

**14th ENHCC Consultation:
"Advancing care of the soul: sharing best
practice to promote spiritual health"
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Advancing care of the soul

Contribution of professional
ethics and codes of ethics to
quality care of the soul

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OVERVIEW OF THE PRESENTATION

I. PRESENTATION OF RESEARCH PROJECT

- Presenting research project
- Sharing preliminary research findings

II. CONTRIBUTION OF PROFESSIONAL ETHICS AND CODES OF ETHICS TO QUALITY CARE OF THE SOUL

- Professional ethics and codes of ethics for spiritual care in the care sector: reflections
- Codes of ethics as framework for reflective practice: case study

I. PRESENTATION OF RESEARCH PROJECT

1. Presenting research project
2. Sharing preliminary research findings

1. PRESENTING RESEARCH PROJECT

- **Title:** “A systematic comparative and evaluative research of the codes of ethics with a view on improving the quality of professional ethics for spiritual caregivers in the care sector”
- **Overview:**
 - 1.1. Research Topic
 - 1.2. Research Question
 - 1.3. Research Trajectory
 - 1.4. Research Outcome

1.1. Research Topic

Professional ethics & codes of ethics for spiritual caregivers in the care sector

Professional ethics
Focus: **codes of ethics**

Spiritual caregivers:
Chaplains/carers
and counselors

Care sector:

- General hospitals
- Psychiatric services
- Facilities for persons with disabilities
- Homes for the elderly

1.2. Research Question

General Objective:

Improve professional ethics...	for spiritual caregivers...	in the care sector
Focus: codes of ethics	... Improve quality of spiritual care	
Means: guidelines and recommendations		... Improve quality of integral care

Research Question:

“How can we – through the development of guidelines for the codes of ethics – improve the professional ethics for spiritual caregivers in the care sector, as a contribution to the enhancement of the quality of spiritual care and therefore of integral care?”

1.3. Research Trajectory

Six Phases:

1. Select codes of ethics, studies on codes of ethics and scientific studies on professional ethics for spiritual caregivers in the care sector
2. Select topics in codes of ethics
3. Analytical comparison of topics in codes
4. Develop an ethical framework of professional ethics
5. Develop comprehensive and synthesis guidelines and recommendations
6. Revise guidelines and recommendations

1.4. Research Outcome

- **Outcome:** guidelines and recommendations → resource for spiritual care organizations in the care sector in the formulation/revision of a code of ethics
 - Communication of guidelines
 - Process of implementation and provision of guidance
 - Feedback!
- **Motivation** for the development of ethical code:
 - Important tool to increase ethical conduct
 - Well-developed in the Anglo-saxon countries but under-developed in continental Europe \ Exception: Netherlands

2. SHARING PRELIMINARY RESEARCH FINDINGS

- **Overview:**
 - 2.1. Selection of codes of ethics
 - 2.2. Selection of topics

2.1. Selection of codes of ethics

A. Methodological tools for the selection of codes of ethics: **demarcation and quality criteria**

▫ **Demarcation criteria:**

- Field of professional ethics: code of ethics
- Target group of caregivers: spiritual caregivers
- Envisioned professional context: care context

▫ **Quality criteria:**

- Professional organization: representativeness
- Code of ethics: formulation and/or revision
- Options in code: explanation and/or justification

B. Outcome of methodological procedure of selection: **delineation of clusters**



Colour coding

Undispensable / highly important criteria	Informative criteria	Dispensable criteria	Criteria of elimination
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REGIONS	SPIRITUAL CARE ORGANIZATIONS FOR CHAPLAINS	SPIRITUAL CARE ORGANIZATIONS FOR COUNSELORS
International	IACC International Association of Christian Chaplains	/
Africa	/	SAAP Southern African Association for Pastoral Work
America	SCC Spiritual Care Collaborative APC Association of Professional Chaplains AHKHCCM Association of Hong Kong Hospital Christian Chaplaincy Ministry Ltd AAPC American Association of Pastoral Counselors NACC National Association Christian Chaplains CASC Canadian Association for Spiritual Care AISSQ Association des Intervenants et Intervenantes en Soins Spirituels du Québec	AACC American Association Christian Counselors NACC National Association Christian Counselors Malaysia
Asia	ISCN Israel Spiritual Care Network	ACCSA Association Christian Counselors South Asia
Europe	UKBHC United Kingdom Board of Health Care Chaplaincy AHPCC Association of Hospice and Palliative Care Chaplains, CHCC College of Health Care Chaplains and SACH Scottish Association of Chaplains in Health care SCA Spiritual Care Australia VGZVZ Netherlands Association of Spiritual Caregivers in Care Institutions BKPGW Beroepsvereniging Katholieke Pastores in de gezondheids-en welzijnssector VPW Vereniging Pastoraal Werkenden	ACCUK Association Christian Counselors United Kingdom/ PCUK Pastoral Care UK ACC Association Christian Counselors Germany ACC Association des Conseillers Chrétiens Suisse Romande IACC Irish Association of Christian Counselors
Oceania	NZHCA New Zealand Healthcare Chaplains Association	CCAA Christian Counselors Association of Australia

