



STANDARDS FOR HEALTH CARE CHAPLAINCY  
IN SWEDEN

# STANDARDS FOR HEALTH CARE CHAPLAINCY IN SWEDEN

*Established by Samarbetsrådet för andlig vård inom hälso- och sjukvården (the Council for Health Care Chaplaincy, co-ordinator between the Church of Sweden and the Free Church Council of Sweden) on March 8, 2004*

# Standards

## Contents:

### Definitions 3

Spiritual care 3

Sjukhuskyrkan (The Hospital Church) 3

Health Care Chaplaincy in Non-institutional Care 3

### Goals 4

### Guiding Principles for Health Care Chaplaincy 4

The Position and Role of the Churches in Health Care 4

Health Care Chaplaincy in the Hospital 4

Health Care Chaplaincy in Non-Institutional Care 5

### Professional secrecy 5

### Courses for Health Care Chaplaincy 6

Training in Health Care Chaplaincy in Hospitals 7

Training in Health Care Chaplaincy in Non-institutional Care 7

### Supplementary Texts 8

Svenska Kyrkans Centrum för Andlig Vård inom Hälso- och Sjukvården  
(The Centre of the Church of Sweden for Health Care Chaplaincy) 8

The Free Church Council of Sweden. 8

Samarbetsrådet för Andlig Vård inom Hälso- och Sjukvården  
(The Council for Health Care Chaplaincy) 9

The Organisation of Health Care in Sweden 9

### History 10

### Church Documents and State of Affairs 13

The Church of Sweden 13

The Free Church Council of Sweden 13

The Catholic Church 13

The Orthodox Churches 13

Standards for Health Care Chaplaincy in Europe 14

### Excerpts from Laws and Decrees 15

### Contacts 19

# STANDARDS FOR HEALTH CARE CHAPLAINCY

Established by Samarbetsrådet för andlig vård inom hälso- och sjukvården (the Council for Health Care Chaplaincy, co-ordinator between the Church of Sweden and the Free Church Council of Sweden) on March 8, 2004

## Definitions

### Spiritual Care

Spiritual care within health care means the care inspired by Jesus Christ and performed by people within his Church. This care takes place within the private and public health sectors for the benefit of patients, their families and staff working with health care. The goal of spiritual care as administered by Health Care Chaplaincy is to support and help, to give courage and hope and to assist as people adjust to new phases in life. Some of the most important ways of working towards this goal are through conversation, spiritual guidance, confession, the sacraments and worship.

### Sjukhuskyrkan (The Hospital Church)

Sjukhuskyrkan (Hospital Church) may be described as the joint work that the Christian churches perform in the hospitals of Sweden through employees and volunteers. Sjukhuskyrkan is thus primarily a concern of the local parishes and is not a “church” in its own right.

### Health Care Chaplaincy in Non-institutional Care

The expression non-institutional care describes the health care that is provided outside hospitals. Health Care Chaplaincy in the non-institutional sector is the responsibility of employees and volunteers belonging to the local churches.

## Goals

The goal of Health Care Chaplaincy is to respect and whenever possible provide for the spiritual needs of the patients, their families and health care employees in hospitals. It is desirable that each Health Care Chaplaincy team and all local units working with spiritual care in health care seek to express this goal in terms that make some kind of assessment and evaluation of these goals possible.

## Guiding Principles for Health Care Chaplaincy

### The Position and Role of the Churches in Health Care

The Church serves both God's and Society's calling when it contributes to health care. With the starting point in the Christian gospel and its view of the human being as a composite individual, the Church wishes to lend its aid primarily from a spiritual point of view.

### Health Care Chaplaincy in the Hospital

#### a. Ecumenical Work

Christian Health Care Chaplaincy is ecumenical. Representatives from different churches and different Christian denominations work side by side. They are all a part of a team promoting Health Care Chaplaincy in the hospitals and they represent Christ's universal church through representing their own particular church or denomination.

