patient going to another country is given the proper spiritual care according to his/her tradition and faith.

The question of who is responsible for this care as stated in sections 3.1-5 can be answered in a double-fold way. On the one hand, it is necessary that the state authorities of each country ensure the right for spiritual health care services to be offered. Recently, this right has been challenged by several country authorities, arguing that spiritual care infringes on the privacy of the individual and, thus, not recognizing the chaplain as health care provider. In this case, the chaplain is not given the right to view the patient's records, not giving the chaplain of possibility to be well-informed of the patient's medical situation in order to offer the best care possible. On the other hand, each Church or National Chaplaincy Organization must ensure that those providing spiritual care are well qualified and officially recognized. Here, there must be cooperation between the state authorities, Churches and National Chaplaincy Organizations.

This brings us to Question 6: "are there further issues to be addressed in the specific context of health services regarding movement of health professionals or establishment of healthcare providers not already addressed by Community legislation?" It seems only logical that a health care provider cannot offer services in another country if that the provider is not recognized by the country he or she practices. In terms of chaplaincy, this recognition should be both by the state authorities and those of the Church and/or National Organization to which he/she belongs**.** *The second part of this question though, poses one of the most important challenges of this communication:* ***that chaplains be recognized as health care providers by and within the EU.***

The most positive aspect of the Communication is the stress of the need for networking (3.2.1). The *ENHCC* is a prime example of this and can be

sited as an example. Networking is needed not only to ensure proper medical care but also to provide the care taker with the needed knowledge regarding the cultural and religious aspects of the patient.

If the Church and Society Commission of the Conference of European Churches (CEC), the Commission of the Bishops' Conferences of the European Community (COMECE) and the EU Commission truly want to establish dialogue, addressing how the Church can work closer with the EU regarding health care issues, it is imperative that spiritual health care be a major area of concern.

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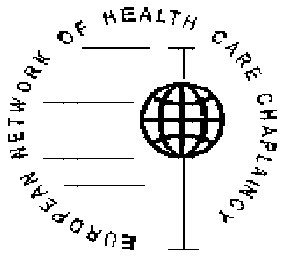

European Network of Health Care Chaplaincy

7th Consultation, Turku, Finland 12-16 June 2002

STANDARDS FOR HEALTH CARE CHAPLAINCY IN EUROPE

INTRODUCTION

Standards for Health Care Chaplaincy in Europe is a collective statement, which expresses the caring work of faith groups in the area of health care throughout Europe. It is meant to be a point of reference and a guide for all faiths and denominations in shaping spiritual care offered in the area of health care. The title of the person who offers spiritual care varies from faith to faith, denomination to denomination, tradition to tradition, nation to nation. In this document the terms ***chaplain*** and ***pastoral*** are considered as generally accepted terms, but are not restrictive.

This document is the result of the 7th Consultation of the European Network of Health Care Chaplaincy, meeting at Turku, Finland 12-16 June 2002, at which 40 representatives of churches and organisations, representing 21 European countries participated. The document draws on the experience of the different traditions represented and brings together standards in health care chaplaincy from Europe and beyond.

1. HEALTH CARE CHAPLAINCY

Chaplaincy provides pastoral services in a variety of health care settings, ministering to the existential, spiritual and religious needs of those who suffer and those who care for them, drawing on personal, faith, cultural and community resources.

2. THE ORGANISATION AND DEVELOPMENT OF CHAPLAINCY SERVICES

1. Chaplaincy services are organised in different ways in different European countries. This is shaped by:

    a. religious faith group administration.
    b. health care institutions.
    c. state health care regulations and policies.
    d. chaplaincy associations.

2. Chaplaincy services are delivered by clergy and lay persons who have been professionally trained in the area of pastoral care. They are authorised by their faith community and recognised by the health care system.

3. Chaplaincy services work as part of the multi-disciplinary team.

3. AREAS OF ACTIVITY OF CHAPLAINCY

Chaplains are present for patients, relatives, other persons close to them, visitors and staff:

1. to proclaim and defend the infinite value and dignity of every person.
2. to be a reminder of the existential and spiritual dimension of suffering, illness and death.
3. to provide a reminder of the healing, sustaining, guiding and reconciling power of religious faith.
4. to endeavour to see that the spiritual needs of people from different religious or cultural backgrounds are met, respecting everyone's beliefs.
5. to try to protect patients from unwelcome spiritual intrusion or proselytising.
6. to provide supportive spiritual care through empathic listening, demonstrating an understanding of those in distress.
7. to provide religious worship, ritual, and sacrament according to one's religious tradition.
8. to serve as members of the multi-disciplinary health care team
9. to provide and participate in teaching programmes for health care professionals.
10. to act as mediator and reconciler and provide advocacy for those who need a voice in the health care system.
11. to support and participate in research programmes about spiritual care.
12. to assess and evaluate the effectiveness of providing spiritual care.
13. to facilitate community awareness of the needs and demands of the people they serve, the carers and health care systems.

