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DANIELA TARANTINO

## **Telematic reality and pastoral care. The spiritual assistance of the Catholic Church in Italian health facilities to the test of the pandemic**

**ABSTRACT** - Spiritual assistance in health care structures, in the Italian context usually entrusted to the priest, is an indispensable component in the accompaniment of the sick person, considered as the recipient of specific attention and subject bearer of rights, values, needs worthy of being satisfied. The pastoral care of health, especially in the current pandemic situation that imposes limits on sociality and affectivity, through human and spiritual counselling with the sick, family members and health care personnel, in compliance with the old legislation, plays a fundamental role in the human, health, social promotion of the sick and in encouraging respect for the values of life and health.

**KEYWORDS** - Catholic Church, Health Pastoral, Pandemic

DANIELA TARANTINO\*

***Telematic reality and pastoral care. The spiritual assistance of the Catholic Church in Italian health facilities to the test of the pandemic\*\****

SUMMARY: 1. *The role of the spiritual assistant in health structures.* – 2. *Spiritual assistance to the test of the pandemic.* – 2.1 *The case of the Etebenefratelli in Lombardy.* – 2.2 *The case of the hospital in Bolzano.* – 2.3 *The case of the Gemelli in Rome.* – 3. *A look at pastoral care beyond national borders.* – 4. *Ideas for reflection.*

*1. The role of the spiritual assistant in health care facilities.*

Spiritual assistance has been configured as a “service” provided by the State and consists of activities that correspond to predetermined purposes, the content and purpose of which are outlined by virtue of the objectivity of the interests that underlie them<sup>1</sup>. It has been noted that the legal prerequisite for constitutional legitimacy and the qualification of the intervention of the State is that the services of spiritual assistance are organized and guaranteed for anyone wishing to benefit from them, respecting the religious freedom of citizens, regardless of religious affiliation<sup>2</sup>. Otherwise, it would result in a violation of the principle of secularism enshrined in art. 3, 2 of the Constitution, whose task is to remove the obstacles which in fact prevent the exercise of an inviolable right<sup>3</sup>. The sources governing spiritual assistance always provide that the related services are rendered by ministers of worship and the intrinsic nature of the service, therefore the essential content of the activities in which it is carried out, are elements pertaining to religion<sup>4</sup>.

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\* Associate Professor, University of Genoa.

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<sup>1</sup> In this regard, the administrative doctrine is particularly interesting which, in the systematization of the tasks of the public administration, includes some tasks inherent to the “spiritual well-being” of the population - including activities directly aimed at satisfying educational, cultural and religious needs - in order to distinguish them from other tasks aimed at pursuing the “material well-being” of the same (see A. MAZZINI SANDULLI, *Manuale di diritto amministrativo*, Jovene, Napoli, 1974, 18 ss.).

<sup>2</sup> Cfr. C. CARDIA, *Principi di diritto ecclesiastico: tradizione europea, legislazione italiana*, Giappichelli, Torino, 2015, 407.

<sup>3</sup> Cfr. G. DALLA TORRE, *Lezioni di diritto ecclesiastico*, Giappichelli, Torino, 2011, 310.

<sup>4</sup> Cfr. V. TOZZI, *Assistenza religiosa e diritto ecclesiastico*, Jovene, Napoli, 1985, 11.

When we speak of spiritual assistance, we often refer indistinctly to religious assistance. The two concepts have been considered for a long time interchangeable or at least overlapping, first by the Confraternities and then by pious works, since they are united in the «preferential option for the poor» of evangelical tradition<sup>5</sup>, but gradually the distinction has been drawn in terms of content, experience and structures within the discipline developed by the civil legislator<sup>6</sup>. Spiritual assistance thus comes to understand every action aimed at human comfort, aimed at providing «a supplement of heart as well as soul»<sup>7</sup> necessary for the development of the human person; while religious assistance is more related to the confessional service, guaranteed by the State or by public bodies, for those who are in the binding structures<sup>8</sup>. The service of religious assistance - which the State recognizes by respecting the “will and freedom of conscience of the citizen”<sup>9</sup> – is guaranteed for the Catholic Church in the health sector by art. 11 of the Villa Madama Agreement of 1984 and the same is generally carried out through a priest, the chaplain. The latter establishes a public employment relationship with health care and if, until a few decades ago, it occupied a marginal position compared to other professional skills, with the evolution of health care facilities has increased the importance of its function<sup>10</sup>. This is widely recognized by the Italian legislator who, starting from 1968 with the so-called Mariotti Law (no. 132) with which the obligatory nature of this figure is made a binding requirement for the classification and accreditation

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<sup>5</sup> Cfr. P. CONSORTI, *Introduzione*, in *Codice dell'assistenza spirituale*, P. Consorti–M. Morelli (edited by), Giuffrè, Milano, 1993, 6. In medieval times «almost every confraternity had among its various functions also the objective of helping others - at least its own brothers in need» and «spiritual assistance has to do almost with the entire world of the confraternities ... Even if we admit that material support was often inseparably linked to the comfort of souls», we need only think of the comfort brought to prisoners and convicts and the support given to foundlings and orphans (cfr. T. FRANK, *Fraternities and assistance*, in *Studi confraternali. Orientamenti, problemi, testimonianze*, M. Gazzini (edited by), Firenze University Press, Firenze, 2009, 218-219).

<sup>6</sup> Cfr. for further information A. MANTINEO, *Le confraternite: una tipica forma di associazione laicale*, Giappichelli, Torino, 2008.

<sup>7</sup> R. BERTOLINO, *Assistenza religiosa, obiezione di coscienza e problemi morali e psicologici nel prisma della struttura ospedaliera*, in *Studi in onore di L. Spinelli*, I, Mucchi Editore, Modena, 1989, 118.

<sup>8</sup> Cfr. P. CONSORTI, M. MORELLI, *op. cit.*, 5.

<sup>9</sup> Cfr. Legge 833/1978, *Istituzione del Servizio Sanitario Nazionale*, art. 38, § 1.

<sup>10</sup> Cfr. L.M. GUZZO, *Prime osservazioni sul Protocollo d'intesa tra la Regione Calabria e la Conferenza Episcopale Calabria per la disciplina dell'assistenza religiosa cattolica nelle strutture sanitarie*, in *Stato, Chiese e pluralismo confessionale, Rivista telematica* ([www.statoe\\_chiese.it](http://www.statoe_chiese.it)), 25/2017, 4-5.

of hospitals, stressed the right of the sick to religious assistance in public hospitals<sup>11</sup>.

“Assistance” involves, first of all, identification of the spiritual needs of the sick, in order to be able to give help, comfort and support, with one’s own presence and participation, to the suffering person. The spiritual assistant - a role that is now not only played by the chaplain, but also by religious and lay people, strengthening the progressive autonomy of spiritual assistance from religious assistance and of pastoral care from the ordinary one<sup>12</sup> - he can avail himself of the collaboration of the hospital chaplaincy exercises a real pastoral service. Pastoral care (as defined in the Anglo-Saxon world)<sup>13</sup> pursues both general objectives - such as the promotion of a “culture of life”, the contribution to the humanization of hospital facilities and the training of health care workers, the enhancement of the dignity of the sick, raising the awareness of local pastoral institutions and bodies to the problems of health and assistance to the sick, support for the families of patients - both specific basic needs, namely the priority of evangelization and catechesis; the celebration of the sacraments; the relevance of moral problems; the extension of hospital pastoral care to the territory<sup>14</sup>. The appointment of the hospital chaplains, often assimilated in the popular imagination (and not only) to dispensers of sacraments in the ward, it has evolved along with medical developments, the impact of technologies, the growing demand for meaning in the face of illness and

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<sup>11</sup> Cfr. *Assistenza spirituale*, in <https://www.presidenza.governo.it/USRI>.

<sup>12</sup> In other words, from the point of view of canon law, the problem arises of the parochial territorial jurisdiction of the places of care, which - with the appointment of a chaplain - are exempted from parochial jurisdiction. Therefore one should ask whether the appointment of a "collective chaplaincy" is in conformity with canon law, which speaks only of a "chaplain". This results in economic aspects: the chaplain is paid by the hospital because he provides a religious, not a spiritual, activity. These aspects are very important therefore, especially in times of emergency crisis, they should not be neglected, but rather detailed also through comparative studies.

<sup>13</sup> In these countries, starting from the eighties of the twentieth century, studies and research have been carried out that have highlighted how faith, spirituality and religiosity positively influence the improvement of health and therapeutic action (G. COMOLLI, *La pastorale della salute*, in <https://www.gianmariacomolli.it/wp-content/uploads/2018/02/Cap.-12-LA-PASTORALE-DELLA-SALUTE.pdf>, 190).

<sup>14</sup> Cfr. National Council for the Pastoral Care of Health, *La pastorale della salute nella Chiesa italiana Linee di pastorale sanitaria. Nota pastorale*, Roma 1989, 100-102. This document represented not only a "renewal", but also and above all a stimulus for ecclesial practice, as it clearly outlined the reasons, the foundations and tasks of Health Pastoral in the light of theological and pastoral post-conciliar reflection, placing itself at a time of important evolution of Italian health legislation.

pain, the explosion of increasingly complex bioethical dilemmas», making «the health pastoral "health pastoral" in the broadest sense, leaving the only places of care to disperse even in the places of life»<sup>15</sup>.

