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# Faith in the NHS

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# Overview

- 0 Who are we and who is here
- 10 What's the plan?
- 20 What should we do?
- 30 How can we make this work?
- 40 What are the boundaries?
- 50 Where next?

# Who we are

- Dr Ewan Kelly

...is Programme Director for  
Healthcare Chaplaincy and  
Spiritual Care, NHS  
Education for Scotland



- Dr Rob Waller

...is on the leadership of  
Premier Mind and Soul and  
Consultant Psychiatrist in  
West Lothian. @robwaller

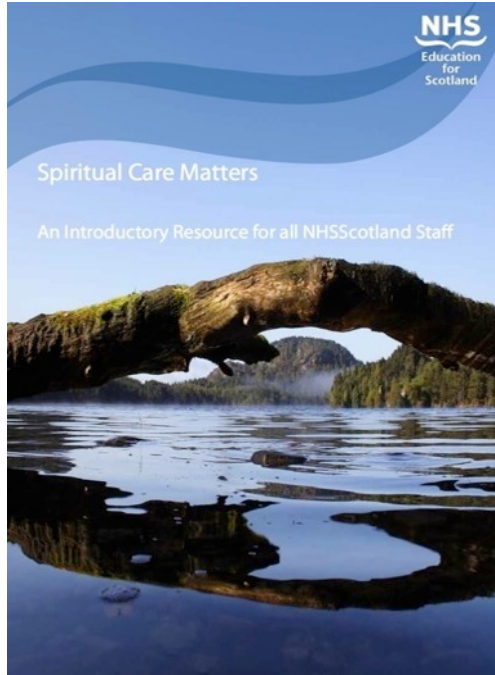


# Who is here?



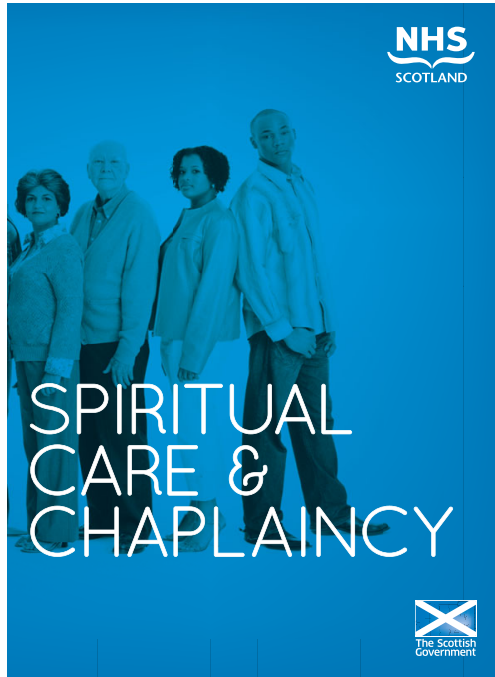
- Small Groups
  - What is your interest in faith in the NHS?
  - What has your experience been?
  - What do you hope to get out of today?

# Spiritual Care Matters



- A learning resource
  - Spiritual care in the NHS must be both inclusive and accepting of human difference. As we learn to listen better to the particular needs of different people, so we equip ourselves for work which is more fulfilling and effective.
  - The provision of spiritual care by NHS staff is not yet another demand on their hard-pressed time. It is the very essence of their work and it enables and promotes healing in the fullest sense to all parties, both giver and receiver, of such care.

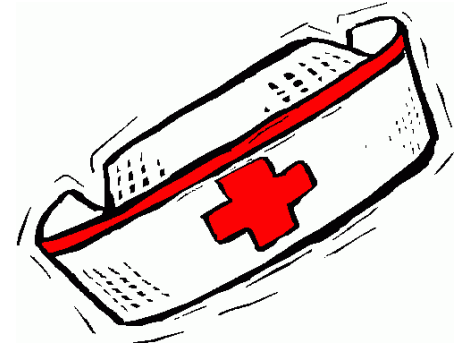
# The Chief Executive's Letter



- Health Boards should:
  - Have appointed a senior lead manager for spiritual care;
  - Have a spiritual care policy, updated in light of local need and the attached guidance;
  - Have a spiritual care/chaplaincy service resourced to provide the necessary service throughout the year on a twenty four hour basis.

