Spiritual Care & Chaplaincy in Independent Scottish Hospices

# Situation

Since 1998 Scottish Independent Hospices have been evolving into what is now recognised as Specialist Palliative Care Units.

Independent Hospices are the principal providers of Specialist Palliative Care across Scotland. Each hospice is an independent charitable business governed by its own board of directors in accordance with the rules and regulations of OSCAR the charities regulator and subject to regulation and inspection by Health Improvement Scotland.

# Background

Historically Spiritual Care has been recognised as an important component of hospice care. However, since the 1960’s and the subsequent development of the modern hospice, Spiritual Care has been recognised as an essential component of palliative and end of life care.

Following the publication of HDL76 (2002) Guidance on Spiritual Care in the NHS in Scotland, the Clinical Standards Board for Scotland published Clinical Standards for Specialist Palliative care (June 2002). Standard 3 (a) Specialist Palliative Care is provided by a highly qualified multidisciplinary team. Standard 3 (b) 2 – The core team has ready access to other staff including a chaplain, bereavement specialist, social worker etc.

Given that each hospice is an independent business free to devise and define their own staffing structures there has been no ‘blue-print’ for Spiritual Care or Patient and Family Support Services in Scottish Hospices. Each hospice has its own independent structure.

# Assessment

What is the future of chaplaincy and spiritual care in Scottish Hospices? Here are some questions to consider:

1. Current national guidance (HDL76 2002 & CEL 2008 49) suggests that spiritual care is the responsibility of all who are involved with the patient and family. If this is the case in practice, what is the chaplain’s specific role in spiritual care?
2. Each hospice has its own departmental structure. Where in your organisation is Chaplaincy and Spiritual Care? E.g. a standalone department, part of a patient and family support team or part of an AHP team?
3. Where do you think chaplaincy & spiritual care should be in the structure?
4. What do we as chaplains offer that differs from input from social workers or counsellors?
5. The NES agenda is for all chaplains to be registered with the UKBHC going forward. What are your views on registration?
6. There have been some recent conversations led by NES on the future recruitment of healthcare chaplains. There is a suggestion that future chaplains could be recruited from other healthcare disciplines, e.g. nursing and AHP’s. What are you views on this prospect?
7. There is evidence of some hospices reducing the chaplaincy provision to a part time status and supplementing the service with volunteers. What are your views on this?
8. What are your recommendations for Spiritual Care and Chaplaincy in Scottish Hospices going forward?

# Recommendation