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## Learning spiritual care in Dutch hospitals

van de Geer, Jacob

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*Document Version*

Publisher's PDF, also known as Version of record

*Publication date:*  
2017

[Link to publication in University of Groningen/UMCG research database](#)

*Citation for published version (APA):*

van de Geer, J. (2017). *Learning spiritual care in Dutch hospitals: the impact on healthcare of patients in palliative trajectories*. [Thesis fully internal (DIV), University of Groningen]. Rijksuniversiteit Groningen.

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## Prologue. Travelling companion and journeyman



## Prologue. Travelling companion and journeyman

*Al dat hout  
bij de haard  
voor één vuur*

*warmte vergt  
jaren groei*

willem hussem<sup>1</sup>

When I moved into my office in the newest section of the Leeuwarden Medical Centre in 2005 I gave this this poem a prominent and permanent place. It can be interpreted in many ways, depending on the reader's situation in life. In this office I was going to receive patients and their families, if I was not going to meet them on the wards. But it was also going to be a space to meet and work with colleagues: nurses, doctors, paramedics, fellow healthcare chaplains, ministers and pastors. I was looking for a balance between professionalism, art, poetry and symbols. I placed the poem so that it could be one of the first things that struck a visitor – for one it was a greeting, for another a confirmation of an insight gained, for a third it might be an encouragement not to give up.

For myself it also referred to the spiritual baggage I was carrying at the moment when I chose this new path: healthcare chaplain in an ambitious, top-tier clinical center. Trained as a theologian I was aware of the richness and fragility of the Judeo-Christian tradition as

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<sup>1</sup> Translation: all that wood/near the fireplace/for just one fire/warmth takes/years of growth.

From: *Schaduw van de hand*, Amsterdam 1965.

an almost limitless storeroom of wisdom and understanding. My experience as a preacher and spiritual caregiver in geriatric care had made me familiar with people's search for meaning, significance, inspiration and faith when faced with life's great challenges. That expertise, including the practical and philosophical wisdom of my tradition were like a pile of firewood, waiting for the challenge to make a difference by serving as health care chaplain in this temple of modern health care. I saw myself as a professional, equipped with the language of one of the great spiritual traditions, ready to contribute to keeping the fires burning, in a temple where the priests and priestesses wear white coats and preach a great confidence in evidence-based medicine.

As a health care chaplain in geriatric care and psycho-geriatrics I had amassed enough self-confidence to meet that challenge. I had become impressed on the one hand by the effects I could have as a health care chaplain on the quality of care for and the well-being of residents and clients, but also on the other hand by the hard effort it took in conversations with management or other disciplines to express clearly what it was exactly that I did differently from the social worker or the psychologist. The four-dimensional definition of palliative care offered me a substantive concept of care that via the term 'spirituality/spiritual' presented a framework that united the specific contribution of my area of expertise with the implicit dimension of our work in health care. A year later I was given the formal assignment to explore ways to improve palliative care in the hospital as a project manager.

The year 2006 proved crucial. First, in January my new role took me to the Galgenwaard stadium in Utrecht, to attend the presentation of *Palliatieve zorg, Richtlijnen voor de praktijk* (Palliative Care, Guidelines for daily practice), the first national document combining directives for the practice of palliative care. A quick glance at the table of contents caused some disappointment: apparently there was no national consensus yet about what caregivers might understand by 'spirituality in palliative care'. On the spot it

turned out that I shared this disappointment with Marijke Wulp from Agora. Then in May of that year, during the Teaching the teachers palliative care course offered by the Leerhuizen Palliatieve zorg Rotterdam, I met Ruthmarijke Smeding. Her enthusiasm and international experience in palliative care made me confide 'I wish I could take such a course exclusively with spiritual caregivers, to search for a consensus on the concept 'spirituality in palliative care'. Her willingness, together with Erhard Weiher's, to share their years of experience with exactly that type of course in Germany resulted in the masterclass 'Spirituality and spiritual care in palliative care'.

