



*Code of Conduct for Healthcare Chaplains*

**(Revised 2014)**

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## About this document

The *Code of Conduct* sets out the professional standards of conduct expected of healthcare chaplains towards those in their care. It applies to all healthcare chaplains who are registered with the UK Board of Healthcare Chaplaincy or who are members of one of the professional associations of healthcare chaplaincy.

## 1 Introduction

### 1.1 Purpose of the Code

The Code is a statement of the ethical values and principles that underpin good chaplaincy practice and provides guidance about what is expected of healthcare chaplains. The Code therefore sets out the basis for safe, effective and compassionate care by chaplains which safeguard and promotes the spiritual health and well being of those in their care.

### 1.2 Applicability of the Code

The Code applies to all healthcare chaplains who are registered with UKBHC or members of one of the professional associations or recognised and authorised by their faith community or belief group. The Code may also be adopted as a best practice guide for chaplains, volunteers, students, visiting ministers of religion and representatives of belief groups who are not members of a professional association or registered with UKBHC. It is recommended that health providers refer to the Code in chaplaincy job descriptions and contracts of employment.

### 1.3 Scope of the Code

The Code sets out the professional standards of conduct expected of healthcare chaplains towards those in their care: patients, service users, carers, staff, students, volunteers and others to whom chaplains relate as part of their duties and responsibilities. Professional standards of competence and service delivery are set out separately in two UKBHC documents: *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains*<sup>1</sup>, and *Standards for Healthcare Chaplaincy Services*<sup>2</sup>. These documents are also available as NHS documents in Northern Ireland Scotland and Wales.

### 1.4 Acknowledgements

The Code has been prepared by the UKBHC with the support of the professional associations of healthcare chaplains: The Association of Hospice and Palliative Care Chaplains (AHPCC), The College of Health Care Chaplains (CHCC), The Northern Ireland Healthcare Chaplains' Association (NIHCA), and the Scottish Association of Chaplains in Healthcare (SACH), and the Multifaith Group for Healthcare Chaplaincy (MFGHC). It is based upon the 2<sup>nd</sup> edition of the Code of Conduct published by AHPCC, CHCC and SACH in 2005.

## 2 Definition of Terms

**Belief group:** Any group which has a cohesive system of values or beliefs but which does not self-classify as a faith community.

**Chaplain:** A person who is appointed and recognised as part of the specialist spiritual care team within a health care setting. His or her job is to seek out and respond to those who are expressing spiritual and religious need by providing the appropriate care, or facilitating that care, through contacting, with the patient's permission, the representative of choice.

**Faith community:** A recognisable group who share a belief system, and usually undertake religious practices such as prayer, scripture reading, meditation, and communal acts of worship.

**Probity:** refers to the honesty, integrity and trustworthiness of chaplains in their professional duties and conduct.

**Spiritual and religious care:** Religious care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community. Spiritual care is usually given in a one to one relationship, is completely person centred and makes no assumptions about personal conviction or life orientation. Spiritual Care is not necessarily religious. Religious care, at its best is always spiritual<sup>3</sup>.

### 3 General conduct of chaplains

As a healthcare chaplain you are professionally accountable for your decisions and conduct and you must be able to justify your practice. In particular you must:

- promote and safeguard the interests and well being of those in your care;
- treat those in your care with equal respect and dignity;
- respect the rights of individuals, belief groups and faith communities to hold their own values, traditions, beliefs and practices;
- act with integrity, sensitivity and understanding;
- develop and maintain your knowledge, skills and capabilities to practise safely, ethically, competently and legally;
- ensure that you are fit to practice and that those in your care are not at risk of harm because of your conduct, performance or health;
- comply with your terms of employment, and the policies and protocols of your employing health body;
- maintain a recognised or accredited status with your faith community or belief group;
- uphold the reputation of healthcare chaplaincy.