In the formation of health pastoral care - defined as «the presence and action of the Church aimed at the evangelization of the health care world through»<sup>16</sup> and the therapeutic dimension of evangelization itself through collaboration in the integral care and assistance of the person and the recovery of the "messianic sign of healing"<sup>17</sup> – the acquisition of not only strictly religious knowledge is indispensable, because the spiritual assistant does not limit himself to administering the sacraments, but takes charge of all that concerns the human, in the spirit of the mission towards the care of the sick and in respect for his dignity<sup>18</sup>.

## 2. *Spiritual assistance to the test of the pandemic.*

The way in which spiritual assistance is carried out in health facilities has necessarily had to cope with the pandemic emergency from Covid-19, which requires measures to contain the contagion involving social distancing and the use of suitable health devices. Even in the critical situations that the health emergency poses, the pastoral care continues in its

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<sup>15</sup> F. OGNIBENE, *Assisi. Pastorale della salute oltre gli ospedali* in <https://www.avvenire.it/famiglia-e-vita/pagine/pastorale-della-salute>.

<sup>16</sup> A. BRUSCO – S. PINTOR, *Sulle orme di Cristo medico*, Edizioni Dehoniane Bologna (from now on EDB), Bologna 1999, 37. Some special elements of this pastoral are the extension of Christ's healing action; the end of evangelization and the construction of the Kingdom of God; the mission of the whole Christian community; activation by word and charitable action in a specific historical and cultural context as a response to the needs of the world of health» (G. COMOLLI, *op. cit.*, 194).

<sup>17</sup> O. TARANTINO, *Contributo alla preparazione del Convegno ecclesiale "Aquileia 2"*, in [https://www.pastoralesalutevenezia.it/ufficio\\_della\\_salute/grandi\\_eventi/00001486\\_Convegno\\_Ecclesiale\\_Aquileia\\_2.html](https://www.pastoralesalutevenezia.it/ufficio_della_salute/grandi_eventi/00001486_Convegno_Ecclesiale_Aquileia_2.html), 2.

<sup>18</sup> Cfr. G. COMOLLI, *Assistenza spirituale del malato cattolico*, in <https://www.gianmariacomolli.it>. There are innovative elements for understanding the mission of the chaplain, who constitutes a presence no longer only for the sick, but also for the health facility. The emphasis on "sanitation" has, however, its problematic implications, since it tends to consider the hospital - the place of care - an environment in itself, different from the territory in which it insists. This "separateness" requires a "professionalization" of hospital pastoral care that shifts the attention to the "sick" rather than to the man.

constant work of accompaniment, support and mediation<sup>19</sup>. Spiritual assistance, in a holistic vision typical of the holy scriptures (Giovanni, 3, 1.2)<sup>20</sup>, in which body, mind and spirit are interconnected with each other forming "one with the Whole"<sup>21</sup>, could help to the healing process by placing the person as a whole at the centre, considering not only the contingent situation of fragility and suffering, but also his experience, in a perspective of openness that disregards the faith or the vision of the world<sup>22</sup>. As it happens in the centers of the Lombard-Venetian province of the "Fatebenefratelli", where in 2019 the Service of spiritual and religious attention was established, aimed at consolidating the concept of attention and integral care, taking care of all the human dimensions of the person welcomed, from the biological to the psychological, from the social to the spiritual, through the work assured by the chaplain and by a specifically trained lay referent, who in an attempt to set the arduous goal of assuming the characteristics of a multicultural and multireligious service<sup>23</sup>.

### 2.1 *The case of Fatebenefratelli in Lombardy.*

Within the Service of Spiritual and Religious Attention established by the work of the "Fatebenefratelli", the lay referent is a new figure for the

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<sup>19</sup> Cfr. *I cappellani: "Così facciamo assistenza spirituale ai malati gravi di covid"*, <https://it.aleteia.org/2020/11/03/covid-cappellani-ospedali-assistenza-spiritualecosi-consoliamo-malati-gravi/>.

<sup>20</sup> Compare on the topic L. G. TEZTLAFF DE GERONE, *Uno studio sulla spiritualità nell'assistenza sanitaria da un punto di vista teologico*, in *Revista Científica Multidisciplinar Núcleo do Conhecimento*, 1/2020, 137-156.

<sup>21</sup> Cfr. *Assistenza e religione. Professioni sanitarie a confronto per rispondere ai bisogni spirituali dei pazienti*, in [https://www.quotidianosanita.it/lavoro-e-professioni/articolo.php?articolo\\_id=32102](https://www.quotidianosanita.it/lavoro-e-professioni/articolo.php?articolo_id=32102).

<sup>22</sup> Cfr. *Carta delle buone pratiche per il pluralismo religioso e l'assistenza spirituale nei luoghi di cura*, <https://www.prendercicura.it>. The holistic and humanistic approach does not mean indifference to the social, ethnic or religious condition of each of the people who interact in taking care of each other, but on the contrary makes them more responsible and attentive, so that the increased awareness of these specificities is a new element of strength to support the commitment of care, especially in cases of disabling and involutive diseases. The spiritual resources that faith also contribute to nurturing hope, trust among the sick and health workers, the profound motivations that sustain in difficult times the choices and therapeutic actions» (P.F. FUMAGALLI, *Cristianesimo*, in *Salute e identità religiose. Per un approccio multiculturale nell'assistenza alla persona. Induismo • Buddhismo • Ebraismo • Cristianesimo • Islam*, Pliniana, Perugia, 2020<sup>2</sup>, 106).

<sup>23</sup>Cfr. *In ospedale l'assistenza spiriuale può essere anche «laica»*, <https://www.avvenire.it>.

National Health System and for the Church, who joins the already existing figures in a spirit of collaboration and support. Once inserted within the health care structure within the Service of spiritual and religious attention, it strives to detect the spiritual and religious needs of patients by organizing group meetings, participating in the liturgy and celebration of the sacraments, collaborating with parishes and pastoral units in the area to ensure that the patient resigned can continue his spiritual and religious journey if he wishes and creating, when required, links with parishes and pastoral units of the territory to ensure that the patient who has resigned can continue his spiritual and religious journey if he wishes and creating, when required, links with representatives of other religious faiths<sup>24</sup>.

Especially in times of health emergency «in which pastoral care has been disrupted, as a Church we must have sincerity and courage to listen and discernment on wounds and lived people». These are the words spoken by Fr Massimo Angelelli, director of the National Office for the Pastoral Care of Health of the IEC, who underscores how «during the coexistence with the Covid we have passed from an active pastoral care to one of attention», proposing to replace a programmatic pastoral apparatus, rebuild a fraternal human fabric, reflect on ethically sensitive issues, put the elderly at the center of pastoral care, create a solid relational network with young people, invest in the preparation of health pastoral workers and give a community response to families wounds»<sup>25</sup>.

The virus leaves a long trail of physical and psychological effects in those who have personally experienced suffering, as well as in those who have suffered the loss of loved ones, isolation, uncertainty, the economic crisis, fear. To heal these wounds, Fatebenefratelli was born the "Ricominciare" Project that applies to Covid 19 "the charism of Hospitality of Saint John of God". Also through a fundraising open to private donors, a multidisciplinary polyclinic has been activated in the Lombard facilities of the Hospitaller Order to provide "integral" assistance, ranging from inspection visits and personalized diagnostic interventions to assess any results of the disease (Holy Family Hospital of Erba), psychological counseling, carried out even remotely, in specialized structures (Centro

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<sup>24</sup> *Il primo Servizio di Assistenza Spirituale e Religiosa (SASR) in Italia*, in <https://www.fatebenefratelli.it/blog/il-primo-servizio-di-assistenzaspirituale-e-religiosa-sasr-in-italia>.

<sup>25</sup> *Coronavirus Covid-19: don Angelelli (Cei), "prima vittima è stata l'eutanasia. Necessaria una nuova pastorale che ascolti le ferite delle persone"*, in <https://www.agensir.it/quotidiano/2020/6/17/coronavirus-covid-19>.

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Sant'Ambrogio di Cernusco sul Naviglio, Centro Sacro Cuore di Gesù di San Colombano al Lambro and IRCCS San Giovanni di Dio of Brescia) so as to carry out, starting from the integral development of man, a series of competent actions aimed at the physical, mental, spiritual and social healing of patients<sup>26</sup>. Healing that, from the mental point of view, has been widely stressed as an urgent need by the Mental Health Table established by time at the CEI that the Conference held on 28 November 2020 on the Youtube channel wanted to analyze the effects, mostly unexplored, the Covid concerning the mental and relational well-being of those living in Italy, through the dialogue of the medical-psychiatric sector with the pastoral discipline, in order to achieve a synergy that can offer some guidelines for a systemic vision and more aware of the problem<sup>27</sup>.

