



SACH

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Soundings

New Convener

The Hospitals, Healthcare and Universities Sub Committee, which looks after chaplaincy business, has a new convener after the resignation of Jean Gallacher. Rev David Watson has been the minister of Kingcase Church in Prestwick since 1997. He was previously the associate minister in Kilmore and Oban Church, Oban.

David grew up in Lisburn, Northern Ireland, and completed his secondary education in Kilsyth, where his father was the parish minister. He studied chemistry at Glasgow University before going on to New College in Edinburgh for his BD, during which time he spent a semester at the University of Tübingen in Germany.



His interests are travelling, cinema, golf and swimming. He is an associate member of the Iona Community, involved in the Prestwick Town Twinning Association, and the Prestwick Christian Aid Committee.

Some chaplains had the opportunity to meet David at the National Mission Chaplaincy Conference held recently at Crieff Hydro. We look to getting to know David better.

Important Notice

The SACH **AGM** will be held on **Wednesday 8 October, 2003** at the Conference Centre, Stirling Royal Infirmary. Having considered the feedback from last year's AGM, the Executive has decided to change the format of the day. Instead of inviting an outside speaker to address us, there will be an opportunity to discuss issues common to us as healthcare chaplains. Perhaps there is some issue which has been troubling you, or there may be something which you would like to know more about. In order to facilitate this we need to know what the burning issues are:

- ◆ Are you concerned about pay and conditions for part-time chaplains?
- ◆ Would you like to hear how different trusts are progressing with the SEHD Guidelines?
- ◆ Do you have questions on personal development and training?

This is an opportunity to share and learn from one another so please let the Executive know what you would like to discuss. Please write, phone or email replies by end of July.

Write to SACH:

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Regular as Sunrise and Once in a Lifetime

During the past week I was one of thousands of people who willingly denied themselves of sleep to rise before dawn in the hope of catching a glimpse of one heavenly body passing in front of another. Although the conditions were not perfect I nevertheless joined about a hundred folk on the beach at Dornoch and we were not disappointed. For a few minutes we stared in awe at the sight of the blood orange crescent sun before the clouds obscured our view once again.

This annular eclipse took many people by surprise. "If it happens every year why do we need to wait 90 years for the next one?" was a common misconception to be heard on the lips of many. It just serves to illustrate the difficulties that language can present us with. What we think we are talking about is not necessarily what others hear.

Take the words 'religious' and 'spiritual'. As draft policies on spiritual care drop onto the desks of Health Board officials over the next few months many assumptions about what these words mean will be challenged.

Much ink will flow in pursuit of the definitive definition and each nuance will be squeezed dry of meaning. All this is well and good as long as we do not forget that what matters most of all is what the patient thinks, feels and hopes for.

The other thing that was said about the eclipse was that it was a 'once in a lifetime event'. That's perfectly true since I don't expect that any of us are going to be around to witness the next one! In an interesting parallel, many of the people that we encounter in our work we meet because of a once in a lifetime event such as an accident or a serious illness. The onus is on us to get it right first time since there will be no opportunity for a second chance. I don't doubt the commitment or the dedication of anyone in chaplaincy, but we do increasingly need resources to help us meet the demands placed upon us. I'm not just talking about financial resources which may provide additional hands, though they will be more than welcome. I'm thinking of those more intangible resources which allow us time for theological reflection on

what we do; time for professional supervision; training and development in our knowledge and skills.

These issues are very much in the national melting pot at the moment and I hope that over the next few months it will become clearer down which path chaplaincy as a whole will go. Registration as a Health Care Profession will undoubtedly change the way we do things and perhaps how we are perceived in the wider health care community. (I would urge you to read Mike Ward's article in the current issue of the *Journal* (Vol 6 No 1 May 2003) about the dilemmas of having a peripheral or central stance for chaplaincy.)



Annular Eclipse,
but perhaps not Dornoch!