#### b. Relationship to other Religions

The Churches reserve the definition Sjukhuskyrkan for the work they perform together. At the same time, this work is characterized by respect for the faiths and creeds of other religions. Sjukhuskyrkan in Sweden cooperates as much as possible with representatives from other religions in order to be able to provide each patient with the possibility to receive spiritual care according to his or her individual needs and wishes.

## Health Care Chaplaincy in Non-Institutional Care

### a. Ecumenical work

Health Care Chaplaincy within non-institutional care should also be characterized by an ecumenical spirit as much as possible. When there is an ecumenical council or similar group present, it is natural that this council takes charge of co-ordinating the work of the different congregations.

### b. Co-operation with Municipalities and County Councils

A major part of the responsibility for the non-institutional care falls on the municipalities. Spiritual care in non-institutional care should therefore be planned together with those responsible for health care in the municipalities and county councils.

## Professional secrecy

All those who have been commissioned with Health Care Chaplaincy are bound to Professional secrecy.

However, different categories of co-workers adhere to different principles, rules and laws.

For ministers of the Church of Sweden the Regulation of Church Life, chapter 31, section 9, states that those who are or have been authorized to perform the work of ministers of the Church of Sweden are bound to professional secrecy concerning information given during confession or while giving spiritual care in private. (A similar statement exists concerning Bishops in chapter 30, Section 3).

For deacons<sup>1</sup> in the Church of Sweden the Regulation of Church Life, chapter 32, section 9, states that those who are or have been authorized to perform the work of deacons are bound to

<sup>1</sup>

In accordance with the tradition of the Church of Sweden, *Deacons* in hospital chaplaincy are ordained men and women dedicated to the care of sick and pastoral work. Some of the Free Church denominations ordain deacons in a similar way.

confidentiality concerning information given while engaged in conversations related to spiritual care, unless the person in question agrees that this information may be given out.

2

See footnote page 6

The deacon is not bound by professional secrecy if speaking under oath or if he or she is under obligation to speak according to act 71 of the Social Services Act (1980:620).”

Pastors and deacons<sup>2</sup> of the free churches as well as priests and religious sisters and brothers of the Catholic church and priests of the Orthodox churches were generally bound by professional secrecy when ordained or installed by their denomination or churches.

It is important that the question of confidentiality is clarified every time someone receives an assignment as part of performing the work of Health Care Chaplaincy and that some kind of vow of silence – in those cases when this has not already been given in connection with being ordained, installed or consecrated – is duly given.

Concerning health care there are certain regulations in chapter 7 of the Confidentiality Act and these apply to all who take part in health care activities, such as permanent employees or commissioned personnel.

## Courses for Health Care Chaplaincy

Samarbetsrådet för andlig vård inom hälso- och sjukvården (the Council for Health Care Chaplaincy) offers the following courses for all those working with Health Care Chaplaincy at hospitals or fulfilling assignments concerning Health Care Chaplaincy in non-institutional care.

Syllabuses can be obtained from Svenska kyrkans centrum för andlig vård inom hälso- och sjukvården (the Centre of the Church of Sweden for Health Care Chaplaincy) or from the Free Church Council of Sweden.

## Training in Health Care Chaplaincy in Hospitals

### a. Practical-theological Section

The Practical-theological section is open to ministers, pastors, deacons, assistants and musicians working at a health care institution. It comprises a two-day introductory seminar, two weeks of courses, auscultation, personal tuition and a text course.

### b. Pastoral-clinical Section.

The Pastoral-clinical section is open to ministers, pastors, deacons and assistants working at least 20 per cent at a health care institution. It comprises a two-day introductory seminar, two three-week periods of courses, auscultation, personal conversations, a text course, individual project and a final three-day seminar.

## Training in Health Care Chaplaincy in Non-institutional Care

### a. Employees within the local churches

For employees within the local churches— ministers, pastors and deacons – regional and municipal courses comprising one week are arranged.