## 2.2 *The case of the Bolzano Hospital.*

In the Covid era, the Spiritual Assistance in the Hospital of Bolzano, in order to strengthen the proximity and accompaniment of patients, family members and employees has been enriched with a mobile phone line for

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<sup>26</sup> Cfr. *Nasce l'assistenza per chi è stato 'ferito' dal covid*, in <https://www.agi.it/cronaca/news/2020-12-10/covid-fatebenefratelli>. On May 18, 2021, the I.R.C.C.S. "Centro San Giovanni di Dio" Fatebenefratelli of Brescia, organized the training event "Closeness and spiritual comfort to the themes of the coronavirus: reflect, understand, reconcile", in order to investigate three aspects considered particularly relevant: the intended narrative as a chance to tell about oneself in order to recover a horizon of meaning in what we are experimenting; silent listening in the face of suffering; hope as an attitude of trust, emerged thanks to the gestures of proximity and closeness expressed in various forms, especially by health workers and chaplains, the first means to recover their own spirituality (cfr. the program in <https://www.ordinemedici.brescia.it>).

<sup>27</sup> Cfr. *Pandemia Covid-19: effetti sul benessere mentale e relazionale*, in <https://salute.chiesacattolica.it/pandemia-covid-19-effetti-sul-benessere-mentale-e-relazionale/>. Certainly it is a circumscribed and private experience, the evolution of a specific charism, that of the Fatebefratelli and San Giovanni della Croce, which if on the one hand it goes to actualize the original intuition of the founders, on the other it could exaggerate the problems of connection with ordinary pastoral care, involving a "spiritualization" of religion. Perhaps so that this does not happen, or at least to limit or deal with its consequences, one could focus on the contributions that such an approach can make to ordinary pastoral care, such as the role of the helping relationship in the context of interpersonal relationships, the global approach to people. in care, openness to the ecumenical horizon.



telephone interviews with patients, relatives and hospital staff, active from Monday to Friday from 9 to 12, which during the lockdown period has recorded numerous calls. Since 18 May 2020 they have been resumed almost all liturgical and celebratory moments according to the provisions currently in force, remaining open two chapels to allow for moments of silence and prayer. In particular, the sacraments of the Anointing of the Sick, of Eucharist and of Reconciliation are administered, which during the Easter and Christmas holidays was carried out through general absolution and plenary indulgence because, as specified by the Apostolic Penitentiary in the "Note on the Sacrament of Reconciliation" issued on 20 March 2020, is granted «The gift of special Indulgences to the faithful affected by the Covid-19 disease, as well as to health care workers, family members and all those who, in whatever capacity, also through prayer, take care of them».

In order to overcome the restrictions imposed by the services carried out especially by volunteers, in order to guarantee the protection of both operators and patients, creativity was put in place: the spiritual assistants, during last spring's lockdown, have set up in the atrium of the hospital an exhibition of large images with quotations and biblical verses, to bring out and make clear through texts and colors the "human" face of the hospital and try to convey joy, serenity and hope to hospitalized, family and workers<sup>28</sup>.

On the occasion of the conference of the diocese of Bolzano held in October 2020 at the Cusanus Academy in Bressanone, Father Luciano Sandrin, professor of health pastoral theology in Rome, in speaking of health pastoral, promoted the image of the "healing community". «It is not a matter of professionalizing pastoral care», the religious said, «but of bringing out the fragility of the community»<sup>29</sup>, through an appropriate

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<sup>28</sup> Cfr. Azienda Sanitaria of Alto Adige, *Assistenza spirituale*, <https://www.asdaa.it>. This theme opens up a new question: what role for hospital volunteering? We can rethink health care ministry and in particular the area of pastoral volunteering in the world of health, as a human, spiritual, symbolic and community presence, perhaps starting with a change of method. This could foresee on the one hand the overcoming of the organization of the small group that goes to visit the sick through the involvement of the whole parish, primarily the families, together with the various ecclesiastical and civil realities. Then, the census of emergencies and resources, as well as the connection with health institutions and the development of guidelines for the practical organization, with the provision of training courses and periodic checks, identifying a coordinator, with a bishop's mandate, to the group of operators, who in this way would move not individually, but through structured organizations, with a view to empowering and dealing with health emergencies.

<sup>29</sup> *Diocesi: Bolzano-Bressanone, esperti a confronto sulla pastorale della salute e del lutto. "Con la pandemia è cambiata"*, in <https://www.agensir.it/quotidiano/2020/10/24/diocesi-bolzano>.

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division of roles, functions and competences. During the pandemic, in fact, it emerged the capacity of proximity and of taking care of others despite distance and limitations, developing new forms of pastoral action, including through the use of digital technologies, finding new means of relating to the sick person and his or her loved ones, of responding to requests for care, of elaborating pain, of relief from suffering, of supporting the construction of dreams and hopes, in a discreet pastoral closeness, respectful, consoling, attentive to listening, able to help, even from a spiritual point of view, the recovery of one's life.

### *2.3 The case of Gemelli in Rome.*

The Policlinico Gemelli in Rome, as Mgr. Claudio Giuliodori, General Ecclesiastical Assistant at the Catholic University of the Sacred Heart, has been providing daily pastoral assistance on two fronts since April 2020. One is reserved for health care workers, who have to deal with the care of the sick, exposure to the virus, the intensity of work, and is cared for by two priests who dedicate their meetings, moments of prayer, comfort and support. Then there is the chaplaincy service proper for patients and family members cared for by a community of seven Franciscan religious ordinarily dedicated to the visit of the departments - outside the protected area and reserved - to the administration of the sacraments, to the organization of prayer moments through speakers. Every day the chaplains pass in front of the wards of the sick and impart the general absolution of sins for both patients and health care workers who desire it and prepare a message of closeness that reaches the patients daily through the meal distribution. Moreover, through the internal television circuit, it is possible to follow the Eucharistic celebrations following the suggestions of the CEI in this regard<sup>30</sup>. A line of spiritual first aid managed by the Friars Minor was also activated, who impart blessing and communion in the departments and in isolation through the extraordinary ministers of worship. Particular attention is paid to the accompaniment of the deceased carried out, according to the norms currently dictated by the Italian Episcopal

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<sup>30</sup> Cfr. National Office for Social Communications of the CEI, *Celebrare in diretta TV o in streaming*, in <https://www.migrantes.it/wp-content/uploads/sites/50/2020/03/Comunicazioni-Messa-TV-5.pdf>.

Conference, through a blessing when the coffin is transported, or to the cemetery, or during the cremation<sup>31</sup>.

In addition to personal spiritual comfort, priests also make themselves available to distribute Communion through an extraordinary minister of worship, identified among the health workers of the unity of hospitalization. In order, then, to constantly accompany with prayer the difficult journey of the patients in the Covid units, since the days before Easter 2020 the modality of spiritual assistance has been strengthened by providing a mobile phone line called "Spiritual First Aid Covid", enabled to use the whatsapp function, for video calls to the bed of patients unable to interact in person to contain the epidemic contagion. An integrated spiritual activity was also carried out with a structure close to the Policlino, the "Columbus", second Covid center of Lazio after the "Spallanzani", consisting in the possibility of using smartphones and tablets to allow dialogue within the structures between chaplains, patients and family members, having so care of the relational dimension, so much wounded by the pandemic<sup>32</sup>. On Easter Day 2020, at a hotel adjacent to the Policlinico Gemelli and Columbus Covid-2 Hospital, specifically dedicated to post-discharge hospital hospitality for patients unable to return home because they lack adequate care or are not yet ready to resume a normal life, some of these patients were able to receive the visit of chaplains and the sacrament of Communion<sup>33</sup>.

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<sup>31</sup> Cfr. *Coronavirus. Al Gemelli assistenza spirituale anche ai malati di Covid*, <https://www.avvenire.it/attualita/pagine/assistenza-spirituale>.

<sup>32</sup> Cfr. *Policlinico Gemelli di Roma, assistenza spirituale garantita a medici e malati*, <https://www.acistampa.com/story/policlinico-gemelli-di-roma-assistenza-spirituale-garantita-a-medici-e-malati-14065>.

<sup>33</sup> Cfr. *Coronavirus Covid-19: Policlinico Gemelli, la vicinanza dei cappellani ai malati. "Il Signore ti tiene la mano e noi preghiamo per te"*, in <https://www.agensir.it/quotidiano/2020/4/15/coronavirus-covid-19>. The experience of the Policlinico of the Catholic University is certainly a model of creativity, but the possibility that it can be duplicated in public structures depends on various factors, variable in time and space. The emergency experience has taught us that if among Italian hospitals there are various first-rate examples, it is equally true that they must increasingly be able to modulate themselves according to the needs of the moment, whether they are hospitals. Specialized and generalists, private or public. And to do this, the presence of a platform that coordinates the work of the same is essential in order to have therapies, treatments and also coordination from the medical legal and insurance point of view, with the possibility of making diagnosis in telemedicine and with the presence of more dynamic and technological areas, in the awareness that everything revolves around the patient in the search for the most effective integration between hospital and territory.

