Catholic Health Association of BC

Presentation to the Fraser Health Board of Directors
May 20, 2010

“Spiritual Care: A Vital Health Care Service”
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Who we are -

CHABC is a provincial Catholic association whose principal members are nineteen facilities owned and operated by Catholic organizations in BC. Members also include parishes, Knights of Columbus and Catholic Women’s League councils, as well as families and individuals.

CHABC is celebrating its 70th anniversary this year.

Our mission is to preserve and protect the provision of care in the tradition of the Catholic Church.
Denominational Health Association:

23 owner/operators of about 60 facilities in BC (10 of them are in Fraser Health)

Each of the 23 owner groups is associated with one of twelve faith groups: Adventist, Anglican, Baptist, Christian Brethren, Jewish, Lutheran, Mennonite, Pentecostal, Reform, Roman Catholic, Salvation Army, United
The philosophy of both the CHABC and DHA boards of directors is to work collaboratively and cooperatively with government, health authorities and others who provide care in BC.

It is never our intention to be confrontational or oppositional, but we do believe we must speak out when something is not right.
CHABC consults with and takes guidance from the Vancouver Archbishop and the other six Bishops in the province.

In the Fraser Health geographic area, we serve two Bishops, 37 pastors and their parishioners.
“Health” is more than just physical well-being. Social, spiritual and emotional aspects of an individual are integral components of good health.

If we don’t believe this, we are de-humanizing and de-personalizing those to whom we provide care.

In our faith-based facilities in BC, there is no question that pastoral, spiritual, religious care is vital to the provision of holistic care to patients and residents.
The mandate of our members, as faith-based care providers, is to care for everyone who comes to their doors. Each patient and resident is welcomed, regardless of their faith beliefs.

The care provided respects the culture and faith beliefs of each individual.
Not every community has a faith-based hospital or residential care facility — many people of faith use the services of our public, secular facilities, such as those you operate in Fraser Health.

It is our commitment to advocate for professional pastoral, spiritual, religious care to be readily available and accessible to those who want and need it when they are admitted to a care facility.
Our commitment extends to all patients and residents who need and want this type of care. A health care organization that embraces the provision of holistic care will recognize that spiritual care is a vital component of care and will recognize that spirituality isn’t always connected with religion.

Not everyone adheres to a particular religion, but most people have an individual “spirituality” that is part of their human nature.

Some people may have had a faith adherence in the past but fell away and are now seeking to make a connection because of their failing health.
While it is admirable that Fraser Health is working to ensure that there is a mechanism to connect individuals to their faith communities, there are still many who will fall through the cracks, as they have no faith community to call upon.

In the past, your Spiritual Care Practitioners recognized this situation and tended to that individual’s unique spiritual needs.
From the FHA website:

“Working to improve the health of the population and the quality of life of the people we serve.”
Also from the FHA website:

**Spiritual Care Services**

“Provides spiritual care for admitted inpatients, residents, clients and their families, and facility staff regardless of their religious affiliations. As part of the health care team, Spiritual Care Practitioners listen, elicit and respond to individual religious/spiritual needs, identify and clarify ethical issues related to end-of-life and other treatment and care, provide bereavement support for family members, significant others and professional staff, and ensure that treatment addresses the whole person, *not just the presenting medical needs.*”
Care of the spirit is a specialized discipline. Those who are employed in these positions are Masters-educated, clinically-trained individuals.

Social Workers are not trained to do this kind of work. Most of them don’t have time to do it and some of them are not interested in it nor do they feel comfortable dealing with the kinds of situations that might arise.
Volunteers are a valuable complement to the system and we should embrace their presence and willingness to spend their time in health care facilities. Even with training, though, they are not capable of dealing with situations of spiritual distress and questions that may arise.

We are putting patients and volunteers in a precarious situation if we believe this is a task that can be done in a non-professional way.
The local clergy cannot be expected to take on this responsibility. Their duties in their parishes preclude them from being able to do more than they already do in visiting their parishioners in hospital.

Most of them do not have the pastoral training and education needed to address the spiritual questions and concerns of people who are sick and dying.
FHA is the largest of BC’s six health authorities with a population served of about 1.5M (just over 1/3 of BC’s citizens) with twelve acute care hospitals.

In Canada, the national average of spiritual care practitioners is 1:152. Just prior to FHA launching its ground-breaking Spiritual Care Model in 2006, your average was 1:457. Today, since your November cuts, it is closer to 1:4000.
In the rest of BC, each of the health authorities states their recognition of the value of spiritual care in health care provision and have professionals on staff to provide it.

Examples in other provinces:

Manitoba and Quebec - - the provision of spiritual care in health care is enshrined in their legislation.

In New Brunswick - - there is a spiritual care coordinator assigned in each health authority.
The Research .... See our handout

How Spiritual Care helps health care organizations .... See our handout
In Fraser Health, for the year ending March 2009:

- Spiritual Care Practitioners delivered spiritual support to 1,595 staff across the region

(For staff who are faced with stress in their daily work-life, the loss of this support in the workplace may translate into days off work to allow them to deal with their personal situations.)
We should also take into account the number of families and loved ones of patients in your hospitals who have been counselled and comforted by your Spiritual Care Practitioners when someone is sick, injured or has died.
Because of the nature of Spiritual Care, it is not possible to quantify the monetary value of this service to your overall health care budget.

FHA claims the November 2009 cuts will save $650,000 annually. This figure is about .03% of the total FHA budget.

We submit that cuts of .03% across the board for all health care disciplines would have been more appropriate, rather than gutting an entire service from the provision of care.
To summarize the research, individuals who are spiritually healthy:

- Have shorter hospital stays
- Use fewer medications
- Have faster healing times
- Have fewer return visits to hospital
If indeed your intent in FHA is to “improve the health and the quality of life of those you serve”, you owe it to those you serve to acknowledge the significant value of spiritual care and recognize it as one of the core services you will provide.

It is not “a luxury”, but a vital component of the holistic care that you say you provide in Fraser Health.
In 2006, when FHA launched the plan for Spiritual Care Services, you got it right. The health authority was seen as being bold and innovative in providing the kind of health care that people wanted and needed. The plan was a model for the way care should be provided across Canada.

You were moving in the right direction then. It is our hope that you will get back on track.