4. THEOLOGICAL, PASTORAL AND ETHICAL MATTERS

Chaplaincy is a resource on theological, pastoral and ethical matters, being involved in programmes and discussions concerning:

a. theological and pastoral issues.
b. spiritual/existential needs and values.
c. ethical (including biomedical) issues.
d. the improvement of pastoral health care.

5. EDUCATION, FORMATION AND SUPERVISION

Those working in chaplaincy receive professional training throughout their ministry at a level appropriate to their appointment. This process includes:

a. theological and pastoral education and reflection.
b. awareness of health care issues.
c. practical/clinical supervision.
d. spiritual guidance.

Spiritual Health Care in the EU

Spiritual Care and Health Care

In reviewing the histories of religions and that of health care in Europe, one will immediately realize that there is a very close correlation between the two. Religious communities established the first organized hospitals that were many times protected and supported by the state. Three prime examples are those of *the Hospital of St. Sampson* (6th century) and that of *the Hospital of the Pantocrator Monastery* (11th century) in Constantinople, together with that of *the Hospital of the Holy Spirit* in Rome (8th century). These institutions expressed a very clear attitude about illness and health care: that one of the major components of wholeness and health is directly related to the aspect of one's spiritual life and that faith is a basic element of healing. This has been verified by numerous modern scientific studies which have shown the impact of spirituality on health and the impact of spiritual care on healing.

Health Care Institutions and Religion

Today, some of the major providers of health care within the European Union are religious institutions. Hospitals, hostels, special care units, counseling centers are operated and funded by various faith groups. Even in most state and privately owned hospitals throughout the EU, there is a chapel or meditation room where both the sick and their families can find comfort and a sense of hope. This reconfirms how the spiritual and existential dimension of our being is directly related to healing.

Chaplains

The person who brings together the dynamics of healing and faith within the health care setting is *the chaplain*. Within the European Union, thousands of chaplains serve health care settings, offering the spiritual care and guidance that is essential for one's recovery and offering spiritual support to health care providers as well.

The way chaplaincy is organized within the EU varies from country to country. In most European countries, there are official chaplaincy organizations or associations of the major Christian denominations. In

some cases, there are associations which coordinate chaplaincy on a multi-faith and multi-cultural level, and in other cases, the national religious authority (Metropolitan, bishop, etc) directs spiritual health care.

The European Network of Health Care Chaplaincy

Since 1990, representatives of European Chaplaincies have been coming together every two years to exchange their experiences in spiritual health care. In November of 2000, the ***European Network of Health Care Chaplaincy (ENHCC)*** was formed at the 6th Consultation that took place at the Orthodox Academy of Crete, organized by the Ecumenical Patriarchate. Based on the "Cretan Declaration", the Network is the largest body composed of official representatives from all the Christian denominations and chaplaincy organizations of Europe, which provide pastoral care in various health care facilities. The Network aims at mutual sharing and understanding both on a religious, cultural and organizational level. It brings together the various chaplaincy experiences of all the health care systems in Europe. Today 44 organizations from 29 countries are represented in the ENHCC.

Health Care Chaplaincy and the EU

There are two basic concerns that can be sited in health care chaplaincy (spiritual health care) in relation to the European Union:

1) ***The professional status of the chaplain within the health care community***

   To become a chaplain, one has to fulfil two requirements: a theological education and a specialized training in a health care setting. Practical Theology is the theological reflection on pastoral care and both are taught in theological institutions. Within the framework of pastoral education, clinical experience is required. This makes it a specific "scientific" field of study. Therefore, the position of the chaplain is one that has both a theological and "scientific" background together with a well-grounded clinical dimension.

   The question which must be raised is if the chaplain is accepted within the framework of the public health systems and institutions of the EU and if his/her position is considered as part of the team of health care professionals.

