

# Health Care Chaplains

AHPCC  
CHCC  
SACH

Code of Conduct

2<sup>nd</sup> edition  
**2005**

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## **Foreword**

This Code has been endorsed by all three of the UK professional bodies for health care chaplains. It represents a major step forward in the development of the profession, and provides a basis for greater confidence in the care we give. Together we commend it to patients, staff and chaplains as a document of reference for the best practice of contemporary health care chaplaincy.

*Chair AHPCC*

*President CHCC*

*President SACH*

# 1 Introduction

## 1.1 Applicability of the Code

The Code applies to all chaplains who are members of one of the professional associations: The Association of Hospice and Palliative Care Chaplains (AHPCC), The College of Health Care Chaplains (CHCC) and the Scottish Association of Chaplains in Healthcare (SACH). The Code may also be adopted as a best practice guide for chaplains, volunteers, students, visiting ministers of religion and representatives of faith groups or communities who are not members of a professional association.

## 1.2 Scope of the Code

The Code sets out the professional standards of conduct expected of chaplains by the AHPCC, CHCC and SACH. It does not define minimum expected standards of competence or care. The Code complements the policies and rules of employing health bodies, which apply to all staff, and usually cover issues such as absence, timekeeping and holiday arrangements, health and safety, discrimination, bullying and harassment. In addition the Code can be used:

- as the basis for education programmes for chaplains and to support good practice;
- as a document to reassure the public that chaplains practice within a framework of professional standards and accountability;
- as a framework for analysing concerns and defining problems about a chaplain's conduct.

The Code describes the standards of chaplains in relationship to those in their care. Chaplains have a duty of care towards service users of their employing health body: patients, their visitors, staff, volunteers, and other members of the public who have relevant business with the health body.

### **1.3 An ethical basis for the Code**

Chaplains are concerned with the spiritual wellbeing of persons, and because persons have a significant moral status there are ethical obligations involved in the way chaplains behave towards them. These obligations prohibit harm and promote the good of the person. In addition to these general moral claims there are more particular obligations derived from the context and role of the chaplain. The context of healthcare is one in which people are often vulnerable, diminished and in need of support. Within this context chaplains are required to attend to fragile, intimate and sacred aspects of people's lives. Together these factors generate more particular ethical obligations that guide the conduct of chaplains and define limits on the relationships that they have with those in their care. Establishing appropriate boundaries fosters trust, helps to clarify ethical actions and enables the relationships involved in spiritual care to function effectively <sup>1</sup>.

The care that chaplains offer usually proceeds without any explicit agreement, it takes place wherever there is need and it is often unplanned. In a caring relationship there is also a possibility that attempting to do good may result in a degree of harm, and that in helping someone a chaplain may be fulfilling a personal need. Therefore in deciding what to do in any particular situation chaplains need to be able to exercise ethical reasoning and deliberation in order to justify their actions. The Code cannot be a substitute for reflective and ethically disciplined practice, continuing learning and development, and regular supervision.

## 2 General conduct of chaplains

Health care chaplains are responsible for their personal and professional conduct and must be able to justify their actions and practice to those in their care and to colleagues. In particular chaplains must:

- act at all times in ways that promote trust and confidence in their profession;
- act at all times to promote and safeguard the interests and well being of those in their care;
- affirm the equal dignity and worth of those in their care;
- act with integrity and with due respect for diversity and differences including, but not limited to ethnicity, gender, sexual orientation, age, disability, religion and spirituality;
- respect the right of each faith group to hold their own values, traditions, beliefs and practices;
- maintain good standing in their own faith community if appointed on that basis;
- ensure that their conduct, dress and personal appearance is consistent with their profession and appropriate to the setting in which they work.

## 3 Relationships between chaplains and those in their care

Relationships established by chaplains with those in their care have the capacity to be nurturing and healing, but they also have the potential to be damaging and destructive. An important reason for this is the intrinsic imbalance of power in the relationship. Chaplains must therefore exercise their power with sensitivity, discernment and within ethical boundaries. The only appropriate relationship between chaplains and those in their care is a professional relationship committed to promoting the spiritual good and best interests of particular individuals. Moving the focus away from meeting the needs of those in their care towards meeting the chaplain's own needs is unprofessional and an abuse of power.