2.2. Selection of topics in codes

A. Methodological tools for the selection of topics: **substantive and quantitative criteria**

▫ **Substantive criteria:**

- Substantive compliance of the topics with research topic
- Substantive character of the topics for the practice of spiritual care

▫ **Quantitative criteria:**

- Attention to recurrent topics
- Attention to blind spots

B. Outcome of methodological procedure of selection: **delineation of clusters**

Power imbalance	Boundaries		Informed consent	
& vulnerability	Promotion of client's best interest Related to personal-official-professional identity Limits regarding personal energy, availability, etc. Limits regarding faith based spiritual care Limits regarding professional competencies Related to diversified professional relationships Limits of confidentiality, limits in use of touch, limits in/no dual relationship Abuse (physical, sexual, psychological, spiritual, verbal, financial, etc.)		Promotion of client's responsibility In case of intra- or interdisciplinary referrals due to limits regarding personal-official-professional identity In case of limits of confidentiality, use of touch, use of dual relationship	
High standards of professional competence		Care of self	Multicultural/religious competence	
External: correct representation of competence Internal: advancing professional competence (continuous) education/training, supervision, active participation in spiritual care organization, adopting regulations and requirement of healthcare institution, following developments in faith community and society.		Fitness to practice	Respect for cultural and religious values of clients, colleagues, other care professionals, care institution – no imposition of values and beliefs Influence of Christian faith related views and practices in the spiritual care process Presentation of spiritual caregiver	
Use of touch	Dual relationship	Confidentiality	Intra/interdisciplinary collaboration/communication	Public advocacy
	Transference and countertransference	Records Self-disclosure	Referrals Continuity of care	Integration of spiritual care in the care institution & in faith community Attending to the voiceless in care institution, faith community, society
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II. CONTRIBUTION OF PROFESSIONAL ETHICS AND CODES OF ETHICS TO QUALITY CARE OF THE SOUL

1. Professional ethics and codes of ethics for spiritual caregivers in the care sector: reflections
2. Codes of ethics as framework for reflective practice: case study

1. PROFESSIONAL ETHICS AND CODES OF ETHICS FOR SPIRITUAL CAREGIVERS IN THE CARE SECTOR: Reflections

- **Overview:**

- 1.1. **Professional ethics** for spiritual caregivers in the care sector

- And the professional ethical model
- In codes of ethics

- 1.2. **Codes of ethics** for spiritual caregivers in the care sector

- Purpose
- Limits

1.1. Professional ethics for spiritual care in the care sector ... & the professional ethical model:

- **Professional ethical model**

profession → professional ethics → codes of ethics → **boundaries**

Power imbalance & vulnerability

beneficence: “do good”
non-maleficence: “do no harm”

- **For spiritual caregivers**

Theological framework : Vocation & Service

Professional framework: Power imbalance and boundaries > individualistic ideology

→ **Points of attention:**

- Principles of service, beneficence, non-maleficence & liberation, empowerment, justice
- Interplay between power and vulnerability
- Theology: body of Christ & originality of God’s love (PCUK, Guidelines for Good Practice in Pastoral Care)
- Spirituality: non-individualistic (intra- and interpersonal, structural & environmental)

(J. Mostyn, in Lebacqz & Driskill, 2000)

- **In the care sector**

- Power and vulnerability
- Boundaries

“The care that chaplains offer usually proceeds without any explicit agreement, it takes place wherever there is need and it is often unplanned. In a caring relationship there is also a possibility that attempting to do good may result in a degree of harm, and that in helping someone a chaplain may be fulfilling a personal need. (AHPCC, CHCC, SACH, 2005)

“Christian pastoral care is the activity which flows from the attitude and commitment to love one another because we ourselves, are first loved by God.

(...)

