

Spiritual Care

A Newsletter for Spiritual Care Providers Across Manitoba

Volume 1

Issue 2

Welcome to Spiritual Care,
a newsletter for
Spiritual Care Providers
Across Manitoba.

This bulletin is made available
through the support and
cooperation of a variety of
interfaith organizations and
Manitoba Health.

We welcome the participation of
any and all Manitoba Interfaith
organizations.

To submit an article or for more
information, please contact a
member of the editorial committee,
listed on the back of this issue.

Please feel free to contact a
member of the editorial committee
with your suggestions.

HEALTH CARE WITHOUT SPIRITUAL CARE – AN ETHICAL DILEMMA

A medical doctor growing up in the scientific environment of modern medicine raised this question with himself. It grew out of his preoccupation with a four letter word called “data”. His training had prepared him to think in terms of one basic level of doing medical intervention.

This basic level was to treat the human body as an aggregate of organs, muscles and tissue that sometimes become dysfunctional and require intervention, like surgery or a drug regime that kills bacteria and supports the body as it heals.

As his practice progressed, he did not rule out the second level either. This level is the realm of balancing mind and matter, where attitude, willfulness and positive thinking play a large role in the healing outcomes.

The third level is one where there is movement beyond mind and body to the level of consciousness and the integration of an increased awareness as people experience their life in the crisis of illness. This is illustrated in studies of terminally ill cancer and AIDs clients who, after processing their grief, see themselves as more healthy than they were before the onset of illness. Persons suffering from chronic illness or disability also indicated (60-70%) that they saw themselves as “healthy” in spite of their illness. Most of these people who experienced a chronic or terminal state shared having a “transformational experience of the way they saw the world” (Ornish 1990). Hard “data” from quantitative studies support the position that spiritual powers much beyond the body or mind are instrumental in healing.

In the *Handbook on Religion Studies and Health*, Jeff Levin from the University of Texas cites 120 statistically significant studies that provide data to support the position that spiritual care creates measurable positive outcomes in a variety of disease situations. If in health care we had a medication, that when administered would result in more spontaneous remissions, shorter hospital stays, fewer side effects, and fewer medical complications, we would consider it an ethical issue to withhold or to administer it.

In light of emerging data – is spiritual care an ethical issue?

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Spiritual Care from across
the Regions

We are keenly aware that the old proverb is true:

*"Wherever there is no vision
the people perish".*

Herein is our intention to spell out a renewed vision of Spiritual Care, and to offer some ways of fulfilling that vision.

Mission Statement

The *Spiritual Care Newsletter* articulates, affirms and explores the essential role of spirituality in holistic health and healing.

Intention

This mission is carried out by providing information, fostering collegiality within and amongst disciplines, affirming the provision of professional care, and connecting persons in all regions of Manitoba.

Vision

The **Newsletter** will:

- offer a format which is fluid, organically relevant, and open
- provide a format for the exploration of issues of access and barriers to care for marginalized people and communities
- promote and reclaim the spirituality of wholeness and healing
- include all disciplines
- encourage diverse and complimentary approaches
- dialogue with other fields of *Spiritual Care*: prisons, schools, etc.

Books that Inspire

Standards of Spiritual & Religious Care for Health Services in Canada – 2000

These standards are based on the conviction that spiritual and religious care is essential to sustain and restore the health of individuals and communities. They are aimed at giving spiritual care a visible and integral place in the accreditation processes of the Canadian Council for Health Services Accreditation.

Available from the Canadian Association of Pastoral Practice and Education, 47 Avenue Park Crescent East, Toronto ON M5C 2C3, or at Cappe@ican.net. **Cost \$5**



Healing the Whole Person – 2002

A rationale for spiritual and religious care in the health setting. Available from the CHAC, 1247 Kilborn Place, Ottawa ON K1H 6H9, or at Chac@web.net. **Cost \$5**

Spirituality and Nursing – 2001

Three twenty-minute VHS presentations with discussion guides. Available on loan from Reverend George Neufeld, Manitoba Health, at (204) 786-7146.

Professional Chaplaincy – Its Role and Importance in Health Care – 2001

A North American position developed by the five chaplaincy training associations in Canada and the United States. Available, compliments of the Canadian Association of Pastoral Practice and Education, from Reverend George Neufeld, Manitoba Health, at (204) 786-7146.

NOTE:

Additionally, Faith and Freedom, a journal of progressive religion, published at Manchester College, Oxford England, will be publishing an article by Felicia Urbanski in their Autumn/winter issue. The article is entitled Biomedical Ethics at the end of Life: Ministering to the Concerns of Unitarian Universalists. It explores many facets of medical ethics from a Christian perspective as they pertain to the dying, and critiques some of the assumptions of her faith community's 1988 document, The Right to Die. Copies of the article may be obtained by contacting Ms Urbanski at urbanski@umma.org

For comments or suggestions contact:

Laure Salo, Chaplain, St. Boniface General Hospital (billaure@shaw.ca)

"What is Spiritual Assessment?"

