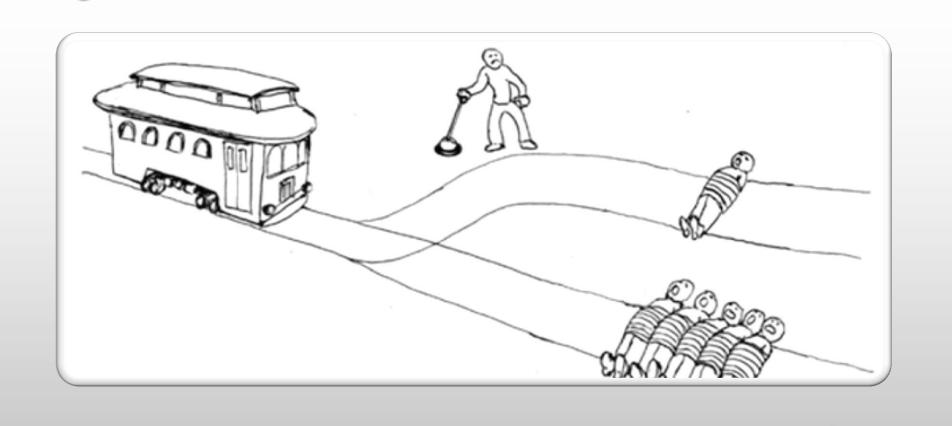
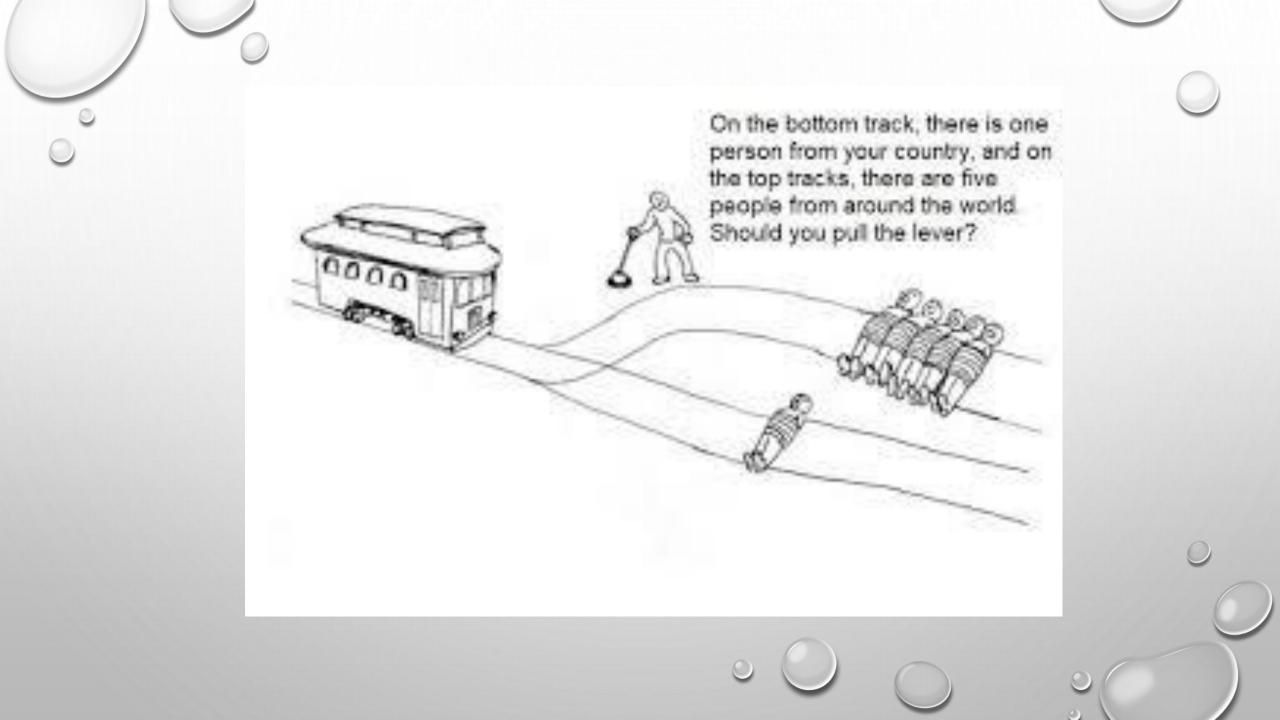
# TRAUMA AND ETHICAL SPIRITUAL CARE

