RESUMO - SAÚDE E ESPIRITUALIDADE

CURRENT CHALLENGES OF SPIRITUAL CARE IN HEALTHCARE – A CENTRAL EUROPEAN COUNTRY (SLOVAKIA) PERSPECTIVE

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General Background: Healthcare must never be limited to the technical treatment of diseases but concerns the whole human person – body, mind, and spirit. Spiritual care is thus not an optional addition, but an essential dimension of authentic healthcare. 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 healthcare systems and within the mission of the Catholic Church, today and in the future.

Nowadays, spiritual care must be able to attend, in a compassionate and competent manner, to the increasingly unmet spiritual (or ‘existential’) needs of contemporary people, be they patients, their relatives, healthcare professionals, healthcare managers, and others. In our rapidly changing, deeply fragmented, increasingly pluralistic and secularised world, actual spiritual care faces numerous challenges. These need to be freshly recognised, thoroughly rethought, and adequately addressed if spiritual care is to serve those in its need well.

Among many, there is a challenge to sustain (and develop), ‘in times of crises’, the spiritual service itself, especially its precious human and spiritual resources. And, at the same time, a challenge to serve well, as Good Samaritans, to all our ‘brothers and sisters’, including those stemming from other Christian denominations, other religions, or people declaring themselves ‘non-believers’ or ‘atheists’.

Lessons Learned: Following the general considerations, as given above, we report on our shared experience and work of a conceptual, practical and legal re-establishment of healthcare spiritual care (HSC) in a Central European Country (Slovakia) following the abolition of the ‘communist’ totalitarian regime (1989), which launched country's unprecedented political, economic, cultural, and (somewhat less visible) spiritual changes.

As a more detailed information is given in the paper (poster), we outline here just the most important/difficult challenges encountered (period 1990-2025): 1) lack of proper understanding of HSC importance, insufficient support from the Church leadership, 2) diminishing numbers/personal capacities of clergy for this kind of pastoral work (HSC), 3) lack of recognition/support of/for the work of HSC volunteers, 4) unclear legal status of HSC, its clergy/volunteers within the healthcare system, 5) lack of specific education/training of HSC clergy/volunteers, 6) insufficient work of Church leadership with healthcare facilities managements, lack of written agreements and proper appointment procedures of HSC clergy/volunteers.

The most important success factors were: 1) continuous leadership of a devoted bishop, 2) work of priests (diocesan and of religious orders) committed to HSC, 3) continuous joint work of healthcare professionals and theologians (including those of other Christian Churches), 4) collaboration with the discipline of palliative medicine and hospice care.

We try to apply the lessons learned, as well as our thinking and everyday practical experience, to the present, complex, and rapidly changing challenges faced by healthcare spiritual (pastoral) care in our country, both now and in the foreseeable future.

Conclusion: We hope that this account of our experience, works and struggles, successes and setbacks, as well as our conceptual understanding, may be useful for others facing similar, or even far more difficult and complex challenges.

Palavras-chave: spiritual care in healthcare; challenges; solutions; sustainability and development; central europe; slovakia; health professionals; clergy; volunteers; church leadership.