

HOSPITAL PASTORAL CARE AS THE REALIZATION OF THE CHURCH'S MISSIONARY IDENTITY IN LIGHT OF THE ECCLESIOLOGY OF THE SECOND VATICAN COUNCIL

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Abstract. This article examines hospital pastoral care as a practical expression of the missionary identity of the Catholic Church in the light of the ecclesiological paradigm shift that emerged with Vatican II. Based on the documents of the Council, this work shows how the missiology, ecclesiology, lay participation, and ecumenical perspective promoted by Vatican II have contributed to a new conception of contemporary hospital pastoral care. I explore the way the new ecclesiological paradigm reflected in the conciliar documents and its reception in Pope Francis' *Evangelii Gaudium* have shaped the understanding and practice of hospital pastoral care as part of the mission of the Catholic Church.

Keywords: hospital pastoral care, Second Vatican Council, *Evangelii Gaudium*, missionary identity, healing ministry, involvement of the laity, ecumenical cooperation

This article examines the way the ecclesiology, missiology, Christology of Vatican II documents, and the conciliar vision of lay participation in the mission of the Church, as well as their reception in the *Evangelii gaudium* of Pope Francis have reshaped the mission of the Catholic Church to the sick, – especially as manifested today in pastoral care and hospital chaplaincy. The inquiry is not merely theoretical but emerges from urgent contemporary needs, such as the spiritual needs of patients, family members, and healthcare workers.² This ministry

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2 George FITCHETT, Steve NOLAN, *Spiritual Care in Practice: Case Studies in Healthcare Chaplaincy*, London: Jessica Kingsley Publishers, 2015.

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attempts to respond to contemporary challenges that include cultural pluralism, health inequalities, pandemics, and spiritual hunger amid secularisation. In this context, the presence of the Church among the sick takes on renewed significance. The practice of hospital pastoral care allows the Church to be truly present in the world, particularly on those “peripheries” (EG 20–24) where Pope Francis repeatedly called her to encounter Christ in those who suffer.³

This study intends to highlight of those aspects of the teaching and theology of the Second Vatican Council that define the current practice of hospital pastoral care. The documents of Vatican II⁴ provided a renewed theological vision that reshaped the way the Church understands its mission, its healing ministry, its relationship to the world, to other denominations and the role of all the baptised. By returning to the Gospels as the sources of ecclesial life, the Council reminded the Church that caring for the sick is not an optional charitable activity but flows from the very nature of the Church.⁵ In addition to the conciliar documents, I look at the ecclesial paradigm change proposed by Pope Francis in the *Evangelii gaudium*.

The ecclesiology of Vatican II and the missionary identity of the Church

Vatican II effected a profound shift in the self-understanding of the Church, moving toward a more biblical and communal vision.⁶ Central to this transformation was the definition of the Church as the People of God (LG 9–17). This ecclesiology is intrinsically missionary: the Church exists not for itself but to serve God's saving plan for the world. Stephen B. Bevans goes even further, arguing that the dogmatic

3 Therese M. LYSAUGHT, “Las Periferias y El Pan: Pope Francis, the Theology of the People, and the Conversion of Catholic Bioethics”, *Perspectivas Teológica Bioética* 51.3 (2019) 421–442.

4 I have used the English translation of the conciliar documents available on the Vatican website: *Documents of the Second Vatican Council*, https://www.vatican.va/archive/hist_councils/ii_vatican_council/index.htm.

5 Therese M. LYSAUGHT, “Bringing Christ to Christ: The sacramental and trinitarian heart of the Church's healing ministry”, in Alexander RÖDLACH, *SVD Health Professionals Participating in God's Mission to Heal*, Rome: 2023, 130–144.

6 Ormond RUSH, “Roman Catholic Ecclesiology from the Council of Trent to Vatican II and Beyond”, in Paul AVIS (ed.), *The Oxford Handbook of Ecclesiology*, Oxford: Oxford University Press, 2018, 263–292.

constitution on the Church, *Lumen Gentium*, “opens with a missionary vision”⁷. In this interpretation, the Church appears as an instrument whose very existence derives from its missionary commitment, namely its service, witness, and proclamation of the Gospel. As *Ad Gentes* affirms, the Church is “missionary by her very nature” (AG 2), sent forth to make the Kingdom of God present in every dimension of human existence (AG 1, 12, 42).

