

LOOKING TO EUROPE: CHAPLAINS AT CHANIA

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Abstract: The author suggests that it is to Europe and not North America that Scottish Chaplains should now be looking for ideas about future development in chaplaincy. The growth of significance of the European Union in the everyday life of Scotland dictates that chaplains must be willing to take their concerns for standards in spiritual care to the European institutions. An important focus for this is to be found in the European Network of Health Care Chaplaincy, founded at Chania in Crete in November 2000.

Key words: Europe, European Union, network, healthcare chaplaincy, Chania Declaration.

On the eve of the execution of Timothy McVeigh, the Oklahoma bomber, and three days after the victory of New Labour in the UK General Election, Will Hutton (2001) reflected in *The Observer* about where Britain's future lay. He believed that the result of the general election confirmed the rejection of American style ultra-Right politics and made close European integration a certainty.

This, I think, is the fundamental lesson of the general election and why, in the end, Euroscepticism and anti-statism do not work in Britain; quite simply, we are Europeans, our destiny lies there and while we may protest at the consequences, at bottom we know it! What clinches the case is that politically and philosophically we belong to Europe and we cannot permit further integration to take place without us. We are not surrogate Americans. We are Europeans.

Some seven months earlier I came to a similar conclusion about chaplaincy after attending the Sixth Consultation for Hospital Chaplaincy, at Chania in Crete (SACH 2001). Representatives of healthcare chaplaincy from all over Europe gathered at the Orthodox Academy of Crete to tackle the subject: "One United European Community – One united Hospital Chaplaincy? The necessity and necessary quality of a European statement and association for Hospital Chaplaincy". It was quite a challenge considering we had gathered from so many different countries, had different native languages and a wide range of understanding of what hospital or healthcare chaplaincy was about. In the end, despite many long sessions we discovered something important –

we were not yet ready to agree a Standards document about chaplaincy. But what we did do was to agree a statement (The Chania Declaration) about what unites us and commit ourselves to go on from this base to create something more substantial for chaplaincy in Europe. This will be the task of the next consultation in Finland in June 2002.

The "Chania Declaration"

The European Network of Health Care Chaplaincy was founded at the Sixth Consultation for Hospital Chaplaincy meeting at the Orthodox Academy of Crete in November 2000. Those present, representing churches and associations throughout Europe, declared:

The European Network of Health Care Chaplaincy consists of representatives from Churches, Faiths and National Associations.

It is rooted in Christianity, as expressed in European Cultures.

Its purpose is to *enable* its participants, who serve in the area of the multi-disciplinary field of healthcare: to *share and learn* from one another.

To work for the *development* of professional guidelines required to minister to the existential and spiritual needs of patients, relatives and staff, drawing on personal, religious, cultural and community resources.

To *promote* a high quality standard of Health Care Chaplaincy in Europe.

The Sixth Consultation of Health Care Chaplaincy, 11 November 2000, Chania, Crete.

Europe or America?

Over the four years I have served as Healthcare Chaplaincy Training Officer for Scotland I have come into contact with chaplains from the English speaking world. Through the wonders of e-mail I have built up contacts in the USA, Australia, New Zealand, Canada and South Africa and even Hong Kong. Some were seeking information about the possibility of working in Scotland, some shared with me what chaplaincy was like in their country.

Along with some other UK chaplains I have lurked on the edges of an America E-mail group for chaplains. It has been fascinating to have this window onto the world of chaplaincy across the Atlantic. Some issues are totally familiar – “baptism or blessing”, “confidentiality”, and the familiar issue of “spiritual or religious” care. But much of what is discussed is strange and unfamiliar in the very different situations in which some American chaplains serve. Quite alien to the Scottish situation are the emphasis on status and titles, a model of training dominated by Clinical Pastoral Education, and staffing levels which can see a whole time chaplain serving a hospital of 150 beds, to mention but some areas.

