SPEECH DELIVERED BY MALCOLM CHISHOLM, MSP,

AT THE

'*SPIRITUAL CARE IN THE NHS*' CONFERENCE ON 16 NOVEMBER 2001

I was sorry that Parliamentary business precluded me from opening your Conference yesterday. However, the benefit is that I will now have an opportunity of learning from the outcome of your discussions so far.

This morning I would like to spend some 10 minutes reflecting with you on the Executive's commitment to:

- make spiritual care a central element of the way the NHS cares for people; and
- improve the spiritual support the NHS provides to its front line staff.

This is a challenging agenda for NHSScotland but one where, with your continued support, I hope we can deliver significant change and improvement.

I would like to begin by reminding you that, historically, health and healing were seen as part of spiritual well being. In many early societies the same person performed the role of priest and doctor and early hospitals were often organised by monastic communities. They accepted a responsibility for looking after and tending back to health pilgrims who had fallen ill on their journey.

This ancient concept of supporting people on the life's journey finds an echo in the modern NHS concept of the patient's journey. The availability of appropriate spiritual support is important on every journey of care, but particularly so when there may be no cure.

The importance of this spiritual dimension has been recognised since the advent of the NHS. While Nye Bevan may have classified himself as a non-believer, he insisted that there should be chaplaincy provision in every hospital to cater for the religious and spiritual needs of patients.

Such a broadness of perception and consideration towards those of differing belief is an attitude of which we should be justly proud.

It is an attitude that the Executive accepts today and that we are committed to building on and developing to meet the increasingly diverse beliefs of present day Scotland.

It is an attitude increasingly supported by research that demonstrates clear benefits in health outcomes when an individual's religious needs are met while they undergo hospitalisation or treatment.

It is a self-evident truth that those who find being part of a religious community a valuable part of their life, should not be deprived of this support if at all possible when they are ill. That is particularly important during times of suffering, fear and uncertainty.

However, we must take account of the increasing number of people who have a definite faith, but who do not choose to exercise that faith through membership of a particular community, and of those who have no definitive at all. These people when faced with illness or death still search for a meaning in life and for spiritual and emotional support.

Throughout the NHS today chaplains are still expected to offer an appropriate religious ministry to those who retain in membership of faith communities, but they are also called upon to give spiritual care to the majority of patients, carers and staff who have no association whatsoever with any religious group. That is why present day chaplaincy makes a distinction between religious and spiritual care: A distinction that is clearly explained in the working group's report.

Religious care is given in the context of shared religious beliefs, values liturgies and lifestyle of a faith community: spiritual care is given in a one to one relationship, is completely client centred and makes no assumptions about personal conviction or life orientation. While spiritual care is not necessarily religious, religious care, at its best, should always be spiritual.

NHS staff, patients and their families are often confronted with serious or life threatening conditions, injuries and bereavement. Spiritual care can be a great comfort to them in these difficult circumstances.

A skilled, sensitive listener can play an important role in providing support and care to seriously ill patients and their families. They can also provide much-needed bereavement care and counselling.

Under this new guidance, which will be issued to the NHS in early next year, patients will have access to a hospital chaplain, who covers all faiths, and will be able to request a visit from a local representative from their own faith. They will also be able to request prayers, sacraments or other religious ministries to be conducted at the bedside, cotside or dayroom.

The way that spiritual care is delivered will also change. Chaplains will continue to visit patients in wards - but we are also asking NHS Boards to provide additional services such as quiet rooms or sanctuaries designed for multi-faith worship, which can be used by patients, relatives and staff.

And we will be expanding the important role already played by the voluntary sector in the provision of spiritual care. Local chaplains will help train and develop the skills of local volunteers from a range of organisations to enable them to provide spiritual care services across all faiths or on a secular basis.

The World Health Organisation recognised this shift of emphasis when, in the early nineties, it added spirituality to its definition of the word health; it had previously described the physical, emotional, psychological and social aspects of health. This new and fuller descriptive definition is one which should be reflected in the seriousness with spirituality issues are addressed within NHSScotland.

Susan Deacon recognised the significant of this shift in emphasis when she told the Healthcare Chaplains' annual study in May of last year that she was "committed to delivering an NHS that cares as well as it cures". To fulfil that commitment she said the Executive would take 3 key actions:

1. we would develop spiritual care guidance to help the NHS meet the needs of **all** the people of Scotland whatever their ethnic or cultural background;
2. we would develop work to support the spiritual needs of NHS staff; and
3. we would fund the employment of a national Chaplaincy Training and Development Officer.

