Learning spiritual care in Dutch hospitals

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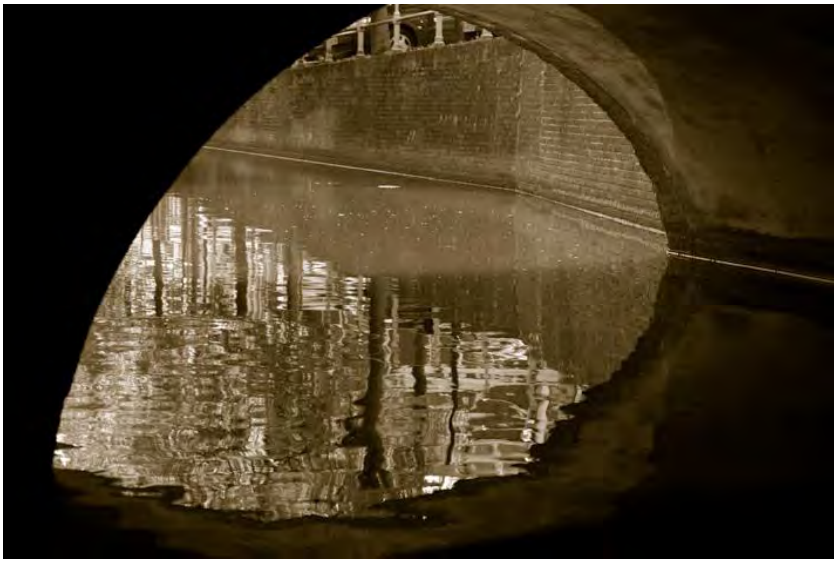
Epilogue. Blessed with talents



Epilogue. Blessed with talents

Position

In the Prologue, I briefly explained my personal position and perspective as a health care professional and researcher and described the genesis of my research questions. In this epilogue, I reflect on my experiences in this research process from a theological perspective. As a healthcare chaplain and ordained minister, my spiritual and theological position is a part of my professional frame of reference. Thus, it should be continuously reflected on as part of my expertise as a health care chaplain, without interfering with my hermeneutic competences of observing and interpreting the spiritual positions of patients and those who are close to them, or – when I work in the multidisciplinary team – the spiritual positions of medical, nursing, or other colleagues.

My classical education as a theologian from the Faculty of Theology at Utrecht University and the Seminary of the Covenant of Free Evangelical Churches (*Bond van Vrije Evangelische Gemeenten)* provided a solid grounding, with a basic knowledge of Latin, biblical Hebrew and Greek for biblical theology, and knowledge and skills in philosophical, historical and social sciences. It allowed me to address some of the puzzling evangelical fundamentalist convictions that I had been confronted with as an adolescent in my local church. Most of the curriculum was designed to be useful for serving a local church community. However, the curriculum was also designed to teach me to identify and oppose dehumanizing tendencies in society and culture and to contribute to an open dialogue that is based on the Judeo-Christian tradition. As such, the curriculum also provided an initial training as a health care chaplain. This curriculum and active participation in the ecumenical working group, *Uterque,* shaped me into an ecumenical theologian.

I believe that this type of education in the humanities, which develops competencies that are based on philosophical or theological traditions *outside of* the health care system, that make health care chaplains' unique contributions to patients and the healthcare system possible and constitute a specific *proprium* of the profession. I also note that an education that *only* occurs outside of the health care system is no longer enough.

In this epilogue, I provide a theological reflection on my research project in a personal, spiritual elaboration of the first topic in Leget's(1) *Ars Moriendi*: autonomy, the dynamic tension between oneself and the others, or the Other – or, as Leget formulated in his latest book: who am I and what do I really want?

Who am I: A creature blessed with talents

For the question 'who am I?', Leget follows Ricoeur in discerning three relations that in combination constitute the 'self' as an ongoing process in time: the relation between me and myself, the relation between myself and the others, and the relation between myself and the institutions. In separate sections, he describes each dynamic tension in his *Ars Moriendi model* from a personal, Roman Catholic perspective. My personal religious perspective is that of an ecumenical protestant health care chaplain, who was ordained in the free evangelical church.

I see myself as part of a reality that was created by God, as expressed in Psalm 139:

[13] For it was you who formed my inward parts;
you knit me together in my mother's womb.
[14] I praise you, for I am fearfully and wonderfully made.
Wonderful are your works;
that I know very well.