### 3. *A look at pastoral care beyond national borders.*

Medical institutions in Europe characterized by increasingly frequent and massive migrations, become "crossroads of cultures" where different worldviews and different religious trends meet, where the disease affects people of all faiths and affects their families and the social context in which they live. The "health of the world", especially in the era of Covid-19, then becomes an important area of evangelization and confrontation with the faith, the provision of medical care, psychological support, spiritual support, listening service in which the Church, responding to the new challenges posed by the pandemic, offers models of pastoral care in the field of health care<sup>34</sup>.

If in Italy the situation of the local Churches with regard to hospital chaplains has been monitored through contacts with apostolic nuncios, episcopal conferences, and bishops, priests, religious, laity active in the hospital lanes, to monitor the situation of pastoral care beyond national borders, alongside direct contacts via telephone and internet and those established through the international press, were organized videoconferences with representatives of the world of health and related pastoral care in Europe, Latin America and Australia, and with the International Catholic Committee of Nurses and Social Medical Assistants. In particular, at European level, the Dicastery for Integral Human Development participated in weekly videoconferences, organized by the National Office for Health Pastoral of the Italian Episcopal Conference, through which knowledge and good practices have been shared with pastoral agents knowledge and good practices related to access and spiritual assistance to the sick in Covid-19, always focusing on the person with all his needs, including the spiritual, fundamental for the integral development of the human being<sup>35</sup>.

Father José Luis Mendes, Director of the Health Pastoral Office of the Spanish Bishops' Conference, underlined the courageous response of chaplains and priests in Madrid who have played and continue to play an important role in supporting health care workers, making also the link between the sick and their relatives and using in the fulfilment of their

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<sup>34</sup> Cfr. K. TRĘBSKI, *La pastorale della salute nell'Europa che cambia: L'Esperienza Italiana*, in <https://wnus.edu.pl/cto/en/issue/403/article/6982/>.

<sup>35</sup> Cfr. D. GIERS, *Sperimentate nuove forme di prossimità*, in <https://www.osservatoreromano.va/it/news/2020-06/sperimentate>, 1-2.

pastoral action all the computer and technological means made available to them. Also the Bioethics Committee of Spain in its *Declaration on the Right and Duty to facilitate the accompaniment and spiritual assistance to patients with Covid-19 at the end of their life in situations of special vulnerability* of 15 April 2020, stressed that there are vulnerable patients with specific needs support, accompaniment and support, even spiritual or religious, which constitute genuine rights proclaimed in various regulations on patients' rights and which have become particularly important in recent years within the various humanisation plans of the Spanish national health system, whose limitation in time of pandemic must be not only ethically and legally justified, but also not of such intensity as to end, *de facto*, to become an absolute deprivation. This is why it is stated that the highest possible quality of care should be provided, including psycho-emotional, spiritual, religious and family support, since all help to avoid pathological pain and aggravation of situations of vulnerability<sup>36</sup>.

Bishop Paul Mason, responsible for the pastoral care of the health of the Bishops' Conference of England and Wales, highlighted how the presence of chaplains has been highly appreciated not only by the sick and their families, but also by health workers. The professional chaplains, in fact, instructed on the use of the protection devices, have been authorized to the access in the special departments giving an inestimable support to doctors and nurses<sup>37</sup>.

From Ireland, Bishop Michael Router, stressed that the pastoral care provided in health care has been fundamental in the recovery of patients and in the elaboration of mourning by family members, highlighting how the pastoral care of health has been challenged to find new ways to accompany patients, get in touch with families, support staff, administer the sacraments and celebrate the rites<sup>38</sup>.

From France, the coordinator of the *Aumônier national des établissements de santé* Costantino Fiore, reported that much attention was paid by chaplains - in France, who were considered volunteers within health care facilities - mainly by families in mourning, through a dedicated spiritual accompaniment made also of moments of prayer in hospital, and the

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<sup>36</sup> Cfr. *Dichiarazione del Comitato Bioetico della Spagna sul Diritto e Doveri di facilitare l'accompagnamento e l'assistenza spirituale ai pazienti con Covid-19 al termine della loro vita e in situazioni di vulnerabilità speciale*, in <https://www.olir.it/documenti/coronavirus-la-dichiarazione-del-comitato-nazionale-di-bioetica>

<sup>37</sup> Cfr. D. GIERS, *op. cit.*, 2

<sup>38</sup> Cfr. *Ibidem*, 2-3

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medical staff-health, through a spiritual accompaniment provided in individual or group meetings in order to support them in the management of situations of high stress resulting especially from the choice of the prioritization of patients to be treated<sup>39</sup>.

The director of the office of pastoral health of the Polish episcopate Fr Arkadiusz Zawistowski, stressed on the one hand, the constant support given by the bishop responsible for the sector Romuald Kamiński to all those who are engaged in the national health service including chaplains and volunteers; on the other the positive echo received by the prayer campaign *Adopts a doctor (or health worker)* in the time of the pandemic, which saw the Office organize the National Pilgrimage of the World of Health at the Marian shrine of Jasna Góra<sup>40</sup>.

Outside Europe, the focus on pastoral care is just as strong. During the summer of 2020, in addition to the material initiatives of support and service to people affected by the pandemic, was launched by the Zambia Conference of Catholic Bishops, a 4-month radio program of spiritual and psychological assistance aimed at all, not only to Catholics, welcomed by the listeners. The program called "Tele and Radio Counseling" broadcast in Lusaka on the frequencies of Radio Maria Yatsanivoice, was intended to help the people infected or otherwise affected by the indirect effects of the pandemic, such as loss of work, fear of disease, uncertainty in the future, encouraging the sharing of experience, mutual listening, the exchange of thoughts, the elaboration of solutions, providing comfort and words of hope<sup>41</sup>.

In Brazil, the Pastoral Care of Health of the Episcopal Conference led by the Bishop of Campos, Monsignor Roberto Francisco Ferrería Paz, is strongly committed to the emotional assistance of professionals who every day fight against Covid-19, as «Every healing must be integral and in order to heal the pastors or in order to cure the pastors it is always the task of making the health professional discover, that he must also be open to healing and that, therefore, he must always take care of his person as a whole, have a global vision of the person, especially within what we consider Christian anthropology and also within the concept of health»;

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<sup>39</sup> Cfr. *Ibidem*, 3.

<sup>40</sup> Cfr. *Ibidem*, 3-4.

<sup>41</sup> Cfr. *Africa/Zambia - Covid-19: la Chiesa promuove un programma radiofonico di assistenza spirituale e psicologica*, in [www.fides.org/it/news/68547AFRICA\\_ZAMBIA Covid 19 la Chiesa promuove un programma radiofonico di assistenza spirituale e psicologica](http://www.fides.org/it/news/68547AFRICA_ZAMBIA_Covid_19_la_Chiesa_promuove_un_programma_radiofonico_di_assistenza_spirituale_e_psicologica).

therefore health workers must also be loved, supported» and it is the task of health pastoral «moments of intercession, moments of spirituality for the benefit of all»<sup>42</sup>.

From April 2020 to January 2021, Orthodox priests of the Moscow region, as part of initiatives dedicated to spiritual assistance, have set up a task force of twenty priests who took part in training courses on personal security and prevention of infections. Equipped with special protection devices, they have made a total of 1,302 visits to patients with coronavirus to administer the sacraments, both in private homes and in places of hospitalization, providing also a dedicated 24-hour telephone line to which people affected by Covid-19 and residents of the city could to ask for the administration of the sacraments of Confession, Anointing and Hospitaller Communion<sup>43</sup>. In spring 2020 the bishops of the Bishops' Conference of the Russian Confederation published specific pastoral guidelines for the faithful of the four dioceses, with the invitation to welcome them "in a spirit of love and solidarity" stressing that respectful observance of sanitary and hygienic standards, especially by priests in charge of spiritual assistance in health care facilities, represents an expression of responsibility and care for "the common good", to which must join the power of prayer<sup>44</sup>.

In the United States, especially in the city of New York, during the period of lock down last spring, the American Episcopal Conference, in emphasizing the need for closeness to the "last", both from the psychological and from the health point of view, and the responsible commitment to respect for civil rights, has prepared special pastoral care programs dedicated to the spiritual assistance of elderly, disabled or members of minorities hospitalized in health facilities<sup>45</sup>. The US bishops, in praising "the courage, compassion and professionalism shown by health workers at the forefront of the emergency", highlighted how the fear and

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<sup>42</sup> Cfr. R. BARBI, *Brasile. La Pastorale della Salute accanto al personale sanitario contro il Covid-19*, in <https://www.vaticannews.va/it/chiesa/news/2020-06/brasile-pastorale>.

<sup>43</sup> Cfr. *Mosca, la task force dei sacerdoti del Patriarcato per i malati di Covid-19: dall'aprile 2020 visitate e assistite 1.300 persone*, in <https://www.farodiroma.it/mosca-la-task-force-dei-del-patriarcato-per-i-malati-di-covid-19-dallaprile-2020-visitate-e-assistite>.