The pastoral constitution *Gaudium et Spes* (GS) further develops this vision by calling the Church to be present in the world, particularly where human dignity is threatened and where suffering is most acute. The opening words resonate profoundly: “The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ.” (GS 1). This statement asserts the radical solidarity of the Church with suffering humanity. The Church cannot remain indifferent to or distant from the concrete realities of human pain; rather, recognising these realities and responding to them defines the very identity of the Church. Hospital pastoral care can be seen therefore as a concrete embodiment of this principle, as chaplains and pastoral caregivers enter into the lived experience of patients, families, and healthcare workers, manifesting the care of the Church in areas marked by vulnerability and suffering.

In the vision of *Ad Gentes*, the missionary identity of the Church is inseparable from an attitude of deep solidarity. As Bevans shows: “Witness begins with solidarity.”⁸ Those who carry out the mission of the Church are called to enter into the concrete reality of those they serve and to listen respectfully to their cultural, social, and religious experience. This missionary commitment must be characterised by an unwavering respect for human dignity and must show solidarity with all people, regardless of their social status, religious affiliation, or cultural background. This solidarity also includes caring for those who suffer and are in need, as AG 12 and AG 21 emphasise.⁹

Hospital chaplaincy embodies this paradigm particularly vividly. Pastoral care providers stand by the suffering, their relatives, and healthcare workers in times of illness and mourning. Pastoral care ministry enables patients to experience that

7 Stephen BEVANS, “Revisiting Mission at Vatican II: Theology and Practice for Today’s Missionary Church”, *Theological Studies* 74.2 (2013) 261–283.

8 BEVANS, *Revisiting Mission*, 261–283.

9 BEVANS, *Revisiting Mission*, 261–283.

they are not alone, that someone listens with love and acceptance, that they can share their spiritual anxieties and dilemmas, that someone accompanies them in their suffering and search for meaning, and that, when desired, someone prays with them.¹⁰ Their presence and service bring this solidarity to life at the sickbed. In this pastoral activity, solidarity takes on a tangible form: the support of hospital pastoral caregivers, regardless of their worldview, religious identity, or social status. This ministry makes God's love concrete and real, fulfilling the mission of the Church to be "the universal sacrament of salvation" (LG 48).

According to Klára Csíszár and László Német SVD, the missionary outreach of the Catholic Church entails not only a geographic movement but an existential one: it means going forth toward the poor, the wounded, to all those who suffer.¹¹ In this perspective, the traditional *missio ad gentes* evolves into a *missio ad vulnera* – a mission directed toward the wounds of humanity – which is always carried out as a *missio in misericordia*,¹² a mission embodied in mercy. Such mission is therefore vital to the identity of the Church while simultaneously exerting a healing and liberating effect on human life.¹³

Pope Francis' vision, articulated in *Evangelii Gaudium*, has shaped the image of a Church "which goes forth" (EG 20–24), leaving behind its comfort zone, to encounter Christ on the existential peripheries (EG 183, 207, 275). Francis underscores that the missionary identity of the Church is inseparable from this dynamic movement of *going forth*, modelled on the ministry of Jesus. Christ's call to "go and make disciples" (Matt 28,19-20) requires the Church to leave behind familiar structures in order to reach the geographical and existential *peripheries* – those places marked by suffering, exclusion, or spiritual abandonment. A truly

10 Khadijeh HATAMIPOUR et al., "Spiritual Needs of Cancer Patients: A Qualitative Study", *Indian Journal of Palliative Care* 21 (2015) 61–67; Ana Claudia MESQUITA et al., "Spiritual Needs of Patients with Cancer in Palliative Care: An Integrative Review", *Current Opinion in Supportive and Palliative Care* 11.4 (2017) 334–340; Andrew OLDNALL, "A Critical Analysis of Nursing: Meeting the Spiritual Needs of Patients", *Journal of Advanced Nursing* 23 (1996) 138–144.

11 László NÉMET SVD, Klára Csíszár, *Gyógyító szeretet. Bevezetés a katolikus missziológiába*, Budapest: Szent István Társulat, 2022.

