

EDITORIAL

Looking back over the editions of the journal which have appeared to date, I am impressed by a sense of gathering momentum. This has not to do solely with the process by which a new journal gradually defines its identity and finds its feet, although hopefully this has indeed been happening, and will continue to happen. The momentum which I detect has more to do with the gathering pace of change within chaplaincy itself, of which none of us can be unaware, especially since the publication of HDL (2002) 76. There is a new urgency about the asking of questions, the defining of identity within a modern healthcare system. There is a need for focus, precision, communication, not only among ourselves, but also with those who do not share our language and must be persuaded of the worth of chaplaincy. There is a felt need for secure status, defined role, the respect of the health professionals alongside whom we work. And yet at the same time, room must be found for those most precious aspects of the chaplain's role which are often the least amenable to precision, explanation, evidence and proof. Chaplains are not yet experiencing a crisis of identity, and are to an extent cushioned by the sense of good will and respect which many in healthcare still have towards us, even if they only have the vaguest idea of what we are really 'for'. Yet there is a growing awareness that chaplains must be ahead of the game in asking of ourselves the hard questions which will inevitably be put to us by others. 'Reflect and Survive', may be the motto here. But this is not, or should not be, our primary motivation for doing the hard thinking about the identity of chaplaincy; we do it so that we may with confidence and integrity provide meaningful spiritual care within the NHS of the 21st century.

'Chaplaincy for tomorrow' is not only the name of a recent conference; it is the focus of the majority of

contributions over recent editions of the journal, including this one. The scene is set by John Swinton's thought provoking article, which sets out the issues involved if chaplains are to become 'health care professionals' in the same sense as others. His plea is that chaplains reflect upon ways of articulating the uniqueness which we claim for ourselves, even if this means finding the courage to assert that we cannot in many respects fit into the 'evidence based' model of healthcare. The challenge is to establish chaplaincy on its own terms, and that requires a sensitive assessment of both the common ground that we share with others in healthcare, and of the ways in which we must of necessity be different. Noel Brown strikes a similar note when he calls upon chaplains to find the confidence to make our distinctive voice heard in the spirituality debate.

Other contributors take up in their various ways the issues involved in chaplaincy for tomorrow, issues of evidence, training and support, role and identity. This edition is broadened and enhanced further by reflections on SARS, and by a consideration of the difficult subject of failure in palliative care. And from a very different perspective, Jordan Vuchkov gives us an insight into a healthcare system from which chaplaincy has for years been largely absent, and where the need for a 'doctor of the soul' is being rediscovered.

A 'doctor of the soul' for a new century, understanding the need for both skill and love, both knowledge and wisdom, both evidence and intuition; operating confidently in a culture awash with information, and yet at the same time preserving space for precious aspects of human experience which are too deep for words. To quote David Mitchell's closing question, 'How will it all develop?'