Reverend Glen R. Horst
Coordinator, Pastoral Care Services
Riverview Health Centre

Spiritual assessment is necessary to focus pastoral care. Through spiritual assessment the provider of spiritual care identifies a person's, spiritual and emotional struggles and uncovers the resources the person has for dealing with those struggles. Spiritual assessment leads to an understanding of a person's spiritual needs and points to the options of pastoral care which may be effective.

Spiritual assessment may initially seem quite difficult. It challenges the care provider to move beyond an intuitive feel for the other person to a clearer and more specific understanding of her situation. This understanding is specific enough so that if necessary it can be written in a pastoral note or in the chart of patient or resident.

There are many formats for doing spiritual assessments. Providers of spiritual care need to select one that best serves their situation. At a minimum a spiritual assessment should provide the pastoral caregiver with the following information about a patient or resident: quality of relationship with God, including images of God; strength of support network including past or present relationships with faith communities; dominant feelings about present situation; impact of health crisis or institutionalization, a sense of

meaning and purpose; and sources of courage, hope, and inner strength.

As the above areas are explored the spiritual care provider will attempt to uncover areas of both spiritual strength and weakness in the person. Gradually a picture of spiritual health or spiritual distress will emerge. When spiritual distress is evident, the care provider must identify which of the assessed areas seem most connected to the distress. This enables her/him to focus the spiritual care on those areas in designing a pastoral plan.

Unlike many assessment interviews done in health care settings spiritual assessments are usually best done in an unstructured way. The care provider needs to have items in her mind (like those listed above) that she will explore in her initial conversations with the person being assessed. Usually by the end of a second visit an initial spiritual assessment can be made. While this assessment may change somewhat as the care provider gets to know the person better, it provides a springboard for initial pastoral care efforts.

Spiritual assessments are especially important when a referral has been made to Pastoral Care. A spiritual assessment enables the spiritual care provider to explore

the original reason for the referral and to enlarge her understanding of what is needed in response to it. If the spiritual assessment is written and entered into the patient's chart, the care provider conveys to the rest of the health care team a desire to take referrals seriously and a commitment to making spiritual care an important part of health care.

When a spiritual care provider becomes familiar with spiritual assessment, it becomes a land of sixth sense in all her pastoral encounters. However, a formal assessment will not always be possible. Situations where a pastoral response is urgent, such as support for a family following the death of a patient, require pastoral action that is focused on immediate need.

In such situations it is more important for the spiritual care provider to recognize the immediate need than to do a more general spiritual assessment. Spiritual assessments may also be difficult to complete with residents who have cognitive impairment or severe problems in communicating verbally. Such situations remind us that while spiritual assessments require discipline and commitment they also call for creativity and compassion.



SITES FOR SORE EYES

Translation: Time Savers!

How often have you wondered where a certain piece of information is located, and ended up taking more time than anticipated looking for it while on the internet? Here are some sites to help you stay connected.

Connections and Other Religions
Woman of the Church
Dealing with Grief and Loss
Connection Scholarly Resources
www.rockies.net/~spirit/

Canadian Association of Pastoral Practice and Education
www.cappe.org/education/certif.htm

Wholistic Research
www.wholistichealingresearch.com

For comments or suggestions contact:
 Timothy Fenlon, Chaplain
 St. Boniface General Hospital
 (tfenlon@sbgh.mb.ca)

DEFINITIONS OF SPIRITUALITY

1. A consensus report published last year by the National Institute for Healthcare Research may help standardize spirituality in medical research settings. The criteria included:

The feelings, thoughts, experiences and behaviours that arise from a search for the sacred. The term *search* refers to attempts to identify, articulate, maintain or transform. The term *sacred* refers to a divine being or Ultimate Reality (Ultimate Truth) as perceived by the individual.

2. **From** Healing the Whole Person, A Rationale for Spiritual and Religious Care in the Health Care Setting, **from The Catholic Health Association of Canada:**

Spirituality is concerned with the transcendental, inspiration and existential way a person lives life, and in those matters concerned with the person as a human being. When someone addresses the realities that are connected to inner meaning and searches for their place in the world, they are said to embark on a spiritual journey. For many cultures today, and for many people in past ages, the spiritual dimension is an integral part of life. Although the Western mind can have difficulty reconciling the discoveries of science with the spiritual, many recognize the complementarity of these two world-view

The Story of Ruth

by Joan D. Chittister

With ready wit, the author invites us to reread and explore the challenges of Ruth for insights applicable to our own day and age. Such issues as change, aging, equality, loss and empowerment are teased out from between the lines of this familiar survival story. We are taken through both the geographical and the spiritual journey of Naomi and her daughter-in-law, Ruth. These two women, rather than being simple and compliant survivors in the established system of their day, become daring changers, responsible and astute. Throughout their struggles, they are presented as liberating, creative and yet, realistic. They are steadfast in their fidelity to the Creator-God and remain women of hope.