The Executive is planning to have more regular meetings with the Scottish branch of the College of Health Care Chaplains, and I am pleased to say that our joint efforts called a halt to the introduction by the Board of National Mission of a handbook for chaplaincy which was somewhat premature. We also asked for a review of the disparity that will soon occur in the pension rights of those

chaplains employed by the Board *vis a vis* parish ministers.

SACH has been asked to be represented on the new *Spiritual Care Development Committee*. This body follows on from the steering group which produced the Guidelines and its aim will be to facilitate a common understanding and support for spiritual care/chaplaincy, among faith groups, chaplaincy bodies, health care staff and users. The first meeting will be on June 12th.

Some of the issues that we encounter may be as regular as the sunrise, but others will possibly be more in the once in a lifetime category. Whatever they are I hope that you will feel confident enough to raise them with the Executive, or perhaps in the pages of *Soundings* or the *Journal*.



Wishing you every blessing in your work.

Derek Brown
President of SACH

A Vision for NHS Tayside

Like many other areas, Tayside has a varied population and varied needs from a busy city to market towns to rural communities. So what is our vision for Spiritual Care in NHS Tayside?

We are fortunate in having three whole time positions for chaplains at present with a large number of part-time posts in which people are caring for those in the specialist palliative care unit, supporting the acute sector, working in mental health and caring for those in the community hospitals.

However, no matter how valuable the work already being done, there are large areas where spiritual care is not being given or where different resources are required. As care in the community has developed the support given to people in hospital has not always followed them. Excellent work is being done by staff in many day centres but as this has developed, spiritual care has not always been included.

We are concerned for those who are most vulnerable - patients who need someone safe to offload their innermost feelings to. So we wish to provide those they can trust who will listen to

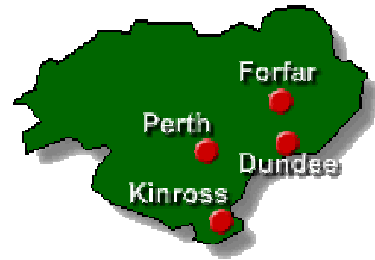
them and accept and value them for themselves.

Then there are those family members and friends who care for patients in their homes, their frustrations as they watch, their tiredness as they cope day after day often overlooked. So a companion to listen and simply be there.

Staff members work under a lot of stress, but with encouragement and support may find their work more rewarding and feel valued for themselves.

By establishing a Department of Spiritual Care NHS Tayside has provided the means by which its chaplains may come to work more closely together as a team, a tool by which a review of chaplaincy may take place to provide the best possible support and care with the resources available, a resource to ensure that all people receive the spiritual care they ask for, and additional care time for patients, their families and staff through the new appointment of a Head of Department.

The Scottish Executive is encouraging us to use the gifts of volunteers, people who are willing to give of their time to help others in need. In the review of spiritual care for NHS



Tayside we will be considering developing a network of volunteer visitors and befrienders who would go out into wards to be a listening ear to those who are anxious or at the instigation of key workers in the community, be ready to be a companion to those who are lonely.

So our vision for spiritual care in NHS Tayside is to provide Spiritual Care to all people of any faith or none, wherever they may be and whatever role they assume, patient, carer, friend or professional and to do this by being a **R**esource for professionals, providing **I**nformation for patients and carers, **S**upporting all who need this and, through **E**ducation, developing the skills of Spiritual Care Givers in appropriate places at appropriate times.

Gillian Munro

Head of Department of Spiritual Care, NHS Tayside

A short Rickshaw Ride to collect the E-mail

Within a minute of Fred Coutts sending out an general E-mail message to SACH members asking for material for this edition of SACH *Soundings*, a reply came from Bangalore! Lorna Murray and her husband Derek are spending a year teaching there. Lorna was previously working in Mental Health Chaplaincy in Edinburgh. She writes:

"Thanks for e-mail about SACH Soundings which we have just received in an internet place a short rickshaw ride away from Baptist Hospital. We begin teaching the diploma in pastoral counselling course at the Theological on Tuesday. Three students are hoping to be pastors and one a counsellor. Please pray for the farmers here because of the serious drought in this state."



