

Chaplains Tackle Spiritual Warfare in the Digital Age

Newly diagnosed and seriously ill patients who need spiritual support, but can't travel for it, can now get free counseling via Skype or by phone from chaplains working with , and .

The three websites also offer resources to assess spiritual distress, aids in defining personal spirituality and guides to end of life decisions.

"When people are faced with a crisis, somewhere in their minds and in their hearts, they ask questions about why this is happening to them," said Rev. Eric Hall, President of the HealthCare Chaplaincy Network (HCCN), the New York-based nonprofit which launched the services in the past year. "We face our own frailty, and people want an answer and to be able to talk it out."

The initiative reflects a growing prevalence in tele-health, increased outpatient care delivery and shorter hospital stays, Hall says. He calls this service one step among many that the field of chaplaincy must take to keep up with current modes in providing care.

Response has reflected demand. attracted 200,000 unique visitors in its first four months online. Chaplains of diverse affiliations across the country respond to requests for support within 24 hours.

"People are isolated and alone so much of the time, and spiritual care is something that has often been dismissed and ignored," said Rev. Amy Strano, HCCN's Director of Programs and Services. In the project's early months, loneliness has been most frequently cited as the factor driving requests for spiritual care. Guilt and questions about suffering have also been common.

"After patients are no longer in the hospital, many find themselves without the spiritual support they had while hospitalized," said Lisa Anderson-Shaw, the University of Illinois Hospital and Health System's Director of Clinical Ethics and a contributing author to Handbook for Rural Health Care Ethics: a Practical Guide for Professionals.

"Many rural areas may not have a church," she said. "Or, the closest church may be many miles away, making homebound persons unable to find the spiritual care they wish to have. Privacy may also be a concern for patients and families who live in small, rural communities and wish to keep health information more private."

According to the Pew Research Center, one-fifth of the U.S. public now identifies as religiously unaffiliated. The HCCN maintains that this statistic supports the need for this service, as chaplains are trained to guide patients through existential questions about meaning, pain, isolation and relationships—either within or outside of theological frameworks.

"Back in the day, everyone belonged to a local congregation, and the pastor, the rabbi, or the imam came to the house," said Rev. George Handzo, HCCN's Director of Health Services, Research and Quality. "That day is gone. Our services are aimed at those that for whatever reason are thankfully not dying in hospitals. Who reaches out to them? You can't just send a chaplain up and down halls like we used to."

Chaplains in the halls of health institutions are increasingly rare. According to the Institute of Medicine, only two-thirds of U.S. hospitals have chaplains. However, the presence of chaplaincy services has been associated with lower rates of hospital mortality and higher rates of hospice enrollment.

"This provides more people access and resources to end of life questions, faith questions and prayer," said Eric Price,

spiritual care manager at Ann and Robert H. Lurie Children's Hospital of Chicago, who is not affiliated with the tele-chaplaincy service. "However, many hospitals may see this as a more valuable alternative than live face-to-face contact, because it is cheaper than a chaplain. At its best, it will offer another tool for the staff chaplain. At its worst, it may replace the profession."

The HCCN funded the initiative's roll out and is now seeking grant support and hospital partnerships for fiscal sustainability.

Strano acknowledges the limits of tele-chaplaincy, describing it as a "spiritual first-aid" capable of connecting patients with local resources for further support. "Something is better than nothing," she said.

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