

European Network of Research on Religion, Spirituality and Health

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Editorial

Dear colleagues, dear friends

We are still alive ! But we experienced a difficult and challenging time. End of January Stefan Rademacher, our friend and co-worker, many of you know, died unexpectedly due to an acute cerebral hemorrhage. Beside losing a good friend we faced a huge lack of manpower we couldn't compensate. My first priority was to find a successor for Stefan. I am very grateful to God that suddenly Oliver Merz appeared "on the horizon". He is a Swiss theologian just finishing his doctorate. Oliver Merz will be introduced in our next newsletter.

A current emphasis of our work and this newsletter is on **Spiritual Care**. We realized that in Switzerland many initiatives and academic programs came up in the last years. So we thought it is time to organize a national conference on spiritual care.

For this newsletter Pascal Mösli summarized the **2nd National Conference of the HealthCare Chaplaincy Network** taking place in Orlando (USA) in April. At the beginning of June the **1st International Conference on Intercultural Spiritual Care and Counseling** took place in Berne (Switzerland), organized by Prof. Isabelle Noth.

Furthermore a **professorship for spiritual care** has been put into place at the University of Zurich. It is the second one in Europe. We congratulate Simon Peng-Keller for his election. Finally, we want to refer to the **5th European Conference on Religion, Spirituality and Health ECRSH16** in May 2016 in Gdansk (Poland). Save the date! As a Pre-Conference there will be again the opportunity to **participate in a 4-day research workshop with Prof. Harold Koenig** and other experts. You will find further information for both scientific events on the conference website www.ecrsh.eu.

*René Hefti, MD
Oliver Merz, DTh*

Obituary for Stefan Rademacher

On Sunday February 1st, we were informed that Stefan Rademacher died unexpectedly. We were struck by the message of his death, losing a good colleague and dear friend. Acute cerebral bleeding was found to be the immediate cause of his sudden death.

Stefan Rademacher worked for two and a



half years at the **Research Institute** for Spirituality and Health (RISH), enabling the activities of the institute to continue despite of René Hefti's demanding employment as medical director of the Clinic SGM in Langenthal. René Hefti and Stefan Rademacher were a good and complementary team.

We would like to thank Stefan Rademacher for **his contribution** to the research institute and also for **his friendship**. He was a faithful co-worker and became a dear friend. His sudden death didn't make much sense to us at the moment. But we trust and believe that it makes sense taking into account the whole picture of his life.

Still in sadness and concernment

*René Hefti, MD
And the RISH-Team*

Topic

Integrating Spiritual Care into HealthCare - A Conference Report

Pascal Mösli

From the 20th to the 22nd of April, the 2nd National Conference of the HealthCare Chaplaincy Network was held in Orlando (USA) at Walt Disney World Resort. 400 professionals from pastoral care, medical science, nursing, research and education participated. In addition, the live broadcast of the conference was followed worldwide by around 5,000 people on screen. The focus was on how spiritual care integrates into healthcare - in America and worldwide.

A) Spirituality - an Aspect of Humanity

All speakers referred to an open definition of spirituality, the definition of the American Consensus Conference was often mentioned: *"Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred."*¹

This definition of 2009, which has been further developed in 2014 in Geneva with international participation, is anthropologically founded, not theologically. It is based on the subjective experiences and resources of humans and doesn't conform to any traditional or institutional framework.

This definition provides the rationale for spiritual care being understood as an interprofessional task and therefore as a task of healthcare itself. So health professionals should recognize spiritual needs and take them into account in their actions. However, they are to call the "specialists" for spiritual care, the pastors (chaplains) in case of complex spiritual needs or at request.

B) Make Your Chatter Matter!

As a basis for the integration, a) a proper and understandable language for the interprofessional discourse as well as b) a standardized procedure from the screening up

to the interventions and the documentation were named. George Handzo, director of Health Services, Research and Quality at HealthCare Chaplaincy Network, claimed that the experts, for the most important aspects of spiritual care, should agree on definitions that promote clinical communication about spiritual care and that help spiritual care obtain a greater weight in healthcare.