The artist, John A. Swanson, reflects the traditions of these two women through his simple yet patterned illustration of the book. A beautiful book and profound.

Reviewed by Sister Monica Papiz

Spirituality and Alzheimer's Disease

Over the years, I have had considerable opportunity to work with persons with Alzheimer's Disease. This is a disease to which many people are increasingly giving attention and it seems that everyone knows someone who has Alzheimer Disease. Part of the difficulty with Alzheimer Disease is lack of knowledge as it relates to spirit.

Clergy are beginning to realize that this is an area of the population that needs ministry, whether in their own homes, in church or in the community, if they are still able to live in that familiar setting, or in personal care homes. Some clergy, however, often feel ill-equipped to face the specific needs of those living with this disease. Sadly, as a result, these clergy may then simply stay away, sometimes out of feelings of inadequacy, sometimes out of fear of the disease. Others, in an effort to maintain spiritual care, bring out of their training that which they hope will provide comfort, but are not certain their offerings are bearing fruit.

Lack of knowledge regarding Alzheimer Disease and its effect on the spirit is also an issue for family. I have consistently been told by family members and friends that there is no point taking their loved one living with Alzheimer Disease to church anymore, because "they get nothing out of it." I have been told by community clergy that they do not feel there is any way to minister to those with this disease, because they cannot follow sermons or Bible studies. I have heard a seminary professor, with a degree in pastoral counseling, question whether his father with Alzheimer Disease still has a soul. I have heard health care professionals state to each other that if they begin to develop Alzheimer Disease, they would like someone to take them out to the back and shoot them.

At the core of these and other similar sentiments lies what is for me a terrifying sentiment about this segment of our population. It is a sentiment also reflected in attitudes to other disenfranchised or marginalised groups within our society, such as those with handicaps (whether physical, emotional, or mental). It is a sentiment which suggests that these persons with Alzheimer Disease, with limited cognitive/rational abilities, are somehow not only less able to be in relation to God, but are somehow really less than human.

A core theological issue is at stake here, I believe. Without this issue being resolved, or at least pondered, this disease and its implications for soul and spirituality cannot be understood. The core theological issue is this: does Divine-human relationship depend upon the cognitive ability of a person to intellectually understand about God, or does this relationship depend upon the Grace of God being extended to souls at the initiative of God? I would argue for the latter position. Even with rational/cognitive abilities stripped away, the soul continues to reside in the person with Alzheimer Disease, if we understand soul in holistic terms, as I believe we must.

To carry the point further, Alzheimer Disease, in even its most severe forms, does not set its victim apart from those of us without the disease except in terms of degrees and nature of impairments. We are all, in fact, impaired. Is the person with Alzheimer Disease further removed from God because of his/her disease, which s/he did not choose, than is a "fully" cognitive and rational person who deliberately chooses to inflict injustice upon another, or the corrupt businessman, or a person full of hubris? I would argue that in many cases the person with Alzheimer Disease has a more healthy soul and spirit than do others who are not so afflicted.

I have learned much from the persons with whom I work who are living with Alzheimer Disease. I often see in them the Living God-Spirit I believe that despite their life situation, persons living with this disease not only are fully human and not only continue to have soul, but that they are souls who can continue to learn and grow spiritually in relation to God, themselves, others, and creation, until they take their last breath. It is incumbent upon caregivers, including clergy and chaplains, to learn about the nature of the disease and its spirituality. Out of this, as especially non-cognitive based methods of bringing spiritual well-being are explored and employed, we will discover a spiritual richness in these souls. As we journey with them, we will find they continue to teach us about Grace. Then this mutual journey becomes a precious thing.

For comments or suggestions, contact:

Rev. John Lenshyn, Pastoral Care Coordinator
Fred Douglas Society, at jlenshyn@mb.sympatico.ca

HOPE AND HEALING

The elderly apostle John wrote, "I hope that you may enjoy good health and that all may go well with you, even as your soul is getting along well."

All people, in their own way, search for the meaning and purpose for their life. They seek to identify ultimate values and determine that which is holy and sacred. We desire to live in relation to the divine and transcendent Being. The apostle John reminds us that we are able to have spiritual health, even though we may not have health in other areas of life. It is always heartwarming when I discover people with mental illness who have a vibrant spiritual quality to life.

People with mental illness and their families have a more urgent need to discover answers that are spiritual. They yearn to hear that mental illness is not a sign of spiritual failure. Mental illness is often an occasion for spiritual growth and healing, and those diagnosed with mental illness often have a healthy spirituality.

