



# The Development of Palliative Care Chaplaincy Services in Scotland

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# 10 years of development

1996

- 14 hospices
  - 2 full time chaplains, others used parish clergy
  - Some hospices had no worship/prayer room
- Spiritual Care = Religious Care
- Chaplaincy view on spiritual care
  - Spiritual care can't be put into words or audited or measured

# A New Millennium

2006

- 15 hospices
  - 13 full time chaplaincy
  - All have worship/prayer space
- Chaplaincy is a recognised profession and part of multidisciplinary care team
- Chaplaincy has standards and competencies that can be measured and audited

# Developing chaplaincy

- Distinguished spiritual care and religious care
- Engaged with the process of standards
  - Developed a national chaplaincy organisation
  - Took an active part in working groups
  - Professional study and research in palliative care

# Government Standards (NHS QIS 2002)

- Clinical standards specialist palliative care
  - Integrate spiritual and religious care into palliative care
  - Chaplaincy a core member of MDT
  - All hospice should have a worship/prayer space
  - All chaplains should be a member of their specialist interest group (AHPCC)
  - Defined spiritual interventions

# Spiritual Interventions

- exploring the individual's sense of meaning and purpose in life;
- exploring attitudes, beliefs, ideas, values and concerns around life and death issues;
- affirming life and worth by encouraging reminiscing of the past;
- exploring the individual's hopes and fears regarding the present and future for themselves and their families/carers;
- exploring the 'WHY' questions in relation to life, death and suffering.

Supported by Help the Hospices

# Standards for Hospice and Palliative care Chaplaincy

(Second Edition 2006)



**ASSOCIATION OF HOSPICE &  
PALLIATIVE CARE CHAPLAINS**

# Professional Standards (AHPCC 2006)

- Structure for palliative care chaplaincy
  - Access to chaplaincy services
  - Spiritual and religious care
  - Multidisciplinary team working
  - Staff support
  - Education and training
  - Resources
  - Chaplaincy to the unit





*Spiritual & Religious Care  
Competencies for  
Specialist Palliative Care*



Marie Curie Cancer Care provides high quality nursing, totally free, to give terminally ill people the choice of dying at home supported by their families.



# Individual Competencies (MCCC 2003)

- Spiritual and Religious Care Competencies for Specialist Palliative Care
  - All health care staff have the potential to provide spiritual care
  - Chaplaincy has a particular role and expertise in spiritual and religious care
- A progressive 4 level model
  - Identifies skills different staff should have
  - Raises awareness to personal strengths and limitations
  - Identifies personal education and training needs
  - Provides a referral path to specialist expertise - chaplaincy

# Key factors in development

- Engaged with the process at national level
  - Working group on clinical standards
- Used specialist knowledge to create professional chaplaincy standards
  - You can audit spiritual and religious care
- Worked with other professions to create competencies for all health care professionals
  - All HCPs can provide spiritual care
  - Chaplaincy has a specialist expertise
  - A clear referral process based on competence

# An example of good practice?

- Scotland has influenced change in the UK
  - All 4 nations have different national guidelines for palliative care
  - Chaplaincy standards are used by chaplains in all 4 countries
  - Competencies are used by chaplains across all 4 countries
- What about influencing change in Europe?
  - Presentation to conference:

**European Network of Health Care Chaplaincy  
Statement on Chaplaincy Services in Palliative Care**

# References

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