**Kathleen Field, Hospital Chaplain: Life is fragile**

As a hospital chaplain, Kathleen Field recognises that human beings understand very little about sickness and death. “Life is fragile, and the big questions are everything.”

She understands her role as a ministry of presence. “People are very vulnerable when they are ill, so they can be more open to acknowledging human fragility and that’s one of the things that leads us to pondering about God and spirituality. It’s a privilege to be around when people might be more open to spiritual conversations than other times.”

She says they are wonderful conversations. “They’re not always easy, because there aren’t always answers. Empathising and being present is what we can offer to enable people to work out their own answers to life’s big questions.”

She is concerned that the pressures on hospital staff mean that often they can only respond to people’s immediate physical needs. “Even before Covid-19, emergency departments were constantly full, wards were constantly full. The busier the system gets, the heavier the pressure is on hospital staff, who very much want to uphold patient care and dignity.”

However, she sees that under pressure staff are pushed and can’t always tend to patients’ psychological, emotional and spiritual needs. “If they can only focus on the physical, vast areas of the person get left out. But spiritual care within the health sector does improve health outcomes.”

She is concerned that euthanasia legislation, which comes into force in November, will cause some medical professionals and staff to be implicitly involved in something they would rather not support. “The difficulty for me is around the normalisation of euthanasia, normalising something that I believe is a dangerous precedent for society.”

Kathleen sees that euthanasia conversations are complicated in a health system that is already struggling. “I fear that one of the long-term difficulties will be added emotional, psychological and spiritual stress on health care people.

 “Pastoral conversations often work from that place of human fragility to find sources of strength, comfort and hope and within those things will be a link to a spirituality that we can talk about.”

She doesn’t welcome the inclusion of an option for euthanasia in these conversations. “Because it appears autonomous, it can seem attractive against the options that already exist, such as withdrawing treatment and moving to palliative care.”

Kathleen says that one of the ways the wider Catholic community can support the ministry of hospital chaplaincy is by encouraging referrals to hospital chaplains when friends and family come into hospital. “It might not necessarily present as the need for a religious conversation. But when someone you love is in hospital, a hospital chaplain can spend time with them and reassure them within a system that can be alienating.”