<sup>44</sup> Cfr. *Coronavirus Covid-19: Russia, lettera dei vescovi alle comunità. "Imprevedibilità motore della storia". Per le liturgie mascherine e distanze*, in <https://www.agensir.it/quotidiano/2020/6/1/coronavirus-covid-19-russia-lettera-dei-vescovi>.

<sup>45</sup> Cfr. M. MALTESE, *Usa: negli ospedali il rischio è il principio utilitaristico a scapito di anziani e disabili*, in <https://www.agensir.it/mondo/2020/04/29/usa-negli-ospedali-il-rischio-e-il-principio-utilitaristico-a-scapito-di-anziani-e-disabili-e-la-cultura>.

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crisis produced by the coronavirus cannot be addressed by putting aside "ethical and moral principles" alarmed appeal to all health services and the Commission on human rights so that assistance rationing policies do not affect "the most fragile and the excluded"<sup>46</sup>.

Health care and pastoral service in the world run parallel, without mutual connections or interference. Health professionals aim to restore health, or at least to prolong life as much as possible; the ministers of religion are mostly called when "there is nothing more to be done" and the time has come to think about the salvation of the soul. In the vast program of the humanization of medicine, even those who professionally deal with spiritual assistance to the sick can find a significant place. The task of the spiritual assistant cannot be limited to the supernatural dimension alone, regardless of the rootedness of faith in the emotional and relational fabric of the person. You would like to perpetuate the dichotomy between body and spirit, which is co-responsible for the dehumanization of medicine. The adequate formation for the spiritual assistants should include, in addition to basic bio-medical and, obviously, theological-pastoral knowledge, also a substantial deepening of the human sciences (sociology, psychology, cultural anthropology, health law) and a "training" in interpersonal communication<sup>47</sup>.

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<sup>46</sup> Cfr. *Coronavirus Covid-19: Stati Uniti, allarme dei vescovi. "Politiche di razionamento dell'assistenza non colpiscono i più fragili e gli esclusi"*, in <https://www.agensir.it/quotidiano/2020/4/3/coronavirus-covid-19-stati-uniti-allarme-dei-vescovi-politiche-di-razionamento-dellassistenza>. Precisely to cope with the frailties in compliance with anti-contagion regulations, the bishops of New York have elaborated 10 guidelines for pastoral care during the coronavirus outbreak (in [christiancentury.org/blog-post/guest-post/10-guidelines-pastoral-care-during-coronavirus-outbreak](http://christiancentury.org/blog-post/guest-post/10-guidelines-pastoral-care-during-coronavirus-outbreak)). As has been aptly pointed out, in the United States pastoral care is an offer of care not only in the inner-church space, with the focus on proclaiming the Christian message, but also supports people in crises or with questions of life and faith in the most diverse contexts, regardless of denomination or culture. In the context of digital communication networks, pastoral care can contribute to the prevention of mental problems, especially from a community perspective. This is mainly achieved through social support, which has proven to be a protective factor for mental health during the crisis and beyond (cfr. A. HAUBMANN – B. FRITZ, *Pastoral care during covid-19-crisis – First results*, in <https://www.researchgate.net/publication/346315906>).

<sup>47</sup> Germany, in particular the Institute for Clinical Pastoral Care in Heidelberg, has assumed a pilot position in this formative field: it makes an "internship" in the institute compulsory not only for future hospital chaplains, but also for all candidates for a pastoral office. In Italy the international foundation Fatebenefratelli organized a two-year course for spiritual health assistants, held in the hospital on the Tiber Island, in Rome (cfr. S. SPINSANTI, *Una*



Religious assistance has been transformed into spiritual assistance, a distinction that is not only linguistic, but which opens up a different vision of the meaning of pain. The spiritual comfort entrusted more to the laity than to the religious cannot become a profession that would jeopardize the sacramental dimension of assistance, starting with Confession, nor the idea that refresher courses or of employment contracts, must involve the affirmation of the concept of sacramental administration as mere service and not as a dispensation of Grace<sup>48</sup>.

#### 4. *Ideas for reflection.*

The journey made in Italy by the pastoral care of health after the Second Vatican Council was remarkable, especially for the increased ecclesial sensitivity to the problems of health care, which has led to greater and more effective involvement of all members of the community in serving the suffering and in health promotion initiatives<sup>49</sup>. In this regard, the pontifical magisterium has been a fundamental reference point in the life and development of *pastoral care*. In particular, Saint John Paul II was the Pontiff who first dealt systematically with the problem of human suffering through a series of documents among which the apostolic letter "Salvifici Doloris" stands out of 11 February 1984 with which the World Day of the Sick is also instituted «in order to recall the importance of the spiritual and

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*nuova concezione dell'assistenza spirituale*, in <https://sandrospinsanti.eu/book/una-nuova-concezione-dellassistenza-spirituale/>, 2-5).

<sup>48</sup> On these risks, cf. A. ZAMBRANO, *In corsia, ma senza Cristo. Come cambiano i cappellani*, in <https://www.cav-voghera.it/in-corsia-ma-senza-cristo-come-cambiano-i-cappellani/>, 1-3.

<sup>49</sup> Cfr. Episcopal Commission for the Service of Charity and Health (2006). «*Predicate il Vangelo e curate i malati*». *La comunità cristiana e la pastorale della salute. Nota pastorale*, Roma, p. 29. The purpose of the Note is to offer «to the ecclesial communities criteria of discernment and pastoral indications for an adequate evangelization of the health-care reality and an incisive witness of Christian hope in the world of health» (*ibidem*, 1). This programmatic document certainly needs time to enter into pastoral practice and precisely to facilitate this journey the National Office for the Pastoral Care of Health, realized in 2011 a sort of "vademecum" entitled "*Predicate il Vangelo e curate i malati*" – *Dal testo al contesto, dal documento al comportamento. Linee guida per l'applicazione della Nota*. The aim of the vademecum, especially for the diocesan directors of the Office for the Pastoral Care of Health, is to «to spread in an operational key the values and objectives of the Note, in particular for the benefit of the diocesan directors of health pastoral care and their collaborators» (National Office for the Pastoral Care of Health of the CEI "*Predicate il Vangelo e curate i Malati. Linee guida per l'applicazione della Nota*, Roma 2011, 3.).

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moral formation of health care workers and to better understand the importance of religious assistance alongside the sick»<sup>50</sup>; the Motu proprio "Dolentium Hominum" of February 11, 1985, established the Pontifical Commission (now the Council) for the Pastoral Care of Health Care Workers, with the task of 'to stimulate and promote the work of training, study and action of ecclesial realities operating in the health sector, to disseminate, explain and defend the teachings of the Church in the field of health care, to study programmatic orientations and concrete initiatives of health policy at all levels in order to grasp their relevance and implications for the pastoral care of the Church»<sup>51</sup>; the post-synodal exhortation on the "Vocation and Mission of the Laity", which in numbers 53 and 54, stating that «the sick are also sent as workers in the vineyard of the Lord», submits that these are not recipients and at the same time subjects of health pastoral care, that therefore becomes the pastoral "for" and "with" the suffering. The profound evolution in the Italian healthcare world due to cultural factors and the progress of medical science and technology, if on the one hand it represents an important achievement, on the other hand, it can give rise to situations of imbalance due to the speed and contexts of the transformations. The new connotations acquired by the concept of "health" - that «in the maturation of a more global vision of the sick and suffering person and, in the awareness that attention should be given not only to the person of the sick and to the time of illness, but also to the family and society, with appropriate educational and preventive work»<sup>52</sup>, has developed in a broader way than the concept of "health" - means that this relates not only to physical and organic factors, but strongly involves the mental and spiritual dimensions of the person, as it extends to the material environment, affective, social and moral in which the same lives and opera<sup>53</sup>. The deep relationship between health, quality of life and well-being of man, allows a multidisciplinary analysis of the world of health, to which the Church makes her own contribution by virtue of her mission to the *salus animarum* and animated by the spirit of collaboration<sup>54</sup>.

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<sup>50</sup> C. ARICE, *Documenti della Chiesa e pastorale della salute*, in <https://www.salute.diocesidicomo.it>, 7.

<sup>51</sup> *Ibidem*, 6.

<sup>52</sup> Cfr. *Ibidem*, 3. As stated in Article 1 of the WHO Statute: «health is a state of complete physical, mental and social well-being and not just a mere absence of illness or infirmity».

<sup>53</sup> National Council for the Pastoral Care of Health, *op. cit.*, 96-98.

<sup>54</sup> Cfr. C. A. CLERICI – T. PROSERPIO, *Il ruolo della spiritualità nella cura in epoca di pandemia, tra nuove pratiche e delusioni tecnologiche*, in <https://medicinaesocieta.it/il-ruolo-della-spiritualita-nella-cura>.

