

## EDITORIAL

‘Success is not the key to happiness. Happiness is the key to success’. Albert Schweitzer was alluding to the love of one’s work, or activity of any kind, being what will lead to success in that field. Perhaps it is time to look again at what we consider to be a success. I wonder what patients need from chaplaincy, and when has chaplaincy succeeded.

The first IVF baby in Britain is thirty years old this year, clearly a success, and yet IVF as a treatment, despite much investment and thirty years of science, has only a 15% success rate. Carey and Newell’s piece looks at chaplaincy interventions which are rare amongst chaplains’ duties, with a group of patients who have little statistical chance of success, and yet in those rare encounters real benefit was felt by the couples who had to decide whether or not to step into a process fraught with worry and of very high emotional importance to them.

Avgoustidis looks again at the area of professional boundaries, how do we collaborate successfully and when is demarcation of responsibility more important than co-operation, and when is it not. He particularly picks up the theme of religious care and emphasises how important this type of care is. This is echoed by Geoff Lachlan as he catches the theme of the success of the human spirit to defy illness and bring health. The link between spiritual health and mental health is a complex chain; of emotions, chemistry, social and environmental factors into which beliefs enter as catalysts for change, for good

or ill. Lachlan argues that the inter-related nature of the mind and body, a commonplace to thinkers as diverse as St Paul, Buddha or Aristotle, has been lost in medical science and is being rediscovered, and Lachlan teases out some of the implications for spiritual caregivers.

Chris Levison analyses the success of chaplaincy in working with the HDL of 2002, one of the most frequently quoted documents in these pages, and at the process of writing a CEL which has been ongoing this year. How success is measured in terms of service provision, and having a priority for the service, but also how the success of what is being done, throughout Scotland, is valued and esteemed by the Scottish Government, which is an important element of the time and effort being put into the CEL. The Capability and Competences Framework also fits within this picture of a profession valued by others and growing in confidence and stature.

Returning to Schweitzer’s thoughts on success it should follow that if we are devoted to spiritual care, to being competent, and capable, and therefore able to care for others as our equals, then success will follow. When we give someone permission to throw away beliefs that have chained them, or provide encouragement to them to hold to beliefs that nourish and sustain, our success or failure as spiritual care providers is hard to quantify. Only the patients themselves can tell us if we have indeed achieved it.

## CORRECTION

In the last edition of this Journal the versions of Eleanor Williams’ articles which went to press were not the final versions agreed with the author and did not include the biographical details of the author usually found at the end of an article. We apologise unreservedly to Dr Williams for this error. Full and correct versions of Dr Williams’ articles can now be found online at: [http://www.sach.org.uk/journal/1101p02\\_williams.pdf](http://www.sach.org.uk/journal/1101p02_williams.pdf) and [http://www.sach.org.uk/journal/1101p09\\_williams.pdf](http://www.sach.org.uk/journal/1101p09_williams.pdf)

Dr Williams’ details are as follows: The Revd Dr Eleanor Williams is a part-time GP in Cambridge, and was recently appointed Specialist in Clinical Communication, teaching communication skills in University of Cambridge School of Clinical Medicine. In 2007 she was ordained as a minister in the Church of England, serving a curacy in Ely diocese as a Minister in Secular Employment.