

**Ella Moulton**, a Christian OT relates the negative consequences of her attempt to address the spiritual needs of a client and reflects on the challenges to all Christians in the health professions

# DO NOT BE AFRAID

## key points

- While doing PIP assessments, the author's faith led her to a concern for the spiritual needs of many of those she was assessing - an experience that others in this line of work will recognise.
- Addressing the spiritual needs raised by one client by sharing from her own faith and experiences led to her dismissal from the role.
- While such stories can lead us to be fearful and cautious, we should not refrain from addressing spiritual needs. We need instead to work with other Christians in healthcare and our own professional bodies to ensure professional codes of conduct recognise and respect the discussion of faith-related matters in a respectful way as appropriate in clinical care.

I truly love my calling as an Occupational Therapist. Torn between a love of science and art, I thrived during my training on the unusual mixture of anatomy, physiology, woodwork, pottery and creative arts. I loved the work, despite its ups and downs. So, when I started work as a 'Disability Assessor', I embraced the role, though it proved to be very tough going.

However, I usually thrive on a challenge, and I soon got into the amazing breadth of the disability benefit world, from 16-year-old anorexics to the more typical conditions of older age. I could choose my hours and enjoyed being out and about in the community.

However, as a Christian, I started to really grieve and mourn for so many of the people that I met. A large number were in chronic pain and had felt abandoned by health and social services, friends, family and church. Many cried in despair at some point during the assessment. As a therapist with a very compassionate heart but with the knowledge and expertise to help people, I started to go the extra mile, signposting whatever might help to start to solve their concerns. At the same time, I was

...as a Christian, I started to really grieve and mourn for so many of the people that I met.

praying silently for each of them before and after their assessment.

Part of the 'Personal Independence Payment' (PIP) assessment is getting an overview of previous lifestyle and how disability may have changed this. I felt emboldened by love and ready to serve with the *'readiness that comes with the gospel of peace'*.<sup>1</sup>

### What is the worst that could happen?

After one assessment with a woman who had lived with life-limiting and intractable pain for decades I had a faith discussion with the client. She felt abandoned by the church that she used to attend.

On the day of her assessment with me, she was warm and welcoming. She poured out her story in deep despair. After the assessment was completed, I thought we had a truly human connection. I felt moved to share some of my own

experiences; and how God had truly met with me in the darkest places. I shared one Bible verse which had been very meaningful to me.

I left her at peace and smiling. Our chat was no more than 10 minutes. I had recognised that this lady needed a lot of counselling and support, and so I had encouraged her to seek help via counselling, talking with a good friend or a GP etc; but most of all, what is readily available to everyone is to seek help from God.

### Crash and burn

So, it was a shock that I was telephoned a few days later by a manager (whom I had never met) with a formal complaint that she had received about this meeting, followed a couple of days later by a letter entitled 're: Termination of Service Agreement', and that was it! After three years of hard work I was unemployed overnight. Because of my 'self-employed' status I had no recourse.

I approached Christian Concern who raised an alarm that this could also present a threat to my professional registration. It felt like cutting off my own right arm when I reached to the phone to report myself to the Health and Care Professions Council (HCPC). I was advised that it would look better if it was given first as a self-report rather than coming from my former employer. I gave myself a few sleepless nights going through some of the public cases which have had to be heard and are readily available on their website. However, with my faith and a lovely group of believers praying for and with me, I came to understand that the HCPC are not in the business of getting rid of health professionals but are there to protect the public.

I also then discovered the resources of CMF. With support from Steve Fouch, I prayerfully constructed my 'reflective piece' for the HCPC. I was very conscious that the highest authority that we are accountable to is The King of Kings. We are to respect the law, but not if it means that we have to denounce or compromise our faith. In carrying out some research, I came across a paper that one of our OT 'gurus' had written about a slightly forgotten approach called the 'Therapeutic use of self'.<sup>3</sup> This is how I explained the approach of using my brief testimony to enable the lady to know that I understood her pain and distress, and how I had turned to the Lord and he had helped me. I stated that my overall learning point was:

*'To seek and explore how the Occupational Therapy profession is ensuring that a holistic approach is possible, including the use and recognition of the value of spiritual, religious and cultural beliefs, whilst ensuring that the practitioner maintains professional boundaries at all times'.*

### Live in fear or continue to walk in faith?

*'Therefore, be as shrewd as snakes and as innocent as doves.'*<sup>4</sup>

Since that day of reckoning, there have been many days wasted living in fear. At one point I had

to challenge myself to realise that there are far worse things that could happen than losing my registration. My actual life was not under threat in the UK; far worse atrocities are going on worldwide. Yet I am very concerned that this kind of draconian approach to any expression of faith is becoming more commonplace, even when done in response to genuine need. Stories like mine mean that health professionals are becoming more and more reserved and afraid to be there when patients actually ask for help in their spiritual journey. In one of the core Occupational Therapy models of practice 'spirituality' is supposed to be at the centre,<sup>5</sup> as well as written into our code of ethics;<sup>6</sup> yet so many of us are completely avoiding this area now, as it seems to be such difficult and treacherous ground.

### What next?

I am so pleased to say that after a very long time of waiting and nervously checking my inbox, that the HCPC wrote to me stating:

*'The case file has now been closed and no further action will be taken. We are satisfied that there is no credible evidence to suggest that your overall fitness to practise is impaired... In arriving at this determination, we considered that the nature of the breach of professional boundary concern to be at the lower end of the severity scale. We also took into account the contents of your comprehensive reflective statement, which we felt demonstrated sufficient insight, reflection and a commitment to act in accordance with appropriate ethical and professional standards'.*

### Ideas for the future

We need to stand up for our right not to be silenced in this way. Our motives must always remain focused on compassion and care for our patients, and never for any kind of selfish gain or pride. But the hospital chaplain cannot be in several places at the same time; the health professional out there in the community may be the only face that someone sees in weeks; the night nurse may be the only one available to hold the hand of a dying or very distressed patient in need.

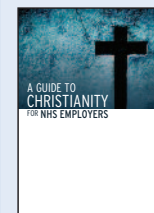
Christians in all health and caring professions need training in how to appropriately broach spiritual questions and address spiritual needs in our patients; to work within professional and workplace guidelines without fear.

*Ella Moulton is a pseudonym to protect the privacy of all parties involved in this story. She works as an Occupational Therapist in southern England*

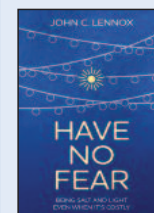


Christians in all health... professions need training in how to appropriately broach spiritual questions and address spiritual needs in our patients; to work within professional and workplace guidelines without fear.

## BOOK STORE



**A guide to Christianity for NHS employers**  
9780906747803  
CMF, £2



**Have no fear**  
John Lennox  
9781912373611  
CMF, £2.50

Available online at [cmf.org.uk/bookstore](http://cmf.org.uk/bookstore)

## references

1. Ephesians 6:15
2. Code of Ethics and Professional Conduct, College of Occupational Therapists, revised edition 2015, section 4.2.4
3. Taylor L, Kielhofner, Ketkar Therapeutic use of self: A Nationwide survey of Practitioners' Attitudes and Experiences by AJOT March/April 2009; 63:2.
4. Matthew 10:16
5. Townsend E, Polatajko H. The Canadian Model of Occupational Performance, in *Enabling Occupation II: Advancing an Occupational Therapy Vision for health, Well-being and Justice Through Occupation* 2007.
6. Code of Ethics and Professional Conduct, College of Occupational Therapists, revised edition 2015, section 2.3.5
7. Isaiah 54:17