### b. Volunteers

For volunteers working in groups for home visits of elderly and sick people, both brief and extensive courses are arranged by different organisations.

## Supplementary Texts

### Svenska Kyrkans Centrum för Andlig Vård inom Hälso- och Sjukvården (The Centre of the Church of Sweden for Health Care Chaplaincy)

Through an agreement between Svenska kyrkans församlingsnämnd (The Parish Board of the Church of Sweden, today referred to as Svenska kyrkans nämnd för kyrkolivets utveckling (The Board for the Development of Church Life)) and Samariterhemmet in Uppsala, Svenska kyrkans centrum för andlig vård inom hälso- och sjukvården (the Centre of the Church of Sweden for Health Care Chaplaincy) was founded February 1, 1999. This agreement contains the main areas that the consultant employed at the centre should focus on: the Training and in-service training of co-workers in Hospital Chaplaincy and Health Care Chaplaincy in non-institutional care. The consultant should liaise with those responsible in the diocese of the Church of Sweden and with international contacts, and finally also address questions concerning ethics and morals.

### The Free Church Council of Sweden.

The Swedish Free Church Council consists of ten denominations: The Seventh-day Adventist Church, InterAct, the French Reformed Church, the Salvation Army, the Methodist Church, the Pentecostal Movement, the Swedish Alliance Mission, the Baptist Union of Sweden, the Swedish Salvation Army and the Mission Covenant Church. The Free Church Council of Sweden has one person employed fulltime as consultant for Health Care Chaplaincy in institutions and one part-time employee for non-institutional care. The Free Church Council of Sweden has been assigned by the Swedish Commission for State Grants to Religious Communities to process matters concerning Health Care Chaplaincy efforts by representatives of other religions.

## Samarbetsrådet för Andlig Vård inom Hälso- och Sjukvården (The Council for Health Care Chaplaincy)

In connection with the reorganization of the Christian Council of Sweden, the Church of Sweden and the Free Church Council of Sweden decided to jointly create Samarbetsrådet för andlig vård inom hälso- och sjukvården. The Church of Sweden's Department for the Development of Church Life and the Free Church Council of Sweden appoint an equal number of members. Samarbetsrådet has the over-all responsibility to coordinate Health Care Chaplaincy as performed by the different churches. It can also connect representatives from the Catholic and Orthodox churches to its body. One of its most important functions is to work with its member organisations to establish syllabuses for the training of both parish employees and volunteers involved in Health Care Chaplaincy.

### The Organisation of Health Care in Sweden

Basic information concerning the organisation of health care in Sweden can be obtained from the home page of The Swedish Association of Local Authorities and Regions.

## History

The origin of the health care performed in society, as well as the work performed through Health Care Chaplaincy, is founded on the example of Jesus Christ caring for sick and weak people. (This is exemplified for instance in Matthew 4:23, 9:35 and 10:8).

At the request of Jesus Christ and in following in his footsteps, the Church has always cared for sick people. The cloisters of the Middle Ages were sites where health care was conducted.

With the reformation, chaplaincy among the sick became one of the duties of the parish minister. Cottage hospitals in the country side were to be supervised by the county governor and the local bishop. Ministers were tied to the cottage hospitals and service was conducted every Sunday and on all holidays.

During the 1860s the county councils took over the responsibility for health care. In accordance with tradition these councils continued to employ hospital ministers from the Church of Sweden. This organization, where the county council and not the church was responsible for spiritual care in the hospitals, continued until 1962.

In 1962, the spiritual care of ill people again became the official concern of the church. When the church assumed this responsibility, The Federation of Swedish County Councils and An Alliance of the Parishes in the Church of Sweden drafted a document concerning the division of the responsibility of Health Care Chaplaincy. The Federation of Swedish County Councils should provide furnished premises and the church should assume responsibility for the religious activities. The division of ministerial positions at the different hospitals was determined partly through examining the number of patients at these hospitals.