12 Klára Csíszár, "Filmrezension: Missionsverständnis nach Papst Franziskus im Lichte des Neuen Films von Wim Wenders", *Studia UBB. Theologia Catholica Latina* 63.1 (2018) 91–97.

13 CSÍSZÁR, "Filmrezension", 91–97.

missionary Church takes the initiative because God has first taken the initiative in loving humanity (1 John 4,19). Following Jesus' example, missionary disciples step forward boldly, seek those who have drifted away, accompany the wounded, and offer hospitality to those on society's margins (EG 20–24). This outward movement is not optional but constitutive of discipleship, revealing the Church as a community that bears fruit through compassionate presence and active engagement with the most vulnerable.¹⁴

This missionary dynamic, while given new emphasis by Pope Francis, is rooted in the ecclesiology of Vatican II and ultimately in the ministry of Christ. Understanding hospital pastoral care through the lens of the Church "which goes forth" reveals its profound theological significance as an embodiment of the missionary identity of the Church. While the ministry of the Church involves a service to the world, the Church is also enriched by the world (GS 44). Through its service to the sick, the Church fulfils its mission and reveals its identity even more clearly.

Returning to the healing ministry of Jesus

One of Vatican II's most significant contributions was its return to Scripture, particularly the Gospels, as the primary source for understanding the life and mission of the Church. This *ressourcement*,¹⁵ this return to the sources enabled a recovery of Jesus' own practice as the normative pattern for ecclesial life. In the Gospels, healing is not incidental to Jesus' ministry but central to it.¹⁶

The healing ministry stands as one of the most enduring expressions of the identity of the Church, deeply rooted in the life and mission of Jesus Christ. Throughout the Gospel narratives, Jesus' encounters with the sick reveal not merely acts of compassion but the very essence of the Kingdom of God breaking into human history. This healing dimension of Christ's mission was not meant to cease with his earthly ministry; rather, it was explicitly entrusted to his disciples and, through them, to the Church.¹⁷ Crucially, Jesus entrusted this healing ministry

14 Klara A. CSISZAR, "Missionary. Existential. Spiritual. Perspectives for the Work of the Church after the Pandemic", *Studia UBB. Theologia Catholica Latina* 67.1 (2022) 5–16.

15 Gerald O'COLLINS, "Ressourcement and Vatican II", in Gabriel FLYNN and Paul D. MURRAY (eds), *Ressourcement: A Movement for Renewal in Twentieth-Century Catholic Theology*, Oxford: Oxford Academic, 2011, 372–391.

16 LYSWAUGHT, *Bringing Christ*, 130–144.

17 LYSWAUGHT, *Bringing Christ*, 130–144.

to his disciples. In sending out the Twelve, he explicitly commanded them to “heal the sick” alongside proclaiming the Kingdom (Luke 9,2; Matt 10,8). This mandate establishes healing as constitutive of apostolic mission. It is not temporary but foundational, defining the mission of the Church for all time.¹⁸

Consequently, the healing ministry of the Church, particularly as expressed in contemporary hospital pastoral care, is not peripheral but central to missionary identity. Rooted in Jesus’ own ministry and explicitly entrusted to his disciples, care for the sick has characterised Christian communities from their origins.¹⁹

Therese Lysaught points out that the decree *Apostolicam Actuositatem* also contains a reference to seeing Jesus in our fellow human beings, in those in need (AA 8).²⁰ The Christological perspective that supports this insight is based on Matt 25,31-46 and defines the Church’s attitude towards the sick. In this eschatological discourse, Jesus identifies himself with those who suffer: “I was sick, and you visited me” (Matt 25,36).²¹ This identification results in a profound theological shift: the sick are not merely the beneficiaries of charitable activities, but in a mysterious way, the presence of Christ becomes experiential through them. This Christological perspective radically transforms the Church’s understanding of illness, suffering, and the vocation of those who care for the sick. Pastoral care is not merely a work of mercy toward others, but an encounter with the Lord himself, who is present in those who suffer.²² The sick person becomes a *locus sacramentum* – as the Eucharist – a place for encountering the crucified and risen Lord.²³ This theological inversion has profound implications for pastoral care. It means that when chaplains enter a patient’s room, they are not merely bringing Christ to the sick; they are encountering Christ already present in the sick, the persons who suffer.²⁴