The Invitation

It doesn't interest me what you do for a living.
I want to know what you ache for
and if you dare to dream
of meeting your heart's longing.

It doesn't interest me how old you are.
I want to know if you will risk looking like a fool
for love
for your dream
for the adventure of being alive.

It doesn't interest me
what planets are squaring your moon...
I want to know if you have touched
the centre of your own sorrow
if you have been opened by life's betrayals
or have become shrivelled and closed
from fear of further pain.

I want to know if you can sit with pain
mine or your own
without moving to hide it
or fade it
or fix it.

I want to know if you can be with joy
mine or your own
if you can dance with wildness
and let the ecstasy fill you
to the tips of your fingers and toes
without cautioning us to
be careful
be realistic
remember the limitations of being human.

It doesn't interest me if the story you are telling me
is true.
I want to know if you can
disappoint another
to be true to yourself.
If you can bear the accusation of betrayal
and not betray your own soul.
If you can be faithless
and therefore trustworthy.
I want to know if you can see Beauty

even when it is not pretty
every day.
And if you can source your own life
from its presence.

I want to know if you can live with failure
yours and mine
and still stand at the edge of the lake
and shout to the silver of the full moon,
"Yes."

It doesn't interest me
to know where you live
or how much money you have.
I want to know if you can get up
after the night of grief and despair
weary and bruised to the bone
and do what needs to be done
to feed the children.

It doesn't interest me who you know
or how you came to be here.
I want to know if you will stand
in the centre of the fire
with me
and not shrink back.

It doesn't interest me
where or what or with whom
you have studied.
I want to know what sustains you
from the inside
when all else falls away.

I want to know if you can be alone
with yourself
and if you truly like the company you keep
in the empty moments.

© **Oriah Mountain Dreamer**
from the book *The Invitation*
www.oriahmountaindreamer.com/home.html

Provided by **Fergus McLachlan**
Chaplain at Inverclyde Royal Hospital, Greencok

Scratchings from the Training and Development Officer

The last months have seen some potential developments and new things on the agenda - the good, the bad and the beautifully challenged. Several things have been good.

The **day conference at Stirling** in May was well evaluated by the 42 chaplains present. Dr David Reilly the medical director of the Glasgow Homoeopathic Hospital was a revelation and an inspiration to

many who were there.

An approach to **Quality Improvement Scotland** (formerly Clinical Standards Board for Scotland) was welcomed. It has been suggested to us that following a

“scoping study” of chaplaincy in Scotland, there might be a seminar which would decide whether to go ahead with the process to write and adopt Clinical Standards for Spiritual Care/ Chaplaincy in Scotland. The whole process would probably take around three years and would involve a fair bit of work. Much support would be provided by QIS.

Educationally there has been another half unit in CPE completed in Glasgow with hopes to do something similar this autumn in Edinburgh with Val Duff and Bob Devenny as tutors. I was one of the students and found it very valuable and enjoyable. Towards the end of June I am meeting with representatives from the four divinity faculties to look at possibilities and ways of working towards a Scottish qualification in chaplaincy. Ideally this would combine experiential with

theory, give options and modules and enable people to do some distance learning and choose the levels they wish to attain. We will be examining the possibilities.

A new umbrella group, which takes the place of the “Spirituality in the NHS Steering Group” will hold its first exploratory meeting on 12th June in St Andrews House. This group - the **“Spiritual Care Development Committee”** is very inter-faith as well as ecumenical and hopefully will provide a forum where faith communities and other interested groups can discuss matters of spiritual care with the Department of Health.

The “bad” is probably the difficulties with **Data Protection**. The guidelines have been judged to describe too much of an opt out process (para 21 in particular - the

guidelines), whereas patient information should only go to chaplains with informed consent. This is really a damage limitation exercise for chaplaincy and it is proving difficult to find a mutually acceptable form of words.

Beauty is in the mind as they say, of the beholder. Each day is an opportunity to enjoy, behold and share it - and as the star of the film almost quoted at the beginning might say “Make my day”.