However, by the time this happened important changes had occurred.

The Free Church denominations of Sweden had become well established. Also, during the 1930s the personal conversation had become an essential part of Health Care Chaplaincy. At this time, it had become necessary for chaplains to be well trained in how to give

spiritual care through personal conversation. It became clear that it was more important that health care chaplains were proficient than that they belonged to a certain denomination.

Furthermore, the ministers at the hospitals were obliged to conduct parish registration in connection with births, baptisms and funerals. Because of this, the presence of a minister from the Church of Sweden was self evident. An inquiry, where Göte Bergsten was one of the leaders, suggested that a special kind of assistant position should be established to ensure an ecumenical function at hospitals. Those filling these positions should belong to a free church denomination. In 1958 the Swedish government suggested that the main responsibility after 1962 should rest with the parish where the hospital was located. The ecumenical question was resolved by allowing the free churches to have full access to the hospitals. In this way, the free churches and the Church of Sweden assumed a joint responsibility for Health Care Chaplaincy. However, most free churches did not have the possibilities financially to provide spiritual care in the hospitals and it was not until 1980 that they received a government grant enabling them to create a number of positions as hospital chaplains. These grants have been distributed by the Free Church Council of Sweden.

In the beginning of the 1980s, the Christian denominations in Sweden created guidelines for Health Care Chaplaincy. In these guidelines the principle of co-operation was established. The fundamental responsibility lies with the different denominations that finance the work in different ways. In the hospital, the representatives of the different churches do not lose their denominational identities, but through their work they can perform a single function, that of Health Care Chaplaincy. The “Ädel reform” of 1992 (introducing a new system for geriatric care), and the Psychiatric Care Reform of 1996, where some of the changes which led to the Christian churches having to adapt to a new set of responsibilities within non-institutional care. They have tried to take on these responsibilities in different ways. To characterize the work done in hospitals as well as in non-institutional care, the concept “Health Care Chaplaincy” is used.

An important event in the evolution of modern Health Care Chaplaincy in Sweden was the foundation of an organisation for the health care chaplains and assistants of the Church of Sweden in 1972. The creation of different training programmes in Health Care Chaplaincy that took place in 1982 was also important. This training program consisted of three stages, a beginner's course, a basic course and an advanced course. In the year 2000, the syllabuses of these courses were thoroughly revised. The training in Health Care Chaplaincy now consists of two sections, a practical-theological section and a pastoral-clinical section. The name of the organisation is today "Föreningen Svenska kyrkans anställda i Sjukhuskyrkan" (SKAIS). The Free Churches of Sweden created a similar organisation in 1997 called "Föreningen Frikyrkornas anställda i Sjukhuskyrkan" (FAS).

Since the end of the 1970s, the Church of Sweden has employed a consultant for Health Care Chaplaincy. As of 1999, this consultant is tied to Svenska kyrkans centrum för andlig vård inom hälso- och sjukvården (the Centre of the Church of Sweden for Health Care Chaplaincy). The Free Church Council of Sweden also has a consultant working with Health Care Chaplaincy. The two consultants co-ordinate their efforts in virtually all questions regarding their field.

## Church Documents and State of Affairs

### a. The Church of Sweden

The Church Order for the Church of Sweden, section 1.

The Church Order for the Church of Sweden states that the focus of the parish should be on the parishioners. The fundamental mission of the parish is to hold service, provide religious instruction and to carry out pastoral and missionary work. The parish is responsible for the church activities of all those who are a part of the parish.

### b. The Free Church Council of Sweden

The guidelines of the Free Church Council of Sweden state that Sjukhuskyrkan is a congregational work, carried out by the local churches. Because of this, Health Care Chaplaincy is also an ecumenical pursuit and should generally be performed in ecumenical working teams with ministers from the Church of Sweden, pastors of the free churches and others. The free churches and local ecumenical organisations who want to receive government support for establishing full-time or part-time health care chaplains should contact the consultant of the Health Care Chaplaincy of the Free Church Council of Sweden. A pastor working as a health care chaplain should have at least five years of experience of working in a local church. He or she should be suitable for the position and be prepared to partake in the training and in-service training that comes with the position.