Achieving spiritual health in the midst of one's struggles with mental illness is both very difficult but also profoundly rewarding. Some people with schizophrenia speak of the difficulty of discerning the voice of God when their mind is bombarded by strange, unwelcome and overwhelming voices. Our experience of the divine is best described as a relationship, but this relationship like all others is rendered more difficult by our lack of ability to focus on anything but our own immediate existence. Some people, as a result of their mental illness, find themselves struggling with feelings of shame, stigma, low self esteem, paranoia or guilt; all of which impede upon one's ability to nurture relationships. We project onto our relationship with God the

experiences we have with other people.

Others find the issues of theodicy, how can a loving God allow such suffering, a huge hurdle to overcome. Religious communities have also compounded the problem by reasoning that the mentally ill have brought the illness on themselves through some secret and unconfessed behaviour. The mentally ill find their spiritual struggles complicated by deep-seated fears of being judged and rejected by their faith community. But these struggles only create a deeper desire for the true spiritual life.

Dr. Coni Kalinowsky, a psychiatrist, says that for many people, the crisis of mental illness is a 'breakthrough' rather than a 'breakdown'. Illness is a powerful reminder that our life is more than the components of our biological systems and that we must look beyond ourselves for meaning in our life. Illness becomes the context within which we open ourselves to the presence and power of the Divine, and experience a life-giving transformation. It sounds paradoxical, but various people have expressed gratitude for their depression, because they have been transformed as they work through their depression. I treasure the times when the mentally ill have shared their faith journey with me.

For comments or suggestions:

Lorne Friesen, Director of Pastoral Care
Eden Mental Health Centre, Winkler MB

PASTORAL EDUCATION

The Extended Units of Clinical Pastoral Education at Dauphin, at the Northwestern Ontario Pastoral Institute (St. Joseph's) in Thunder Bay, and at Headingley Correctional Institution, St. Boniface Hospital and Bethania/Concordia/Donwood in Winnipeg, have been completed.

The Unit for Aboriginal students at Health Sciences Centre also concluded in June, along with The Residency Program at Riverview Health Centre in Winnipeg.

Currently, there are extended units offered at HSC, Concordia, Headingley and St. Boniface. A Residency Program through Riverview Health Centre, is in process. A second extended unit will be offered at Concordia in February 2003.

Aboriginal Traditional Wellness Clinic At Health Science Centre, Spiritual Care Dept.

The Aboriginal Traditional Wellness Clinic (ATWC) provides Aboriginal patients the option to choose the addition of Aboriginal approaches to healing in the course of treatment. This program provides leadership and hospital-wide education in the areas of holistic care and Aboriginal cultural care, enhancing cultural sensitivity, community relationships, quality of care for Aboriginal patients and improved communication.

At the clinic an Aboriginal Traditional Healer and Traditional Healer's Assistant will assess and treat Aboriginal patients through a variety of traditional healing approaches. Traditional forms of prayer, counseling, and spiritual ceremonies for healing will form the bulk of the services offered. Additional forms of Aboriginal medicine will be provided with great discretion, patient education, care-team communication, and legal consideration.

UPCOMING EVENTS

Growing through Loss

Your Journey from Mourning to Sunrise

The program '*Growing through Loss*' written by Jean Monbourquette, is a Christian based Canadian series of seminars developed for grief support groups. All denominations welcome.

Thursdays – Sept. 19 to Nov. 7
7:00 to 9:00 pm

St. Michaels Roman Catholic Church, Gimli

For information call:

Sister Cathy: 642-5040

Margaret: 642-5266

or Brenda: 642-6612

Provincial Health Care Conference

October 9 – 10, 2002

For information see:

www.bowering.com

E-mail : mail@bowering.com

Or call: 958-7540

Suicide Worskshop

Reweaving the Web

November 5 – 7, 2002

For more information call:

Donna: 784-4073

The Catholic Health Association of Manitoba 59th Annual Conference

Faith Based Health Care:

It Does Make a Difference

Merging your faith and work in today's environment – In a society that is increasingly secular in nature, people of faith have a vital calling. For us, work in health care can no longer be just a job, it is a vocation through which we express the love of Christ to those who are in need. In this talk, we will address the nature of the calling and ways in which it can be expressed.

November 7, 2002

Norwood Hotel

For more information call:

(204) 235-3106

South Western Capter of Compassionate Friends

March 22-25, 2003

For more information call:

1-(204)-727-1823

If you are aware of any upcoming event,
please contact Laure, at (204) 254-7958 or by e-
mail at billaure@shaw.ca

DOES PRAYER MAKE A DIFFERENCE?

Recently Larry Dossey, a doctor renowned for his writings on the connection between spirituality and medicine, was in Winnipeg to share his views. His words were comforting and encouraging for those who know that spirituality and prayer play a big part in physical, emotional and spiritual well-being. They were also surprising and challenging for those who may have thought that there was no credible research that shows the effect of prayer and spiritual support.