   There is a diversity of how this question can be answered from country to country. Even though most hospitals in the EU have chaplains, in general there is reluctance in viewing them as "health care services providers". If the spiritual dimensions of illness and healing are accepted, something that has been established both by scientific studies and in statements and policies concerning patient rights, then it must be agreed that the chaplain provides a "health care service". The problem in recognizing this is the "professionalism" of the spiritual health care provider. In order to deal with this the *ENHCC* adopted the "*Standards of Health Care Chaplaincy in Europe"* (see enclosed document). These Standards state that chaplaincy provides pastoral services in a variety of health care settings, ministering to the existential, spiritual and

religious needs of those who suffer and those who care for them. The Standards describe the organization and development of chaplaincy services, the area and activity of chaplains, their education, formation and supervision. There is an emphasis on how Faiths and chaplaincy services can be a vital resource in theological, spiritual-existential, ethical and pastoral matters. Special focus is given to the areas of integrated spiritual development and bioethics. The Standards Document is extremely important in that it gives a *point of reference* to all who are involved in the area of health care in dealing with the spiritual care of the sick. In the pluralistic and multicultural Europe of today, this even becomes a greater necessity. The Standards not only secure the "professional" and "scientific" quality of the spiritual health care provider (the chaplain), it also protects patients from unwelcomed spiritual intrusion or proselytising.

It is necessary that all those who are involved in religious dialogue and public health within the EU see the need to recognize the presence of the chaplain as a health care provider and secure the professional level that this position must maintain.

2) The patient's rights for spiritual care

In *"The Patient' Rights in Europe"* adopted by the *World Health Organization* in 1994, it is clear that "everyone has the right to respect his or her privacy" (1.4) and that "everyone has the right to have his or her moral and cultural values and religious and philosophical convictions respected" (1.5). It is also stated that patients "have the right to be treated with dignity in relation to their diagnosis, treatment and care, which should be rendered with respect for their culture and values" (5.8.). Patients also "have the right to enjoy support from family, relatives and friends during the course of care and treatment and *to receive spiritual support and guidance at all times"* (5.9).

Taken each of these clauses separately, one could interpret them in many ways. Here, there is a definite respect shown to one's privacy, but there is also an acknowledgment of the need and respect *for spiritual support and guidance* and at *all times*!

The misinterpretation of the privacy act of patients has caused many difficulties in providing the spiritual support and guidance the same act acknowledges as a necessity:

- Professional and recognized spiritual health care providers (chaplains) are often prohibited in approaching patients in offering the support and guidance needed.
- In some cases chaplains are not allowed to wear any type of religious dress or show religious distinction, showing lack of respect for the expressions of cultural and religious values.
- Many times, health care policy makers, hospital administers and other health care providers use "the privacy act" to justify themselves in not recognizing chaplains as providers of a specialized "health care service", leaving them outside the therapeutic team.

- Chaplains are often not allowed access to data base information about the patient. This does not allow the spiritual care provider to share his input with other health care providers towards the healing of the patient.

The ethical and spiritual questions that arise in relation to therapy and care are forever increasing and cannot be denied. The loneliness which exists in our post-modern society creates many existential and spiritual questions and needs, especially at times of illness. For this reason one cannot deny that there is a need for spiritual care and guidance during the course of one's illness and therapy.

It is necessary that every patient's right to have spiritual care and guidance accessible to him/her at all times be respected and preserved in the EU. This care and guidance must fully respect one's religious, moral, philosophical and cultural dimensions of illness and healing. The *ENHCC* has a firm position that this can only be done through an organized chaplaincy that is authorised by a faith community and recognised by the health care system. This is clearly stated in the Standards of Health Care Chaplaincy in Europe, which has been adopted by all the participants of the ENHCC. *It is felt that the EU must also take a firm position on this issue.*

Proposals:

1. That *the European Policy Advisor on Dialogue with Religions, Churches and Humanism of the European Union* inform the President of the EU and all those involved in religious dialogue within the EU about the issues that have been here stated.

2. That there be a conjoint meeting of the *European Policy Advisor on Dialogue with Religions, Churches and Humanism of the European Union* with the *EU Commissioner for Public Health* to review the issues of spiritual health care within the EU. At this meeting, representatives of the *ENHCC* and the EU Parliament should also be present.

3. That the *EU Commission of Public Health* should take steps in securing the right of every patient to receive proper spiritual care and guidance from a qualified spiritual health care provider (chaplain), as designated in the Standards of Health Care Chaplaincy in Europe adopted by the *ENHCC*.

4. That the Standards of Health Care Chaplaincy in Europe, adopted by the ENHCC, be introduced and recognized by the EU Parliament.

Brussels
June 20, 2005

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