Michael Harper offers practical advice to doctors who know their limits

Building a SPIRITUAL TEAM

It would be so much easier to care for our patients if we were omnipotent. Omnipresence would be useful too! We are all too constrained by the limitations of our giftedness and time.

Most of us are too busy. We face multitudes of demands, usually all at once, and they are all-encompassing. We are tempted to put a little notice on our surgery door 'Only come in if you are worse than me'. Nonetheless we often feel that we are failing. We are not getting to the root of problems and all too often our patients' needs are not being met. Indeed, we feel that half of what we do is akin to a confidence trick.

Think of a situation: a difficult patient, who causes you untold heartache and is profoundly opposed to your faith, needs a biopsy. Today he turns up in your surgery for the result. You are running late. He arrives early. You still have three patients left to see when he comes in for his 11am appointment – at 12.15. But he's a different man and when you gently tell him that it's bad news, tears fill his eyes and he tells you he feared as much. He doesn't think he's much good, he says, and then comes the shocker; he says he 'thinks he'll need God for this one', and asks if you can help. What are your options?

There are times to gather a situation and ensure that support is made available. This is one such situation. So five minutes must be his. It helps to affirm his perspective: 'Yes, Jim, I rather think you will. Many people find that in these circumstances.' Make it clear that you're there for him. But are you the person to take things forward? Do you have time? Or this a job for a team?

'Look, Jim, we have a chaplain who works with us, and I'd like you to see him – but I want to keep in touch with how things are going both with the consultant and with him. What do you say? You'll see him. Good. I think it will really help. Can I touch base with you in a fortnight? And, Jim, I'll need to tell the chaplain a bit about what's happened, and he may wish to talk with me; is it OK for us to hold this in confidence within the team? OK. I'll give you a form to sign to that end – perhaps you could leave it with the receptionist. Would you like me to say a brief prayer with you now? No? Sure, of course. But I'll keep praying for you anyway.'

Have you got a team? How can you gather one? Identify what the needs of the patients are. They are diverse, but many of us can see what is missing, what problems we're not dealing with properly. But where does one start?

Knowing the needs of the patients will help. Then one needs to be clear on the care required to reach the need. And finally one needs to take a long, hard look at one's own skills, abilities and resources. Where is the shortfall greatest? So a working plan develops.

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Ideally the team will have within it a Christian counsellor, a chaplain with pastoral and evangelism gifting, doctor, nurse, possibly social worker, possibly someone able to lead creative therapy – but the leader must be (you think I'm going to say the doctor) Jesus. There are things to decide; will the team be volunteer, or paid? If the latter, where will the money come from? Will the PCT support it? Will they be contracted (probably wise), and how will you relate with the local churches? Other questions will arise but the team can be built.

Unprofessional and incompetent do-gooders, no matter how enthusiastic, need to be kept off the team.

Having a team doesn't mean losing involvement. 'Look, I really want to keep a handle on how things go' we might say to our patient 'so I'd like to see you again in a couple of weeks'. Your team is doing so much of the work; you're leading it.

Team members need to know what to do if they are getting out of their depth; so there needs to be an emergency protocol. It brings safety, and makes people feel covered and cared for. It also reassures you – you don't want to have to pick up the pieces of a disaster that you never knew was going on.

There will be times when you can't use the team. Something crops up and it's inappropriate to ask a patient to go and make an appointment with someone else. Like in A&E, there is a need to assess the emergency and react appropriately. But emergencies are much less common than the routine.

Finally, there are different ways of using a team. One friend of mine in General Practice invites patients who the Lord points out to him to consider applying to be seen by the whole-person team; those patients see counsellor, doctor and chaplain for extended appointments, and a whole of life diagnosis and treatment plan is worked out with the patient. Time consuming?

Yes. But it's only for those who are seen to have particular hunger for real change, and exciting things can happen … we know.

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