Dossey's best known work concerns the research showing that prayer has real and important effects on the health outcomes. (Healing Words, 1993) In that book he describes the study of Randolph Byrd who looked at 393 patients admitted to a coronary care unit over the course of a year. Unknown both to the patients and their medical care givers, (a classic double blind study design) half were randomly assigned to a group who were being prayed for by groups outside the hospital, and the other half were not being prayed for.

Both groups received identical medical treatment. The study showed that being prayed for, even if you were unaware of it, made statistically significant improvements in one's health. The *prayed for* group were 5 times less likely to need antibiotics, and three times less likely to develop respiratory complications. Twelve in the *unprayed for* group had to be put on a mechanical ventilator while none in the *prayed for* group required this.

This study caused quite a stir in the medical community and there were many questions about the research design. Replication studies though have found similar results. A smaller study of 40 AIDS patients and the effects of distant healing showed that after 6 months, individuals receiving intercessory prayers for healing at a distance had fewer new illnesses, less physician visits, fewer hospitalizations, shorter length of stays when in a hospital, lower scores on illness severity and

improved mood scores, than the group which did not have these prayers. (Sicher et al.1998)

In 1999, Harris et. Al., made improvements in the study design and in his population of nearly 1000 Patients in coronary care found that the *prayed for* group did about 10% better than the *un-prayed for* group. Last year, Jennifer Aviles et.al., at the Mayo Clinic, reported a study of nearly 800 patients. This study found a trend toward better results in the prayed for group, but results did not reach statistical significance.

Each of these studies attempted to improve and refine the research design, but admit that there are some things that cannot be changed or measured It is impossible to rule out variables such as "outside" prayer by family friends and churches. How does one quantify the "dose" of prayer? Are some people better, or more effective prayers than others? Future studies may bring further clarity, and welcome "evidence based outcomes" but we may have to live with a bit of mystery about the inner working of prayer.

Next time : Research on Spirituality and Mental Health.

References:

- Aviles, Jennifer et. Al. "Intercessory prayer and Cardiovascular Disease Progression in a Coronary Care Unit Population: A Randomized Controlled Trial" Mayo Clinic Proceedings, 2001;76:1192-1198.
- Byrd, Randolph, }Positive Therapeutic Effects of Intercessory Prayer in a Coronary Care Unit" Southern Medical Journal, 81: 7. 1988.
- Harris, William., et al. "A Randomized, Controlled Trial of the Effects of Remote, Intercessory Prayer on Outcomes in Patients Admitted to the Coronary Unit" Archives of Internal Medicine: 159; Oct, 1999
- Sicher, F., et al. "A Randomized Double Blind Study of the Effect of Distant Healing in a Population With Advanced AIDS: Report of a Small Scale Study" Western Journal of Medicine. 1998; 169.

New Lay-Minister Category Includes Nurses

Parish nursing could not have arrived at a more timely moment. The United Church's last General Council, recognizing the spiritual strength and skills of laity who work for the church gave them a new name: Designated Lay Ministers.

The parish nurse turns out to be a prime example of this expanded understanding. "I am really proud and excited that the United Church is taking steps for this new form of Ministry to be fostered," says Gail Brimbecom, incoming chair of the Canadian Association for Parish Nursing Ministry, and parish nurse at Westminister United, Whitby, Ontario. "It's the first denomination to do that."

Questions come with it, of course: will parish nurses be staff associates, for instance, or a whole new designation that recognizes the unique way they bridge medicine and religion? Will they have to belong to the United Church or could they simply belong to any church? What

theology courses will the church require? What

kind of pay scale is appropriate?

A proposal spelling these things out is making its way to the next General Council in 2003. Brimbecom, in the meantime, is unworried: "These things are important, but they will follow" if the church is open to the holistic vision parish nurses symbolize. She cites the assurance in A new Creed, that God is always making new, "who works in us and others/by the Spirit."

In her eyes the church now has a fresh chance to build on the health-giving role it already has, "the healing moments in the liturgy and hymns." Parish nursing, she says, can bring "the physical" into the faith community, where we are beginning to better understand the spiritual aspects of healing.

Reprinted with permission, from the United Church Observer, June 2002.

FACULTY OF THEOLOGY - University of Winnipeg

The University of Winnipeg provides programs leading to either certificates or degrees, in the disciplines of Spirituality, Pastoral Care, as well as conventional theological areas. Enquiries from all faith traditions are encouraged, at (204) 786-9857.

