

SPIRITUAL HEALTH CARE AND THE EUROPEAN UNION (EU)

Editorial Comment: Maintaining an awareness of the developments within spiritual care and chaplaincy in Scotland, the UK and in Europe is a challenge. In previous issues we have endeavoured to keep readers informed and have featured articles on registration of chaplains, standards and competencies for spiritual and religious care, agenda for change, and other key topics. With the permission of the European Network of Healthcare Chaplaincy and Fr. Stavros Kofinas (consulting editor) we are pleased to bring you details of recent developments with the European Union. The report can also be accessed on-line at <http://www.eurochaplains.org/brussels05.htm>.

Key words: Chaplaincy, European Union, spiritual care,

Stavros Kofinas

Between the 20th and the 22nd of June 2005, Fr. Stavros Kofinas, Coordinator of the European Network of Health Care Chaplaincy (ENHCC) together with Dra. Anne Vandenhoeck, a member of the ENHCC Network Committee, introduced spiritual health care to officials of the EU.

In general, the meetings were most productive and the response was very positive. Many doors of communication were opened and many perspectives in relation to European health care chaplaincy and the EU were acquired. All that was discussed during these meetings needs to be reviewed and digested. The ENHCC Network Committee will be meeting at the Ecumenical Patriarchate in Istanbul between the 30th of September and the 2nd of October to evaluate what further steps need to be taken so as to assure spiritual health care within the EU.

SPIRITUAL HEALTH CARE IN THE EU

Paper presented to:

- **Dr Michael Weniger** (Policy Advisor to the President of the EU, The Honourable Jose Manuel Barroso, and Chairman of the EU Group of Concerning Dialogue with Religion, Churches and Humanism)
- **Margaritis Schinas** (Director of the Office of the Commissioner of Public Health, Pavlos Kyrpianou)
- **Dr Antoios Trakatellis MD** (Vice-President of the EU Parliament)

Spiritual Care and Health Care

In reviewing the histories of religions and that of health care in Europe, one will immediately realize that there is a very close correlation between the two. Religious communities established the first organized hospitals that were many times protected and supported by the state. Three prime examples are those of the Hospital of St. Sampson (6th century) and that of the Hospital of the Pantocrator

Monastery (11th century) in Constantinople, together with that of the Hospital of the Holy Spirit in Rome (8th century). These institutions expressed a very clear attitude about illness and health care: that one of the major components of wholeness and health is directly related to the aspect of one's spiritual life and that faith is a basic element of healing. This has been verified by numerous modern scien-

tific studies which have shown the impact of spirituality on health and the impact of spiritual care on healing.

Health Care Institutions and Religion

Today, some of the major providers of health care within the European Union are religious institutions. Hospitals, hostels, special care units, counselling centres are operated and funded by various faith groups. Even in most state and privately owned hospitals throughout the EU, there is a chapel or meditation room where both the sick and their families can find comfort and a sense of hope. This reconfirms how the spiritual and existential dimension of our being is directly related to healing.

Chaplains

The person who brings together the dynamics of healing and faith within the health care setting is the chaplain. Within the European Union, thousands of chaplains serve health care settings, offering the spiritual care and guidance that is essential for one's recovery and offering spiritual support to health care providers as well.

The way chaplaincy is organized within the EU varies from country to country. In most European countries, there are official chaplaincy organizations or associations of the major Christian denominations. In some cases, there are associations which coordinate chaplaincy on a multi-faith and multi-cultural level, and in other cases, the national religious authority (Metropolitan, bishop, etc) directs spiritual health care.

The European Network of Health Care Chaplaincy

Since 1990, representatives of European Chaplaincies have been coming together every two years to exchange their experiences in spiritual health care. In November of 2000, the European Network of Health Care Chaplaincy (ENHCC) was formed at the 6th Consultation that took place at the Orthodox Academy of Crete, organized by the Ecumenical Patriarchate. Based on the "Cretan Declaration", the Network is the largest body composed of official representatives from all the Christian denominations and chaplaincy organizations of Europe, which provide pastoral care in various health care facilities.

The Network aims at mutual sharing and understanding both on a religious, cultural and organizational level. It brings together the various chaplaincy experiences of all the health care systems in Europe. Today 44 organizations from 29 countries are represented in the ENHCC.

Health Care Chaplaincy and the EU

There are two basic concerns that can be cited in health care chaplaincy (spiritual health care) in relation to the European Union:

1) The professional status of the chaplain within the health care community

To become a chaplain, one has to fulfil two requirements: a theological education and a specialized training in a health care setting. Practical Theology is the theological reflection on pastoral care and both are taught in theological institutions. Within the framework of pastoral education, clinical experience is required. This makes it a specific "scientific" field of study. Therefore, the position of the chaplain is one that has both a theological and "scientific" background together with a well-grounded clinical dimension.

The question which must be raised is if the chaplain is accepted within the framework of the public health systems and institutions of the EU is his/her position considered as part of the team of health care professionals?