Chris Levison

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CARING FOR THE SPIRIT:

A strategy for the chaplaincy and spiritual healthcare workforce

Tim Battle, the Training and Development Officer for the Hospital Chaplaincy Council of the Church of England has been working with the South Yorkshire Workforce Confederation to produce a national chaplaincy strategy which will map out for the first time how healthcare chaplaincy is organised and delivered in the NHS. A three-tier career structure with *basic*, *consultant* and *specialist* level posts is proposed. Tim says, “There is also a hope that in raising the chaplaincy’s profile, the strategy will make NHS managers and staff more comfortable about the spiritual aspects of healthcare. We believe that patient care should be holistic, and in that sense, spiritual healthcare is not just about what chaplains do, though they tend to be the professional that facilitates it and can directly meet the religious aspects of

spirituality for their own tradition.”

Tim Battle is a member of SACH.

Read about the Strategy in the Health Service Journal [22 May 2003 pp14-15 *Guidance from Above*]

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Chaplaincy Standards and Backdoor Euthanasia

In May 2003 the Association of Hospice and Palliative Care Chaplains (AHPCC) met at the Hayes Conference Centre in Swanwick for their annual 3 day conference which this year focused on *Ethical Issues at the End of Life*.

The main conference sessions were by Alastair Campbell and David Cook, both gifted speakers and well experienced in the complex field of medical ethics. The sessions were inspiring. It was disappointing that Professor Baroness Finlay of Llandaff (a 'peoples peer') was unable to be present due to a House of Lord's commitment, however her influence had a profound impact on the conference by raising our awareness of the Patient (assisted dying) Bill, to be presented in the house of Lord's on 6th June. None of the delegates had heard of the Bill. Baroness Finlay noted that no objections had been received in the House of Lords, and suggested that given the significant experience of hospice chaplains and the depth of understanding we would have of the issues we might consider a response.

At first reading the Bill seemed thought through and practical, especially when you focused your mind on the recent experiences of Motor Neuron Disease patients going to a Switzerland to end their lives. However, on closer reading serious questions needed to be asked and explored.

In addition to their topics of *Virtue Ethics* and *How People Make Hard Decisions*, Alastair and David both led us through an exploration of Euthanasia and the main arguments for and against, the arguments around sanctity of life, the slippery slope and the experience of the abortion legislation.

There was a general feeling that the Patient (assisted dying) Bill

had serious flaws and that the conference should prepare a response and press statement based on our wide experience of caring for patient, the families and staff.

The main concerns were that the Bill was based on a few difficult and well publicised cases rather broader principles. The main criteria centred around 'unbearable suffering' which was ill-defined and was the sole responsibility of the doctor to judge. What if the root of the suffering was psychological or spiritual, why the doctor and not a multidisciplinary team to decide? There was a concern too that it significantly changed the relationship of the doctor to the patient and the rest of the care team. Even the doctors 'conscience clause' was compromised since the doctor was required to refer on to another doctor who would carry out assisted dying. It was felt that the bill placed too much pressure on patients who could be made to feel it was the right thing to do for their family, and there was a strong feeling that the experience and provision of palliative care was a significant alternative and brought a wealth of experience in this difficult area.

The conference was careful not to use the arguments of Sanctity of Life or the experience of the Abortion Act in its statement. Although both are relevant arguments it was felt they would be seized by the media and would polarise the discussion and overshadow the more important comments and criticisms being made.

The other significant feature of the conference was the launch of the associations Standards for Hospice and Palliative Care Chaplaincy. There are 7 standards: access to chaplaincy service, spiritual & religious care, multidisciplinary

team working, staff support, education & training, resources, and chaplaincy to the unit (institution). The standards also come complete with a comprehensive audit tool and suggestions for different types of audit.

The Scottish influence on the standards is strong and was warmly if not enviously welcomed by the conference. The standards include the relevant chaplaincy and spiritual care components of the now mandatory NHS Quality Improvement Scotland (QIS) Specialist Palliative Care Standards, which all hospices have to meet, and also draw on the Spiritual Care in the NHS Guidelines (NHS HDL 2002 76) and definitions.