# Spiritual Need in Healthcare

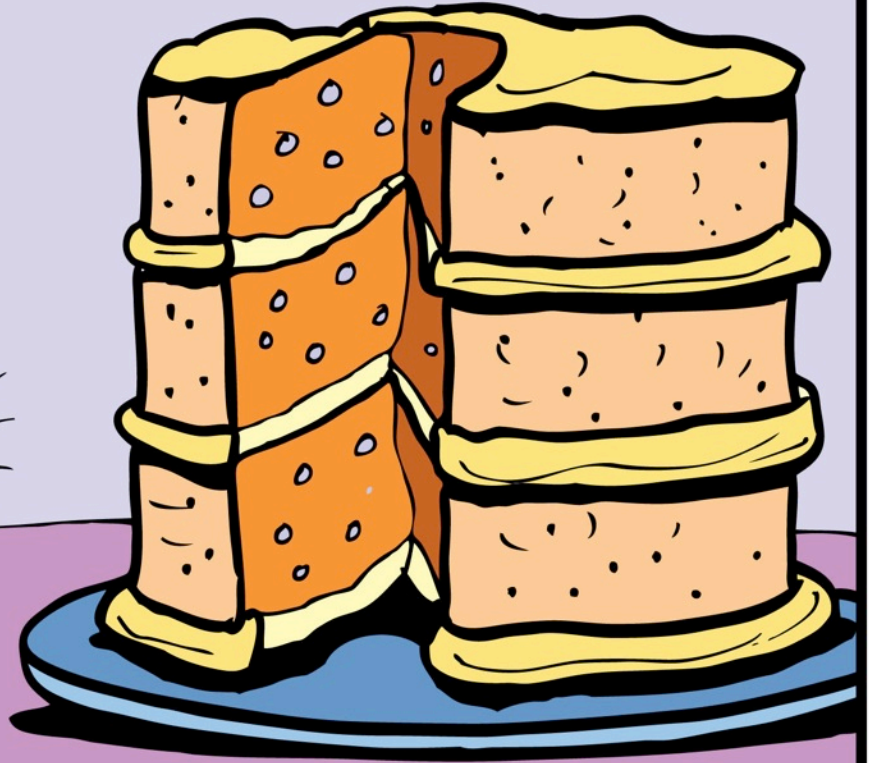
- Basic
  - Need to be treated with dignity and respect as a unique person with a particular story, worldview and understanding of illness
  - All staff should be able to meet this need
- More Complex
  - Hidden/forgotten spiritual need
  - Specific religious need – eg mass



Spiritual care is the responsibility of everyone on the healthcare team...

**Spirituality isn't 'the icing on the cake'**

**It should be mixed throughout the whole thing!**



[graham@ogilviedesign.co.uk](mailto:graham@ogilviedesign.co.uk)



# Spiritual Needs

The need for:

- meaning and purpose
- love and harmonious relationships
- a source(s) of hope and strength
- trust
- expression of personal beliefs and values
- opportunity to perform spiritual practices
- need for creativity

(Narayanasamy 1991)

# Spiritual or Religious Care



- ***Spiritual Care*** is usually given in a one to one relationship, is completely person centred and makes no assumption about personal conviction or life orientation.
- ***Religious Care*** is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.

# Spiritual Care Provision

## Broad Aims

- Restore control – informed choices
- Aid re-construction of self
- Aid search for meaning and purpose in past and present
- Aid discovery or rediscovery of hoping and coping strategies
- Affirm, value, accompany

# Spiritual Care Provision

- Doing
  - Restoring control and dignity
  - Includes responding to physical and religious needs
  - Through offering informed choice
- Informed Absence
  - For patient and healthcare professional
  - Requires discernment

# Census data

Christian	64%	3,294,600
Muslim	0.84%	42,000
Buddhist	0.13%	6,800
Sikh	0.13%	6,600
Jewish	0.13%	6,400
Hindu	0.11%	5,600
Others	0.53%	27,000
No Religion	27.5%	1,394,500
Not answered	6.5%	

# Behind the Data

- 55% believe in a ‘patterning’ to life
- 67% believe in a Supernatural Force
- 69% believe in a Soul
- 76% admit to a ‘Religious/Spiritual’ experience

– “CHRISTIAN ROOTS, CONTEMPORARY SOCIETY,”  
Lynda Barley (2006)

# John Swinton, Aberdeen

- Spirituality is that aspect of human existence that gives it its Humanness. It concerns the structures of significance that give meaning and direction to a person's life and helps them deal with the vicissitudes of existence. As such it includes such vital dimensions as the quest for meaning, purpose, self- transcending knowledge, meaningful relationships, love and commitment...
- ...as well as [for some] a sense of the Holy amongst us.

