Chaplains, like other Allied Health Professionals, support, facilitate, counsel, and liaise with patients, family members (or significant others) and staff. In Education, Piaget determined that learning occurs spontaneously. The educational task is to create an environment which is conducive to learning: providing tools, space, guidance, etc. In pastoral care our task is to create an environment where the spiritual journey, healing or grieving can occur.

Introducing Pastoral Care in health care contexts may mean needing to help staff understand our preparation for the task: how we are qualified to do what we do and when to call a chaplain. Staff can learn that we may be one of the resources in their care of a patient and family. If they are persons of faith, their spirituality may be a resource for them and remind them to contact the chaplain. But even if they don’t practice faith, they can be reminded of our care both for families of faith and families without faith but with questions of meaning and value, in which we are trained. They may even discover existentially that we are there for them should they experience the need for pastoral care or spiritual support.

Before exploring pastoral issues staff may have, I highlight and discuss 10 things that are unique to Pastoral Care. These have emerged for me and taken shape over 30 years of ministry, supervision both in and out of CPE, teaching, and spiritual formation.

1. ministry training in “ultimate questions” - such as value/life/death/meaning or meaning-making.
2. Clebysch & Jakel definitions of healing, guiding, sustaining, reconciling
3. these happen on many layers (self, family, God, community, church)
4. other Health Care professionals are called for identified problems, we are expected to be involved (we don’t have to wait for an invitation or referral)
5. our scope or horizon is broader (medical models are often reductionistic)
6. when we walk in a room, only we function as a representative of God
7. 2000 year old history and context, Scripture, Sacraments, & assurance of the Good News of the Gospel
8. religious permission and spiritual modelling
9. connect patients to a supportive and life-giving body of faith (that’s different than a referral to a government agency, however helpful)
10. service through ritual and prayer (which can facilitate healing or closure even in complicated grief.)

When the family issues have to do with understanding, alienation, reconciliation, and forgiveness: these are a part of the minister’s pastoral tools and a large part of what we do. Only faith knowledge and pastoral assurance through the person of the priest, chaplain or minister can address these spiritual needs.