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Do We Care Enough about Pastoral Care?

Important work has been going on behind the scenes in the field of pastoral care. Here at the Catholic Health Association, the work began in 2006, when the board and staff renewed its commitment to strengthen support for this profession within the Catholic health ministry. Since then, CHA has held programs for mission and pastoral care leaders, focused on some of the challenges professionals in these fields are facing. With the National Association of Catholic Chaplains, CHA co-sponsored the Pastoral Care Summit in 2007. Since then, CHA has supported follow-up work led by David Lichter, executive

director of the chaplains' association. In January 2008, CHA and the association together conducted a survey aimed at putting together a snapshot of the state of pastoral care. This issue contains some of the survey results and describes some of the hard work under way.

With so much work being done, it is disheartening to see that as the economic downturn has taken its toll on health care, pastoral care has been one of the first areas targeted for cuts in many of the ministry's facilities. The situation is analogous to that in public schools where, when budget cuts become necessary, music and the arts are often the first to go. Borrowing a trademark

question from CBS's Andy Rooney, it is critical to ask: "Why is that?"

I attribute the problem to lack of discipline at many levels. The choice of the word "discipline" is inspired by the late Art Lucas who once wrote about the way the spiritual care department at Barnes-Jewish Hospital in St. Louis improved its integration and accountability with a comprehensive approach to patient, family and staff needs, clinical interfaces and measurable outcomes. (Lucas's account appeared in a book, co-authored with Larry VandeCreek, titled *The Discipline for Pastoral Care Giving: Foundations for Outcome Oriented Chaplaincy*, published by Routledge, 2001.)

Lucas named two areas — process and outcomes — which must be held in tension in any effort to bring discipline to the practice of pastoral care. By process, he meant attention to presence and relationship in the pastoral interactions traditionally expected of chaplains. By outcomes, he meant the results that should be expected from pastoral care interventions, paralleling these to results expected from clinical interventions, such as surgeries.

We in Catholic health care struggle to perfect this balance. On the one hand, many pastoral care practitioners believe that presence and relationship are the alpha and omega of their work. They hold that pastoral care cannot be measured; that to attempt it would be almost an affront to God.

On the other hand, some operational leaders view undefined outcomes from pastoral care as permission to minimize costs.

To the first group, we say beware. Those who shun accountability should not be surprised if they are first in line for budget cuts in hard times. To the second group, we offer a reminder. While some health care leaders may get away with putting pastoral care on the front line of budget cuts, a holistic view of health care — one that is deeply rooted in our Catholic tradition and defined in the *Ethical and Religious Directives for Catholic Health Care Services* — demands a higher standard.

Those who work in pastoral care must

continue to promote a discipline that will affirm the professional nature of their work. This includes supporting existing professional standards, finding ways to measure the value of their work, and embracing accountability for the resources they claim from their institutions.

Operational leaders who make decisions regarding resources for pastoral care need to understand the professional requirements of certified chaplaincy and ensure excellence in service by implementing them. The use of volunteers as low-cost substitutes for certified chaplains rather than as adjuncts to a certified staff is an undisciplined practice that should disappear from Catholic health care settings.

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Those who sponsor Catholic ministries, lay and religious alike, are responsible for maintaining the discipline of active inquiry and oversight. Their exercise of careful stewardship enables them to fully understand the level of commitment and integration achieved by pastoral care within their institutions.

Church leadership is also challenged to maintain a high standard. Unfortunately, in the name of providing a sacramental life in Catholic health care facilities, some dioceses assign clergy with poor performance histories to serve as hospital chaplains, a practice with numerous painful results for clergy and hospital management alike.

This special section on pastoral care highlights much of the good work being done and points to areas in which we can do better. At every level of the Catholic health ministry, dedicated people are working hard to make the church's promise of holistic care a reality. ■

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