

Why spiritual care is best left to a chaplain

“ I think Jacqueline H Watts and Claudia Psaila, in their article *Spiritual care at the end of life: whose job is it?* (pages 126–129), may have a point. If ‘spiritual care’ for the dying were to be undertaken as part of a tick-box exercise, it could easily result in what Randall and Downie term ‘harassment by questioning in the name of compassion’.¹ I am sure it is also true that ‘spiritual care’ at the end of life (by which the authors mean a time for ‘reflection and reviewing life’) is probably best left in ‘the context of valued relationships’ (which I take to mean close family and friends). However, I believe there is a middle way; spiritual care that is neither a tick-box exercise by well-meaning professionals, nor the intimate sharing with close family and friends. There are many professional men and women working as chaplains who do indeed embrace ‘empathic and compassionate attitudes and skills’ in their care of the dying. In my experience, they can often provide the patient with a great deal more than what Watts and Psaila refer to as a ‘spiritual moment’.

It is often enough for the chaplain just to be present in order for issues of spirituality and religion to be on the agenda. The chaplain, by virtue of his or her presence, raises these issues in a way that no one else is capable of doing. The dying person may indeed be anxious to experience ‘affirmation and acceptance and to achieve a sense of forgiveness and reconciliation’, and I have known this to be achieved on countless occasions. Sometimes this comes about through the use of traditional religious rites, but just as often it happens as a result of open communication, a sense of being there and giving time and listening – to use the language of Twycross.²

The chaplain, by raising a spiritual agenda, can also enable better (often far better) communication in what the authors call ‘the context of valued relationships’. The chaplain’s presence can provide reconciliation between family members in ways that can be crucial at



this time of life. It would be absurd to imagine that all dying people want to be surrounded by family and friends; they may have very difficult family relationships, which may have been exacerbated by their illness and impending death. Some degree of reconciliation may be proper or desirable, or they may need an appropriate professional who can listen to their grievances and understand their bitterness right at the very end of life.

The chaplain is not only there for a patient’s religious needs. In my experience, they may also be the very best person to help the patient to express their broadest spiritual needs. They probably have the most experience in this area and we should trust them to get on with the job. Watts and Psaila do not give a clear answer to the question of whether or not spiritual care is the job of the professionals. In my view, the answer is this: we have professional chaplains in our multidisciplinary team and their job is spiritual care. ”

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References

1. Randall F, Downie RS. *The philosophy of palliative care: critique and reconstruction*. Oxford: Oxford University Press, 2006.
2. Twycross RG. *Introducing palliative care*, 4th edn. Abingdon: Radcliffe Medical Press, 2003.

Many chaplains embrace ‘empathic and compassionate attitudes and skills’ in their spiritual care of the dying