Pastoral Carers are called to be burden bearers and burden sharers with and for others, whilst not creating dependency or denying the person their responsibilities and capabilities (Galatians 6:1–5)”. (PCUK, 2015)

“Spiritual and religious care involves establishing relations and engaging in practices in situations where people are vulnerable and there is an imbalance of power. Pastoral relations can therefore go wrong and they have the potential to be damaging or harmful. You must therefore exercise your role with sensitivity, discernment and within ethical boundaries”. (UKBHC, 2014)

“The posture of a spiritual caregiver towards a patient shall be characterized by respect for the patient, for his/her capabilities and incapacities and by recognition of both the responsibility of the patient and one’s own responsibility”. (VGVZ, 2005)

1.1. Professional ethics for spiritual care in the care sector ... in codes of ethics:

Spiritual Care	Chaplains	Counselors
Professional Ethics		Theological-ethical framework
For Spiritual Caregivers	professional - official identity	Professional - official - personal identity
In Care sector	Diversified professional relationships	

Explanation: development of code of ethics...

- because of professional involvement in the care sector
& need to indicate the distinct professional contribution
- modeling the counseling profession
& need to indicate how it is distinctively Christian

Conclusion:

- attention to professional and religious nature of spiritual care
- attention to professional, official and personal identity (and spirituality) of spiritual caregivers
- specific attention to the professional care context

1.2. Codes of ethics for spiritual caregivers in the care sector

- **Purpose:**

- **External and internal** (G. Lynch, 2002, p. 67) :
 - reference point for professionals, patients and public:
 - Guidance to spiritual care professionals
 - Protection of spiritual care recipients
 - Protection of public standing of profession
- **Aspiration and limitation:**
 - VGVZ (2005): “The professional code is to some extent a code of aspiration, in which important aspired ideals are formulated. To another extent the code is a code of limitation: a system of specific rules of conduct, imposed by the profession, that provide a bottom limit that may not be transgressed by members of the profession”.

1.2. Code of ethics for spiritual caregivers in care sector

- **Limits** (G. Lynch, 2002, p. 71-72):

- **Aspiration**

Good intentions → good practice?

Bad intentions → bad practice

- **Limitation**

Criterion for selection of unethical actions?

→ public & media scrutiny

→ patient's well-being?

- **Framework for reflective practice**

Aspirational principles and unethical actions

→ Aid or block to reflective practice? (S. Pattison, 1999)

2. CODES OF ETHICS AS FRAMEWORK FOR REFLECTIVE PRACTICE: Case Study

- **Overview:**

- **Case study**
- **Reflection in three groups**
 - **One topic per group**
 - **Dual relationships**
 - **Confidentiality**
 - **Intra- and interdisciplinary collaboration**
 - **Questions for reflection**
 - **Analysis and comparison of three codes**
 - **VGZ** (Netherlands Association of Spiritual Caregivers in Care Institutions)
 - **UKBHC** (United Kingdom Board of Healthcare Chaplaincy)
 - **PCUK** (Pastoral Care United Kingdom)

Case study

The psychiatric department of a general hospital. A patient (man) is restless and portrays self-destructive behavior. He refuses to collaborate with the psychologist (woman) of the healthcare team, and instead demands to see the spiritual caregiver (man), whom is an acquaintance of his.

The spiritual caregiver is not sure whether it would be ethical to engage in a spiritual care relationship with the patient and, upon discussion with a colleague spiritual caregiver (woman), decides to propose the patient to be referred to a colleague spiritual caregiver.

The patient insists that he only wants to speak with him because he is the only one he trusts in the hospital. The spiritual caregiver says he appreciates his trust, but explains that his colleague is an equally trustworthy person. The patient nevertheless insists, and in the end the spiritual caregiver takes on the responsibility of caring for the patient.

During their encounters, the patient discloses that he wants to commit suicide, but makes the spiritual caregiver swear not to discuss it with no one of the care team, because he does not trust them. By chance, the spiritual caregiver meets the patient's sister on the market one month later. She says how she is worried for her brother, as he has been isolating himself over the last 6 months after his girlfriend left him.

Questions for reflection

- **GROUP 1: Dual relationship:**
 - *“Is the dual relationship justifiable according to the spiritual caregiver’s professional ethics?”*
 - *“Does the dual relationship benefit the (spiritual) health and well-being of the patient?”*
- **GROUP 2: Limits of confidentiality:**
 - *“Should he disclose the information on the planned suicide to the patient’s sister or not?”*
 - *“Should he disclose the content of the encounters with the patient – and specifically his planned suicide – to the healthcare team?”*
- **GROUP 3: Intra- and interdisciplinary collaboration:**
 - *“Did the spiritual caregiver disrespect his colleague in eventually not referring the patient to her?”*
 - *“Should the spiritual caregiver function as an intermediary person in (re-)establishing trust between the patient and the team – and in particular, with the psychologist?”*