REVD MIA HILBORN,

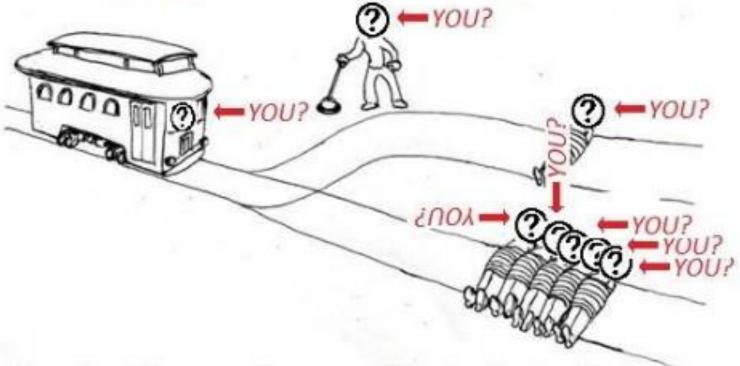
HOSPITALLER, GUY'S AND ST THOMAS' NHS FOUNDATION TRUST



## THE TROLLEY PROBLEM •

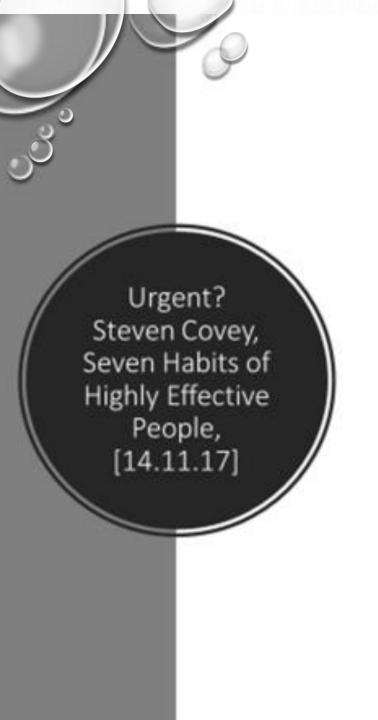


### Veil of Ignorance: Trolley Problem



You don't know where you'll be in the trolley problem. However, you have to choose the scenario in advance.

Regarding personal interest, would you like the lever to be pulled?



Urgent

Not Urgent

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ACTIVITIES:

Crises

Pressing problems

Deadline-driven projects

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ACTIVITIES:

Prevention

Relationship building

Recreation

New opportunities

Not Important

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ACTIVITIES:

Interruptions

Some phone calls

Some mail

Some meetings

Popular activities

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ACTIVITIES:

Trivia

Some mail

Some phone calls

Time wasters

Pleasure activities













#### FOUR PRINCIPLES

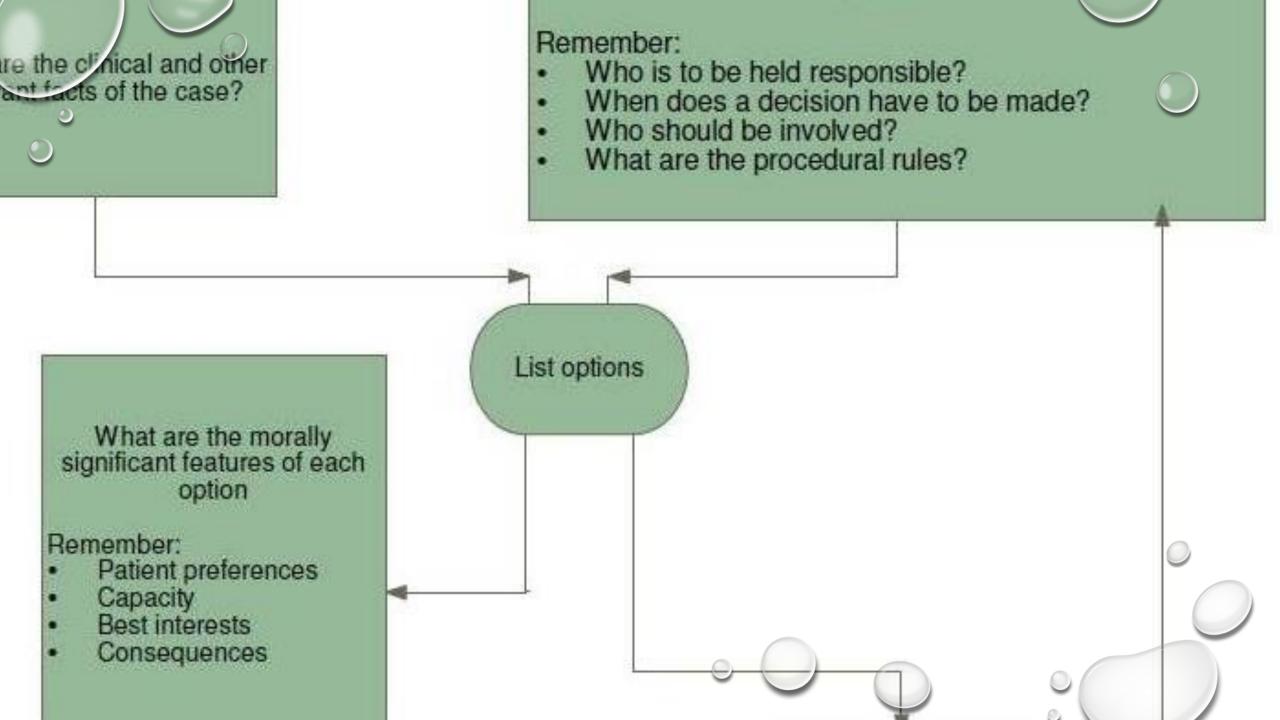
- 1. RESPECT FOR THE INDIVIDUAL (INCLUDES AUTONOMY AND PROTECTION OF VULNERABLE)
- 2. NON-MALEFICENCE (MINIMISING HARM)
- 3. BENEFICENCE (MAXIMISING BENEFIT)
- 4. JUSTICE (BALANCING RISKS WITH BENEFITS)