Current Course Opportunities include:

Fall Session:

Pastoral Care in an Aging Society (Instructor: John Lenshyn)

Pastoral Care in Relation to Death in a Family (Instructor: Neal Rose)

Winter Session:

Supervised Experience/Parish Nursing Practicum (Instructor: Angela Cook)

Ethical Methodologies and Ministry (Instructor: Glen Horst)



A Short Directory of Who's Who in the Manitoba Spiritual Care Community

FACILITY	NAME	PHONE	FAX
1. Health Sciences Centre (WRHA)	Rev. Jonathan H. Ellerby	926-7040	787-1517
2. St. Boniface Hospital	Fr. Tim Frymire	235-3286	235-3528
3. Grace General Hospital	Mjr. Catherine McFarlane	837-0515	831-0029
4. Seven Oaks General Hospital	Rev. Doug Longstaffe	632-3596	697-2106
5. Victoria General Hospital	Rev. Ron Long	477-3216	269-5425
6. Misericordia Health Centre	Fr. Vince Herner	788-8285	772-4304
7. Concordia General Hospital	Rev. Rosalie Loeppky	667-1560	669-2110
8. Riverview Health Centre	Rev. Glenn Horst	478-6281	478-6122
9. Deer Lodge Centre	Canon Barbara Barnett	831-2592	895-3217
10. Brandon Regional Health Centre	Rev. John Wilderspin	726-2054	729-9973
11. Eden Mental Health Centre	Rev. Lorne Friesen	325-4325	325-8429
12. Selkirk Mental Health Centre	Rev. Mary Holmen	482-1607	785-8936
13. Ste. Rose du Lac	Chaplain Judy Saquet-Warrener	447-2181	447-2250
14. The Pas - Health Complex	Chaplain Lydia Constant		
	Fr. James Ravenscroft	623-8231	623-5372
15. Foyer Valade	Chaplain Aline Catnoir	254-3332	254-0329
16. Fred Douglas Society	Rev. John Lenshyn	586-8541	589-0110
17. Golden West Centennial Lodge	Mjr. Daphne Maye	888-3311	831-0544
18. Meadowood Manor	Rev. Ed Hamm	256-1610	254-5402
19. Middle Church Home	Rev. Lynne Austin	339-1947	334-2503
20. Sharon Home	Rabbi Neil Rose	586-9781	589-7560
21 Tache Nursing Home	Chaplain Helen Torchia	233-3692	233-6803
22. West Park Manor	Chaplain Ken Perry	889-3330	832-9555
23. Park Manor	Chaplain John Diamond	222-3251	222-3237
24. Calvary Place	Rev. Henry Schulz	943-4424	783-7524
25. Dinsdale Home	Capt. Sherri Williams	727-3636	727-2103
26. Sara Riel, Inc.	Chaplain Marline Wruck	237-9263	233-2564
27. Holy Family Nursing Home	Sr. Monica Papiz	589-7381	589-8605
28. Bethesda Health Centre	Rev. Larry Hirst	346-5166	326-3521

SPIRITUAL CARE AT THE RHA'S

SPIRITUAL CARE IN THE RHA'S

The summaries below are an attempt to share what spiritual care is available in the Regions, what issues are being addressed by the Regional committees, as well as an attempt to give some vision of the future. For more information feel free to contact the persons listed below:

1. BURNTWOOD

The challenge in the Thompson Spiritual Care Community is meeting the needs of an increasing Aboriginal population in the hospital. Patients come from many different faith perspectives therefore sensitivity and understanding is needed of the Spiritual Care Providers.

RHA Contact Person: Ed Azure 1-204-677-5390

Thompson Christian Council : Rev Leslie King 1-204-677-4495

2. WINNIPEG

A Strong Spiritual Care Advisory Committee was formed in 1999. They are developing and have sent forward to the WRHA a number of proposals. Among these are: A Residency CPE training program, a lay training program for volunteers, Home Care chaplaincy, Spiritual Care in Specialized Centres (Riverview, Mental Health, CancerCare) and concerns re: Spiritual Care in Personal Care Homes. They have an active committee working with the WRHA on Personal Health Information Act (PHIA) issues with regards to clergy access to hospitals. Winnipeg has a total of 63 full-time and part-time Spiritual Care providers.

Contacts: (RHA) Terry Goertzen 1-204-926-7004

(SCAC) Rev. Doug Longstaffe 1-204-632-3596 or dougl@sogh.winnipeg.mb.ca

3. CHURCHILL

Churchill ministerial members respond to individual needs of parishioners. Most of the Inuit identify either with the Catholic or Anglican tradition and have a good relationship with the clergy of those denominations. There is a need for ongoing education for clergy and lay spiritual care providers.

Contacts: (RHA) Linda Cook 1-204-675-8352

Rev. David Caskey 1-204-675-2264

4. INTERLAKE

The Interlake Spiritual Care Advisory Committee has completed the survey of all hospitals and Personal Care homes, and is in the process of establishing priorities for action. Our major focus includes establishing protocols, policies, and procedures for doing spiritual care in the facilities

RHA and Spiritual Care Advisory Committee Contacts:

Pat Tarnapolski 1-204-765-5162 or ptarnopolski@irha.mb.ca

SELKIRK MENTAL HEALTH CENTRE

The Spiritual Care Advisory Committee at the Selkirk Mental Health Centre is conducting a spiritual care program assessment, with input from staff, patients, family members, volunteers and community faith group leaders. We expect that this assessment will help identify priorities in spiritual care, as well as any gaps in this service. An unused dormitory in the Reception building has been renovated and developed into a Spiritual Care Centre. complete with murals by a Selkirk artist depicting Inuit and Aboriginal themes. It was dedicated on June 20th, in conjunction with our Aboriginal day celebrations, and will be used for

worship services, Aboriginal crafts and aboriginal programs such as sharing circles. Other program staff use it for relaxation groups that promote wellness of body, mind and spirit. The smaller chapel is in use as a meditation/quiet room and for smudging.

