

EDITORIAL

It is hard to believe that seven years have passed since the present editors agreed (were persuaded!) to take over the nurturing of the fledgling Scottish Journal of Healthcare Chaplaincy. Its first few editions had already appeared, distinctive in its cover featuring the celtic design in terracotta and grey inspired by the late Ruth Scott. The vision behind it had already been articulated by John Swinton, who in his appeal for articles in the then 'SACH News Sheet' of March 1999 wrote,

'It is vital that the journal authentically represents people 'on the ground' as they work out their theology and practice in the complicated messiness of health care practice.'

We remember the sense of trepidation and responsibility with which we approached the task of helping the journal to take forward that vision. Would we be able to maintain the standard which had been set? Could we generate a flow of articles sufficient in number and quality? Would we have the nerve to ask contributors to alter or rework material they submitted, or would that seem like cheek? We need not have worried about the latter. To our mild surprise, contributors took us and our suggestions seriously, and so the confidence of two rooky editors increased accordingly. But we remember also the sense of excitement at becoming involved in the early years of a venture whose time had surely come, and being in a position to help the journal establish itself and grow in respect and reputation.

It is safe to say that both have indeed grown over these last years. As the journal approaches its first decade of life, it becomes clear that its existence has co-incided with an unprecedented period of change and innovation in health care chaplaincy. In his article 'Healthcare Chaplaincy in Scotland and the UK: A look back to the future' David reflects on this slice of recent history, between the creation of SACH amid turbulence and controversy, up until the recent drawing together of SACH, CHCC and AHPCC in improved communication and co-ordination. Out of many developments during this period he highlights two as having 'catapulted healthcare chaplaincy and spiritual care forward in

Scotland' : the publication of HDL (2002)76, which pushed spiritual care further up the healthcare agenda than seemed possible only a few years previously, and the creation and staffing of the Healthcare Chaplaincy Training and Development Unit.

The events, debates and developments of this period have been well reflected in the pages of the journal, in the variety and quality of contributions from chaplains, academics and health professionals. As each successive issue has gone to the printer, we have had an impression that there is a growing confidence abroad in the world of chaplaincy and spiritual care – not in the sense of knowing exactly where the future will take us, but rather, confidence in the worth and distinctiveness of what we offer, even as we try to articulate these things. There is the courage to explore, for ourselves and for the healthcare community, what we do, and how and why we do it. Confidence and courage too, such as it takes to put pen to paper (or fingers to keyboard) and write for publication.

In our time we have addressed concerns current and topical in the world beyond chaplaincy, such as organ donation and retention in the wake of the events at Alder Hey (4:1); Severe Acute Respiratory Syndrome, or SARS (6:2); Asylum seekers (4:2). (This topicality is reflected in the current edition, in which three contributors write about their perspectives on the issue of HIV/AIDS). We have devoted space for consideration of developments of importance and concern within chaplaincy, such as HDL 76 (6:1) and Agenda for Change (8:1). We have broadened our vision and understanding of chaplaincy by looking to Europe and learning of, for example, the relationship between psychiatry and pastoral care in Greece (7:1); the experience of a chaplain working with young people affected by HIV in St Petersburg (5:2); the traditions and problems of healthcare chaplaincy in Bulgaria (6:2). And we have explored through many different contributions, the ways in which the role of the chaplain can be better understood, and the contribution of the chaplain measured and articulated.

We have had extensive discussion of the concept of spirituality in the pages of the journal, and no doubt we will return to this again and again, since it is fundamental to the practice of chaplaincy. Part of our task as chaplains is to continue to give voice and meaning to this elusive but vital aspect of human existence, to go on defining and refining, and to make sure that it is neither lost sight of in the world of healthcare, nor subtly domesticated or dealt with in too mechanical and simplistic a fashion. Writing in SACH Soundings of Dec 2005, and commenting on the predicted prevalence of depression as a major public health issue in our society, Chris Levison writes

‘The main cause of future ill health is going to be an inner cause, and if we do not look to the inner life, to the spiritual aspect of our humanity, then we are in danger of a vast increase in depression and related problems.’

This ‘spiritual aspect of humanity’ is the base from which we set out, and to which we constantly return, as chaplains. It must inform our thinking not only about our day to day practice, but also about developments within chaplaincy and within health care. Which of them nourish the spiritual, within us, within the various healthcare settings in which we operate, and which do not? For example, is there a tension between moves in the direction of chaplains becoming ‘healthcare professionals’, with all that this implies, and our calling to ‘notice dimensions of human experience that other professionals frequently do not.’ (Swinton 2005)? Is there a danger of compromising the sense of being in some ways on the outside, and thus able to notice things, by

becoming ever more comfortable, accepted and at home in the world of professional care givers?

Still on the subject of spirituality, the editors would have liked to see the concept being aired and explored more extensively through contributions from adherents of diverse faith communities, and we hope that in future the multi faith dimension of the journal may be strengthened.

And so, in the spirit of change, we move on, and hand over to Iain Macritchie and Janet Foggie with great confidence that they will take the journal forward into its tenth anniversary year, and beyond, from strength to strength. We have found our time as editors rewarding, and would like to thank the members of our inspirational editorial board, without whose hard work and creative suggestions we could not have done what we have done. We have also been heartened by the solid support of the SACH executive and members, and they and you have our gratitude. Special thanks to all our contributors, especially to Noel Brown, whose ‘Orere Source’ has become such a valuable resource. You have all borne patiently with our suggestions to nip, tuck, trim, expand, and occasionally to embark upon complete re-writes, as well as with our panicky e mails as the Deadline Draweth Nigh. It has all been in the best of causes.

Georgina Neslon, joint editor.

Reference

SWINTON, J (2005)in the foreword to COBB, M (2005) *The Hospital Chaplain’s Handbook*. Norwich. Canterbury Press.