The standards were piloted in 12 hospices prior to being published and were unanimously adopted and launched on 20th May 2003. All UK hospices will receive a copy of the standards, and all chaplains who are members of the AHPCC. Copies are available from the secretary of the Scottish branch of the association: Rev Tom Gordon, E-mail tom.gordon@mariecurie.org.uk

Aside from these two significant elements of the conference it was good to meet colleagues from throughout the UK and to see how hospice and palliative care chaplaincy is developing. It was also encouraging to realise how far ahead of the field Scotland is in terms of the development of chaplaincy and spiritual care. *Small is beautiful* was a phrase used to describe our experience and offered as the main reason for the speed at which we are able to move and agree things in Scotland.

David Mitchell
Scottish Representative
AHPCC

“Homeland Security”

All the new security measures being taken by our hospitals in the United States reminded me of one night that I was on overnight duty in one of the large Teaching hospitals in Virginia. The overnight chaplain stayed in the hospital from 4 pm until 8 am the next day, and could follow many cases that came to the ER Trauma centre through to the admission of that patient to an ICU. This night, a young man was admitted, having been shot by a shotgun, in what appeared to be part of a family feud that had gone on for generations in the countryside, two families like the "Hatfields and McCoys". As he came by med-flight, it was some time before the family came by road, and arrived in the family waiting-room - members of the shot boy's family, and, of course, the shooter's family. As the evening went on, I spent time with each family while the boy was in surgery, hearing "both sides" of this long feud at length, but it was a busy night, and I was being paged to many other areas. Suddenly, one of the men from the "shooter's" family came up to me as I was scurrying to another case, and asked if I had seen his tweed jacket. I was a little miffed that he had decided to ask me, as I was really busy, and told him to go and ask "lost property". "Oh!" he said. "I just thought you might have seen it. I'm only worried about it as there's a gun in the pocket."

The next story has its funny side, but at the time, was so beautiful in its simplicity. It was another overnight duty. The Teaching Hospital handles most of the serious cases of cancer and heart-disease for miles around. I was called for the death of one of the cancer patients, an elderly African-American man who lived miles from the city Hospital. I came in, and he had a look of great peace, and beside him was his wife, a woman of great inner beauty who reminded me of my Aunt Rita, who was in her 90's.

Best wishes to Kay

Best wishes to Kay Gilchrist who is on Adoption leave from Rachel House from 2nd June. She writes, "I am adopting a wee boy called Christopher who is 6 years old. Unsure as yet how long I will be on leave." Readers of *Life and Work* the monthly Church of Scotland magazine will have had the chance to read an extended interview with Kay in the June issue, when she spoke about her call to the ministry and her work as chaplain at Rachel House.

SACH has a few members from overseas, not least Margaret Denvil. She is an Australian who has lived in the United States (because of her husband's job) for 22 years, and came to chaplaincy through the Religious Studies route (Australian degree), then studied with the Guild for Spiritual Guidance in NY, (founded by Henri Nouwen, Morton Kelsey & John Jungblut) which focuses on hearing spiritual journey across traditions, and journeys that do not include any religious tradition. Trained in CPE at MCV Hospitals, Virginia, with specialty in Death and Dying, AIDS counselling, and walking with those who have terminal prognosis. Ordained as a Thomas Christian, an American order of "itinerant radicals" with independent ministries. She has 2 grown sons, 2 Labrador retrievers, and a cottage on Bressay, Shetland. Margaret says "I feel we have much to learn from SACH here."

She had placed a Bible in his hands, and patted it when I asked how she was, and said he had died "well", and that he had the Book in his hands, and that she would wait with him until her Pastor arrived.

"The only thing I wish he had here", she said, "is a cross. I would like to put a cross in his hands". Our Pastoral Care cupboard was very bare at that time, and I knew we didn't have a cross down there to bring to her. "The only cross I could give you", I said, "is the cross at the end of a Rosary, but of course, that's Roman Catholic". Gently she looked at me, and said, "That would do just fine. Jesus' mother was a Catholic."