# Religiosity and Spirituality

- Allport and Ross 1967, p434
  - A further distinction between those whose spirituality **affects** their day-to-day lives and decision making, and those for whom it is more **nominal**, using the terms 'intrinsic' and 'extrinsic'. They suggest that the extrinsically motivated person **uses** his religion, whereas the intrinsically motivated **lives** his religion



# What should we do?



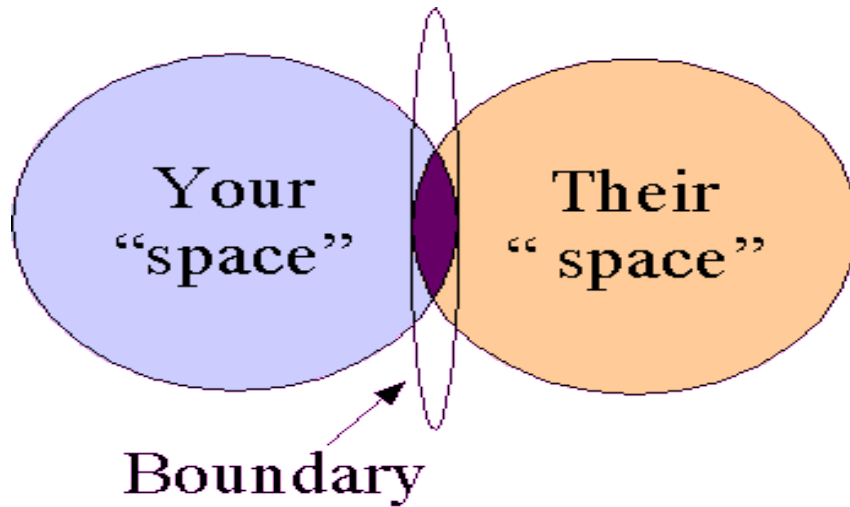
- What should the relationship between the NHS and Faith be?
  - More?
  - Less
  - How?

# How can we make this work?



- How can the NHS work with churches?
  - Accreditation
  - Service Provision
  - “Prophetic Edge”
- Share any good examples you know

# What are the Boundaries?



- Boundary
  - A line that cannot be crossed
  - A perspective that has to be respected
- Law
- Guidance
- Relationship

# The Range of Equality

- 2006 Act
  - Diversity Strands
  - Vulnerable Groups
- Policy
  - Healthcare Commission Review of Mental Health Inpatient Services
- 2010 Act
  - Single Equality Approach
  - Protected Characteristics

# Holistic Definition of Health

- A complete sense of physical, mental, social and spiritual wellbeing
  - WHO-QOL, 1998
- Patients want their healthcare professionals to address this...

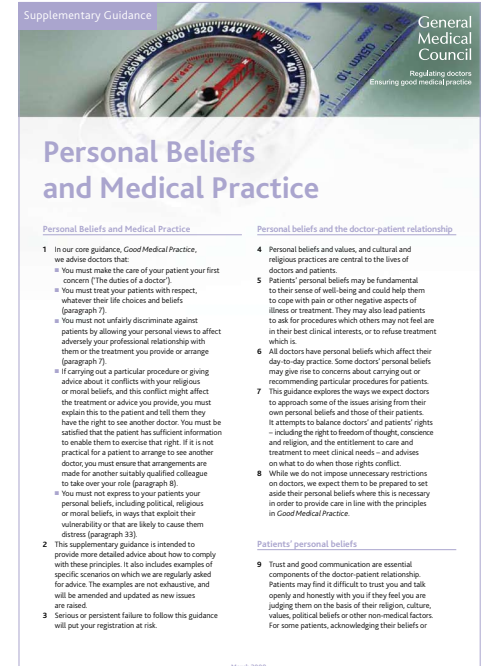
# Royal College of Psychiatrists

- Spirituality Special Interest Group
  - >2000 members
- MRCPPsych Curriculum
  - Spiritual crises, Near death experiences, role of guilt and shame, culture vs belief
- Koenig/Hollins Editorial
  - Raising matters of faith



# What Doctors must do

- GMC Guidance
  - Affirm the role of personal beliefs
  - Respect and good practice key
  - Do not impose
    - In ways that cause distress
    - In ways not directly relevant to patient care



## Personal Beliefs and Medical Practice

- 1 In our core guidance, *Good Medical Practice*, we advise doctors that:
  - You must make the care of your patient your first concern ("The duties of a doctor").
  - You must treat your patients with respect, whatever their life choices and beliefs (paragraph 7).
  - You must not unfairly discriminate against patients by allowing your personal views to affect adversely your professional relationship with them or the treatment you provide or arrange (paragraph 7).
  - If carrying out a particular procedure or giving advice about it conflicts with your religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and tell them they have the right to see another doctor. You must be satisfied that the patient has sufficient information to enable them to exercise that right. If it is not practical for a patient to arrange to see another doctor, you must ensure that arrangements are made for another suitably qualified colleague to take over your role (paragraph 8).
  - You must not express to your patients your personal beliefs, including political, religious or moral beliefs, in ways that exploit their vulnerability or that are likely to cause them distress (paragraph 33).
- 2 This supplementary guidance is intended to provide more detailed advice about how to comply with these principles. It also includes examples of specific scenarios in which we are regularly asked for advice. The examples are not exhaustive, and will be amended and updated as new issues are raised.
- 3 Serious or persistent failure to follow this guidance will put your registration at risk.