That first masterclass, in 2007, brought me together with others who apparently shared the same questions, for instance my colleague Marinus van den Berg, who had written about the search for meaning in palliative care. I renewed my friendship with Carlo Leget, who in that first masterclass taught us about his *Ars Moriendi*. As it turned out, in that same year the foundation was also laid for Agora's initiative to set up a taskforce 'Guideline for spirituality (later: spiritual care)', to which I received an invitation.

Challenged at the start of that first masterclass to sketch the then current situation regarding spiritual care, I chose two metaphors, 'reisgezel' (travelling companion) and 'meesterknecht' (journeyman), by which to position our expertise within palliative care. In my function I see myself essentially as a travelling companion to patients (and their loved ones) on a unique stretch of their journey, with the patient on the one hand teaching me very concretely how an individual can react to the challenges posed by life and its approaching end, and on the other playing the pupil asking for and receiving care; here, the spiritual caregiver can at most try to facilitate the patient's learning process, or growth, from a modest position as journeyman (an advanced apprentice).

Of course I also had the poem by Willem Hussem in mind: this modesty is based on the realization that warmth sometimes takes years to grow. At the same time, this advanced apprentice is an academically trained professional, familiar with one of the great spiritual

traditions, who – like the journeyman in the medieval guilds – is able to deliver masterpieces by himself: an aspiring master craftsman. The Dutch word ‘meesterknecht’ however, is also used as a metaphor in cycling for a rider who is actually good enough to win the Tour but unquestioningly serves and supports his team leader as a ‘lieutenant’ in the latter’s quest for victory. In that sense, as a lieutenant, the health care chaplain is primarily in the service of the patient (and those near to him/her) as the team leader, but secondly also serves the doctors, nurses and other caregivers in the effort to provide four-dimensional care.

The masterclass proved not to be a one-off, but it enabled me and fellow-healthcare chaplains not only to share our questions and quest, but also to offer a joint contribution to the first concepts of a guideline for spiritual care. Around the time the first version of the guideline concept, at the comment stage, was published on internet in 2009, I attended the 15th World Congress of the European Association for Palliative Care in Vienna together with Carlo Leget and Marijke Wulp. It was there that I realized that the reality of palliative care in my own hospital was not immediately going to change on the basis of one guideline. Both in my roles as a project manager, and health care chaplain I felt a lack of evidence based implementation methods for spiritual care.

We realized then and there that these questions were also relevant in other European countries, albeit in quite different cultural and spiritual constellations, but that there was no structure within which we could share expertise and experiences. The idea to start a joint initiative towards a Taskforce Spiritual Care within the EAPC from the Netherlands coincided with my realizing that in my own hospital the next steps could only be taken in the framework of academic research.

My decision to undertake this research project myself was not exactly obvious. On the contrary, people tried to dissuade me: wasn’t my preferred habitat that of daily practice rather than academic research? A correct observation, but it seemed to me that this was

the only way to bridge the gap between health care chaplains as the representatives of the great spiritual traditions and the white-clad priests and priestesses of modern health care, if together we were to keep the fires of person-centered, compassionate health care burning. If this meant entering the woods on a path I had not trodden before, so be it.

*Toe 'j klein waarn dacht ie der nooit bij nao  
As 't kaold was buuten dan was 't binnen warm  
Mar nou moe 'j 't zölf doen, 't blef strabenskaold  
A'j zitten blieden zunder te stoken*

*A'j t nie dreuge naost de deur hebben liggen  
Dan moe'j 't bos in, soms diep 't bos in  
Veur holt veur op 't vuur  
Veur holt veur op 't vuur*

Daniël Lohues<sup>2</sup>

Joep van de Geer  
Franeker, June 2017.

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<sup>2</sup> From the lyrics of 'Holt veur op 't vuur' by Daniel Lohues, in eastern Dutch dialect:

When you were small you took it for granted:/When it was cold outside, it was warm inside. /Now, however, it is your own responsibility, it remains freezing cold, / if you just keep sitting without lighting a fire.

If you don't have a pile dried next to the door,/You'll need to go into the woods, sometimes deep into the wood,/ for wood for the fire, for wood for the fire.

From the album: Hout moet, 2011.