

Spirituality and RC Chaplaincy

Parliamentary Briefing No 3

June 2008



www.catholicsinhealthcare.org.uk

These briefings are compiled by the Healthcare Reference Group of the Catholic Bishops' Conference of England and Wales, and are written by serving health professionals, researchers and policymakers.

Key Points

- At the core of RC chaplaincy is the image of Christ the healer. Catholic chaplaincy is the Church's response to Christ's injunction to care for the sick and to incorporate all the faithful into the Body of Christ.
- In recent years "religious" care has been transformed in some policy dialogues into "spiritual" care. This is intended to support diversity. Ironically, it can actually undermine diversity by not always appreciating that, to people of faith, spirituality only makes sense in a religious context.
- Not only is a barrier then created to promise in the *NHS Plan* to value someone's faith, but this homogenisation of spirituality results in a recasting of traditional community and religious-based care which is more the product of a secular understanding of faith.
- This secular understanding of faith is essentially a private one with over-emphasis on individual experience. This in turn makes it more difficult for faith to be explicitly valued in the NHS. It becomes an issue people are uncomfortable to raise.
- Coupled with the Data Protection Act, this discomfort about private faith means people may not be asked about access to chaplaincy care and may not get it.

The Problem

The existence of hospital chaplaincy was traditionally taken for granted. As religion increasingly finds its reserved seat removed from the public square it has had to justify its presence in ways hitherto unfamiliar to it. While the benefit of this has been a more concrete engagement on the part of the Church with the secular world, the downside has seen some chaplaincies losing self-confidence and sense of identity, turning into merely another group of practitioners. For those for whom chaplaincy is also a career, there is greater temptation to dance to the piper's tune. This can find RC chaplains having a generic agenda imposed on them or perceived as partisan by colleagues.



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Catholic Trust for England and Wales, Company no. 4734592, Registered charity no. 1097482
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There is a flawed anthropology that sees man as a spiritual being with a chosen religion bolted on. To people of all religious faiths this characterisation is unrecognisable. Rather the spiritual dimension can only be made sense of through the particular religious belief.

The Consequences

1. Chaplaincies become dominated by career chaplains who are more likely to hold this view.
2. RC chaplains are often deemed “not professional” because they are not within the career structure of hospital chaplaincy.
3. Many RC chaplains do not occupy key roles or hold substantive contracts and end up only working on a voluntary basis.
4. Regulation of chaplains begins to be adopted by a core group of interested parties for whom connection with Church is a lower priority. This can lead to greater exclusivity.

The Solution

- ❑ Ensure we have well trained chaplains.
- ❑ Resist becoming a profession as per the practitioner model.
- ❑ Maintain focus that our work is ultimately one of pastoral mission, not just NHS targets and budgets.
- ❑ Look at ways of establishing links between religious belief, religious care and recovery.

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