

Thursday 7th June

Plenary session 1 - group statements

Simon's group

Statement - Chaplains should be convinced of their role; they should dare to have faith, dare to risk and dare to disturb the healthcare system. Chaplains need to develop professional training and the tools to achieve this.

Question - Can we create a professional statute that defines the role and responsibilities of chaplains? This should be recognised by healthcare providers, churches, government and insurance companies. Chaplains need to take ownership of this statute.

Marie's group

Statement - the work of spiritual caregivers must involve 1. space for unplanned or pro active pastoral encounters. 2. space for care of families, caregivers and staff. 3. space for education and awareness raising for staff about spiritual care. 4. living with a tension between expectations of faith groups and healthcare institutions

Question - If spiritual caregivers respond only to referrals, how do they include the opportunity for unplanned pastoral encounters and care for carers?

Robert's group

Statement - national context will influence model used. Context being religion and culture. This will also influence vision hospital professionals have on chaplains and their work. Model used also depends on personal training and outlook of chaplain themselves.

Question - Is it possible with this background to create one standard or model for interdisciplinary working within European healthcare chaplaincy?

Axel's group

Statement - There are different modes of integration in healthcare chaplaincy. Integration of structure.. Every mode has advantages and disadvantages. Patient needs person not totally integrated in process of care. Needs someone able to walk with him. Problem if chaplaincy is totally integrated

Question - How can we convince churches and religious groups to make one association of spiritual and pastoral care and speak with one tongue to hospitals?

Adamantios's group

Statement - We found a full spectrum of involvement from complete isolation to total integration. We identified the factors influencing this - the attitudes of clinical staff, of the churches, of non clinical administrators, individuals at all levels, the size of the organisation the type of care and national culture.

Question - What part can / should chaplains play in understanding these factors and in keeping spiritual care both alive and moving forward?

Question from Marie's group

Roel - Has met this question before. Always possible to make unplanned contact this patient or other people. Meet people after service. If conversation indicates more than one meeting, ask if can make contacts more formal. Had fear that he wouldn't be free to have spontaneous meetings, but this has been OK. Is in dialogue with staff about patients more and in training of doctors and nurses can take care of carers.