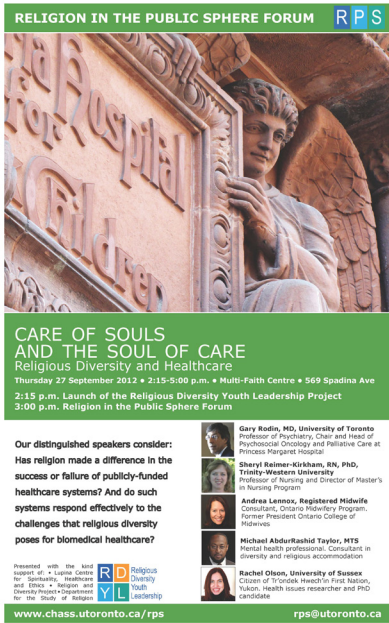


CARE OF SOULS AND THE SOUL OF CARE
Religious Diversity and Healthcare
An RPS Forum: 27 September 2012



RELIGION IN THE PUBLIC SPHERE FORUM **RPS**

CARE OF SOULS AND THE SOUL OF CARE
Religious Diversity and Healthcare
Thursday 27 September 2012 • 2:15-5:00 p.m. • Multi-Faith Centre • 569 Spadina Ave
2:15 p.m. Launch of the Religious Diversity Youth Leadership Project
3:00 p.m. Religion in the Public Sphere Forum

Our distinguished speakers consider:
Has religion made a difference in the success or failure of publicly-funded healthcare systems? And do such systems respond effectively to the challenges that religious diversity poses for biomedical healthcare?

Presented with the kind support of: • Centre for Religion and Ethics • Religion and Diversity Project • Department for the Study of Religion

www.chass.utoronto.ca/rps rps@utoronto.ca

SPECIAL GUEST DISCUSSANT



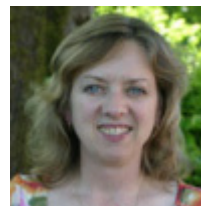
Gary Rodin

University of Toronto/Princess Margaret Hospital
University of Toronto Professor of Psychiatry, Chair and Head of Psychosocial Oncology and Palliative Care at Princess Margaret Hospital

GUEST SPEAKERS



Andrea Lennox, Registered Midwife
Consultant, Ontario Midwifery Program, former President of Ontario College of Midwives



Sheryl Reimer-Kirkham, RN, PhD
Trinity-Western University
Professor of Nursing and Director of Master's in Nursing Program



Michael AbdurRashid Taylor, MTS
Mental health professional, consultant in diversity and religious accommodation



Rachel Olson, University of Sussex
Citizen of Tr'ondek Hwech'in First Nation, Yukon. Health issues researcher and PhD candidate

The Canadian healthcare system—with Tommy Douglas, politician and Baptist minister as its hero—has roots in social movements at once religious and political. Many of Canada's earliest hospitals and medical schools were founded by Christian and Jewish organizations, and religious groups were strong supporters of what eventually became the Canada Health Act. But can we say that a religious ethic of care of one's neighbour continues to inform a commitment to publicly-funded healthcare in Canada? Thinking comparatively, how would paying attention to religion shape an analysis of the role of "public support" for healthcare systems in the US or Great Britain, where the role of religion in the foundation of

healthcare systems as well as in contemporary public life seems rather different? Similarly, what effect does the increased religious diversity of Canada, the US and Great Britain have on the practices of healthcare workers at all levels in a publicly-funded system?

These questions framed the conversation of the latest RPS Forum, Care of Souls and the Soul of Care. The forum saw an attendance of approximately 80 people. Prof. Pamela Klassen, Director of Religion in the Public Sphere and Professor of the Study of Religion, gave an introduction to the topic, observing that small scale interactions can reveal a great deal about healthcare as a system, and its capacity to respond to the rituals, practices and beliefs of its clients. Each of the four speakers then gave her or his own perspective on the relationship between religious diversity and publicly-funded healthcare, offering practical examples and theoretical insights to spark a conversation about what religious diversity means for the healthcare system in Toronto – one of the most multicultural cities, in one of the most multicultural countries, in the world. Providing a comparative perspective, Prof. Sheryl Reimer-Kirkham discussed the findings emerging from her project that is concluding its research into spirituality and home care in urban British Columbia. Chaplain Michael AbdurRashid Taylor spoke of his experience in long-term care, of how chaplaincy must to continue to evolve as a profession, and of the need for leaders to recognize and understand the diverse nature of changing populations. Andrea Lennox, a midwifery consultant with the Ontario Government and a practicing midwife with Seven Generations Midwifery, an Aboriginal practice in Toronto, talked about the role of the midwife in both historical and contemporary terms, as well as how the midwifery philosophy of informed choice intersects with religious and spiritual practices. Rachel Olson, anthropology PhD candidate and member of Firelight, a First Nations and environmental consultancy group, was the final speaker, offering a revealing portrait of her research into the challenges and possibilities of midwifery care in Aboriginal communities in Manitoba. Special guest discussant Prof. Gary Rodin, Head of Psychosocial Oncology and Palliative Care at Princess Margaret Hospital, reflected on the intersections of the four presentations, drawing connections to his own work in palliative care. He cautioned that religion must be understood as a social force that can provoke both personal and institutional conflict in medical settings, while also noting the complex ways that religion and spirituality affect both general well-being and end of life care.

Co-organizer of the forum, Prof. Simon Coleman, Chancellor Jackman Chaired Professor, moderated a lively and engaged question-and-answer session, with thought-provoking contributions from audience and panel members.

The forum, and its accompanying community workshop, provided an opportunity for scholars, policy-makers, and practitioners to examine the legacies and contemporary significance of religion for the ways healthcare is both imagined and practised today. With a special focus on the pressures and possibilities that religious diversity effects on healthcare in urban centres, the forum considered whether religion, and most specifically Christianity, retains any influence within Canadian healthcare, and whether increasing religious diversity has affected the commitment to, and delivery of, such care.

A video of the forum is to be made available for viewing via the [RPS website](#).