Spiritual care standards in the NHS
England and Northern Ireland lag behind

his January a consultation closed about standards and competencies for spiritual care delivery in the NHS in Wales. Final standards and guidelines should be out soon.

Several Christian organisations (including Healthcare Christian Fellowship, Christian Nurses and Midwives' and Evangelical Alliance) made submissions, and most agreed the only real deficit was the failure to recognise that doctors, nurses and other staff all have key roles to play in delivering spiritual care. It is not just about chaplains. We wait to see how final strategy documents will address this.

Wales is the second UK country to set such standards. Scotland went further in 2001, requiring every health board to have a clearly stated spiritual care strategy. England and Northern Ireland lag far behind, yet the WHO has made it clear that health includes a spiritual dimension. When the National Secular Society called last year for the removal of chaplains from NHS payrolls (apparently confused over the differences between spiritual care, religious care and evangelism), it was clear from the reaction of health service managers, doctors, and other clinicians that the spiritual input of chaplains is of benefit to patients (and staff). However, the question is, what kind of spiritual input?

Spiritual care is not always related to faith or religion, although in practice it often is. It can involve a sharing of one's own faith, but is not about evangelism per se. However, research overwhelmingly suggests that a person delivering spiritual care needs a well developed spirituality of their own, so Christian doctors and other health professionals are well placed, if not always well skilled, to deliver such care. But in reality many Christian health professionals are not well prepared, or lack confidence, to care for patients' spiritual needs.

While the NHS in England dithers, and health professionals withdraw from spiritual care, fearing the consequences of a misplaced word or offer of spiritual support (see the Caroline Petrie case?), we should be reclaiming this ground. CMF already runs courses such as Saline Solution to help equip Christians in the NHS to be spiritual carers, but we also need to champion the issue in our trusts and PCTs, Royal Colleges, and the Department of Health, so that all recognise the vital need for chaplaincy services and the role that all health professionals, not just chaplains, have to play in spiritual care.

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Funding health and social care
Who pays – and how?

The rising costs of health and social care are an ever present but rarely acknowledged background to the end-of-life debate raging at the moment, and with the General Election expected on 6 May, the debate about social care funding has become particularly heated.

Eighteen charities including Carers UK, Age Concern and Help the Aged, and the Alzheimer's Society wrote to The Times on 13 February calling for an end to 'party-political squabbling' and seeking a consensus on reform of social care that 'delivers long-term solutions that will not be reversed by changes in government or in the economic climate'. At a major meeting on 19 February attended by charities, providers, council chiefs, and politicians (but boycotted by the Conservative Party) the government was advised to back a compulsory fee to pay for social care. The Tories had dubbed this a 'death tax' and produced a controversial poster of a tombstone engraved 'R.I.P. OFF' with the slogan 'Now Gordon wants £20,000 when you die'.

The problem is not new. In 1999 a Royal Commission recommended that personal care and nursing care be provided free at the point of need, but Scotland (implementing this under devolved powers) found costs unexpectedly doubled between 2003-4 and 2007-8. Whatever party manifests finally say, and whatever the outcome of the General Election, there is certainly going to be 'no quick fix'.

Meanwhile the British Medical Association has begun an aggressive political campaign about the funding and management of health costs which has the overwhelming support of doctors. Their slogan 'Look after our NHS – publicly funded, publicly provided' introduces opposition to NHS market reforms and asks not just where does the money come from, but who spends it?

CMF members will make their own choices in voting, but will also have to work with the consequences of decisions to be taken. We will be guided by scriptures like 'Honour your father and your mother, so that you may live long in the land the Lord your God is giving you' and 'Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress'...

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Umbilical cord blood stem cells
We told you so

In January 2008 CMF welcomed a new bill which encouraged the donation at childbirth of umbilical cord blood and its storage for public use, and called on the government to invest more actively in developing the NHS cord stem cell bank.

MP David Burrowes’ Umbilical Cord Blood (Donation) Bill aimed to increase awareness of umbilical cord blood’s value in treating diseases and to promote further research for new treatment methods using cord blood stem cells. The bill required doctors to inform all parents of the benefits of collection and storage, and sought to promote collection from specific shortage groups, such as mixed race families and families with a history of cord blood treatable diseases.

Sadly, the bill was not granted parliamentary time to progress, the government instead pursuing its agenda of cytoplasmic animal-human hybrid (cybrid) research instead of pursuing its agenda of cytoplasmic animal-human hybrid (cybrid) research.

The same day the BBC carried the story of Natalie Salama-Levy who was unable to donate cord blood from her baby, due at London’s Royal Free Hospital, because the hospital lacked the facilities to collect and store it. Ironically her husband chairs ‘The Cord Blood Charity’ and was inspired to become involved following the death of a close friend from leukaemia. In 2008 only three NHS hospitals were collecting cord blood, and the situation has not improved much. Cord blood has already cured much. Cord blood has already cured around 10,000 people around the world, but despite this our own UK cord blood banking facilities are woefully behind the times. We should be making this simple and ethically uncontroversial technology much more readily accessible.

The number of live births (currently around 700,000 per year in England and Wales alone) has been increasing every year since 2001. If the government had been more active in encouraging cord blood storage in the last five years, rather than over-hypping hopes about hybrid embryonic stem cells, we could potentially have had millions of samples of stem cells banked for treatment by now. Instead they intend to invest only £10 million to increase the size of the bank to 20,000 stored units by 2013 – see my blog.

The Robin Hood tax Practical and just

A high profile campaign was launched in February to levy a 0.05% tax on all major bank transactions (currency trading, share dealing, derivatives, etc). This would raise tens or even hundreds of billions towards international development, supporting poorer nations in reducing carbon emissions, and sustaining UK public services in health, education and social care.

Endorsed by the inevitable celebrities, the ‘Robin Hood Tax’ campaign drew equitably inevitable derision from bloggers and commentators, many seeming to think, mistakenly, it was a tax on ordinary banking and currency exchange. Maybe calling it a ‘Robin Hood’ tax played to popular sentiments on both sides of the ideological divide, and the attempt by some bankers to hijack a web poll only added fuel to the fire.

But almost all the economic counter-arguments (that it would increase market volatility, push costs on to the consumer, not raise as much money as suggested, and only work if every major economy instituted it) have fallen somewhat flat, with Nobel Laureate economist Joseph Stiglitz coming out squarely in favour. Meanwhile most major economies (including the EU and the US) seem to be considering something like this, and even senior economists and bankers are suggesting this, or something like it, is an idea whose time has come provided we get it right.

This Triple Helix concludes the series on the three health-related Millennium Development Goals. While throwing money at maternal health or HIV/AIDS won’t solve all the problems, targeted financial aid can and does help. And as we look at the long term problems of caring for a growing elderly population here in the UK and funding an increasingly high-tech NHS, a new source of revenue, from the very banks and trading floors that created our current economic woes, has a strong sense not only of practicality, but also of justice. This is why CMF is supporting this campaign.

The scriptures remind us that those who have wealth and power are held accountable to God for how they use it, and are enjoined to help the poor and the vulnerable.

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