

CARE OF SOULS AND THE SOUL OF CARE

Religious Diversity and Healthcare

Community Research Workshop

(Sean Hillman, PhD student, Department for the Study of Religion, University of Toronto)

On September 28, 2012 a day-long community workshop took place in the Department for the Study of Religion at the University of Toronto. “Care of Souls and the Soul of Care: Religious Diversity and Healthcare” was organized by the Religion in the Public Sphere initiative and supported by the Lupina Centre for Spirituality, Healthcare and Ethics, the Religion and Diversity Project, and the Department for the Study of Religion. The workshop had the express purpose of providing 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 workshop 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.”

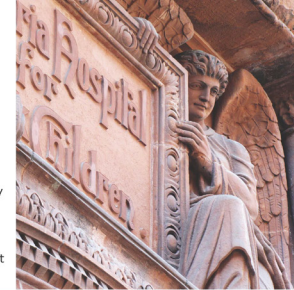
With an attendance of over thirty participants, the workshop was moderated by two University of Toronto professors who opened and closed the day respectively: Dr. Pamela Klassen, Director of Religion in the Public Sphere and Professor of the Study of Religion, and Dr. Simon Coleman, Chancellor Jackman Chaired Professor. The day was focused around three presentations. Each presentation was followed by lively discussion by the workshop participants, among which included: healthcare professionals such as physicians, nurses, nursing executives, social workers, spiritual care administrators, bioethicists, chaplains, a traditional healer, a cultural/religious translator employed in a neonatal ICU, and a nursing assistant; scholars from various disciplines such as Religious Studies and Theology; and policy-makers such as two representatives from the Ontario Human Rights Commission. Many of the workshop participants straddled multiple spheres.

Dr. Klassen began the opening session by setting the stage for a day of exploring the influence religious diversity has on public healthcare. She suggested approaching this in two related ways, by asking how biomedicine makes space for alternative religious views and what kind of accommodations should be made by biomedicine.

The first presentation was delivered by Dr. Paul Bramadat, Associate Professor and Director of the Centre for Studies in Religion and Society at the University of Victoria, who spoke on “Hospice Palliative Care and Religion: Old Friends, New Challenges.” He distributed an abridged handbook version of a two-part book project funded by the Canadian Institutes for Health Research (CIHR), *Religious Understandings of a Good Death in Hospice Palliative Care: A Guide for Health Care Practitioners* (Coward/Stajduhar

RELIGION IN THE PUBLIC SPHERE WORKSHOP RPS

A workshop 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 workshop will consider whether Christianity remains the de facto “religion” shaping Canadian healthcare, and whether increasing religious diversity has affected the commitment to and delivery of such care.



CARE OF SOULS AND THE SOUL OF CARE Religious Diversity and Healthcare

The RPS Workshop

Introducing some of the participants



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



Paul Bramadat, University of Victoria
 Associate Professor and Director, Centre for Studies in Religion and Society, with a focus on religion and palliative care



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



Rachel Olson, University of Sussex
 Citizen of Ts'ondak Iwech'in First Nation, Yukon. Health issues researcher and PhD candidate



Pamela Klassen, University of Toronto
 RPS Director, Professor of the Study of Religion, with a focus on the history of religion and medicine in Canada



Ariene Macdonald, University of Texas
 Medical Branch at Galveston: Institute for the Medical Humanities
 The intersection of religion, medicine and media, religious diversity and healthcare



Simon Coleman, University of Toronto
 Chancellor Jackman Chaired Professor, anthropologist of religion of religion and healthcare systems

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

Free event, but places are limited
 Registration is required
 rps@utoronto.ca • (416) 978-2615

Friday 28 September 2012 • 9:00am-5:00pm
 Dept for the Study of Religion, 170 St George Street www.chass.utoronto.ca/rps

2012), a much needed bedside companion for clinicians in palliative settings with diverse patient populations. When discussing the books, Dr. Bramadat spoke of a lack of religious literacy in palliative care, with the lone exception of chaplaincy. He suggested promoting an increase in religious literacy, especially for policy-makers. The difficulty with the category of “spiritual but not religious” (SBNR) was broached, particularly in relation to a system where typically there have been only formalized roles for spiritual care. Dr. Bramadat problematized the idea of everyone having spirituality and suggested that this idea and the usage of certain key words with patients, such as ‘religion’ or ‘spiritual needs,’ could potentially interfere with care-delivery. He also revealed that generally physician and residency training include only minimal discussion on, and no incentive to learn about, religious diversity.

The second presentation, “Driven by Diversity: Projects of Pluralism at a Community Hospital,” was delivered by Dr. Arlene Macdonald, Assistant Professor with the Institute for Medical Humanities at the University of Texas Medical Branch. Centered on a case-study featuring Brampton Civic Hospital and its ongoing relationship with the local Sikh community, a history of the organization highlighted episodes of controversy which drove the institution to operationalize diversity. Dr. Macdonald asked what spaces diversity occupies and about the shape that it takes, and examined the tension between public and private religiosity.

The final presentation “Zen and the Art of Family Medicine” was delivered by Dr. Cheryl Levitt, Professor in the Department of Family Medicine at McMaster University and leader of the Quality in Family Practice Project. Loosely based on the bestselling book of a similar title, Dr. Levitt shifted the group away from hospital-based contexts towards more personal inquiries into values and the incorporation of narratives. She discussed such topics as the role of the doctor, gender and religion, sharing beliefs, physician suffering, spirituality research, and human rights.

Discussion pervaded the day and some noteworthy themes included: the possibility of the hospital as a community, concerns with a hospital-centric approach to healthcare, the changing role of the hospital in the healthcare trajectory and evoking the law in hospital (and concerns with the lack of representation from the sphere of law in the workshop); the suggestion that religious affiliation could reduce access to certain people, whereas “traditional” or “mainstream” religious practitioners might have greater access; the problems of economic efficiency; broaching the topic of religion and spirituality with patients and the place of minority healthcare professionals; human rights concerns with measuring diversity and the potential for competing rights and responsibilities of patient and service-providers.

A full and enriching workshop day was concluded with closing comments by Dr. Coleman, who spoke about the nature of framing inquiry and proposed that such can prompt further action. He spoke of physician reflexivity and their perpetual task of knowledge acquisition, and wondered whether various roles in healthcare ask the same questions and share information. Considering the triumvirate of religion/spirituality, ethics, and medicine, he called for converting the workshop information into something practical and accessible, possibly by way of papers, online materials and a guidebook. Rather than dividing the material into different religions, he suggested bringing various kinds of practice and questions together.