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## **Pastoral Care in Health Care: A Priority for the Church Today and in the Future** **Reflections and Proposals from the FEAMC Presidency**

**Occasion:** Consistory of Cardinals, January 7-8, 2026

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Epiphany, 6 January 2026

### ***1. Introduction: The Integral Vision of Health Care***

The human person is created in the image of God and possesses an inviolable dignity that remains intact in illness, disability, and dependency. Therefore, in the Catholic understanding, health care is never limited to the technical treatment of disease but concerns the whole human person – body, mind, and spirit. Pastoral care is thus not an optional addition, but an essential dimension of authentic health care. In a context marked by rapid technological progress, demographic change, and growing ethical tensions, **there is an urgent need to reaffirm the priority of pastoral care within health care systems and within the mission of the Catholic Church, today and in the future.**

### ***2. Some Concrete Considerations***

The necessary shift in attention and emphasis outlined above requires concrete and coordinated initiatives involving both ‘pastors’ and ‘lay persons’, including qualified professional experts. Such initiatives should be prepared and carried out in a genuinely synodal manner, marked by collaboration, mutual support, and discernment inspired by the Holy Spirit, and thus free from empty activism or reductive ideological approaches.

These initiatives should not be limited to the creation of entirely new structures or programs. In many instances, there is an urgent need for a thoughtful revival of existing initiatives, accompanied by renewed attention, care, and spiritual support on the part of the Church.

There is also a need to reconsider specific organizational changes within the Church's pastoral engagement in health care, including its content, style, priorities, and modes of presence.

#### ***2.1. Possible Measures at the Local and Regional Level***

Where pastoral needs so require and circumstances permit, the following measures may be considered, in whole or in part:

- The (re)appointment of a visible Church’s representative for pastoral care in health care (a bishop, priest, religious, or suitably qualified lay person), at diocesan level and, as appropriate, at intermediate and local levels (deaneries, parishes).
- The (re)establishment within National Bishops’ Conferences of structures dedicated to pastoral care in the health care sector, such as a Council for Health Pastoral Care; the nomination of a bishop responsible for health pastoral care; and, where appropriate and feasible, the establishment of Ordinariates for Pastoral Care in Health Care, analogous to those serving the military, police, or prison ministries.



- Renewed institutional support, moral encouragement, and spiritual accompaniment for Catholic lay initiatives, including associations of Catholic doctors and other health care professionals.
- Strengthening the development, refinement, and prudent implementation at the local and regional levels of sound Magisterial guidance on ethical and moral issues in (bio)medicine, new technologies, and health care, in full accordance with the Magisterium of the universal Church and in collaboration with local theological faculties, Catholic universities, professional associations, and other relevant institutions.

## ***2.2. Possible Measures at the Level of the Universal Church***

At the level of the universal Church, the following measures may be considered, in whole or in part:

- The (re)establishment of an appropriate structure within the Roman Curia dedicated to pastoral care in health care, for example a Pastoral Section for Health Care within the Dicastery for Integral Human Development or the Dicastery for the Laity, the Family and Life, or, after due discernment, the reconsideration of a fully dedicated Holy See body.
- The promotion of networking and structured collaboration among 'pastors' and 'members of the People of God', as well as among ecclesial and lay professional bodies/structures engaged in health care mentioned above, from the diocesan level upwards.
- The promotion of networking, collaboration, and open dialogue with other Christian Churches, other religious traditions, and people of good will engaged in the care of the sick and vulnerable.
- Strengthening the formulation and implementation of sound Magisterial guidance on ethical and moral issues in (bio)medicine, new technologies, and health care, including through enhanced collaboration among the Pontifical Academies (particularly the Pontifical Academy for Life), Catholic universities and faculties, and scientific and research Institutes (theological and other).

## ***3. Justifications for the Necessary Changes: Serious Challenges, Needs, and Opportunities in the Health Care Realm***

The call for renewed prioritisation of pastoral care in health care is grounded in a sober assessment of contemporary realities. The following considerations highlight the gravity of the challenges involved, while also pointing to significant pastoral opportunities:

- Profound paradigmatic changes in contemporary medicine, health care provision, and health care systems are occurring at an unprecedented speed, depth, and scale, often outpacing ethical reflection and pastoral accompaniment.
- The contemporary health care sector encompasses an immense and complex reality: vast networks of facilities and institutions, millions of professionals, billions of patients, and their families, as well as a sector of enormous economic significance.
- Health care exerts a decisive existential impact on contemporary societies. Beyond its physical effects, it profoundly shapes cultural attitudes toward life, suffering, dependency, and death. It has become a primary arena of intense ideological confrontation, often described as the conflict between a 'culture of life' and a 'culture of death' or 'Throwaway culture'. Notably, far more people enter health care facilities on a daily basis than churches or other Church-run institutions.



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- Within the health care realm, grave mortal sins against human life are committed daily on a massive scale, including including practices that involve the destruction, manipulation, or instrumentalisation of human life. It is also a sphere in which emerging threats to human nature itself are increasingly materialised and amplified.
- Health care is the principal setting in which new biomedical technologies and sciences are developed, tested, and implemented at unprecedented scale and speed, raising complex ethical, anthropological, and spiritual questions.
- Catholic and other Christian health care professionals face unprecedented professional pressures and moral/ethical dilemmas. Many increasingly experience isolation, moral distress, or a sense of being insufficiently supported or accompanied by the(ir) Church.
- At the very moment when the Church's presence in the health care sector is in danger of diminishing, the unmet need for authentic pastoral care – and the openness to receive it when it is respectfully and competently offered – is growing exponentially.
- Existing pastoral care in many health care settings remains insufficient: it is often understaffed, difficult to access at critical moments, lacking clear leadership, vision, and coordination, and dependent on too few adequately prepared priests, religious, and especially lay persons.
- Pastoral care in the health care sector must not be reduced to the transmission of Magisterial teaching on relevant medical and moral/ethical issues. Instead, it is the compassionate and sustained accompaniment of the Church (through the works of priests, religious, lay persons, and devoted health care professionals) to all those in need of pastoral care and support within the health care sector.
- Those in need of pastoral care of the Church within the health care sector include, in particular:
  - 1) Patients and clients;
  - 2) Their relatives, families, and those close to them;
  - 3) Health care personnel and professionals, especially physicians and nurses;
  - 4) Other professionals bearing significant responsibility within or toward the health care sector, including administrators, managers, economists, health insurance personnel, and public authorities.

Pastoral care in health care is not directed exclusively to 'believers'. Rather, it should be offered, in an appropriate and respectful manner, to all persons – believers and 'non-believers' alike – by attending to the spiritual and existential needs that arise whenever a human person enters the health care realm.

## *The FEAMC Presidency*



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## ***Selected FEAMC-Based Reading***

The following FEAMC-related documents and publications may serve as useful background and reference material for further reflection on the themes addressed above:

- Glasa J. Challenges of the Paradigmatically Changing Medicine and Health Care Systems – Postcovid-19 and Beyond. In: Defilippis V, Van Ittersum FJ, Scardicchio AC. (Eds.): *FEAMC ACTA – Challenges of Competence and Compassion in Contemporary Medicine. Proceedings of the FEAMC Assisi Symposium, May 27–29, 2022*. Polignano a Mare, Italy: Edizioni Paginaria, 2022, pp. 45–56.
- Čivljak R. Spiritual care in healthcare from the perspective of a healthcare professional. *Glasnik HKLD*. 2025;35(3):223-230. Available at: <https://hrcak.srce.hr/clanak/487585>.