A creature bestowed, as any other creature, with the spiritual gifts that Paul described in his first letter to the Corinthians:

Now there are varieties of gifts, but the same Spirit; and there are varieties of services, but the same Lord; and there are varieties of activities, but it is the same God who activates all of them in everyone. To each is given the manifestation of the Spirit for the common good. (I Cor. 12:4-6)

As soon as I decided to study theology, the parable of the talents became important (Matth. 25:14-30) for my personal inspiration. Matthew places this parable in Jesus's last long speech, in which he announces his death and exhorts his disciples to continue to expect, and actively contribute to, the coming of the Kingdom of God. The life task we have been given, to exploit the talents we have received in the service of the community, has remained constant, both in the work of a preacher in a local community and in the position of health care chaplain. In a professional sense, the task for the community is reflected in the VGVZ professional standard, which states that health care chaplains are expected to contribute at the micro, meso, and macro levels.

Personally, participating in the national and international developments in palliative care that were described in the Prologue, made the words in Ecclesiastes, *For everything there is a season, and a time for every matter under heaven* (Ecclesiastes 3:1), feel very appropriate. I felt blessed living at that moment in time, surrounded by colleagues, friends, and mentors who inspired and showed me how to 'surf on the waves of this incoming tide'.

Being aware of the New Testament distinction between χρόνοσ (*chronos*, the duration of time) and κάιροσ (*kairos*, a specific moment in time)(2) I viewed it as my personal, spiritual, and professional responsibility to act in this *kairos*, using all of the talents that God gave me, to the utmost of the my abilities, as a health care chaplain. I believed that it was essential in this *kairos* for a chaplain to move beyond the comfort zone of qualitative research, and to go the second mile (Matthew 5:41), because modern palliative care requires that health care chaplains include quantitative methods in their re-

search projects to present transparent reports of their contributions to improving the quality of care.

What do I really want: Recognizing patients' spiritual resources and health care professionals' spiritual gifts, building a sustainable health care system for the common good together

During a forum discussion on the quality standard for palliative care at the Dutch National Congress on Palliative Care, in 2017, I suggested that attention to spirituality in health care was important for the quality of care for patients and their closest, as well as for caregivers. Dehumanizing tendencies in health care damage not only the patient but also the caregiver. There is a well-known Dutch saying, 'Anything that receives attention will grow,' which is reflected in the growing attention to spirituality, person-centred health care, or compassion, as examples of converging counter-movements of dehumanizing tendencies. My conviction is that it is not only health care chaplains who can provide the attention that I have confirmed in my research. Doctors, nursing staff and other paramedics bring professional and personal talents to the multidisciplinary team, which I personally experience as both challenging and supportive.

In the Prologue, I called doctors and nurses the 'priests and priestesses in the temple of health care.' I agree with Abraham Joshua Heschel, who, speaking in 1964 to the American Medical Association in San Francisco, California, referred to doctors as priests.(3) In 2017, I would like to paraphrase his words, adding nurses to this metaphor.

Life is a mystery, the reflection of God's presence in His self-imposed absence. … His chief commandment is, 'Choose life' (Deutoronomy 30:19). The doctor and the nurse are God's partners in the struggle between life and death. Religion is medicine in the form of a prayer; medicine or nursing is prayer in the form of a deed. From the perspective of the love of God, the work

of healing and the work of religion are one. The body is a sanctuary, the doctor and the nurse are priests.

In 1964, Heschel was speaking in a religious context; my dissertation appears in a secularized context in which there is renewed attention to spirituality, for example, in the health care sector. In the Dutch Guideline, spiritual care is presented as everybody's responsibility, as a multidisciplinary activity, with doctors and nurses playing a fundamental role and health care chaplains as the specialists who are responsible for complex care needs, training, and – in consultation with other disciplines – for the spiritual care policy.

With my research results I hope to contribute to new connections between doctors, nursing staff, other paramedical disciplines and health care chaplains, so that together we can provide a secure and reliable safety net for patients and those who are close to them when they are confronted with illness, loss, and death.

References

(1) Leget C. Retrieving the Ars Moriendi tradition. Med Health Care Philos 2007;10:313-9.

(2) Gingrich F, Danker FW editors. A Greek-English Lexicon of the New Testament and Other Early Christian Literature. 2nd ed. Chicago and London: The University of Chicago Press; 1979.

(3) Heschel AJ. The Patient as a Person. Insecurity of Freedom Toronto, Canada: Ambassador Books; 1967. p. 24-38.

Scripture quotations taken from the New Revised Standard Version, available at: https://www.biblegateway.com/ . Accessed June, 22, 2017.