There is a diversity of how this question can be answered from country to country. Even though most hospitals in the EU have chaplains, in general there is reluctance in viewing them as "health care services providers". If the spiritual dimensions of illness and healing are accepted, something that has been established both by scientific studies and in statements and policies concerning patient rights, then it must be agreed that the chaplain provides a "health care service". The problem in recognizing this is the "professionalism" of the spiritual health care provider. In order to deal with this the ENHCC adopted the "Standards of Health Care Chaplaincy in Europe" (see enclosed document). These Standards state that chaplaincy provides pastoral services in a variety of health care settings, ministering to the existential, spiritual and religious needs of those who suffer and those who care for them. The Standards describe the organization and development of

chaplaincy services, the area and activity of chaplains, their education, formation and supervision. There is an emphasis on how Faiths and chaplaincy services can be a vital resource in theological, spiritual-existential, ethical and pastoral matters. Special focus is given to the areas of integrated spiritual development and bioethics. The Standards Document is extremely important in that it gives a point of reference to all who are involved in the area of health care in dealing with the spiritual care of the sick. In the pluralistic and multicultural Europe of today, this even becomes a greater necessity. The Standards not only secure the “professional” and “scientific” quality of the spiritual health care provider (the chaplain), it also protects patients from unwelcomed spiritual intrusion or proselytising.

It is necessary that all those who are involved in religious dialogue and public health within the EU see the need to recognize the presence of the chaplain as a health care provider and secure the professional level that this position must maintain.

2) The patient's rights for spiritual care

In “The Patient’ Rights in Europe” adopted by the World Health Organization in 1994, it is clear that “everyone has the right to respect for his or her privacy” (1.4) and that “everyone has the right to have his or her moral and cultural values and religious and philosophical convictions respected” (1.5). It is also stated that patients “have the right to be treated with dignity in relation to their diagnosis, treatment and care, which should be rendered with respect for their culture and values” (5.8.). Patients also “have the right to enjoy support from family, relatives and friends during the course of care and treatment and to receive spiritual support and guidance at all times” (5.9).

Taken each of these clauses separately, one could interpret them in many ways. Here, there is a definite respect shown to one’s privacy, but there is also an acknowledgment of the need and respect for spiritual support and guidance and at all times!

The misinterpretation of the privacy act of patients has caused many difficulties in providing the spiritual support and guidance the same act acknowledges as a necessity:

- Professional and recognized spiritual health care providers (chaplains) are often prohibited from

approaching patients in offering the support and guidance needed.

- In some cases chaplains are not allowed to wear any type of religious dress or show religious distinction, showing lack of respect for the expressions of cultural and religious values.
- Many times, health care policy makers, hospital administrators and other health care providers use “the privacy act” to justify themselves in not recognizing chaplains as providers of a specialized “health care service”, leaving them outside the therapeutic team.
- Chaplains are often not allowed access to data base information about the patient. This does not allow the spiritual care provider to share his/her input with other health care providers towards the healing of the patient.

The ethical and spiritual questions that arise in relation to therapy and care are forever increasing and cannot be denied. The loneliness which exists in our post-modern society creates many existential and spiritual questions and needs, especially at times of illness. For this reason one cannot deny that there is a need for spiritual care and guidance during the course of one’s illness and therapy.

It is necessary that every patient’s right to have spiritual care and guidance accessible to him/her at all times be respected and preserved in the EU. This care and guidance must fully respect one’s religious, moral, philosophical and cultural dimensions of illness and healing. The ENHCC has a firm position that this can only be done through an organized chaplaincy that is authorised by a faith community and recognised by the health care system. This is clearly stated in the Standards of Health Care Chaplaincy in Europe, which has been adopted by all the participants of the ENHCC. It is felt that the EU must also take a firm position on this issue.

Proposals:

1. That the European Policy Advisor on Dialogue with Religions, Churches and Humanism of the European Union inform the President of the EU and all those involved in religious dialogue within the EU about the issues that have been here stated.

2. That there be a conjoint meeting of the European Policy Advisor on Dialogue with Religions, Churches and Humanism of the European Union with the EU Commissioner for Public Health to re-

view the issues of spiritual health care within the EU. At this meeting, representatives of the ENHCC and the EU Parliament should also be present.

3. That the EU Commission of Public Health should take steps in securing the right of every patient to receive proper spiritual care and guidance from a qualified spiritual health care provider (chaplain), as designated in the Standards of Health Care Chaplaincy in Europe adopted by the ENHCC.

4. That the Standards of Health Care Chaplaincy in Europe, adopted by the ENHCC, be introduced and recognized by the EU Parliament.

Brussels June 20, 2005 On behalf of the Participants of The European Network of Health Care Chaplaincy:

Rev. Dr. Stavros Kofinas Coordinator of the European Network of Healthcare Chaplaincy
(Representative of the Ecumenical Patriarchate)

Network Committee

Rev Kirsti Aalto Director of Hospital Chaplaincy
Evangelical Lutheran Church of Finland

Dra Anne Vandenhoeck Research Assistant at the
Catholic University of Louvain, Faculty of Theology,
Department of Pastoral Theology, CPE supervisor
(Belgium)

Rev Fred Coutts (webmaster) Scottish Association
of Chaplains in Healthcare (SACH)

Chaplain Kathleen O'Connor Health Care Chaplaincy
Board, Ireland

Rev José Nuno Ferreira da Silva National Coordinator
for Hospital Chaplaincy in Portugal

Rev Dr Derek Brown Scottish Association of Chaplains
in Healthcare - SACH

Drs Anneke Kemper President of VGVZ, the Dutch
Association of Spiritual Caregivers in Health Care
Institutions (The Netherlands)

*Stavros Kofinas is Coordinator of the European
Network of Health Care Chaplaincy and a
Consulting Editor of the Scottish Journal of
Healthcare Chaplaincy.*