Christina Puchalski, director of the George Washington Institute for Spirituality and Health, aimed at combining the narrative and the medical model, so that the stories of patients are heard and the interprofessional team really considers their spiritual concerns. In interdisciplinary communication, it needs concepts by which spiritual issues are effectively integrated into the therapeutic process. Many interesting models from medical practice and pastoral care were presented, such as the communication model ISBAR which was standardized in the interprofessional context, the procedural concept "5 Triads Chaplaincy Perspective" by Timothy J. Ledbetter or the indication model "Clinical+Coping Score".

C) Change Healthcare

George Handzo closed the conference with battlesome words: "The question - should spirituality be involved in healthcare - has been settled. We are not to discuss it anymore. The evidence is clear and we need to move on. What we have to do now, is to be ahead of the field. Spiritual care needs to be leading healthcare!"

Betty Ferrell and Christina Puchalski pointed in the same direction. Betty Ferrell, professor and director of nursing research and education at the City of Hope in Duarte and widely respected expert in the palliative care movement showed to the world's growing acceptance of spiritual care in the context of palliative care, and culminated in the statement: "If you're not providing excellent spiritual care, you're not providing palliative care." Christina Puchalski diagnosed some pathological symptoms in American as well as in worldwide healthcare: "Healthcare systems in the US and in many parts of the world - in both developing and high income countries - are having problems: poor access, inequality, low patient and provider satisfaction, high rates of medical error and cost driven bottom line." In addition, the relationship between clinicians and patients has deteriorated manifold. She sees spirituality as leading discipline, which, in conjunction with other disciplines in the health facilities, takes

charge of a renewed medicine based on "compassionate relationships". Thereupon, she demanded a global initiative of the implementation of interprofessional spiritual care.

D) Slow Down!

Perhaps it is no coincidence that a speaker of this side of the pond brought in another view of integration, in which the tensions between medical and religious ways of thinking are preserved and act creatively. John Swinton, professor of practical theology and pastoral care from Aberdeen, in his humorous speech, brought a biblical-theological perspective into play contrasting the American efforts of integrating spiritual care into the medical system.

According to Swinton, the healthcare system is characterized by an increasingly higher speed and is thus in danger of no longer being able to perceive the needs of patients and augmentedly putting employees under pressure. By contrast „God goes three miles an hour“ (Kosuke Koyama), because it takes time to unfold love and appreciation, a time that cannot be rationalized. It is therefore a duty of pastoral care, to operate slowly and to demand slowness in the therapeutic process, so that people can be perceived accurately. It is the task of pastoral care to orient itself on the Sabbath, that is, the potential of interruption, and to look for creative ways to break through the often automated clinical processes and patterns of perception in order to establish „the sacrament of the present moment“. That means, so Swinton, that both, the helper and those seeking help meet at eye level. The result is a reciprocal rhythm of giving and taking, of "guesting and hosting" which, in its core, is not a one-dimensional aid process, but a process of exchange and touch.

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About the Author

Pascal Möсли is a theologian, coach, project manager and lecturer in the field of health and spirituality. He organized the live broadcasting of the conference in Bern.

References

¹ The Report of the Consensus Conference. J Palliat Med 2009; 12(10): 885-904

Translation

The Translation from the German report into English was realized by Lars Kägi, MD.

Announcements

Meetings & Conferences

(Save the dates !)

Conference on Medicine and Religion

March 4-6, 2016, Houston, TX/USA
Approaching the Sacred: Science, Health and Practices of Care
www.medicineandreligion.com

First National Conference on Spiritual Care

April 02, 2016, University Hospital Berne/Switzerland
Organized by the Working Group for Spiritual Care (WGSC) and the Research Institute RISH in co-operation with the Universities of Berne, Basle, Zurich and Lausanne, and other relevant institutions.
www.fisg.ch/tagung.cfm

5th European Conference on Religion, Spirituality and Health ECRSH16

May 12-14, 2016; Gdansk/Poland
Religion and Spirituality in Health Care: Risk or Benefit for the Patient?
The conference will be an inspiring meeting of researchers and health care professionals of many disciplines and nations. The conference program, registration and abstract submission will be available soon!
For further information see: www.ecrsh.eu

Pre-Conference Research Workshop with Prof. Harold G. Koenig and other experts

May 08-11, 2016; Gdansk/Poland
Preceding ECRSH16 researchers, PhD-students and others interested in RSH-research will have the opportunity to participate in a 4-day high quality research workshop.
Contact: rene.hefti@klinik-sgm.ch or visit www.ecrsh.eu --> research workshop

Imprint

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