### 3.1 Maintaining Trust

Spiritual care is both a privilege and a responsibility and chaplains need to establish boundaries that enable trust and safeguard ethical relationships with those in their care. In particular chaplains must:

- behave in ways that honour the dignity and value of those in their care;
- ensure that no action or omission on their part and within their sphere of responsibility could be detrimental to the wellbeing of those in their care;
- understand the limits of professional discretion and respect the trust established with those in their care;
- respect the autonomy of those in their care including the freedom to make decisions contrary to the beliefs, practices or opinions of the chaplain;
- recognise and act within the limits of their competence;
- maintain clear boundaries in the areas of self-disclosure, intimacy and sexuality;
- avoid any conflicts of interest but in the event that a chaplain has to withdraw on the grounds of conscience, faith or ethical principles, endeavour to refer to another chaplain and facilitate the transfer and continuity of care.

## 3.2 Respecting Confidentiality

Confidentiality is an expression of trust that enables vulnerable people to seek help from strangers at a time of need and to talk about personal, private and secret matters relevant to their spiritual health and wellbeing. Spiritual care cannot be provided without access to confidential information. Chaplains must therefore respect and promote confidences, and in particular they must:

- respect the right of individuals to control access to their own personal information and to limit its disclosure;
- establish the boundaries of confidentiality with those in their care and respect as far as possible the limitations of disclosure that an individual can reasonably expect or request;
- treat information about those in their care as confidential and use it only for the purposes for which it was given;
- guard against breaches of confidentiality by protecting information from improper disclosure at all times;
- ensure that confidential information is not disclosed to a third party unless there are clear grounds for disclosure including: (1) the consent of the individual; (2) the public interest, particularly where there is a risk of harm; (3) and in accordance with an order of a court or other public body that has jurisdiction <sup>2</sup>;
- discuss with those in their care reasons why disclosing confidential information to other chaplains or members of the healthcare team may be beneficial to providing good care;
- only disclose confidential information about those in their care who are not capable of consent (for example because they are unconscious) on the grounds of necessity if it is clearly in the individual's interest and the disclosure is not contrary to the individual's known values and beliefs;
- uphold the absolute confidentiality of information disclosed within a formal act of confession that has been requested by the individual and takes place in certain faith traditions under a mutually understood 'seal of the confessional' <sup>3</sup>.



### **3.3 Abuse**

Abuse is a violation of an individual's human and civil rights by any other person or persons <sup>4</sup>. It is behaviour that is a clear breach of the ethical conduct required of chaplains. It can result from a misuse of power or a betrayal of trust, respect or intimacy which causes harm or exploitation. It can be caused by purposeful or negligent actions as well as a failure to act where a duty exists. The main forms of abuse include spiritual, physical, psychological, verbal, sexual, and financial:

- Spiritual abuse is the imposition of a chaplain's values and beliefs on those in their care, proselytism, and a failure to respect their spiritual interests;
- Physical abuse is any form of physical contact or neglect which is likely to cause distress, pain or bodily harm;
- Psychological abuse is behaviour by a chaplain which is exploitative, manipulative, coercive or intimidating;
- Verbal abuse is spoken remarks by a chaplain which are disrespectful, humiliating, intimidating or harmful to those in a chaplain's care;
- Sexual abuse is forcing, coercing or inducing any person in the care of the chaplain to establish or pursue a sexual or improper emotional relationship.
- Financial or material abuse is the misappropriation of a person's money or assets by a chaplain through fraud or deception; or a chaplain's misuse of a person's assets or money while having a legitimate access to them <sup>5</sup>.

