Plain Views©

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Talk Back: Response to George Hanzo's Challenge

I am amused—though not surprised—by the Balboni findings (*USA Today* 2/14/07) that up to 70% of the patients' spiritual needs weren't being met by hospital chaplains or others in the health care system. I marvel that chaplains speciously satisfy as many spiritual needs as we do. In order to deliver spiritual care, chaplains would probably have to intend it. Instead most healthcare chaplaincy continues to labor under older models of "religious care," or even worse, "religious activities." This is by no means entirely our fault.

Chaplains in faith based institutions often feel as if their care must follow party lines. They, as well as other healthcare professionals, color outside those lines at merciless and swift peril of their employment. Chaplains in secular institutions often feel marginalized as "religious artifacts," nice to have, but not central to the real business of a hospital. Many smaller hospitals continue to assume that clergy volunteers will fill anyone's—everyone's—spiritual need. Chaplains in government institutions must often respond to the political pressure of sectarian interest groups with access to those in power.

Screening and assessment models for spiritual care abound. But when chaplains define the spiritual dimension in patient care by issue: hope, fear, awareness, meaning, dignity of life, identity, trust, the ability to give and receive, respect, self-responsibility, grief, even ethics: we are frequently told we are usurping ground from medicine, psychology, social work, or rehabilitation. *"Aren't chaplains supposed to pray and hold bible studies… how about those Sunday services?"*

Any chaplain who also has experience in congregational ministry knows what it means to be told to "get back in the pulpit." Chaplains will be able to substantively deliver spiritual care when the institutions that employ us learn the difference between a spiritual need and a religious one, and commit to delivery of the former.

The last decade has seen much fine writing on spiritual vs. religious care, not the least published by JCAHO. Sadly, I have had to read those articles to administrators, prelates, politicians, and even a surveyor, to defend my own department's modes of operation.

Advocacy begins at home. Department Heads: be clear with your institution. It is time to rewrite policies, manuals, scopes of service, job descriptions… the entire keyed infrastructure your institution requires from you. Be clear with your staff about their role. Can we really afford to be saddled with sectarian chaplains when they do not even meet the basic spiritual needs of their own supposed patient populations? And be clear with yourself. Can you admit that what you are doing is simply not working?

Balboni and Ferrell have done us a great favor by dropping at our feet a study that says: the religious constraints we have been asked to labor under simply do not meet the basic spiritual needs of patients. If we cannot use *that* to open a conversation with our selves, our staffs, and our institutions, then maybe it *is* time to get back in the pulpit.

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