## 4 Relationships between chaplains and those in their care

Spiritual and religious care involves establishing relations and engaging in practices in situations where people are vulnerable and there is an imbalance of power. Pastoral relations can therefore go wrong and they have the potential to be damaging or harmful. You must therefore exercise your role with sensitivity, discernment and within ethical boundaries. Special care should be taken when relating to children, those with mental health or learning difficulties and other vulnerable adults.

The only appropriate relationship between you and those in your care is a professional relationship committed to promote the spiritual good and best interests of particular individuals. Moving the focus away from meeting the particular needs of those in your care towards meeting your own needs is unprofessional and an abuse of your role.

### 4.1 Personal and Professional Boundaries

Boundaries enable the effective functioning of caring and supportive relationships in which healthcare chaplains can respond to the spiritual and religious needs of those in their care. Boundaries frame behaviour and practice so that pastoral relationships are consistent and their limitations clear to all parties involved. In particular you must:

- observe personal and professional boundaries in your practice that sustain the integrity and rights of those in your care;
- recognise and work within your personal and professional limits and where necessary refer to a colleague or other health and social care professional.
- **not** behave in ways which exploit, manipulate, intimidate or which cause distress, pain or harm;
- **not** impose your values, beliefs or practices on those in your care; or fail to respect their beliefs, values or spiritual interests;
- **not** display sexualised behaviour towards those in your care<sup>4</sup>;
- **not** misuse a person's assets or money while having legitimate access to them<sup>5</sup>.



## **4.2 Maintaining Trust**

Spiritual care is both a privilege and a responsibility and you must only practice in ways that enable trust and safeguard ethical relations with those in your care. In particular you must:

- ensure that none of your actions or omissions could be detrimental to the wellbeing of those in your care;
- maintain clear professional and personal boundaries in the relations you establish with those in your care;
- involve those in your care in decisions about the support and care you provide and facilitate;
- respect the autonomy of those in your care including their freedom to make decisions contrary to your beliefs, practices or advice;
- avoid any conflicts of interest but in the event that you have to withdraw your involvement on the grounds of conscience, faith or ethical principles, refer to a colleague or another health and social care professional to enable the continued provision of care.

## **4.3 Duty of Candour**

“Every Healthcare professional must be open and honest with patients when something has gone wrong with their treatment or care which causes, or has the potential to cause, harm or distress”

In addition all healthcare professionals must:

- Be open and honest with colleagues, employers and relevant organisations
- Take part in reviews and investigations when requested;
- Be open and honest with their regulator, raising concerns where appropriate;
- Support and encourage each other to be open and honest and not to stop someone raising concerns<sup>6</sup>.

#### **4.4 Respecting Confidentiality**

Confidentiality is an expression of trust that enables people to talk about personal and private concerns relevant to their spiritual health and wellbeing. Spiritual and religious care cannot be provided without access to and the use of personal and confidential information. You must therefore respect and promote confidences, and in particular you 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 your care and respect as far as possible the limitations of disclosure that an individual can reasonably expect or request;
- treat information about those in your care as confidential and use it only for the purposes for which it was given;
- guard against breaches of confidentiality at all times by protecting information from improper disclosure;
- ensure that confidential information is not disclosed to a third party unless there is a clear justification which may include: (1) the valid consent of the individual; (2) where there is a risk of serious harm; (3) the prevention, detection or prosecution of a serious crime; (4) and when required by an order of a court or other public body that has jurisdiction<sup>7</sup>;
- discuss with those in your care reasons why disclosing confidential information to other chaplains or members of the healthcare team may be in their best interests and enable good care;
- only disclose confidential information about those in your 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;
- anonymise personal information to protect the identify of individuals when discussing cases in supervision or spiritual direction.

#### **4.5 The use of touch and physical contact**

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 and caring 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. Hands also carry microorganisms that can be transmitted through touch and may cause harm to those susceptible to infection.