In this regard, the pastoral care of health has been variously understood and carried out by the Christian community over the centuries, "in harmony" with the evolution of culture, the progress of medicine and the development of theological reflection, addressing the sick and healthy because it aims to inspire a culture more sensitive to suffering, marginalization and the values of life and health»<sup>55</sup>. As Pope Francis underlined in his speech of 5 October 2017 to the participants in the general assembly of the members of the Pontifical Academy for Life, «It is a truly human attitude to take care of another person, especially the suffering. It is a witness that the human person is always precious even if he is marked by illness and old age». At this time marked by the pandemic, we must continue to proclaim the culture of care for all, especially the weakest and most vulnerable, so that hope and trust may reign<sup>56</sup>. The pastoral care of health, especially in the current pandemic situation that imposes limits on sociality and affectivity, through human and spiritual *counselling* with the sick, family members and health care personnel, in compliance with the old legislation, plays a fundamental role in the human, health, social promotion of patients and in encouraging respect for the values of life and health. In a time of pandemic from Covid-19 «much of humanity experiences, in a synchronous way, the existential experience of contact with the precariousness and finitude of its existence» bringing out the awareness «that not everything can be understood in the psychological and rational sphere alone»<sup>57</sup>. The pandemic emergency brings out a deep need to personalize the approach, to move from caring to caring, to consider the person in the totality of his being»<sup>58</sup>.

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<sup>55</sup> *Con il Covid cambia la pastorale della salute e del lutto*, in <https://www.lavoicedibolzano.it/con-il-covid-cambia-la-pastorale>.

<sup>56</sup> Precisely with regard to the «widespread materialist, efficient and hedonistic mentality» (Episcopal Commission for the Service of Charity and Health, Pastoral Note, *op. cit.*, n. 32), «The Pastoral Care of Health contrasts the lines of action for the Christian communities, with which to carry out the work of evangelization of the Church» hoping «the involvement of the largest number of people of good will» and contemplating «lines of collaboration with specialists in the health sector, for an appropriate use of care techniques and health technologies», in order to address «the challenge to which citizens who want to participate in the life of their country are called, also taking an interest in the "bottom of the line"», that is «to overcome the boundaries of collective protection to ensure better individual protection» (P. VISENTIN, *Considerazioni in merito alla pastorale della salute e agli "ultimi della fila"*, in [www.fondazionepromozionesociale.it/PA\\_Indice/156/156\\_considerazioni](http://www.fondazionepromozionesociale.it/PA_Indice/156/156_considerazioni), 4).

<sup>57</sup> National Council for the Pastoral Care of Health, *op. cit.*, 97.

<sup>58</sup> National Council for the Pastoral Care of Health, *op. cit.*, 99-100.

The pandemic highlighted the urgency of a new model of pastoral care, attentive to all frailties, a pastoral care in which the image of the "healing community" has developed «that takes charge of the wounds present within it and faces them moving between the houses»; new forms of closeness emerged in the media, «that of compassion, that of the gaze, the digital one, the proximity of the parish and closeness in mourning»; in which the decisive role of the health care personnel was highlighted «not only in terms of professionalism, but also in the spiritual field, in the care of people in their entirety»<sup>59</sup>. In this way the witness of the pastoral care, in the spirit of collaboration with the political authorities who are committed to ensuring the protection of the right of citizens to health, «proposes the ideal of a community that takes care of, defending and promoting the person in his entirety and involving the family, health and pastoral workers», identifying «in hospitality the anthropological dimension that summarizes and connects the different forms of prevention, treatment and rehabilitation and makes the service of the sick more human». Doctors and health workers «are faced with new ethical and ethical challenges, involving patients of different ethnicities, languages, cultures and religions ... Among the new frontiers of formation to a full global citizenship there are also hospitals and nursing homes, places of value sharing and solidarity building ... The organization of hospital and outpatient care, to ensure an increasingly effective and rapid diagnostic-therapeutic path in respect of the dignity of the patient, consciously draws on the values and meanings that lay thought and the different monotheistic and spiritual traditions ascribe to the sick person ... Psychological aspects, convictions of faith, clinical experiences can, together, produce a sum that converges with the well-being of the person, with full respect for his dignity»<sup>60</sup>. In this perspective hospitality is welcome and response to the needs of the people hosted, in that meeting «the doctor with the patient who first asks for a relationship - "taking care" - and not just a service - "the care"»<sup>61</sup>, as well as accompanying the families invested by the events related to illness, and encouraging «men of science and medical art to recognize and defend the greatness of man», respecting «the creaturely weakness of the human person, which does not mortify its

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<sup>59</sup> Episcopal Commission for the Service of Charity and Health, *op. cit.*, 8.

<sup>60</sup> *Introduzione*, in *Salute e identità religiose...*, cit., 12.

<sup>61</sup> G. LAMBERTENGI DELILIERI, *Cristianesimo – Chiesa Cattolica*, in *Salute e identità religiose...*, cit., 119.

ontological dignity but is charged with the bodily impediment of a mysterious meaning»<sup>62</sup>.

In this historical moment and in a geopolitical context characterized by massive migratory flows with different modes depending on men, countries, causes, means and directions, the analysis of health determinants in the context of migration and in the countries of origin, transit and destination, is a fundamental prerequisite for the definition of appropriate policies and for the organization of an offer that is truly inclusive and fair ... also in defining rights and ensuring, in addition to care, respect for dignity and religious and spiritual support for those who are in the final phase of life in health care facilities»<sup>63</sup>. The medicine of the territory can be of great support in optimizing the management of the cures through the improvement of the so-called narrative medicine. As part of a therapeutic alliance, the patient must be taken by the hand and accompanied in all its paths of fragility», also through the predisposition of good practices to be addressed to the attention of the personnel involved in health care, «in order to raise awareness of a more responsible and appropriate attitude in the health sector in the face of cultural and religious pluralism», by combining the orientations of spiritual and religious traditions with an integral vision of man, «not in a "confessionalizing" perspective the hospital reality, nor in an exceptional way with respect to the need to adapt to regulations, practices and regulations specific to the medical health context, but to operate with more effective synergy in the "cure", sharing responsibilities and hopes in a horizon of global humanism»<sup>64</sup>.

The same National Committee for Bioethics, in emphasizing how the pandemic that we are experiencing exacerbates the drama related to the isolation of patients during their illness, «especially in the final phase of life»<sup>65</sup>, recognises the importance of a health organisation that ensures, where required, spiritual assistance, in addition to the presence of voluntary care for patients, including through virtual communication implemented with available technological devices; «giving all the necessary support to those who do not usually use them» and persevering «in the

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<sup>62</sup> Episcopal Commission for the Service of Charity and Health, *op. cit.*, 12-14.

<sup>63</sup> P. D'ALOIA, *La salute come diritto*, in *Salute e identità religiose...*, cit., 25.

<sup>64</sup> F. BOSCIA, *Cristianesimo – Chiesa Cattolica*, in *Salute e identità religiose...*, cit., 146.

<sup>65</sup> Presidency of the Council of Ministers National Bioethics Committee, *La solitudine dei malati nelle strutture sanitarie in tempi di pandemia*, in *I documenti del CNB sul Covid-19*, Roma, febbraio 2021, 85.

search for innovative solutions to ensure safety without losing the relational dimension, proximity and proximity»<sup>66</sup>.

The pandemic emergency brought to light «a need to personalize the approach, to move from taking care to take care of, to consider the person in the totality of his being»<sup>67</sup>, and highlighted the urgency of a new model of pastoral care, attentive to all frailties. A pastoral care in which the image of the «healing community» develops «which takes charge of the wounds present within it and faces them by moving between the houses», in which new forms of proximity emerge, «that of compassion, that of gaze, the digital one, the proximity of the parish and the proximity in mourning», in which the decisive role of health personnel is highlighted «not only in terms of professionalism, but also in the spiritual field, in the care of people in their totality»<sup>68</sup>.

Precisely the capacity for proximity and taking care of the other despite distance and limitations, has led to the development of new forms of pastoral action, also through the use of digital technologies, finding, through careful "discernment", new tools to relate to the sick person and their loved ones, to respond to requests for care, for the processing of pain, for relief from suffering, for support in the construction of dreams and hopes, in a discreet, respectful, consoling pastoral closeness, aimed at listening, capable of helping, even from a spiritual point of view, the resumption of one's life. The new "health care" that the pandemic has caused to experience, highlights even more the native responsibility of the Church towards the integral care of the person to be exercised in juridical autonomy and in harmony with the state authority, which belongs, even if in non-exclusive form, the protection of health, not only corporal, of the population, «In respect of the transcendent dignity of the human person, the ultimate goal of the society which is ordered to him»<sup>69</sup>.

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<sup>66</sup> *Ibidem*, 87.

<sup>67</sup> Consulta Nazionale per la Pastorale della Sanità. 1989. *La pastorale della salute nella Chiesa italiana Linee di pastorale sanitaria. Nota pastorale*, in <https://www.chiesacattolica.it/documenti-segreteria/la-pastorale-della-salute-nella-chiesa-italiana-linee-di-pastorale-sanitaria-nota-della-consulta-nazionale-per-la-pastorale-della-sanita/>, 99-100.

<sup>68</sup> Commissione Episcopale per il Servizio della Carità e la Salute. 2006. «*Predicate il Vangelo e curate i malati*». *La comunità cristiana e la pastorale della salute. Nota pastorale*, in <https://salute.chiesacattolica.it/predicate-il-vangelo-e-curate-i-malati-la-comunita-cristiana-e-la-pastorale-della-salute-2006/>, 8.