### c. The Catholic Church

The ultimate responsibility for the health care chaplain is with the bishop, who appoints special chaplains as needed.

### d. The Orthodox Churches

The Orthodox Churches are characterized by different ethnic traditions. So far, the orthodox church life in Sweden is structured according to these traditions. Because of this and because of language barriers, people

in need of spiritual care should be referred to chaplains from their own ethnic church tradition. Through visits from

the ministers of the Orthodox churches, the particular creeds and beliefs of these churches can also reach out to sick people.

### e. Standards for Health Care Chaplaincy in Europe

The Standards for Health Care Chaplaincy in Europe, the result of the 7<sup>th</sup> Consultation of the European Network of Health Care Chaplaincy, meeting at Turku, Finland 12-16 June 2002, can be found at the home page for The European Network of Health Care Chaplaincy, [www.eurochaplains.org](http://www.eurochaplains.org). At this site the Swedish translation of these standards: "Grundsatser för andlig vård inom hälso- och sjukvården i Europa" can also be found.

## Excerpts from Laws and Decrees

### 1. The Instrument of Government. Chapter 1, Art. 2

“Public power shall be exercised with respect for the equal worth of all and the liberty and dignity of the private person.

The personal, economic and cultural welfare of the private person shall be fundamental aims of public activity. In particular, it shall be incumbent upon the public institutions to secure the right to health, employment, housing and education, and to promote social care and social security.

The public institutions shall promote sustainable development leading to a good environment for present and future generations.

The public institutions shall promote the ideals of democracy as guidelines in all sectors of society and protect the private and family lives of private persons. The public institutions shall promote the opportunity for all to attain participation and equality in society. The public institutions shall combat discrimination of persons on grounds of gender, colour, national or ethnic origin, linguistic or religious affiliation, functional disability, sexual orientation, age or other circumstance affecting the private person.

Opportunities should be promoted for ethnic, linguistic and religious minorities to preserve and develop a cultural and social life of their own.  
“

### 2. The Instrument of Government. Chapter 2, Art. 1

“Every citizen shall be guaranteed the following rights and freedoms in his relations with the public institutions:

6. freedom of worship: that is, the freedom to practise one’s religion alone or in the company of others.”

### 3. The Instrument of Government. Chapter 2, Art. 22

“A foreign national within the Realm is equated with a Swedish citizen in respect of

1. protection against coercion to participate in a meeting for the formation of opinion or a demonstration or other manifestation of opinion, or to belong to a religious community or other association.”

### 4. Swedish Code of Statute (1998:1593) Act on Religious Communities. Section 1

“Provisions about freedom of religion are contained in the Swedish Instrument of Government and in the European Convention for the Protection of Human Rights and Fundamental Freedoms.”

### 5. World Health Organisation’s Definition of Health

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

### 6. The Health and Medical Service Act. Section 2

“Health and medical services are aimed at assuring the entire population of good health and of care on equal terms.

Care shall be provided with respect for the equal dignity of all human beings and for the dignity of the individual. Priority for health and medical care shall be given to the person whose need of care is greatest. (1997:142).

Requirements to be met by health and medical services”

Section 2 a: “Health and medical services shall be conducted so as meet the requirements for good care. In particular this means that they must

1. be of good quality and cater to the patient’s need of security in care and treatment,
2. be readily available,

3. be founded on respect for the self-determination and privacy of the patient,
4. promote good contacts between the patient and health and medical personnel.

Care and treatment shall as far as possible be designed and conducted in consultation with the patient.”

## 7. The Health and Medical Service Act. Section 8

8. “The county council shall co-operate with public agencies, organisations and private care providers in the planning and development of health and medical services.” (1995:853).

