

Editorial

Within this second issue of the Scottish Journal of Healthcare Chaplaincy, we are pleased to present to you a series of fascinating and challenging papers that we believe are highly relevant for contemporary health care practice in general, and in particular to the developing field of chaplaincy. The first paper by Kenneth Boyd offers us a vital, critical insight into the complex ethical dilemmas that surround advance directives. With clarity and sensitivity, Dr. Boyd leads us through the 'moral maze,' and enables us not only to develop a deeper insight into advanced directives, but also to begin to see the vital significance of ethical reflection for authentic and effective health care practice and decision making. Iain Macritchie's perceptive response roots the arguments firmly within chaplaincy, and allows us access to another dimension of Dr. Boyd's argument that helps us to work through the issues in all of their fullness.

The following four papers could be grouped under the heading of 'explorations into the significance of evidence based practice.' For many, the relevance of research and evidence based practice may not appear to have immediate impact on the day to day practice of chaplaincy. How can one 'prove' that chaplaincy 'works?' How can one, for example, measure such a fluid and intangible element as 'spirituality,' a concept that sits at the heart of most understandings of chaplaincy. Precisely what is it that can be measured anyway? These of course are fair questions. Much of standard chaplaincy work does indeed fall out with the standard empirical model of research wherein things are assessed by their statistical quantifiability and their ability to be generalised into other contexts. But does this mean that chaplaincy is simply driven by blind pragmatism, and the assumption that it is not possible effectively to assess the work of the chaplain. One would certainly hope not!

Julia Nuerberger suggests that an evidence-based approach proposes that:

it is not enough to practise as we always have, just because that is the way we have always done it. ... Only 20%, if that, of what we do in health care has actually been shown to be effective. That means some 80% has not been proven to be effective. ... However we still carry out these unvalidated procedures, partly in fairness, because we feel we must do something, we must show patients we have at least tried. Historically, that has led to such things as fashions in, say, the removal of

children's tonsils, or in grommets. It has led to many dilation and curettage operations, arguably utterly unnecessary. And it has probably led to too many hysterectomies.' (Cobb and Robshaw pages 8-9)

Serious, critical reflection on *what* we do and *why* we do it in particular ways is fundamental for effective healthcare practice.

Vanora Hundley's piece on evidence based practice, offers us a very sharp and helpful overview of what the term 'evidence based practice' actually means, and how it relates to the work of healthcare practitioners. Within the American context, as is shown in Noel Brown's enlightening article, the issues of research into chaplaincy and the importance of developing strong evidence based practices is well established. On this side of the Atlantic however, we are only beginning to think about the implications of such a suggestion. But as we read Graham Monteith's article on the hidden dimensions of disability, and the necessity for chaplains to develop a constructive reflective approach to their work, we begin to realise the significance of exploring the idea of evidence and its implications for the practice of chaplaincy. Similarly, Noel Due's reflections on the nature and function of spirituality throws up the central question of what spirituality actually is. The way in which we define spirituality will determine the forms of spiritual care we adopt. It will also, to a greater or lesser extent, determine how we see ourselves within the multidisciplinary team. Are we simply counsellors or social workers, 'by another name,' or does our specific expertise within the area of spiritual care, give us a unique role within the team? If it does, then do we not need to be considerably more precise about what spirituality, spiritual distress and spiritual care actually are? Of course, evidence, as Hundley ably shows, cannot be limited simply to one particular method or research technique. As we shall see, the term 'evidence' is broad based and encompasses quantitative and qualitative forms. One way of attaining evidence that is gaining popularity within healthcare research is the idea of exploring the *lived experience* of people in various circumstances. When we begin to explore people's lived experience of illness, we very often find that the ways in which patients are experiencing their illness may well differ, sometimes quite drastically, from the way we as healthcare professionals assume that they should be! If we take the time to reflect on the papers presented by Chris Levison and Tom Gordon, we are given some deep and profound insights into the experience of trauma,

distress, death and dying, but not as professionals view it, i.e., from a distanced clinical standpoint, but rather as people experience it in the paradoxical mixture of confusion, pain and growth that often marks the illness experience. If we *really* listen to the stories that these chaplains tell, we are challenged to consider our own practices and assumptions in new and exciting ways.

The issue's penultimate piece is a moving poem by an American chaplain, Daniel Grosseohme. His short but poignant piece forces us to consider the sensitivities of child abuse. Its stark imagery opens our thinking to areas that we often would rather not contemplate, and forces us to search for a pastoral response to both abuser and abused.

The issue concludes with a short article describing the work on one particularly innovative organisation in the United States: The Wayne Oates Institute. Many of you will be familiar with the work of Wayne Oates within the field of pastoral care and counselling. The WOI expands and develops his seminal thinking through a number of interesting and innovative projects, most of which involve imaginative use of the internet. I think that you will find them a useful resource and I would urge you to check out their web site to see what they are about.

Call for Papers and Book Reviews

In closing, one or two bits of administration and information. Can I continue urging people to write

about what they are doing. The journal is an ideal forum for a number of approaches and forms of writing as I hope this issue clearly shows. It is important that chaplains are seen to be actively reflecting on their practice. It is also important that we are prepared to share the fruit of that reflection with others who are struggling with the same questions and difficulties and sharing in the same joys and pains as we are.

Also, if you come across any good books that you feel you would like to review for the journal, please do not hesitate to let me have them. Instructions as to length, style etc are on the final page of this issue of the journal.

Finally can I draw all potential contributors' attention to the change in format that will be introduced in the next issue. Graham Monteith's article in this issue provides a template for the style in which papers should be submitted in the future. Full instructions are given on the last page of the journal.

John Swinton

References

Mark Cobb and Vanessa Robshaw *The Spiritual Challenge of Health Care* Churchill Livingstone 1999