## Personal beliefs and the doctor-patient relationship

- 4 Personal beliefs and values, and cultural and religious practices are central to the lives of doctors and patients.
- 5 Patients' personal beliefs may be fundamental to their sense of well-being and could help them to cope with pain or other negative aspects of illness or treatment. They may also lead patients to ask for procedures which others may not feel are in their best clinical interests, or to refuse treatment which is.
- 6 All doctors have personal beliefs which affect their day-to-day practice. Some doctors' personal beliefs may give rise to concerns about carrying out or recommending particular procedures for patients.
- 7 This guidance explores the ways we expect doctors to approach some of the issues arising from their own personal beliefs and those of their patients. It attempts to balance doctors' and patients' rights – including the right to freedom of thought, conscience and religion, and the entitlement to care and treatment to meet clinical needs – and advises on what to do when those rights conflict.
- 8 While we do not impose unnecessary restrictions on doctors, we expect them to be prepared to set aside their personal beliefs where this is necessary in order to provide care in line with the principles in *Good Medical Practice*.

## Patients' personal beliefs

- 9 Trust and good communication are essential components of the doctor-patient relationship. Patients may find it difficult to trust you and talk openly and honestly with you if they feel you are judging them on the basis of their religion, culture, values, political beliefs or other non-medical factors. For some patients, acknowledging their beliefs or

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[http://www.gmc-uk.org/guidance/ethical\\_guidance/personal\\_beliefs.asp](http://www.gmc-uk.org/guidance/ethical_guidance/personal_beliefs.asp)

# How to RAISE matters of faith

- Secularisation
  - I feel like I am talking to a machine...
- CSA and Suicide
  - We know how to ask funnel questions about potentially difficult topics...
- *Christian Medical Fellowship*
  - *Do you have a faith that helps you at a time like this?*
- *Mental Health Foundation*
  - *What gives you hope/ meaning?*
  - *How can we help you feel connected to this while you are with us?*



# How to HEAR matters of faith

- **Making the professional feel comfortable!**
- Challenging for both therapist and client
- The advantage of an agnostic position?
  - Yes <sup>1</sup> vs No <sup>2</sup>
- Behavioural
  - ‘Religion’
    - Church, Mosque, Temple, Ritual
    - We can all encourage this
- Cognitive
  - ‘Belief’ and ‘Faith’
    - Identity perspectives
    - Negative emotions
- Existential
  - ‘Spirituality’
    - What my faith adds to my life
- **Is there a 4<sup>th</sup> level?!**

# Where Next

- What does this mean for you?
  - In your church?
  - In your place of work?
  - In your interaction with the NHS?
- What will you take away from today?
  - Something encouraging
  - Something challenging



# Joint Working

- Most faith groups are clinically out of their depth...
- Most professionals are spiritually out of their depth...
- Makes sense to work together !!
- Questions
  - Are a person's beliefs typical, idiosyncratic or illness driven?
- Resources
  - There is more than chaplains can do, especially in the community
  - Some people prefer/require their own faith leader
- Process
  - 'Recognised' as safe
  - Ongoing relationships
  - Attend CPA / Reviews

# Spirituality on [www.mindandsoul.info](http://www.mindandsoul.info)

## Some resources you might find helpful

- Royal College of Psychiatrists **factsheet on Spirituality**
- NHS Scotland resource: '**Religion and Belief Matter**'
- NHS England [CSIP/NIMHE] resource: **Guidance on Spirituality for staff in acute care services**
  - accompanying **patient leaflet** and **poster**
  - the **Research Evidence Summary** that lies behind the resource
- **Spirituality and Mental Health**: a recent book summarising the research
- **Project for Spirituality, Theology and Health** at Durham University
- **Centre for Spirituality, Health and Disability** at Aberdeen University
- **Search for Spirituality** on this website
- **Evidence base for chaplaincy** - major new review, PDF

## Some relevant talks from our conferences

- **Spirituality and Mental Health** [keynote overview]
- **Spirituality in the NHS** [seminar]

## Some talks from other conferences by us

- **Spirituality in CBT** [Given for **Ethnic Health Initiative** in London]



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