## 7. The Health and Medical Service Act. Section 21

“The municipality shall co-operate with public agencies, organisations and private care providers in the planning and development of health and medical services.” (1995:835).

## 9. The National Board of Health and Welfare’s General Advice, SOSFS 1993:17. Introduction

In the National Board of Health and Welfare’s General Advice it is stated that a humanitarian view of people and the assumption that all people are of equal value permeate The Health and Medical Service Act. This means that a well thought through and ethical approach is a prerequisite for good medical care. This is also true for nursing. As with all other care, nursing is given to patients on the same terms, regardless of age, sex, education, financial status, ethnicity and religion. The patient shall be given the opportunity to partake in decisions on and the implementation of his or her treatment. Each situation is unique and all nursing should therefore be individually planned.

## 10. The National Board of Health and Welfare's General Advice, SOSFS 1993:17. Nursing interventions

In The National Board of Health and Welfare's General Advice it is stated that nursing interventions widely defined mean that the concerned personnel jointly with the patient, and when possible also the family of the patient, formulate and make clear goals for physical, psychological, social and spiritual health. Nursing interventions span a wide field, from contributions using advanced technology to support during existential crises.

## 11. The Swedish confidentiality act

The duty of hospital employees to observe professional secrecy is regulated in the Swedish confidentiality act.

## 12 Act on Church of Sweden Act, Section 4

“The parish is a local unit within the Church of Sweden and comprises the residents of the parish district who are members of the Church of Sweden.

The fundamental task of the parish is to hold services, provide religious instruction and to carry out welfare work and missions.” (1998:1591).

## 13. Ordinance on Government Grants to Religious Communities (1999:974), Section 11.

“Grants to activities may be given for spiritual care provided in the health services.”

## Contacts

**Samarbetsrådet för andlig vård inom hälso- och sjukvården.** (The Council for Health Care Chaplaincy).

Contact persons are the consultants for the Svenska Kyrkans centrum för andlig vård inom hälso- och sjukvården (see below) and the consultant for Frikyrkosamrådet för andlig vård inom hälso- och sjukvården (see below).

**Svenska kyrkans centrum för andlig vård inom hälso- och sjukvården.** (The Centre of the Church of Sweden for Health Care Chaplaincy).

Address of consultant:

Telephone +46-18-564024, Mobile phone +46-733-622 629

Fax +46-18-108375

Home page: [www.svenskakyrkan.se/samariterhemmet/andligvard.html](http://www.svenskakyrkan.se/samariterhemmet/andligvard.html)

Postal address:

Samaritergränd 2, 753 19 Uppsala, Sweden

**Frikyrkosamråd, andlig vård inom hälso- och sjukvården.**

(The Free Church Council of Sweden).

Address of consultant:

Telephone +46-8- 453 68 33, Mobile phone +46- 70- 485 70 20

Fax +46-8- 453 68 29

Hemsida: [www.skr.org](http://www.skr.org)

Postal address:

Sveriges frikyrkosamråd, 172 99 Sundbyberg, Sweden

Visiting address:

Ekumeniska Centret, Starrbäcksgatan 11, Sundbyberg, Sweden

**Föreningen för Svenska Kyrkans anställda i sjukvården**

**(SKAIS)** – The Organisation for Health Care Employees belonging to The Church of Sweden

19

Contact: see the home page of Swedish Health Care Chaplaincy:  
[www.svenskakyrkan.se/sjukhuskyrkan](http://www.svenskakyrkan.se/sjukhuskyrkan)

**Föreningen för Frikyrkornas anställda i sjukvården. (FAS)**

– The Organisation for Health Care Employees belonging to the Free  
Church denominations

Contact: see the home page of Swedish Health Care Chaplaincy:  
[www.svenskakyrkan.se/sjukhuskyrkan](http://www.svenskakyrkan.se/sjukhuskyrkan)



Svenska kyrkan 

 SVERIGES  
FRIKYRKOSAMRÅD