



## Code of Conduct for Spiritual Care Practitioners

References	Refer to
Constitution	<b>Section 9 Membership</b> 9.5 Conduct of Members 9.6 Dispute Resolution and Disciplinary Procedure <b>Section 10 Disciplining Members</b> 10.12 Cessation of Membership

### Contents

1 Introduction.....	2
1.1 Purpose of the Code.....	2
1.2 Applicability of the Code .....	2
1.3 Scope of the Code .....	2
1.4 Acknowledgements .....	2
2 Definitions of Terms.....	3
3 General conduct of Spiritual Care Practitioners.....	4
4 Relationships between practitioners and those in their care.....	5
4.1 Personal and Professional Boundaries.....	5
4.2 Maintaining Trust .....	6
4.3 Respecting Confidentiality .....	6
4.4 The use of touch and physical contact .....	7
5 Working with colleagues.....	8
6 Probity in professional practice.....	9
7 Ethical principles in research .....	10
8 Dealing with misconduct.....	11
8.1 Disciplining Spiritual Care staff .....	11
8.2 The capability of a practitioner.....	11
8.3 Professional Regulation and Registration.....	11

## **1 Introduction**

### **1.1 Purpose of the Code**

The Code is a statement of the ethical values and principles that underpin good Spiritual Care practice and provides guidance about what is expected of Spiritual Care Practitioners. The Code therefore sets out the basis for safe, effective and compassionate care which safeguards and promotes the spiritual health and wellbeing of those in the practitioners care. The code offers a guide to decision-making and professional behaviour and a mechanism for professional accountability. The Code may also inform the “public” about professional spiritual care.

### **1.2 Applicability of the Code**

The Code applies to all Spiritual Care Practitioners who are registered with Spiritual Care Australia. 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 Spiritual Care Australia. It is recommended that employing bodies refer to this Code of Conduct in Spiritual Care job descriptions and contracts of employment.

### **1.3 Scope of the Code**

The Code sets out the professional standards of conduct expected of Spiritual Care Practitioners towards those in their care: patients, service users, carers, staff, students, volunteers and others to whom Spiritual Care Practitioners relate as part of their duties and responsibilities.

Professional standards of competence and service delivery are set out in other documents such as:

- SCA Standards of Practice Document
- SCA Ethics Document (When released)
- SCA Membership Policy (Credentialing Criteria)
- Any competency documents published by Spiritual Care Australia

### **1.4 Acknowledgements**

This document has been prepared with reference to the Code of Conduct of the United Kingdom Board of Healthcare Chaplaincy (UKBHC) and the Common Code of Ethics for Chaplains, Pastoral Counsellors, Pastoral Educators and Students by the Spiritual Care Collaborative (US) and the previous version of this document.

## 2 Definitions of Terms

### For the purposes of this document

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

**Spiritual Care Practitioner:** A person who is appointed and recognised as part of the specialist spiritual care team or within an organisation. Their role includes to seek out and respond to those who are expressing spiritual and religious need by providing appropriate care, or facilitating that care, through contacting, with the patient's permission, their 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 the practitioner in their professional duties and conduct.

**Religious Care:** Religious care is given in the context of shared religious beliefs, values, liturgies and lifestyle of a faith community.

**Pastoral Care:** Pastoral Care is characterised by it's essentially person centred approach to the care of the person/patient/resident/client. Pastoral Care may draw upon aspects of religious and/or spiritual care in such a way that the person's needs are met or addressed appropriately. Pastoral care is not proselytising or the imposing of the beliefs or values of the practitioner upon the person being cared for. Pastoral Care may include the provision of sacramental ministry and prayer.

**Spiritual Care:** "Spiritual care is a supportive, compassionate presence for people at significant times of transition, illness, grief or loss. Spiritual care is a collaborative and respectful partnership between the person and their... care provider and is an integral component of holistic care." (Spiritual Health Victoria, 2016), p.7

**Spirituality:** "Spirituality is a dynamic and intrinsic aspect of humanity through which a person seeks ultimate meaning, purpose and transcendence, and experiences relationship to self, family, others, community, society, nature, and the significant or sacred." (Pulchalski, 2014) p.646

**In this document the term Spiritual Care will be used (for brevity) where the term "Pastoral and Spiritual Care" could be used.**

### **3 General conduct of Spiritual Care Practitioners**

As a Spiritual Care Practitioner you are professionally accountable for your decisions and conduct and you must be able to justify your practice.

In particular:

- 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 the institution(s) in which you provide pastoral or spiritual care;
- Maintain a recognised or accredited status with your faith community or belief group;
- Uphold the reputation of Spiritual Care Practitioners and Spiritual Care Australia.

#### **4 Relationships between practitioners and those in their care**

Spiritual Care involves establishing relationships and engaging in practices in situations where people are vulnerable and there is an imbalance of power. Spiritual Care relationships 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, the frail elderly and all other vulnerable persons. 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 the practitioners own needs is unprofessional and an abuse of your role.

