Healthcare Chaplaincy as a Part of Total Care

Thesis statement:

> Healthcare Chaplaincy, i.e. Clinical Pastoral Care, ought to be a part of total patient care.

In the development of palliative care the Czech Republic still lags behind advanced countries. Whereas in the United Kingdom of Great Britain and Northern Ireland palliative medicine together with pain treatment was recognized as a specialized branch already in 1987, in the Czech environment it was officially constituted as late as 2003.

The core part of the WHO definition of palliative care says that "palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and *spiritual*." Palliative care thus inseparably includes attending to patients' existential, spiritual and religious needs.

As one of the few exceptional facilities in the Czech Republic that follow the European trends, the *Complex Oncology Centre* (Oncology Clinic / Onkologická klinika 1. LF UK a VFN and Institute of Oncology, Ples / Onkologický ústav na Pleši) managed to fulfil the ESMO accreditation programme criteria and was awarded the ESMO accreditation in 2006. It thus became one of the European facilities performing integrated oncology and palliative care, a part of which is also constituted by pastoral or spiritual care. Within the framework of the Complex Oncology Centre, or the Oncology Clinic, there has also been a special Clinical Pastoral Care Unit operating since 2006.

Clinical pastoral care has been neglected in the Czech Republic not only due to the slow development of palliative care in general, but also as a result of moral devastation

which took place during the communist regime and which has not been yet fully made compound with.

The thesis statement of this dissertation paper is that clinical pastoral care ought to be part of total patient care even in the Czech Republic. The paper consists of two parts. The introductory chapter of the first part is entitled “Palliative Medicine”. It presents the medical framework within which the clinical pastoral care should be placed. The following chapter, “Confronting Death”, touches upon a theme which is tightly connected with palliative care and from which the feeling of existential anxiety and the recognition of patients’ as well as carers’ needs unwind. The chapters “Homo Religiosus” and “Homo ‘Areligiosus’?” argue that any human being, even in the Czech environment, is homo religious, acting religiously, especially in dire situations. The remaining chapters of the first part are dedicated to spiritual needs of the patients and their fulfilment. They also touch upon the state of providing clinical pastoral care in the Czech Republic and in Europe, especially in Great Britain.

The second part of the dissertation paper is dedicated to the ethical point of view on the necessity of establishing clinical pastoral care as a part of palliative care in the Czech Republic. A list of codes, ethical recommendations and standards connected with spiritual care is offered. Following the four principles determined by Beauchamp and Childress, i.e. respect for autonomy, beneficence, non-maleficence, and justice, it is emphasized that pastoral care should be a part of comprehensive care also in the Czech Republic. The thesis of this paper, i.e. that Healthcare Chaplaincy ought to be a part of total patient care, is confirmed by Hans Jonas’ theory of responsibility ethics.

The new understanding of responsibility in medicine is influenced above all by the philosophy and relational anthropology of Martin Buber and Emmanuel Lévinas. The European Pallium Project considers Lévinas’ philosophy of responsibility towards the others as the most suitable for palliative care.

Lévinas’ conception of the face’s epiphany shows its ethical character; the face signifies that the person touches us not in the indicative but in the imperative. The

radical otherness and the extreme vulnerability of the others imply this ethical imperative structure and ethical imperative. From the appeal of the face also arises the feeling of responsibility for the other person. This philosophy constitutes a basis for total patient care. It clarifies the responsibility for relational structure of palliative care and demonstrates the responsibility for total care, for all its core dimensions. This aspect presents the most important verification for the thesis statement of this paper.

All ethical views mentioned in this dissertation paper confirm that health care chaplaincy, i.e. clinical pastoral care, ought to be considered a core dimension of palliative care as it is in other European countries and also in the USA.