

## CHRISTIANS IN PUBLIC LIFE PROGRAMME

### CHRISTIAN RESPONSES TO A HEALTH SERVICE IN TRANSITION

*James Woodward*

#### **The context of change**

The National Health Service has undergone the most radical process of structural change since its creation in 1948. It is the purpose of this Position Paper to explore appropriate theological and pastoral responses in and to a Health Service that has changed its culture and structure. This is a complex subject with many interconnecting dimensions. Few will disagree on the need for a change though the effects of the change on the Health Service are a matter of considerable debate and disagreement.

In asserting these presuppositions my overwhelming concern as a Chaplain in the Service is with the deep sense of crisis that both pervades health care institutions and professionals. Staff are in grief, caused by the stress of badly managed change. They are caught up in a cycle of negativity as they grieve for a culture that is lost and feel alienated by the values of the culture that they now inhabit. One of the causes of this grief is the speed by which the change has been implemented since 1990. The pace and nature of this imposed change has sown the seeds of confusion, hostility and bitterness. This exhibits itself in widespread alienation of staff at all levels; particularly aimed at managers but also in a deep mistrust of politicians and, perhaps most alarmingly, in fears expressed by patients.

It is, of course, difficult to build up an objective picture of the truth of the reality of the situation; power works at so many different levels within a highly bureaucratic and hierarchical organisation. There are many managers within the Service who have a magnitude of tasks to perform; not least in the managing of rapid and radical change, of meeting performance targets and cost efficiency measures set by others. This results in considerable stress: one manager put it to me like this, *'I have to separate myself into different compartments. There are things that*

*I have to do as a manager that I feel uncomfortable doing as a person. I have to suspend my own personal value and belief system and execute the tasks demanded of me by the organisation.'*

This is the broad context of change in which many people within the Service experience themselves to be. They are in demanding, difficult and stressful positions.

## **Theological principles guiding action**

In the light of this, how can our theology guide and affirm individuals and groups working within the Service?

### *Truth-telling*

The most important theological principle that should guide our thought and action is that of struggling with the reality of the truth as we perceive it. This principle should encourage and affirm our sharing of the conflicts, ambiguities and limitations that we experience in and around us. In particular, it should encourage us to be explicit about the values that we believe to undergird the Health Service and especially the values from which we feel removed and alienated. There are always positive opportunities to be grasped during change and the changes within the Health Service are no exception to this.

### *The limits to care*

Part of the impetus for change has been driven by both financial constraints and the general public's ever expanding expectations around health. Is it realistic to expect that all our needs for health can be funded through a tax-funded service? What are the limits to care? The theological truth here is about human dignity as against human transience. That is, is it a moral absolute and a basic human right (in view of our mortality) that we should have life prolonged at any cost?

### *Trans-national equity*

While discussing this within our own context, there are important issues about trans-national equity. What are we to make of our relative medical luxury in Europe in comparison to extreme deprivation in parts of the Third World? Such issues as these flow from a sense of basic concepts regarding the human being as a creature of God within the created order and one whose destiny is not confined to material flourishing at any cost. There is always, however hard, an eschatological dimension: a sense of the 'more' and the 'other'.

### *Market in health-care*

There are some important questions to be asked about the concept of the market in health care. Can health really be treated as a commodity in the world of business and commerce? Surely the labelling of people as 'customers' degrades everyone to a means in a market, rather than ends in caring and creative institutions? How far does the cost accounting performed in the name of efficiency and the targeting of resources (albeit proper and essential aims in the functioning of any institutions) result inhuman inter-changes being dominated by finance and accounting instead of human accountability? Does this process down-grade patients only to units of consumption and treatment? How does the technical enterprise of health care relate to

the human dimensions of care? These are difficult but fundamental theological questions, ultimately about God and the nature of humanity.

### **What can be done? Some pastoral strategies**

There are important steps which we can all take within our own immediate environment which contribute towards changing the general culture around us and equipping us to respond creatively and constructively to change.

#### *Staff support*

We need to encourage health care organisations to put staff support on its agenda. We need to think about the way in which we support our colleagues. This is about promoting the ethos that support is for everybody and that needing support is not an admission of weakness but declaration of strength and evidence of insight.

#### *Using our Christian resources*

From a Christian perspective we need to continue to articulate the dilemmas and ambiguities of our present situation. How do Christians cope with change? How does our theology support and affirm us in our place of work?

#### *Training and education*

The above is part of ensuring that training and education should always include aspects of self-development and self-awareness.

#### *Rethinking change?*

When an organisation is changing, we do have a unique opportunity to promote change by helping others to rethink established customs. We do not necessarily need always to do something in the way that it has always been done in the past.

#### *Caring for ourselves*

Above all, we need to look at our own life-style and the quality of our life to ensure that we care for ourselves adequately. The principle here is that improvement in our own life-style may well improve the quality of living for those around us.

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