REPORT CITES NEED FOR BETTER INTEGRATED SPIRITUAL CARE

Because this issue of *Health Progress* explores palliative care, I would like to focus on an important report published in the October 2009 *Journal of Palliative Medicine*. Authored by 12 nationally recognized experts in palliative and spiritual care, "Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference" calls for a true integration of professionally certified chaplains and pastoral care practice into clinical medicine.

BRIAN YANOFCHICK

Two of the authors, Karen Pugliese, chaplain at Central DuPage Hospital, Winfield, Ill., and George Handzo, vice president of pastoral care leadership and practice at the National Healthcare Chaplaincy, New York, introduced the report in March 2010 at the National Association of Catholic Chaplains (NACC) annual conference. (To download "Improving the Quality of Spiritual Care," go to www.liebertonline.com/toc/jpm/12/10).

During the presentation, it struck me that few in the audience seemed to know about the consensus report, and during the discussion afterwards, I noted that some clearly felt uncomfortable with the report's challenges to the practice of pastoral care. It calls for a level of chaplaincy that few health care institutions — including many Catholic-sponsored settings — currently support.

This lack highlights the need to move forward on some of the consensus report's key claims and recommendations. Here would be my three top agenda items:

1. Assess and improve the degree of pastoral care's integration into clinical care models.

The report states, "Spiritual care models offer a framework for health care professionals to connect with their patients; listen to their fears, dreams and pain; collaborate with their patients as partners in their care; and provide, through therapeutic relationship, an opportunity for healing."

It goes on to describe two important spiritual care models: the biopsychosocial-spiritual model of care, based on the concept of a person in relationship to him- or herself, others, community and environment. This model expands the scope of care beyond a focus on physical symptoms. It suggests a shared responsibility among many clinical disciplines for how a plan for healing is developed.

The second model is the interprofessional spiritual care model, which describes healing work as a collaborative effort among the patient, the care team and the team's individual members.

The report recommends that spiritual distress or religious struggle be treated with the same level of intent as treatment for pain or other medical or social issues. Spirituality should be considered a *patient vital sign* and, as such, a chaplain or other trained members of a clinical team should routinely do a spirituality screening as part of a patient's history. However, the report notes that only a board certified chaplain should conduct an in-depth spiritual assessment.

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Similarly, the introduction to Part 2 of the *Ethical and Religious Directives for Catholic Health Care Services* says: "Since a Catholic health care institution is a community of healing and compas-

sion, the care offered is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social and spiritual dimensions of the human person." The consensus report challenges us to honestly evaluate the model from which we approach spiritual care within our institutions and how well we have integrated the ideals stated in the directives.

2. Create a plan that addresses the requirements for pastoral care in settings other than acute care, including outpatient programs and physician offices.

The consensus report recognizes the shifts in health care away from the acute care setting to outpatient programs, long-term care settings, physician offices and even private homes. It challenges us to define and plan for the unique needs to be met and resources required for effective pastoral care across all these settings.

Some Catholic health systems have become more intentional in making chaplains available in physician practices. This recognizes that spiritual care is important across all care settings and supports physicians more effectively to address the physical, social, spiritual and emotional issues they confront in their practices. Yet in many cases, the acute care setting remains the focus of resources. Palliative care practice, which occurs in many settings, may be the catalyst for the creation of new staffing models for pastoral care.

3. Commit to a model of pastoral care staffing centered on board certified chaplains as core members of the team.

This item presents a particular challenge to care settings where chaplains have yet to achieve recognition as "specialists" in spiritual care alongside other specialists on clinical care teams. The consensus report offers a vision of spiritual care where board certified chaplains claim an irreplaceable role on care teams, supported by rigorous professional preparation and proven performance.

I recognize that a commitment to certified chaplains has practical challenges. This is particularly true for rural settings where access to the required academic theological programs and clinical pastoral education is limited. We also must acknowledge the expense of training for certification.

Yet research cited in the consensus report points to a growing body of evidence that demonstrates the efficacy of well-trained spiritual care professionals as part of clinical care teams. As a ministry, we should explore collaborative efforts to overcome the geographic and financial barriers to professional chaplaincy training in order to reap the benefits it offers.

I encourage mission leaders and directors of pastoral care to become familiar with the consensus report. Along with its challenging recommendations, it is rich in references to research and other resources that support the professional practice of spiritual care as a component of clinical care. Perhaps it could become the catalyst for a more well-defined shared vision for spiritual care for the Catholic health care ministry.

BRIAN YANOFCHICK, M.A., is senior director, mission and leadership development, Catholic Health Association, St. Louis. Write to him at byanofchick@chausa.org.

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