#### FOUR QUADRANTS APPROACH:

- 3. INDICATIONS FOR MEDICAL INTERVENTION WHAT ARE THE PROGNOSES FOR TREATMENT/CARE
- 4. PREFERENCES OF PATIENT —IS PATIENT COMPETENT, WHAT DO THEY WANT, WHAT IS IN THEIR BEST INTERESTS
- 5. QUALITY OF LIFE WILL THE PATIENT'S QOL BE IMPROVED
- 6. CONTEXTUAL RELIGIOUS, CULTURAL, LEGAL FACTORS IMPACT?

CARE APPROACH (SHNEIDER AND SCHNELL 2000)

- 1. WHAT ARE MY CORE BELIEFS AND HOW DO THEY RELATE TO THIS SITUATION
- 2. HOW HAVE I ACTED IN THE PAST WHEN FACED WITH SIMILAR SITUATIONS (WHAT DO I LIKE ABOUT WHAT I HAVE DONE, WHAT DO I NOT LIKE)
- 3. WHAT ARE THE REASONED OPINION OF OTHERS ABOUT SIMILAR SITUATIONS? (WHAT DOES OUR CULTURE SAY ABOUT THE SITUATION?)
- 4. WHAT HAS BEEN THE EXPERIENCE OF OTHERS IN THE PAST WHEN FACED WITH SIMILAR SITUATIONS? (WHAT HAVE I LIKED AND NOT LIKED?)



Ethics of working with traumatised people (children and adults)

- 1. Risks and benefits of care
- 2. Heightened vulnerability
- 3. Survivor guilt
- 4. Patients likely to be very needy, vulnerable what effect does their need have on the chaplain?
- 5. How to ensure safety and vulnerability, beneficence and autonomy
- 6. Quality of life (short, medium and long term), mental health and spiritual health implications of spiritual care
- 7. Helping patient to take care of themselves versus pointing family to the church/temple/mosque (the religious crutch)
- 8. Many trauma survivors are happy to talk to someone, but need to be trained to be able to deal with what is said, and refer on as necessary. Danger of 're-traumatization' if not adequate time or therapeutic spiritual care
- 9. Self-care, effect of secondary trauma, vicarious trauma
- 10. Impact on own family relationships, current and memories
- 11. Ethics of not having good spiritual care as part of patient and family care

Ethics of Research on Survivors of Trauma, Soraya Seedat et al, Current Psychiatry reports 2004, 6:262-267

Professional, ethical, and legal implications for spiritual care in nursing, Kathy B Wright, Journal of Nursing Scholarship 1998, 30 (1) pgs 81-83

Engaging spirituality in addressing vicarious traum in clinical social workers: a self-care model, by Eileen A Dombo and Cathleen Gray, Social Work and Christianity, Spring 2013, 40 (1) p 89