<sup>69</sup> Pontificio Consiglio della Giustizia e della Pace. 2004. *Compendio della Dottrina Sociale della Chiesa*, Libreria editrice Vaticana (from now on LEV), Città del Vaticano, n. 132. Le competenze di questo Consiglio, unitamente a quelle del Pontificio Consiglio *Cor Unum*,

In this regard, the knowledge and application of the laws of the Church does not represent a hindrance or an obstacle to pastoral effectiveness, but rather a guarantee of the search for solutions that are not arbitrary, but “truly just” and, therefore, “truly pastoral”<sup>70</sup>. While on the one hand it would be desirable to draw up a specific legislation for pastoral care in times of pandemics in order to allow dynamism and flexibility in the action of local churches while maintaining the uniformity of the criterion of universal law - in compliance with *aequitas canonica* - on the other hand, the traditional exercise of the *munus sanctificandi* by pastors underlines their responsibility for the integral health of all, «in the awareness that ecclesial norms must always be observed without endangering the *salus animarum*, indeed seeking it positively, as a goal primary of the pastoral function and ultimate goal of the Church's mission, as well as the inspiring principle of the whole canonical order»<sup>71</sup>. Order in which the pastoral perspective, in relation to the sacrament of Reconciliation, is taking on a double dimension: the passage from the reconciliation of devotion to the celebratory one of life, which combines the divine initiative with the responsibility of man, highlighting the historical-existential consistency of sacrament, and the passage, in the exceptionality of the pandemic situation, from an individual celebration to one that presents itself as a community one, where general absolution can constitute an act of trust by the penitent who shares his own sinfulness with the community, discovering in the manifestation of weakness the possibility of salvation<sup>72</sup>.

A canonical order, therefore, the rules of which assume particular relevance in times of exceptionality, such as the pandemic situation, in which, especially, canons of general scope such as 213 and 843 (concerning the administration and reception of the sacraments) and those related to the duties of parish priests in the pastoral care of the faithful, even if applied

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del Pontificio Consiglio della Pastorale per i Migranti e gli Itineranti, e del Pontificio Consiglio per gli Operatori Sanitari (per la Pastorale della Salute), dal 1° gennaio 2017 sono confluite nel Dicastero per il Servizio dello Sviluppo Umano Integrale (cfr. <https://www.vatican.va/content/romancuria/it/dicasteri/dicastero-per-il-servizio-dello-sviluppo-umano-integrale/profilo.html>).

<sup>70</sup> J. HERRANZ, *Il Diritto Canonico, perché?*, in [www.vatican.va/roman\\_curia/pontifical\\_councils/intrptxt/documents/rc\\_pc\\_intrptxt\\_doc\\_20020429\\_diritto-canonico\\_it.html](http://www.vatican.va/roman_curia/pontifical_councils/intrptxt/documents/rc_pc_intrptxt_doc_20020429_diritto-canonico_it.html), 7.

<sup>71</sup> A. SÁNCHEZ-GIL, *Per una cura pastorale integrale dei fedeli in caso di pandemia. Profili canonici e pastorali*, in *Ius Ecclesiae*, vol. XXXIII, 1/2021, 204.

<sup>72</sup> Cfr. M. CAVANI, 2021. *Liberare la grazia. Riflessioni terapeutiche sulla terza forma del sacramento della penitenza*, in *Rivista di Pastorale liturgica*, marzo 2021, 5-7.

with the necessary prudence, they cannot be considered suspended while waiting for the emergency period to cease, in the awareness of how *salus animarum* and *salus corporis* are part of the integral health of the person and therefore to be pursued simultaneously and in synergy with the state authority, evaluating the situations in their concreteness in compliance with that canonical equitas that represents the essential criterion of application of the principles and norms of the Church<sup>73</sup>.

The pandemic has shown that the Church's action surpasses physical signs, even if the need for associated worship is a central element in the life of the faithful. At this delicate and complex juncture, canon law, in helping man to attain salvation, should strive to achieve ecclesial community life by responding to that demand for health today more than ever placed at the top of the hierarchy of values, that requires «a clear openness also to salvation that is realized in sacramental gestures<sup>74</sup>, and that sees in the healing miracles operated by Christ «not solutions but signs of hope»<sup>75</sup>. Man, in the awareness of the Church's saving mission, bearing in himself the unity of body and soul, cannot despise bodily life, but as the maker of *mysterium salutis* is called to the perfection of its existence in harmony with the duality of its dimension and its inseparable quality of citizen and faithful who can achieve integral well-being only through spiritual tension, Respect for human dignity and the recognition of the fundamental rights which it confers are intimately linked to the protection of the value of health<sup>76</sup>.

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<sup>73</sup> Cfr. A. SÁNCHEZ-GIL, *op. cit.*, 204-205.

<sup>74</sup> Ufficio Nazionale pastorale della salute. 1999. "Domanda di salute, nostalgia di salvezza", *Sussidio per la Giornata Mondiale del Malato*, in <http://www.pastoralesalute.arcidiocesi.palermo.it/libri-in-biblioteca/>.

<sup>75</sup> B. MAGGIONI, *Sofferenza – Approccio biblico (NT)*, in *Dizionario di Teologia Pastorale Sanitaria*, Camilliane, Torino, 1997, 1175.

<sup>76</sup> Cfr. T. DI IORIO, *La salute del civis-fidelis nei distinti ordini dello Stato e della Chiesa cattolica. Le aspettative ascetiche della persona nella connotazione del bene salute*, in *Stato, Chiese e pluralismo confessionale Rivista telematica* ([www.statoechiese.it](http://www.statoechiese.it)), 23/2015, 17-25. The health emergency has clearly highlighted the difficult balance between constitutionally protected goods: on the one hand, the right to health, an individual good to which substantial protection must be scrupulously reserved, on the other hand, religious freedom which, in marking time for the personalist principle, it becomes the reference of the entire constitutional order (cfr. IDEM, *La quarantena dell'anima del civis-fidelis. L'esercizio del culto nell'emergenza sanitaria da Covid-19 in Italia*, in *Stato, Chiese e pluralismo confessionale Rivista telematica* [[www.statoechiese.it](http://www.statoechiese.it)], 11/2020, 58). The experience of emergency legislation produced in Italy in the early months of 2020 has certainly shown some structural weaknesses, «partly attributable to the responsibility of a political class untrained in dealing with long-term planning. In fact, the absence of a perspective gaze also weakens



Today more than ever it is necessary for the Church to be able to manifest herself not only as an institution, but also as «the freedom of the Spirit»<sup>77</sup>. This does not mean setting aside the juridical order inherent to it, considering «that canon law is useless», as it “serves” if used well «because it makes sense for the salvation of souls»<sup>78</sup>. The emergency difficulties have stimulated the creativity and inventiveness of many priests, who, using the new means of communication, have become present in the life of communities and families<sup>79</sup>. The technological and digital means of interconnection available today, especially in the particular situation of lockdown, have played an important role in breaking down the wall of necessary isolation in which the faithful found themselves to live, facilitating also contacts and virtual meetings with priests, to find listening, welcome, consolation. These same means, unthinkable in the past, if used with appropriate caution - avoiding the risks of a gnostic faith, without real contacts, progressively unaffected by the sacraments, to the relationship with pastors and the community of the faithful, and increasingly directed towards the “virtual”<sup>80</sup> - could represent, in the exceptional moments that humanity may face, a mode of administration of “therapy” sacramental, supporting priests in their mission as animarum doctors and being of great

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emergency decisions, and can even frustrate the very meaning of the sacrifices determined by the first management of the emergency. To reap lasting fruits, it is necessary to recall personal responsibility towards the fulfillment of the duties of solidarity» (P. CONSORTI, *La libertà religiosa travolta dall'emergenza*, in *Forum di Quaderni Costituzionali*, 2/2020, 387). Perhaps the emergency justifies the subversion of rules and schemes valid in ordinary time, just as it must be observed that in the face of such massive and sudden emergencies there is probably no absolutely right decision, but one point remains firm: «the emergency does not suspend the Constitution, but indeed in the emergency the Constitution is the guiding rule of state action» (M. MICHETTI, *La libertà religiosa e di culto nella spirale dell'emergenza sanitaria Covid-19*, in *Dirittifondamentali.it*, 2/2020, 552), becoming «irreplaceable emergency compass» (M. CARTABIA, *Presentazione sull'attività della Corte costituzionale nel 2019*, Palazzo della Consulta, Roma 28 aprile 2020, in <https://www.cortecostituzionale.it/jsp/consulta/composizione/relazioneannuale.do>).

<sup>77</sup> FRANCESCO, in A. Ivereigh (edited by), *Pope Francis says pandemic can be “a place of conversion”*, [www.thetablet.co.uk](http://www.thetablet.co.uk). Sulla potenzialità delle soluzioni pratiche offerte dal diritto canonico cfr. P. CONSORTI, *Relazione di sintesi: la necessità di tornare a un diritto canonico pratico*, in *Il Diritto Ecclesiastico*, 127/2016, n. 3-4, 411-424.

