NSS Response to Church Times criticism of NHS Chaplaincy Report

31 March 2011

A recent article in the *Church Times* (Selman *et al.*, 2011)[i] erroneously charges the National Secular Society with regarding "absence of evidence [for the efficacy of chaplains] as the same as evidence of absence". However, our report *Costing the Heavens*[ii] does no such thing, concluding merely that "there is no evidence that an increased proportion of income spent on chaplaincy results in improvements in quality" (p.6).

Selman *et al*. appear not to realise that the burden of proof lies with the one who alleges. If they believe chaplains to be associated with positive health outcomes, the burden of proof lies with them to prove it, not with the NSS to disprove it.

Selman *et al.* claim that the *Standards for Better Health* assessment is "not designed to assess the effects of an intervention", and that "mortality rates are a poor measure of the effects of any intervention or component of care which does not have the primary aim of prolonging life". Several points are worthy of note:

1. If either measure related in a favourable manner to the proportion of funds spent on chaplains, it seems unlikely that believers would be slow to point this out.

2. According to the Department of Health's own *Standards for Better Health* guidelines[iii] (p.2), "clinical and cost effectiveness" *are* two of the things that the Standards purport to measure.

3. Far from "[ignoring] the multitude of factors that have a bearing on trust performance", the NSS report freely acknowledged the *Standards for Better* Health to be "a complex measure that draws on independent data (such as patient survey information) and NHS Trust self-assessment scores" (p.4).

4. Whilst the *Standards for Better Health* are not an ideal proxy for the effectiveness of chaplains, they are, as stated in the NSS report, "the only nationally available quality benchmarks and… are widely used to compare Trusts' performance by commissioners, regulators and researchers" (p.7). If critics can furnish the NSS with more applicable data for each of the 227 trusts surveyed, the NSS will be happy to analyse it. Again, the burden of proof here lies with those who advocate the benefits of chaplains, not with those who question this idea.

5. Selman *et al.* state that Chaplaincy input is "focused on a whole-person approach to the patients, relatives, and the staff who work within a trust", and they regard "a focus on the whole of health and well-being" as "one of the three core principles of *Standards for Better Health*". Yet they still deem it unreasonable to investigate the possibility that the performance of chaplains might be linked to the *Standards for Better Health*.

6. As explained in the report itself, the NSS was responding to an earlier call to assess the "medical value of Chaplaincy Services" (quoted from Wardman 2009, in the NSS report). Selman *et al.*, in contrast, appear to be distancing themselves from the possibility that chaplains' benefits can be medically assessed: "While chaplaincy has a supportive role, it does not have any direct influence in treatment decisions". Whether chaplains influence treatment *decisions* is not in itself relevant; what's at issue here is whether they influence *outcomes*. And the NSS report found no evidence that they do.

The Sussex Partnership NHS Foundation Trust claims to "support research in the area of spirituality, with the same rigour as in other disciplines."[iv] The Select Committee on Science and Technology likewise recommends that researchers in the fields of Complementary and Alternative Medicine "should attempt to build up an evidence base with the same rigour as is required of conventional

medicine, using both RCTs [Randomised Controlled Trials] and other research designs"[v] By these standards, the chaplains' efficacy should have been tested in the manner of a pharmaceutical drug, using double-blind clinical trials which control for the Placebo Effect.

Selman *et al*. claim that chaplains do not have the "primary aim of prolonging life". If faith really can move mountains,[vi] one can't help but wonder *why it is* that the chaplains don't seek to prolong life.

The claim made by Selman *et al.*, that the patient is "an experiencing individual rather than the object of a disease" is a false dichotomy, as all patients suffering from a disease are both an experiencing individual *and* the object of a disease. The NSS report, for the record, never denied people to be "experiencing individuals".

For the minority who wish to see them, Chaplains may well "support individuals of any or no faith through illness and trauma". But how necessary is the role of religion? Nurses provide emotional support, as do other healthcare providers. One "Christian" chaplain to whom I spoke did not believe in God. Some chaplains are justifiably concerned that their religious tag might frighten away non-believers, who might otherwise have benefited from a sympathetic ear. We have heard of patients receiving unbidden and unwelcome visits from (doubtless well-meaning) chaplains, who feel powerless or too embarrassed to express their concerns in an open ward.

Selman *et al.* point to the fact that the armed forces provide a Chaplaincy service paid for by the public purse. But this does not validate the NHS's right to do so; to argue that it does is circular. We have similar concerns about armed forces chaplains, which we are happy to articulate.

Selman *et al*. claim that the Chaplaincy provides support "irrespective of the beliefs held by those individuals". Chaplains may well *offer* their support to everyone, but will atheists be as likely as Christians to accept that support? Hardly. The vast majority of chaplains are Christian, a statistic which no longer reflects the makeup of society as a whole. If any group requires extra support in palliative care, surely (from a Christian perspective) it ought to be the *non-religious*, lacking as they do a relationship with God, the consoling idea of an afterlife and the extended support network offered by religious communities.

If the role of the Chaplaincy really is to provide emotional and spiritual support to people of all faiths and none, then the provision of a publicly-funded Chaplaincy service over a secular, more inclusive counselling alternative needs to be proven and not assumed. It is inappropriate and immoral to take money from the public to pay for a service aimed primarily at those who have chosen one particular religious orientation. If "spiritual" support is to be offered from the public purse to people of all faiths and none, there should be an objective study exploring in detail whether this would be better provided by someone ostensibly religious or not.

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[i] Selman, L., Speck, P. and Simms, V. (2011) *Secularists' report on NHS chaplaincy.* Church Times, Issue 7722 - 18 March, 2011 http://www.churchtimes.co.uk/109385

[ii] *Costing the Heavens: Chaplaincy Services in English NHS Provider Trusts 2009/10* (National Secular Society, 28 February 2011) www.secularism.org.uk/uploads/nss-chaplaincy-report-2011.pdf

[iii] *Standards for Better Health* (updated April 2006). Department of Health, Product no. 40366 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4132991.pdf

[iv] *Spirituality Strategy* (2008). Sussex Partnership NHS Foundation Trust, 2008, (p.9) http://www.sussexpartnership.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=152272

[v] Select Committee on Science and Technology - Sixth Report http://www.publications.parliament.uk/pa/ld199900/ldselect/ldsctech/123/12322.htm

[vi] Matthew 21:21