

The European Network of Health Care Chaplaincy



Comments regarding the Communication of the EU concerning the Community action on health services

The Churches and National Chaplaincy Organizations that participate in the *European Network of Health Care Chaplaincy (ENHCC)* have well understood that health services on a national level cannot be completely “harmonized” on a European level, as well stated in the introduction of the communication (p 2). In forming the *ENHCC* and in facing different aspects of health care, we have recognized the different ways in which care is approached throughout Europe, approaches which often depend on the particular conditions, traditions and character of each country and each patient.

The initial statement of the Communication as stated in part “1” sets the tone for the concerns below, concerns that deal mainly with the spiritual care that is needed in health care, offered in health care institutions throughout Europe. These comments presuppose that one of the major components for wholeness and health is directly related to the aspect of one’s spiritual life and that faith is a basic element of healing. This should be considered as being a “universal” principle in which all are equally entitled to the spiritual care needed in contributing to the healing process (p. 3.). In the spirit of the EU communication, we must stress the cultural and faith-centered aspects of health and health care and the need to respect these aspects in each patient seeking therapy.

As the Communication states, a high quality of health care is necessary. In order to establish and preserve such high quality care, standards are necessary to be formed, recognized and developed on an EU level. Such

standards will also reassure that “there are shared values and principles for health services on which citizens can rely throughout the EU” (p.4). Realizing the need for high quality care, the ENHCC adopted standards for health care chaplaincy in Europe in 2002, standards which have been accepted by all the participating Churches and National Chaplaincy Organizations.

In the comments that will be submitted to the EU Commission concerning this communication, amongst the health care providers mentioned, it is necessary to specify “spiritual health care” and/or chaplaincy as a service provided (2.2). The comments should also address the concern that a patient going to another country is given the proper spiritual care according to his/her tradition and faith.

The question of who is responsible for this care as stated in sections 3.1-5 can be answered in a double-fold way. On the one hand, it is necessary that the state authorities of each country ensure the right for spiritual health care services to be offered. Recently, this right has been challenged by several country authorities, arguing that spiritual care infringes on the privacy of the individual and, thus, not recognizing the chaplain as health care provider. In this case, the chaplain is not given the right to view the patient’s records, not giving the chaplain of possibility to be well-informed of the patient’s medical situation in order to offer the best care possible. On the other hand, each Church or National Chaplaincy Organization must ensure that those providing spiritual care are well qualified and officially recognized. Here, there must be cooperation between the state authorities, Churches and National Chaplaincy Organizations.

This brings us to Question 6: “are there further issues to be addressed in the specific context of health services regarding movement of health professionals or establishment of healthcare providers not already addressed by Community legislation?” It seems only logical that a health care provider cannot offer services in another country if that the provider is not recognized by the country he or she practices. In terms of chaplaincy, this recognition should be both by the state authorities and those of the Church and/or National Organization to which he/she belongs. *The second part of this question though, poses one of the most important challenges of this communication: **that chaplains be recognized as health care providers by and within the EU.***

The most positive aspect of the Communication is the stress of the need for networking (3.2.1). The *ENHCC* is a prime example of this and can be

sited as an example. Networking is needed not only to ensure proper medical care but also to provide the care taker with the needed knowledge regarding the cultural and religious aspects of the patient.

If the Church and Society Commission of the Conference of European Churches (CEC), the Commission of the Bishops' Conferences of the European Community (COMECE) and the EU Commission truly want to establish dialogue, addressing how the Church can work closer with the EU regarding health care issues, it is imperative that spiritual health care be a major area of concern.

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