We are fulfilling these commitments. In your delegate packs for this Conference you would find the report of a *Working Group on Chaplaincy and Spiritual Care in NHSScotland.* Stewart MacGregor, who convened the Working Group, also presented their conclusions to you yesterday as the last stage in a widely based formal consultation process.

Can I take this opportunity to thank Stewart and his team for the quality of their work, and for the speed with which they produced it.

At your next session, you will be asked to consider what we need to do to turn this vision into reality. We will then require NHS Boards, working with their local faith communities, to develop and implement by December 2002 local spiritual care policies and procedures that reflect the Working Group's Final Recommendations.

As an Executive we are committed to shaping our policies to meet peoples real needs and wishes. I can think of few areas where this is more relevant than the religious and spiritual support and care of people when they feel most vulnerable frightened and upset. We will therefore wish to see clear evidence of the full involvement of local people and communities in helping shape these local strategies.

Put simply, we want the outcome of this local work to be that all those that are cared for by the NHS and all those who work within it, have access to the spiritual support they need, when they need it and in a manner that meets their individual need.

One thing that is already clear from the consultation process is that there is a real willingness amongst staff in the NHS across Scotland to meet this challenge. But as there is also a clear recognition of the sensitivity of the issues we are asking them to address, they want professional support to do it.

They recognise the central role of Chaplains and faith representatives in the local team that must deliver holistic patient centred care - physical, mental, social **and** spiritual care. They look forward to working with them to develop and implement effective local strategies. But they also echo a view expressed by the Chaplaincy movement that there is a need for central investment in training and development.

That was why I was glad to meet Chris Levison this morning. Chris, as you may know, has very recently taken up appointment as our national Spiritual Care Co-ordinator.

Initially, we saw Chris's role as principally to provide spiritual care staff across Scotland with training and development support. He will still do that, but listening to feedback from the consultation process we have asked Chris agreed to broaden the focus of his role. Chris will now also be responsible for:

- co-ordinating professional input to NHS Boards and Trusts in developing policies and procedures which meet the spiritual care needs of patients, of those who care for them, and of the staff who serve them; and
- working closely with Desmond Ryan - who addressed you yesterday - to develop recommendations that will ensure that front-line NHS staff get the spiritual support they need to deal with any challenge to their faith which may arise from their caring role.

Chris will obviously need support to deliver this new, wider role. That is why we will shortly advertise a secondment opportunity so that an experienced member of the NHS can begin to work alongside Chris.

It is just over a year since Susan Deacon set us the challenge of developing ways to support patients and their carers when they are confronted with serious or life threatening conditions and bereavement.

We all recognised that skilled and sensitive spiritual support is a crucial element in the spectrum of care and can bring comfort to many people in very difficult circumstances.

This challenge to us all has forged a new partnership between NHSScotland, its front-line staff, its chaplains and faith representatives and the public we all serve. It has seen the development of new guidance – guidance that will ensure that all those that are cared for by the NHS and all those who work within it, have access to the spiritual support they need, when they need it and in a manner that meets their individual need.

Guidance that will ensure that spiritual care and support is delivered as an integral part of NHS care. Guidance that will see spiritual support available wherever NHS care is delivered - in hospital wards at the side of the bed or cot, in the dayroom or in quiet rooms or sanctuaries specifically designed for multi-faith worship, in hospices and in the community.

We are forging a Scotland-wide partnership of care and we are building on the important role already played in the NHS team by chaplains and faith representatives. We are also creating more opportunities for the voluntary sector as I've already indicated, with local chaplains being supported to train and develop volunteers from a range of organisations to help provide spiritual care services to people of all faiths and indeed, those of no faith.

I for one do not underestimate the task ahead. However, I am confident that with your continuing help, we can create an NHS that cares as well as it cures. An NHS that provides spiritual support to those that it cares for and to those that work within it.

Events like this are a significant step in the right direction. I am glad to have played a part in it.

Malcolm Chisholm MSP presented this speech as Deputy Minister for Health and Community Care and is now Minister for Health and Community Care. (MSP – Member of the Scottish Parliament)