Margaret Denvil.

MFGHC

The formal launch of the **Multi-Faith Group for Healthcare Chaplaincy** will be carried out by David Lammy MP (Junior Health Minister) at the Palace of Westminster on 25 June.

You can find out about this new multi-faith group for England and Wales on the website: www.mfghc.com or from the Chief Officer

Revd Edward Lewis,
Hospital Chaplaincy Council
Church House, Great Smith Street
London SW1P 3NZ

A tale of a Health Care Chaplain TDO

Recently I was undertaking a course which asks, after looking at a pastoral encounter, "Is there a biblical image to which you can relate this encounter?"

Having discussions with the Data Information/Protection officer in St Andrews House - to the effect that, whereas the Guidance document helpfully describes what is more of an opt out situation - vis a vis a health service patient and spiritual/chaplaincy notification and care, the Data Protection Act, as it has been interpreted by the Data Protection Commissioner, insists that chaplaincy/spiritual care must be an opt in service.

A group of friends once brought to Jesus their friend who was paralysed and on a pallet. They could not get near to Jesus for the

crowds and so they climbed up onto the roof. Removing the roof covering, they cut a large hole, and lowered the man, right in front of Jesus. This is an example of an opt in situation. The patient had given his implied and informed consent to Jesus knowing he was there.

The conversation is fascinating. Jesus said to the man "God loves you, your sins are forgiven". To which the assembled Pharisees, training officers, Patient Focus and Public Involvement reps, confidentiality officers and other health service managers said, "But you've not been through the disclosure procedure, you haven't been properly trained, you didn't even go to the one day chaplaincy introduction course - organised by the training unit, your continuing professional development portfolio

is not up to date, you were not appointed with due consultation, we're not sure if you are in good standing with your own faith community. You don't fit in to the local health plan, and we have no resources for you anyway."

Jesus turned to them and said "Good grief! Do you not know that the Greek word for salvation is, on occasion, the same as for health?" (Sound Educational Point) then he said to the man "Take up your bed and go home"

The man stood up, took his pallet and went away. The people were amazed and said to each other, "This is surely outside and beyond evidence based research!"

Chris Levison

Training and Development Officer

And finally another thought from Fergus McLachlan in Greenock.....

A beggar has been sitting by the side of the road for over thirty years...

One day a stranger walked by. "Spare some change?" mumbled the beggar, "I have nothing to give you," said the stranger. Then he asked: "What's that you're sitting on?" "Nothing," replied the beggar. "Just an old box. I've been sitting on it for as long as I can remember. "Ever look inside?" asked the stranger. "No," said the beggar. "What's the point, there's nothing in there." "Have a look inside," insisted the stranger. The beggar, reluctantly, managed to pry open the lid. With astonishment, disbelief, and elation, he saw that the box was filled with gold.

I am that stranger who has nothing to give you and who is telling you to look inside. Not inside any box, as in the parable, but somewhere even closer: inside yourself.

Eckhart Tolle,
from *The Power of NOW*

Eckhart Tolle was born in Germany, where he spent the first thirteen years of his life. After graduating from the University of London, he was a research scholar and supervisor at Cambridge University. When he was twenty-nine, a profound spiritual transformation virtually dissolved his old identity and radically changed the course of his life. The next few years were devoted to understanding, integrating and deepening that transformation, which marked the beginning of an intense inward journey.

Eckhart Tolle is not aligned with any particular religion or tradition. In his teaching, he conveys a simple yet profound message with the timeless and uncomplicated clarity of the ancient spiritual masters: there is a way out of suffering and into peace.

Eckhart is currently travelling extensively, taking his teaching and his presence throughout the world. For more information visit, "*The Flowering of Human Consciousness*": Eckhart's Website.

www.eckharttolle.com

The next edition of SACH Soundings will be published in September 2003. Send news, articles, stories, pictures and ideas by the end of August to:

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