Ethical relationships will include the following qualities:

- Speak and act in ways that honour the dignity of the individual and/or group or family.
- Demonstrate respect for the cultural and religious values of those you serve and refrain from imposing your own values and beliefs on them.
- Safeguard the confidentiality of clients in educational settings and/or in any documents or publications.

##### **4.1 Personal and Professional Boundaries**

Professional boundaries enable the effective functioning of caring and supportive relationships in which Spiritual Care practitioners can respond to the 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:

- 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 another appropriate professional.
- Do not behave in ways which exploit, manipulate, intimidate or which may cause distress, pain or harm;
- Do not impose your values, beliefs or practices on those in your care; or fail to respect their beliefs, values or spiritual interests;
- Do not display sexualised behaviour towards those in your care;
- Do not misuse a person's assets or money while having legitimate access to them.

## **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:

- 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 relationships 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, however in the event that you have to withdraw your involvement on the grounds of conscience, faith or ethical principles, refer to a colleague or appropriate professional to enable the continued provision of care.

## **4.3 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 to self or others;
  3. The prevention, detection or prosecution of a serious crime;
  4. And when required by law or by order of a court or other public body that has jurisdiction;
- Discuss with those in your care reasons why disclosing confidential information to other practitioners or other professionals may be in their best interests and facilitate 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;
  - Deidentify personal information to protect the identity of individuals when discussing cases in supervision, spiritual direction and or any educational purpose e.g. Verbatim or Critical Incident reports

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

Touch is a basic human gesture and physical contact is an integral part of the care that may be offered. Touch conveys too many people reassurance, care and concern and it can be a valuable expression of a supportive and caring relationship. However 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.

Spiritual Care Practitioners may 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 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 practitioner may act on the grounds of necessity if

- it is clearly in the individual's interest
- and 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 cease immediately if there are any signs of discomfort or at the person's request.**

## **5 Working with colleagues**

Spiritual Care involves practitioners working effectively with other practitioners such as psychosocial professionals, volunteers, ministers of religion and representatives of faith communities and/or belief groups.

In particular the practitioner should:

- Respect the skills, contributions and integrity of colleagues;
- Work in a collaborative and cooperative 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 body;
- Challenge colleagues whom you have reason to consider have behaved unethically or in contravention of this Code (and or any other relevant code) and act to bring your concerns to those to whom they are accountable.

## **6 Probity in professional practice**

Spiritual Care practitioners require the highest standards of moral integrity and honesty.

In particular:

- Be honest and accurate in representing your professional affiliations, qualifications, and experience, and do not make unjustifiable claims about your competence;
- Distinguish between Spiritual 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.
- Take all 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 Ethical principles in research**

Spiritual Care Practitioners engaging in research follow guidelines and applicable laws that seek to protect the dignity, privacy and well being of all participants.

Therefore Spiritual Care Practitioners should:

- Engage in research within the boundaries of their competence.
- Seek approval of the relevant ethics research committees within their institutions and or field of endeavour.
- Adhere to the notion of informed consent, which includes framing all communication in a manner that is understandable to the participants and or their proxies.
- Inform all participants of their right to withdraw consent and any time without consequence to their ongoing care and support.
- Seek to make all efforts to carry out research in a culturally competent manner.
- Maintain confidentiality of the participants (as in 4.3 respecting confidentiality).
- Use any information obtained through the research for appropriate professional purposes only.
- Acknowledge the work of others appropriately in the appropriate format for your area of endeavour. Do not plagiarize the work of others.

## **8 Dealing with misconduct**

Professional misconduct is conduct that contravenes the professional behaviour required of Spiritual Care practitioners as set out in this Code.

### **8.1 Disciplining Spiritual Care staff**

An employing body is responsible for the disciplining of its staff, including Spiritual Care practitioners. Where alleged misconduct relates to matters of a professional nature, it is good practice for the case investigator to obtain independent advice from Spiritual Care Australia.

Where alleged misconduct involves a complaint about the faith and life of the Spiritual Care practitioner a senior representative of the practitioners' faith community or belief group should be consulted.

### **8.2 The capability of a practitioner**

Misconduct should not be confused with issues of competence or capacity - where there is a clear failure by a practitioner to meet an adequate standard of practice through lack of knowledge, ability or consistent poor performance.

The current standards of professional practice for a Spiritual Care practitioner are defined in the following documents:

1. This document
2. Spiritual Care Australia Standards of Practice
3. Any other relevant documents published by Spiritual Care Australia

### **8.3 Professional Regulation and Registration**

Spiritual Care Australia operates a register of practitioners who meet the standards and who agree to work within the Code of Conduct.

Complaints regarding a practitioner's behaviour may be lodged with Spiritual Care Australia for contravening the standards of professional behaviour set out in this Code.

See the complaints procedure document on the SCA web site  
<http://spiritualcareaustralia.org.au>.

Spiritual Care Australia will process the complaint appropriately, giving consideration to suitable action that may be taken regarding the status of the practitioners registration e.g. be subject to condition/s, suspended for a set period or removed from the register depending upon the level and type of misconduct.