Contact Persons: Rev. Mary Holmen 204-482-3810[382] or mholmen@gov.mb.ca
Elder Ernest Daniels 204-482-3810 [344] or edaniels@gov.mb.ca

5. SOUTH EASTMAN

The last year has seen advancements of Spiritual care in this region. Bethesda Hospital and Place have a full time chaplain sponsored by the community through the Steinbach Ministerial Association. Resthaven Personal Care Home has a newly sponsored chaplain, Rev. Mary Dyck and the Grunthal Menno Home for the Aged has a part time sponsored chaplain, Rev. Abe Thiessen.

Bethesda's chaplain has been active regionally on a number of occasions assisting Ann Plett, the Regional Palliative Care coordinator in the Spiritual component of palliative care with both the palliative care volunteers and the community care Health Care Assistants. Chaplain Larry Hirst has also begun working with the Steinbach Community Cancer Program staff to enhance the spiritual dimensions of care for cancer patients and their families as well as to offer support and education for the program and staff as a whole.

Contact:

Ken Werch 1-204-424-6025
Ann Plett 1-204-433-7636
Rev. Larry Hirst 1-204-346-5166 lhirst@sehealth.mb.ca Fx 326-6931
Rev. Mary Dyck 1-204-326-2206 mdyck@sehealth.mb.ca Fx 326-3521
Rev. Abe thiessen 1-204-434-9131 Fx 434-9131

6. PARKLAND

Parkland has completed an Extended Clinical Pastoral Education Unit in April of this year. The course was supervised by Rev. George Neufeld, Provincial Coordinator of Spiritual Care and he was assisted by Rev. Margaret McCallum, pastor of the Roblin United Church. Four students from a variety of faith traditions participated and benefited from the course.

The Spiritual Advisory Committee proposed to the Parkland RHA board that this education effort together with a lay pastoral care course be planned for the coming year. The board ratified this proposal and is supplying budgetary monies for the CPE course. The hospital at Ste. Rose du Lac has hired a new Spiritual Care Provider, Ms Judy Warner, who replaces Elvira Brunele, the chaplain of many years.

Contact: (RHA) Mavis Wood 1-204-622-6230
Msgr. Micahel Boyachok 1-204-638-4618

7. BRANDON

With the assistance of the Brandon Ministerial Association, and the support of Ms Helga Bryant, Vice-president of Acute Care & Diagnostic Imaging, the Programs Committee of the Brandon RHA approved the creation of the Brandon RHA's Spiritual Care Advisory Committee. Terms of reference indicated that membership would be drawn from the Brandon Ministerial Association, rural ministerial associations and members of the First Nations Communities. A mission and vision statement is being developed. Dialogue on how the needs of the First Nations can be addressed has already commenced.

Contacts: Kathy McPhail 1-204-726-219 kmcphail@brandonrha.mb.ca
Maggie Ramsay 1-204-726-2319 ramsaym@brandonrha.mb.ca
Rev. John Wilderspin 1-204-726-2054 wilderspinj@brandonrha.mb.ca
Rev. Deacon John McKenzie 1-204-727-4728

8. NORTH EASTMAN

The North Eastman Health Association's (NEHA's) Spiritual Advisory Committee has emerged from a initial period of preparation and policy writing to begin dealing with the practical process of ensuring that Spiritual care is a regular component of health care in the region. In November 2001 we had a very well attended orientation session for the volunteers who are presently providing spiritual care in the various facilities.

An education event, "The Body and Soul-A Spiritual Experience", was held in March. Participation was open to NEHA staff and volunteers and was jointly sponsored by NEHA and the community pastoral care volunteers from Pinawa. An almost equal number of volunteers and paid staff attended—eighty in total. This was an encouraging sign in a predominantly rural area that depends on a healthy working relationship between volunteers and paid staff. We are looking forward to continued development in the year to come

Contact: Lorraine Dent 1-204-268-7400 or ldent@neha.mb.ca
Robert Murray 1-204-753-8439 or pcf@granite.mb.ca

9. MARQUETTE

The Marquette RHA consists of a number of small communities, the largest numbering less than 4000 souls. This makes for a variety of local approaches to Spiritual Care in our many community facilities. One recent development in the Neepawa hospital is the involvement of the Salvation Army. For almost 100 years. Neepawa has had a corps or congregation, of the Army. In the late 90's the corps closed leaving only a thrift store and a family services worker in place. Neepawa is at the junction of 2 major highways and has the largest Health Care Centre in the RHA. These highways particularly the Yellowhead see a significant number of motor vehicle accidents each year. Some of them fatal. Out of this situation came a perceived need and proposal to both the hospital and to the area Ministerial association, which provides chaplaincy there, that the Salvation Army would provide a meal and overnight accommodation to those who may have loved ones in the hospital for overnight stay, observation or treatment following the motor vehicle accident.