<sup>78</sup> FRANCESCO, in A. Ivereigh, cit.

<sup>79</sup> Cfr. A. TORNIELLI, *Introduzione*, in *Forti nella tribolazione. La comunione della Chiesa sostegno nel tempo della prova*, Dicastero per la Comunicazione della Santa Sede (edited by), LEV, Città del Vaticano, 2020, 4.

<sup>80</sup> Cfr. FRANCESCO. *Omelia del Santo Padre Francesco, “La familiarità con il Signore”*, in [www.vatican.va](http://www.vatican.va).

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use in the search by the faithful for a reassuring trust in their pastors, so that the pandemic crisis can become an opportunity to look at the essentials of life<sup>81</sup>, an opportunity to rediscover the values of living together, to affirm the principles of solidarity and fraternity buried by individualism<sup>82</sup>, a moment to reflect on the theme of resilience. This was acutely seen in terms of a "transformative" resilience, that is, the resumption of the interrupted journey by rethinking the choices at the basis of sustainable development to achieve the common good through collaboration between institutions, intermediate bodies and communities<sup>83</sup>. In particular, for the local Churches "transformative" resilience meant, especially at the beginning of 2020, meeting all together to face the dramatic pandemic situation "on the same boat", sharing in a responsible way the same commitment in order to achieve the same goal: closeness to the faithful despite the social distancing imposed by the health emergency<sup>84</sup>.

Although pastoral customs have inevitably remained wounded, the emergence of a lack of correspondence between formation in the Christian life and participation in the sacraments (*Evangelii gaudium*, n.63), has not only led to the implicit recognition of such a weakness, but he also stressed the intensification of the commitment to a spiritual care attentive to fragility, focused on a catechesis of the sacraments that renews the centrality of the Eucharist, the "summit and source" of Christian life (*Lumen gentium*, n. 10), and of Reconciliation, "the sacrament of conversion" (Lk 15:18). Certainly in the actual impossibility of access to the sacraments - for example because one is sick, or because the priest is not reachable in a reasonable time and space - God can dispense sacramental grace, «understood not only as a participation of man in the nature of God, but

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<sup>81</sup> *Ivi*, 6.

<sup>82</sup> N. FIORITA, *Libertà religiosa e solidarietà civile nei giorni della grande paura*, in [www.olir.it/focus](http://www.olir.it/focus).

<sup>83</sup> Cfr. C. COLLICELLI, *Salute, comunità e sussidiarietà ai tempi della pandemia*, in Cinzia Caporale e Alberto Pini (edited by), *Pandemia e resilienza. Persona, comunità e modelli di sviluppo dopo la Covid-19*, CNR Edizioni, Roma, 2020, 52.

<sup>84</sup> In this regard, it was noted that the particular law produced by local Churches can make a complementary contribution to the guidelines and provisions of the CEI on the concrete ways of administering the sacraments during the health emergency from Covid-19 (cfr. M. GANARIN, *Especificidad y potencialidad del derecho canónico durante la crisis epidémica en Italia*, in *Ius Canonicum*, 61/2021, 236). Moreover, the incidence of the infection was not uniform throughout the national territory, therefore perhaps it would have been more appropriate to allow individual dioceses to diversify the restrictions in the administration of the sacraments and in the carrying out of liturgical celebrations, while respecting state regulations, inherent in the fight against contagion.

also as a free participation of God's will in the salvation of man»<sup>85</sup>, even without the sacrament.

What humanity is experiencing in this era Covid-19 actually puts the faithful before this perspective, but also remembers how the cult is associated, not individual and how the physical distance can help to fight the inner one and to tighten ties not only and not so much digital, but above all spiritual and human, to be really a community that returns to "inhabit the Church",<sup>86</sup> also as a contribution to social cohesion in the country<sup>87</sup>. A community where «nobody saves himself»<sup>88</sup>. A "church as a field hospital" capable of «healing wounds and warming the hearts of the faithful»<sup>89</sup>, where the presence of competent "doctors" becomes indispensable, that is to say priests theologically and spiritually well trained, able to assist the people on the way, including through digital tools, which cannot be considered as a substitute for traditional forms of daily pastoral care, so that greater inclusiveness in support is achieved, in the proximity, proximity and accompaniment of people in an increasingly multi-ethnic, multicultural, multi-confessional and "digitized" society. A community governed by a right, the canonical one, which in the Covid-19 era can demonstrate how to be a Church ad extra is indispensable to respond to the "missionary dynamism" inherent in the Word of God, for «to reach all the suburbs that need the light of the Gospel»<sup>90</sup>.

A community governed by a right, the canonical one, which in the Covid-19 era can demonstrate how to be a Church ad extra is indispensable to respond to the "missionary dynamism" inherent in the Word of God, for «to reach all the suburbs that need the light of the Gospel». The preconditions for this "missionary dynamism" - the concept of "human person", linked to the principle of "human sociality" that is measured by the problems of history and the principle of freedom, which favors social dialogue, as rooted in human longing the Absolute in search of truth -

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<sup>85</sup> V. PACILLO, *Il diritto di ricevere i sacramenti di fronte alla pandemia. Ovvero, l'emergenza da COVID-19 e la struttura teologico-giuridica della relazione tra il fedele e la rivelazione della Grazia*, in [www.olir.it/focus](http://www.olir.it/focus).

<sup>86</sup> Cfr. M. ZUPPI, *Non siamo soli. Credere al tempo del Covid-19*, EMI, Verona, 2020, 8-9.

<sup>87</sup> Cfr. I. MAFFEIS, *Le chiese pronte a essere riabitate nella fase 2*, in [www.vaticannews.va](http://www.vaticannews.va).

<sup>88</sup> S. BUSCEMI, *"Nessuno si salva da solo", papa Francesco commuove il mondo*, in [www.varesenews.it](http://www.varesenews.it).

<sup>89</sup> FRANCESCO, *Intervista a Papa Francesco di Antonio Spadaro*, in [https://www.vatican.va/content/francesco/it/speeches/2013/september/documents/papa-francesco\\_20130921\\_intervista-spadaro.html](https://www.vatican.va/content/francesco/it/speeches/2013/september/documents/papa-francesco_20130921_intervista-spadaro.html), 10.

<sup>90</sup> FRANCESCO, *Evangelii Gaudium*, n. 20, in [www.vatican.va/content/documents](http://www.vatican.va/content/documents).

become "social factors" protected by the norms of the Church that, in self-awareness as an instrument of redemption of "human society", contributes to the defense of the person at all times and in every place<sup>91</sup>.

Although the codicistic system, based on the intention of legislating in the internal life of the Church, Avoid referring to its external relations, risking to appear more as an obstacle to the evangelizing mission of the Church than as an instrument for the structuring of the Christian community with regard to this fondamentale officium of the "People of God", the urgency of which has been widely emphasized by Vatican II<sup>92</sup>, precisely in its juridical approach and pastoral vocation finds a way of accompanying the evolution of society and the realization of the ethos of the Christian tradition, proving itself an indispensable means for the completion of the tria munera and the building of a papal magistero expression of the Depositum fidei. As underlined by John Paul II the Code, constituting «the main legislative instrument of the Church, founded in the juridical-legislative inheritance of Revelation and Tradition, must be seen as the indispensable instrument to ensure the proper order both in the individual and social life and in the very activity of Church» Presenting himself «in conformity with the spirit of Vatican II» and useful in making the Church «ever more suited to fulfilling her mission of salvation in this world»<sup>93</sup>. In the challenges that today's pandemic poses, the Church can demonstrate how canon law, both in its cognitive dimension and in that one regulation means that one can innovate without betraying its essence, safeguarding Tradition, guaranteeing the depositum fidei, respecting the intangibility of the principles of divine law in actualizing its scope, in the applicability of its content, through a paradigm change consisting of a plurality of shared techniques and methods that evolve, replace, complement, integrate for the achievement of salus animarum, supreme lex Ecclesiae. So that the "Church of participation" and the "Church of services" can interact in a virtuous way to express «a form of Church capable of a future»<sup>94</sup>, also through the fundamental contribution of a canon law "in motion".

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<sup>91</sup> The Church, placing the concrete, historical man at the center of the regulation of the social dimension, with his hopes and disillusion, with his strengths and frailties, bears witness to his unconditional love for humanity (cfr. PAOLO VI, *Discorso ai partecipanti al II Congresso Internazionale di Diritto canonico*, in [www.vatican.va/paul-vi/documents](http://www.vatican.va/paul-vi/documents)).

<sup>92</sup> Cfr. S. DIANICH, *Magistero in movimento. Il caso Papa Francesco*, EDB, Bologna, 2016, 98-100.

<sup>93</sup> GIOVANNI PAOLO II, *Sacrae Disciplinae Leges*, in [www.vatican.va/john-paul-ii/documents](http://www.vatican.va/john-paul-ii/documents).

<sup>94</sup> P. ZULEHNER, *Fiducia ansiosa*, in *Il Regno Attualità*, 18/2020, 523.