

## EDITORIAL

Since the last edition of this Journal, Margo MacDonald MSP introduced her proposal for an 'End of Life Choices (Scotland) Bill'. This proposal has been through its initial consultation phase and responses have been, as one would expect, mixed. Even a cursory perusal of internet sites shows a range of opinion on the subject with most faith based opinions being highly critical of the recommendations (see, for example, the Christian Medical Fellowship site at [www.cmf.org.uk](http://www.cmf.org.uk) linked with [www.carenokilling.org.uk](http://www.carenokilling.org.uk)).

A specific and united response from Scottish Chaplaincy is harder to gauge. There are many reasons for this, among them the fact that there may not be unity of opinion among Scottish Chaplains on this subject.

Many Chaplains who are on their Health Boards' clinical ethics committee have chosen that as their vehicle of response. Others may have responded directly and as an individual in the consultation process and others through their own faith or belief group.

What is abundantly clear is that this is a topic of central importance to spiritual care in general and to healthcare chaplaincy in particular. End of life care, the finding of meaning and purpose in life, the resolving of 'unfinished business' and dying a good death are part and parcel of a healthcare chaplain's work.

Lindsay Carey offers us, in this edition of SJHC, the findings of a fascinating piece of qualitative and quantitative research, involving over 300 Australian healthcare chaplains, concerning their involvement in patient and staff issues with regard to euthanasia. One of his main findings is that those who are trained and experienced in the delivery of spiritual care should be included when considering euthanasia issues and decisions.

Chaplains are involved in such matters whenever there is a consultation period like the one recently held in terms of Margo MacDonald's proposed bill. However, it is unlikely that Chaplains' opinions will be specifically sought out beyond a consulta-

tion of the general public. Carey's article stresses the important role Chaplains can have in addressing these vitally important discussions.

Again, since the last edition of SJHC, the National Secular Society grabbed headlines by suggesting that millions of pounds could be saved in the NHS if the provision of Chaplaincy was paid for by the Churches. While I am sure that the saving of money for the NHS is not uppermost in the thinking of the NSS in coming to this conclusion, its arguments raise questions about cost-effectiveness and evidence base for Chaplaincy. Increasingly, Chaplaincy is going to be asked to justify its existence in these terms. These are issues that the profession must acknowledge, especially in times of growing financial stringency.

Many Chaplains have already responded to the NSS through local and national media. In particular, Derek Johnston, Lead Chaplain in Belfast, has written a very helpful reflection from a Northern Ireland perspective in response to the NSS recommendations. Much of his argument and evidence finds application in any Chaplaincy setting across the UK.

As well as these two highly topical issues, this edition of the SJHC offers articles examining the experience of audit within chaplaincy departments in NHS Tayside and in Plymouth Hospitals NHS Trust. The former is an audit of the Chaplaincy Service using the self-assessment tool that is part of the professional standards document published in 2007. The latter is a review of how the Chaplaincy space in an acute hospital was used in a 24 hour period.

As already noted, in a world where Chaplaincy is increasingly going to be asked what kind of service it is providing and what benefits this service offers wider healthcare, such audits may become increasingly common.

Finally, there is a piece which asks us to reflect upon the nature of human suffering, to rehabilitate the experience of this suffering and to see the positive role of chaplaincy in offering a genuinely al-

ternative worldview to the dominant one offered by our culture, which is that suffering is a 'cosmic mistake'. Sally Nelson's excellent and thought-provoking article comes as a timely reminder of the vital and distinctive role of chaplaincy within healthcare.

Chaplains are better equipped than many other healthcare staff to offer help and insight in the search for meaning and purpose and in the context of human suffering.

So this edition of the journal offers a highly contemporary view of Chaplaincy and covers current issues as diverse as the flu pandemic (Orere Source), euthanasia (Carey et al), and the distinctive contribution of Chaplaincy (Nelson) within a service that is increasingly asking us to account for ourselves (Levison et al, Baxendale) in a world

where strident voices question the funding of the service we provide (Johnston).

But let us know what you think! The Editorial Board often comments on the lack of letters to the Journal. As these highly topical issues all impinge upon our daily practice it would be helpful to know the thoughts of the readership.

On an entirely different note, regular readers may have noticed a slight change in the cover. Moving with the times, we now have a camera ready digitized image version of the SACH logo which will greatly facilitate the printing of each cover, and which will allow for the on-line sharing of the cover of each edition and, indeed, the on-line sharing of the SACH logo.