### **3.4 The use of Touch**

Touch is a basic human gesture and physical contact is an integral part of healthcare. Touch conveys to many people reassurance, care and concern and it can be a valuable expression of a supportive or therapeutic relationship. But touch is not value-free, it is conditioned by social and cultural norms and it can convey powerful signals. Therefore touch may be perceived as threatening or manipulative, it could be physically painful and it can be a form of abuse. In the health care context the use of touch must also be evaluated in relationship to hand hygiene and precautions required for infection control.

Chaplains use touch informally as a gesture of care and formally within rituals to signify beliefs and theological actions. However, because the use of touch can be misunderstood or misinterpreted, or it may be unwanted, particular sensitivity should be exercised and assumptions about gender and personal space carefully considered. If in any doubt as to whether touch may be acceptable, permission should be obtained. The use of ritual that involves touch should be carefully explained and permission obtained. Where an individual does not have the capacity to consent a chaplain may act on the grounds of necessity if it is clearly in the individual's interest and it is not contrary to the individual's known values and beliefs; or in the case of a minor lacking capacity, is not contrary to the wishes of someone with parental responsibility.

## 4 Working with colleagues

Providing spiritual care cannot be accomplished by working in isolation and chaplains must be able to work effectively with other chaplains, health and social care professionals, ministers of religion and representatives of faith groups or communities. In particular chaplains must:

- respect the skills, contributions and integrity of colleagues;
- work in a collaborative and co-operative manner with colleagues and communicate effectively with them within the limits of confidentiality;
- participate in the work of multidisciplinary teams they are members of and respect their confidentiality <sup>6</sup>;
- ensure there is a formal handover of continuing care of patients to another colleague at the end of a shift or commencement of leave;
- work within professional protocols when receiving or initiating referrals and liaising with colleagues outside of the employing health body;
- challenge colleagues who appear to have behaved unethically or in contravention of this Code. In addition be prepared to bring concerns of misconduct to those charged with responsibility for colleagues.

## 5 Probity in professional practice

The office of a chaplain requires the highest standards of moral integrity and honesty. In particular chaplains must:

- be honest and accurate in representing their professional affiliations, qualifications, and experience, and not make unjustifiable claims about their competence;
- distinguish between pastoral care and formal counselling and ensure that those in their care understand the form of support being offered;
- refrain from encouraging those in their care to give, lend or bequeath money or gifts which will be of a direct or indirect benefit, or put pressure on those in their care to make donations;
- manage any finances for which they are responsible with diligence and for the purpose for which they are intended;
- declare any commercial involvement that might cause a conflict of interest;
- only conduct or participate in research that fulfils the requirements of research governance;
- demonstrate honesty and objectivity when providing references for colleagues or completing and signing forms. Chaplains must take reasonable steps to verify any statement before they sign a document, and they must not write or sign documents which are false or misleading.

## 6 Dealing with misconduct

There is a wide range of behaviour that contravenes the professional boundaries of chaplaincy and which constitutes misconduct including:

- a failure to fulfil contractual obligations as an employee (for example regular non-attendance);
- an infringement of the employer's disciplinary rules including professional misconduct;
- wilful, careless, inappropriate or unethical behaviour likely to compromise standards of care or patient safety, or create serious dysfunction to the effective running of a service;
- committing criminal offences in particular circumstances outside the place of work <sup>7</sup>.

Professional misconduct is conduct that contravenes the standards of professional behaviour required of chaplains by the professional associations and set out in this Code.

### 6.1 Disciplining chaplaincy staff

An employing health body is responsible for the disciplining of all its staff, including chaplaincy staff. When a potential disciplinary matter arises, the employer should make necessary investigations to establish the facts promptly and act in accordance with local established disciplinary procedures which are usually managed by the HR department.

Cases of minor misconduct are usually dealt with informally. More serious issues of conduct and behaviour are usually subject to a local formal procedure, including disciplinary hearings, whose final stage might lead to dismissal.

Where the alleged misconduct relates to matters of a professional nature, it is good practice for the case investigator to obtain appropriate independent advice from a senior chaplain. Where a case involving issues of professional conduct proceeds to a hearing under the employer's conduct procedures, the panel should normally include a senior chaplain who is not currently employed by the organisation.