Healthcare 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, it must always be used with sensitivity and where there is any doubt permission should be obtained.

The use of ritual that involves touch should be clearly explained and permission obtained. Where an individual does not have the capacity to consent to ritual touch 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. Physical contact must be stopped if there are signs of discomfort or at the person's request.

## 5 Working with colleagues

Spiritual and religious care involves chaplains working effectively with other chaplains, health and social care professionals, volunteers, ministers of religion and representatives of faith communities or belief groups. In particular you must:

- respect the skills, contributions and integrity of colleagues;
- work in a collaborative and co-operative manner with colleagues and multidisciplinary teams and communicate effectively with them within the limits of confidentiality;
- ensure that you make arrangements for those in your care requiring continuing support and care at the end of your shift or commencement of leave;
- work within professional protocols and boundaries of confidentiality when receiving or initiating referrals and liaising with colleagues outside your employing health body;
- challenge colleagues whom you have reason to consider have behaved unethically or in contravention of this Code and be prepared to bring your concerns to those to whom they are accountable.

## 6 Probity in professional practice

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

- be honest and accurate in representing your professional affiliations, qualifications, and experience, and do not make unjustifiable claims about your competence;
- distinguish between pastoral care and formal counselling and ensure that those in your care understand the type of support you are offering;
- refrain from encouraging those in your care to give, lend or bequeath money or gifts which will be of a direct or indirect benefit, or put pressure on those in your care to make donations;
- manage any finances for which you are responsible with diligence and for the purpose for which they are intended;
- declare any conflicts of interest that may compromise your impartiality or the interests of those in your care;
- demonstrate honesty and objectivity when providing references for colleagues or completing and signing forms. You must take reasonable steps to verify any statement before you sign a document, and you must not write or sign documents that are false or misleading.

## 7 Dealing with misconduct

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

### 7.1 Disciplining chaplaincy staff

An employing health body is responsible for the disciplining of its staff, including chaplaincy staff. Where the alleged misconduct relates to matters of a professional nature, it is good practice for the case investigator to obtain independent advice from a UKBHC Professional Adviser. Where the alleged misconduct involves a complaint about the faith and life of the chaplain in relation to their faith community or belief group a senior representative of the chaplain's faith community or belief group should be consulted.

### 7.2 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. The current standard of professional practice for a healthcare chaplain is defined by the UKBHC in its document: *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplaincy*<sup>8</sup>.

### 7.3 Professional Regulation and Registration

The UKBHC operates a voluntary register of competent chaplains and a chaplain may be reported to a professional association for contravening the standards of professional behaviour set out in this Code. The UKBHC will consider whether the status of a chaplain's registration should be subject to conditions, suspended or removed depending upon the level and type of misconduct.

## 8 References

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- <sup>1</sup> UKBHC (2009a) *Spiritual and Religious Care Capabilities and Competences for Healthcare Chaplains*. Cambridge: UK Board of Healthcare Chaplaincy.
- <sup>2</sup> UKBHC (2009b), *Standards for Healthcare Chaplaincy Services*. Cambridge: UK Board of Healthcare Chaplaincy.
- <sup>3</sup> SEHD (2002) *Guidelines on Chaplaincy and Spiritual Care in the NHS in Scotland*. Edinburgh: Scottish Executive Health Department
- <sup>4</sup> CHRE (2008) *Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals*. London: Council for Healthcare Regulatory Excellence
- <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> Inter-regulatory candour working group (2014) *Joint statement on candour*.
- <sup>7</sup> DoH (2003) *Confidentiality: NHS Code of Conduct*. London: Department of Health; DHSSPS (2009) *Code of Practice on Protecting the Confidentiality of Service User Information*. Belfast: Department of Health, Social Services and Public Safety; NHS Scotland (2003) *NHS Code of Conduct on Protecting Patient Confidentiality*. Edinburgh: NHS Scotland
- <sup>8</sup> UKBHC (2009a) *ibid*