History of chaplaincy

It was also deemed appropriate that a hospital should have a chapel and that a chaplain should be appointed to care for the patients and staff.

Why ‘chaplain’?

The word chaplain comes from the Latin word for a cloak and the word grew out of the story of St Martin meeting a man begging in the rain with no cloak. If St Martin had met the man’s need by giving him his own cloak he would have shifted the problem to himself, so instead, he tore his own cloak in two and shared it, half for the beggar and half for himself. From this the understanding of a chaplain as someone who shares support with those in the storms of life and offers some spiritual help and direction in those difficult times.

Hospitals originally grew out of hospices (places where travellers could find hospitality, Christian love and medical care, on their journey), so it is appropriate that hospitals have their own chaplains who can continue within that tradition of offering care and support to those having difficult times.

History

When the NHS was first established, it was decided that the needs of the whole person ought to be considered. This meant that if hospitals were of a specific size then a chaplain was appointed to work in the establishment so that the religious needs of patients were duly catered for. Thus chaplains are appointed in direct proportion to the spiritual and religious needs represented by the inpatient population of that particular hospital originally.

The close connection between the State and the Church of England meant that originally all posts went to Anglicans (i.e. Church of England ministers), and it was assumed that the majority of patients would be Anglican. The needs of the other denominations, particularly the Free Churches, were recognised by the appointment of Free Church chaplains. In recent years, the same has been true in terms of recognising the needs of those of other faiths.

A careful protocol was followed so that the respective chaplains only visited their own ‘followers’, but this has now largely changed, so that chaplains are more ‘generic’ - and many patients from diverse traditions are happy to be visited by any chaplain on the team.
The 1990s saw a great shift in the culture of our society with the upsurge of new age thinking and ideology. While this development was viewed by some as a threat to traditional values, it can also be seen as a clear desire by a large number of people to have their real needs met in a relevant way. Many people's spiritual needs were not being addressed within the church culture and, therefore, they found expression elsewhere and significantly in the New Age movement. This movement to a post-modern culture was paralleled with changes in the NHS with the introduction of Trusts. One consequence for chaplaincy was to see the increase in the number of Free Church chaplains appointed by the Trusts and the creation of ecumenical chaplaincies.

Whether this development was conscious and deliberate, or piecemeal and based on the decision not to allow chaplaincy to be so restrictive, is hard to know. The consequence is that where it has been allowed to develop, it has been considerable.

Nowadays

The demands of hospital life are particular and immediate. The issues of life and death are constantly on the agenda. The needs of people, both patients and relatives, are intense and wide ranging. The need for individuals to feel cared for and experience some sense of compassion and understanding of their particular situation is continual. Whether those people have a particular faith system or cultural background does not always determine whether they will ask for help. It is often the case that those with little predisposition for religion will ask for help from the chaplaincy because they feel some need that may be met from that quarter.

People are looking for someone who will sympathetically engage with them and respond compassionately to them as people. The need for spiritual care is awakened and the experience of encountering someone who can tune into their wavelength is important if that level of need is to be met.

A basic care for the person and a respect for the individual is fundamental to our work. This basic ideology places chaplains in the vanguard of pastoral care and it is vital that the practice of chaplains matches their conviction. If chaplains are committed to affirming basic values of care compassion and respect, then this must find its expression in each member of the team adhering to that viewpoint, and placing their own preferences to one side for the sake of the patient or their relative.