Where an employer's investigation establishes a suspected criminal action this should be reported to the police.

## **6.2 The capability of a chaplain**

Misconduct should not be confused with capability issues which are a clear failure by a chaplain to meet an adequate standard of practice through lack of knowledge, ability or consistent poor performance<sup>8</sup>. Capability issues may result from out of date or incompetent practice, poor communication, or ineffective team working. Concerns about the capability of a chaplain are often resolved through assessment, support and training. A repeated failure to improve performance may lead to the termination of a chaplain's contract of employment in accordance with the capability procedures of an employer.

Capability may also be affected by ill health and the employing health body will usually follow their own procedure for dealing with ill health.

## **6.3 Professional Regulation and Registration**

The professional associations of chaplains practice self-regulation which includes a voluntary register of chaplains. Chaplains are not currently regulated by a statutory authority and therefore there is no legal requirement for their employment to be conditional upon continuing registration. However, employing health bodies may include the voluntary registration of chaplains and conduct in accordance with this Code as contractual conditions of employment.

A chaplain may be reported to a professional association for contravening the standards of professional behaviour set out in this Code. However, the employer need not await the outcome of any separate investigation which a professional association may undertake before considering implementing fair and reasonable action under the organisation's disciplinary procedures<sup>9</sup>.

## **6.4 Faith Groups and Communities**

Chaplains are usually endorsed or authorised to function in their role by a community-based organisation. This practice is not uniform and there is no single recognised process or authorising body. However,

individual chaplains may be held accountable by their faith group or community in relation to the permissions or authority they are granted. An employing health body may also choose to make the employment of a chaplain conditional upon the clear and explicit authorisation of a faith group or community, for instance the bishop's licence for an Anglican chaplain. It remains the responsibility of the employing health body to conduct disciplinary procedures for its chaplaincy staff.

In cases where a chaplain's employment is conditional upon the authorisation of a faith group or community and this is suspended or removed, suitable alternative work may be considered by the employer<sup>10</sup>.

## 7 References

<sup>1</sup>Lynch G (2002) *Pastoral Care & Counselling*. London: Sage

<sup>2</sup>DoH (2003) *Confidentiality: NHS Code of Conduct*. London: Department of Health

<sup>3</sup>Convocations of Canterbury and York (2003) *Guidelines for the Professional Conduct of the Clergy*. London: Church House Publishing. Section 7.

Cardinal Secretary of State (1983) *The Code of Canon Law*. London: Collins. Canon 983

<sup>4</sup>DoH (2000) *No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*. London: Department of Health. Section 2

<sup>5</sup>Chaplains must comply with the financial instructions of their employing health body regarding the handling of money received from public acts of worship or gifts of money towards hospital chapels or trust funds.

<sup>6</sup>AHPCC (2003) *Standards for Hospice and Palliative Care Chaplaincy*. Association of Hospice and Palliative Care Chaplains. Standard No. 3. NHS QIS (2002) Clinical Standards. Edinburgh: NHS Quality Improvement Scotland. Standards 3a and 3b.

<sup>7</sup>DoH (2005) *Maintaining High Professional Standards in The Modern NHS*. London: Department of Health. III.4

<sup>8</sup>Ibid. IV:3

<sup>9</sup>ACAS (2005) *Advisory Handbook: Discipline and Grievances at Work*. [www.acas.org.uk](http://www.acas.org.uk)

<sup>10</sup>Ibid.



## Contact Details:

Association of Hospice and Palliative Care Chaplains  
[www.ahpcc.org.uk](http://www.ahpcc.org.uk)

College of Health Care Chaplains  
[www.healthcarechaplains.org](http://www.healthcarechaplains.org)

Scottish Association of Chaplains in Healthcare  
[www.sach.org.uk](http://www.sach.org.uk)



**CHCC** College of  
Health Care  
Chaplains

*amicus*  
the union