

The European Network of Health Care Chaplaincy



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Allow me to thank you for all that you did in conjunction with organizing the *Dialogue Seminar* that took place in Belgium this past month, and especially for including the *European Network of Health Care Chaplaincy (ENHCC)* in this important event.

As a whole, I believe that the event was a good one. It gave all of us the opportunity to gather under the roof of the *European Commission* and examine how we “fit in” the perspective of the *Services Directive of the EU*. It was also profitable in that, through this event, the *EU* acknowledged the role Churches play in providing social services and care within health institutions. It was encouraging to hear that the *EU Commission* administrators endorse a multi-disciplinary approach to health care and believe that “quality care” must be sought on all levels. These two elements are essential in the care we as Churches provide. Allow me to suggest if such an event takes place again, that more time be allowed for true dialogue and interaction between all parties.

The presence of the *ENHCC* at this meeting was very symbolic. As all the participants agreed during the debriefing session, the chaplain is the one who links spiritual care with medical care and social work in health care settings. It is for this reason that the chaplain’s position and work must be safeguarded. As I mentioned in the debriefing session and as I also wrote Dr. Weninger after the Dialogue Seminar, *health care chaplaincy (spiritual health care) within the EU is being put to jeopardy in many health care institutions*. One example of this is in the UK where it has

been ruled that chaplains are not part of the therapeutic team and, as such, are not allowed to have access to information about patients and their religious affiliation without their explicit consent. Some chaplains are not allowed to have a list of patients in the hospital (which they have been used to having). In other situations, religious dress is not allowed within the hospitals. I am sure that you agree that these developments are very disturbing and hinder the spiritual care that is most needed toward a holistic view of healing.

Attached you will find the “*Cretan Declaration*” (our mission statement) and the *Standard for Health Care Chaplaincy in Europe*. Both documents express the seriousness and dedication that Chaplaincies of Europe strive to have in the care they provide, a seriousness in which spiritual care should be dealt with on all levels of health care.

Perhaps the most positive aspect of the *Dialogue Seminar* for us is that it gave us (the *ENHCC*) the opportunity to come in direct contact with the *Church and Society Commission of CEC*. Dr. Richard Fischer and I have often communicated, trying to find ways of establishing a “working relationship” between our two organizations. Our meeting was a major step in this direction. Your suggestion to become an affiliated organization to *CEC* is superb. We need to explore how this can be achieved. Now that we met on a personal level, I am confident that we will be in frequent contact. I also hope to be able to meet with Rev. Rüdiger Nolls and you in the near future to inform you both more about chaplaincy within Europe.

In closing, I would like to again express my thanks for your invitation and your gracious hospitality. More so, I am grateful for our new friendship in the service of the Lord.

With Sincerity,

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