

EDITORIAL

These are stirring times for healthcare chaplains. The signs are that Spirituality, that elusive, difficult to define Something which chaplains have long discerned and nurtured both within individuals and institutions, is at last being accorded its rightful importance as a determinant of health, and has moved to a prominent position in the healthcare agenda for the new millennium. Hence the air of excitement, perhaps tinged with a measure of apprehension, which last November's conference has engendered. Our contributors on this theme discuss ongoing research into the nature of spirituality and spiritual care, and the implications which follow from its new importance in healthcare policy, implications for the role of chaplains themselves, for the way in which healthcare is understood and delivered, and for the value accorded to those who deliver it.

Chaplaincy is poised for a quantum leap; no longer the realm of the gifted amateur working at the margins of the institution, catering to the needs of the few, but a service provided by trained and accountable professionals, fully integrated and part of the healthcare team, who offer spiritual care to all ; in one sense the chaplain will be expert, and yet at the same time one who affirms the shared nature of the task of spiritual care.

This larger than usual edition of the journal falls naturally into two parts, the first of which acknowledges the potential importance of the conference which took place in November, on the theme 'Spirituality in Health and Community Care.' We are delighted that Chris Levison, Healthcare chaplaincy training and development officer and Spiritual care co-ordinator for Scotland (a remit which itself suggests the vitality, momentum and perceived importance of the current spirituality debate within healthcare), has agreed to provide us with a guest editorial by way of an introduction to part one. His perceptive comment and analysis of the issues and

contributions will, we hope, help all of us, especially those who were not at the conference, to gain some kind of perspective on where we are now and where we want to go. We further hope that you, our readers, will be sufficiently engaged in the debate to write to us with views and comments.

In part two, Alastair Campbell allows us to hear the voice of the patient. In his discussion of an empirical investigation of virtue and illness, the first of its kind, he gives us an insight into patients' responses to chronic illness, and into the qualities of character which they identify as enabling purposeful living. Among other reflections upon the nature of the pastoral task as it takes shape in response to this research, he provides us with a timely reminder of its 'very simplicity', and how just 'being there' can be a real ally of Virtue, combating the isolation and self absorption which patients recognise as damaging to the preservation of good relationships. Notwithstanding the complexities of policy and role, the current debates and the changes which the future will surely bring, there is indeed a simplicity, a humanity, at the heart of the task of chaplaincy, which must be preserved.

Healthcare chaplains have a foot in both camps:- that of the faith tradition to which they belong, and that of the secular world of modern healthcare. Both Derek Murray and Yvonne Hendrie touch upon this, and reflect for us upon the tensions, hopefully creative, which can arise, and upon the insights which each can offer to the other. How appropriate too, as chaplaincy contemplates its future direction, to have Derek's overview of his more than twenty years as a hospice chaplain. Appropriate too, that George Beuken, in his second article, reminds us that all our practice as chaplains needs to have a firm underpinning of theological reflection, and a deep rootedness in the life of faith.