

Review

Geoff Morgan, *Independent Advocacy and Spiritual Care: Insights from Service Users, Advocates, Health Care Professionals and Chaplains*. London: Palgrave MacMillan, 2017, 298 pp. (hbk). ISBN: 978-1-13753-124-7. £69.99.

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If you are a Chaplain who is interested in a “how to” book on advocacy, then this is not the one for you. Rather, Geoff Morgan has written a compelling argument for why advocacy should be a crucial and integral element within the healthcare system, why it is everyone's business to take it seriously, and why it requires professional training and support in order to deliver. If, after reading this book, one was enthused to learn more and to train as an advocate, that would be the next step.

The book spells out the challenges for those who take up an advocacy role. They need to be both empathetic with the patient whilst at the same time having an understanding of the structures and systems that are being challenged. One risk is that the advocate is challenged from all sides and, perhaps begins to feel a sense of isolation in their role.

One chapter focuses directly on the interaction between advocacy and chaplaincy, and the tensions that may emerge. In many mental health settings, the chaplaincy was historically the place where grumbles and complaints were heard, held and, where appropriate, taken further. Many mental health chaplaincy teams have routinely facilitated group sessions and these allowed an opportunity for patients, particularly, perhaps those who had been in hospital for some time, to raise their concerns. The chaplains had built up relationships with the patients, had some understanding of their presentation and were in a good position to support and care without, necessarily, escalating a complaint. Advocates are less likely to have a pre-existing relationship with the patient or an understanding of the day to day dynamics within that particular setting. The introduction of trained

advocates into healthcare settings has required chaplaincies to reflect on their own role and place and to re-evaluate what they can appropriately offer. One of the chaplains who was interviewed notes that advocates do not necessarily have an understanding of the role and contribution of spiritual care and may be dismissive of any offers of support from the chaplains. However, it appears to me that there may be a substantive role for chaplains in offering support to advocates who may be feeling isolated within their role.

This book offers a comprehensive overview of a rapidly changing environment. The integration of professional advocacy will only continue; spiritual care professionals within healthcare settings have a responsibility to their patients to ensure that their distinctive role continues to be respected. Advocates cannot be relied on to offer comprehensive care and support – spiritual care will continue to be required and chaplains must find ways to engage with this changing landscape and to ensure that all areas of their patients' lives are respected and supported. There is undoubtedly a place for chaplaincy within the advocacy arena and it is imperative that it continues to be heard.

The author, who describes himself as “a practising advocate and an experienced minister of religion”, is interested in the cross fertilization between chaplaincy and advocacy. He asks whether teaching on spiritual care could be integrated into the training for advocates and, at the same time, what advocacy might bring to chaplaincy training in order to further develop that discipline.

This book raises questions that are relevant in all healthcare settings and has the potential to be the starting place for some constructive discussions.