Both the hospital and Ministerial association responded enthusiastically to the proposal, and local hoteliers and restaurants were also quite supportive when approached. The effect of this policy will be to encourage the hospital staff to use the Spiritual Care Services available to families who are affected by accidents; and in turn it will allow the chaplains to offer care for persons in emotional and physical turmoil.

Contact: Pat Cockburn 1-204-759-4507
Rev. Joe Ball 1-204-476-5881
Rev. Dan Peterson (Covenant)
Rev. Shawn Ankerman, (U.C) Minnedosa

10. SOUTH WESTMAN

The regional Spiritual and Religious Care Advisory committee has been established. The committee meets quarterly and is made up of clergy from various denominations, and multidisciplinary health care providers. The committee has developed a Spiritual and Religious Care Program with an overall goal to integrate spirituality within the health care system through the development of consistent standards, and to maintain a highly professional level of spiritual care in the facilities. The program is currently being piloted at three sites within the Region, with full implementation planned for October 2001.

Contact: Ms. Lori Jones 1-204-522 8177 [251] or lorij@swrha.ca FX 1-204-522-3161

11. CENTRAL

The Spiritual Care Advisory Committee (SCAC) in the Central Manitoba region has been meeting monthly since January 2001. SCAC is comprised of a group of volunteers from the region who come from a diverse set of cultural, religious and professional backgrounds. To date, we have re-written our definition of what spiritual care looks like in our region in order to reflect the spiritual needs of all peoples. We have spent an enormous amount of time reflecting on the current PHIA and FIPPA legislation, and the concerns raised by spiritual care providers in our region. In the Fall 2001, we sent out a letter to all spiritual care providers in our region thoroughly explaining some of the implications of these pieces of legislation upon both those who provide and receive pastoral care. Our region is geographically large and diverse, thus our committee members felt the need to establish a thorough contact list of spiritual care providers in the region which is revised continuously.

We have recently completed an analysis of how spiritual care is provided in each of the Health Care Facilities in our region, which assessed everything from palliation to educational activities in spiritual care. We hope to summarize the many responses into a formal needs assessment package. Currently, we are working on writing standards for spiritual and religious care in our region using the most recent CAPPE standards as a guideline. We also hope to give attention to National Pastoral Care Week in our region and organize an event to correspond to the national dates.

Contact: Neil Walker 1-204-239-0418
Etta Mc Fadden 1-204-331-2155
Rev. Leslie Calder 1-204-324-6741

Chaplains: Rev. Peter Bartel 1-204-324-5833 phbart@mb.sympatico.ca
Rev. Lorne Friesen 1-204-325-4325 Eden MH Centre
Rev. Morris, Vincent Tabor Home 1-204-822-5626
Rev. Ron Siemans, MB Development Centre Portage

12. NOR-MAN

The Nor-Man region has a joint advisory committee with two committees located in Flin Flon and The Pas. In Flin Flon denominational clergy respond to calls and the Anglican church has a tradition of providing pastoral care to those who do not have a direct faith community connection but request a chaplain.

In The Pas, the Spiritual Care Advisory Committee, which is a sub-committee of the ministerial, meets twice a month and are presently developing policies and procedures for traditional Aboriginal worship and ceremonies. A new office space for chaplains and community clergy is being developed on the 4th floor which indicates a growing acceptance of the presence of spiritual care. In order to facilitate staff/clergy relationships and develop respect and collegiality, a monthly "Come and Go" tea is being planned.

Flin Flon Contact: Rev. Harry Rose 1-204-687-7615

The Pas Contacts: (RHA) Pat Bilquist 1-204-687-1306
Fr. James Ravinscroft & Sr. Helen 623- 2938
Rev. Lydia Constant [chaplain]

SCN

The *Spiritual Care Newsletter* is developed by a committee of community spiritual care advisors, including:

Paul Campbell
786-9857

Tim Frymire
235-3286

Timothy Fenelon
237-2356

Laure Salo
237-2356

Harry Ritchie
661-7402

Richard Dearing
786-9252

Jonathan Ellerby
926-7040

John Lenshyn
586-8541

Marline Wruck
237-9263

George Neufeld
786-7146

With comments, contact:

Reverend George Neufeld
Provincial Coordinator
Manitoba Health
2051— 300 Carlton Street
Winnipeg MB R3B 3M9

Telephone: (204) 786-7146
Facsimile: (204) 772-2943
E-mail: geneufeld@gov.mb.ca

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