This brings me back to Will Hutton’s editorial (Hutton 2001). I suspect before my visit to Crete I had been working with the presupposition that the USA was the place where Scottish chaplains might look for guidance in the development of their profession. We share a language (Do we?), and many religious and cultural traditions. The essence of healthcare chaplaincy is the same - providing spiritual and religious care to patients, relatives and staff. What came as a total surprise to me was my “Chania Road” experience when I realised that I was more European than I had thought and that the future of healthcare chaplaincy in Scotland might be in association with the European Network of Health Care Chaplaincy. The European Union now dominates more and more of our life and even this week I have been asked by chaplains for contacts in the Netherlands and in Spain. Earlier, a chaplain in Iceland was looking for information about chaplaincy courses in Europe. It is natural and right that chaplains in Europe should be able to respond to the closer ties in Europe and to be able to take their concerns together to the European institutions. The task that we attempted in Crete, to agree a common stan-

dard for chaplaincy, is certainly an important step that must be taken by chaplaincy.

Chaplaincy is different in Scotland?

One objection to this European focus might be that “chaplaincy is different in Scotland.” (How often have I said that in meetings with English colleagues!) That is certainly true but does not mean that we do not share underlying principles of standards and practice. Scottish chaplains who attend UK meetings will testify to that. What I am now suggesting is that despite the many differences in healthcare chaplaincy in Europe there is much that unites us. Listening to my colleagues from all over Europe I recognised familiar approaches and issues. I saw a booklet from Finland (in English) prepared to help people understand about spiritual care. This could easily be used in Scotland. Father Arnaldo from Rome spoke with passion about the need for continuing in-service training for chaplains and the difficulty of “persuading” some to participate, particularly those who might most benefit from it. Chaplains from the Netherlands spoke of the need to provide spiritual care for all, especially remembering the needs of patients with no expressed faith or from faith groups other than Christian. With so much in common we must be able to do things together, at least in these areas where we agree.

One of the problems that the delegates in Crete faced was the different ways in which chaplaincy has developed in different European countries. It is well established in the Nordic countries and rooted in the churches. In the Netherlands a more radical development has separated chaplaincy structures from the churches and the concept of “spiritual care”, familiar to UK chaplains, is the emphasis. The Catholic countries in the south of Europe have their own distinctive flavour of chaplaincy while our hosts in Greece were struggling to have healthcare chaplaincy recognised by their church authorities as a legitimate ministry.

Religious Mission or Hospital Service?

Interestingly what divided us at the consultation was not the traditional Catholic/Protestant issue but rather how chaplaincy was viewed – as part of the mission of the church or as a service provided by hospitals and institutions to their patients, relatives and staff. The attempt to move straight to “stan-

dards” was too hasty, as we now see, and what we had to do was to move to a simple statement of who we were and what we were about (the Chania Declaration). This was a great leap forward and by the end of the consultation we had moved from being a group of individuals into colleagues who had a real commitment to forming a network for the good of religious and spiritual care in healthcare in Europe.

Conclusion

Language is a real problem. The consultation was held in English (How humbling an experience that was!) and there is agreement that the English language must be the medium of the network. There was even a suggestion floated that one future development of the Network should be the provision of periods of study for chaplains in English, based at various European centres where chaplains from different backgrounds could study together and develop their chaplaincy. How exciting a prospect that is!

I felt that I was a part of something really significant in Crete. Previous consultations had been valuable but those who attended had described them as “tourist” sort of affairs where the participants heard about chaplaincy issues in different countries, simply as observers. Crete was different. Here we agreed that we should seek to make a commitment to one another and to move forward together to develop chaplaincy. The Network was formed and now even has a presence on the internet: <http://www.eurochaplains.org>

I hope that those involved in the organisation of chaplaincy in Scotland will share my commitment to the European Network and that representatives will go from Scotland to Turku in Finland where the next consultation will take place in June 2002. This will not be turning our backs on the North American model of chaplaincy but seeking to develop a shared commitment to the development of chaplaincy in Europe. We will be able to learn about different models of training which are being developed in other European countries and reflect on what is right for Scotland and to share in the writing of a European Standards document for chaplaincy. Scotland must be involved. We have much to contribute and much to learn, but we must be at the table to take part.

References

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<http://www.yahogroups.com>

European Network of Healthcare Chaplaincy:

<http://www.eurochaplains.org>

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