Involvement of lay believers in the mission of the Church

Among Vatican II’s most consequential insights was its affirmation that all the baptised share in Christ’s threefold office of priest, prophet, and king (LG 31), and

18 LYSWAUGHT, *Bringing Christ*, 130–144.

19 LYSWAUGHT, *Bringing Christ*, 130–144.

20 LYSWAUGHT, *Bringing Christ*, 130–144.

21 LYSWAUGHT, *Bringing Christ*, 130–144.

22 LYSWAUGHT, “Las Periferias”, 421–442.

23 LYSWAUGHT, “Las Periferias”, 421–442.

24 LYSWAUGHT, *Bringing Christ*, 130–144.

therefore laity participate in the mission of the Church (AA 3-4).²⁵ This teaching overcame centuries of clericalism that had largely restricted active ministry to the ordained. The Council proclaimed unambiguously: “For this reason the laity, dedicated to Christ and anointed by the Holy Spirit, are marvelously called and wonderfully prepared so that ever more abundant fruits of the Spirit may be produced in them” (LG 34). This calling extends to all dimensions of church life, including the ministry of the Church in hospitals and hospital pastoral care.

Within the missiological framework outlined above, the Second Vatican Council formulated a fundamental principle: works of charity – including care for the sick – are not secondary activities but constitute the “inalienable duty and right” of the Church (AA 8). More specifically, indicating that service to those who suffer occupies a place of honour in the mission of the Church, *Apostolicam Actuositatem* addresses care for the sick as a form of lay apostolate, and affirms that “some works by their very nature can become especially vivid expressions of this charity” (AA 8). This also means that lay healthcare workers participate in the healing ministry of the Church.²⁶ At the same time, this can also be interpreted explicitly from the perspective of pastoral care. Lay pastoral caregiver can also carry out the mission of the Church and represent the Church in a hospital setting. This means that hospital pastoral care is provided not only by hospital chaplains and monastics, but also by lay professionals, as common today. Lay ministries allow the Church to be present in many secular healthcare institutions.²⁷ This does not question the indispensable character of the priestly ministry, since in crises caused by illness and suffering²⁸ the need for the sacraments, for confession, the Eucharist, and the anointing of the sick, becomes even more pressing. These two components of hospital chaplaincy – priestly ministry and pastoral care – complement each other fruitfully in practice.

The increasing involvement of lay pastoral caregivers represents a significant development in contemporary hospital pastoral care practice. While the primary task of hospital chaplains is to respond to requests for the sacraments, lay pastoral caregivers also play an important role in providing individual pastoral care. This

25 BEVANS, *Revisiting Mission*, 261–283.

26 LYSAGHT, *Bringing Christ*, 130–144.

27 Megan BEST *et al.*, “This Ward Has No Ears: Role of the Pastoral Care Practitioner in the Hospital Ward” *Journal of Health Care Chaplaincy* 28.2 (2022) 179–193.

28 Paul M. ZULEHNER: *Übergänge. Pastoral zu den Lebenswenden*, Wien: Patmos, 1990.

cooperation provides even more space for responding to diverse spiritual needs and for ecumenical cooperation.²⁹ Their service embodies the vision of Vatican II regarding the mission of the laity and their presence in the world as leaven. In hospital settings characterized by religious and cultural pluralism, lay pastoral caregivers navigate complex landscapes, offering spiritual support that respects diverse backgrounds while witnessing to Christian faith through their attitudes and actions.³⁰ Their presence demonstrates that participation in the mission and healing ministry of the Church is not only the responsibility of priests and religious orders but the vocation of every baptised person called to serve suffering humanity.

Pope Francis invited those who participate in the mission of the Church to do it in a synodal way. Synodality, “walking together”, involves recognising that the entire People of God shares responsibility for the mission of the Church. Our task is to build the Kingdom of God together, through dialogue, finding the role of different charisms and ministries in this process.³¹ The recent Synod on Synodality has shown that a synodal practice involves mission, communion, and participation, – three dimensions that must always operate together.³²

In hospital pastoral care, synodality means recognizing that ministry to the sick is not only the responsibility of the chaplain but flows from the whole Christian community and requires active participation from lay members. Synodality also means that the Church is committed to solidarity, dialogue, and mutual learning with people of different religious traditions and worldviews. This approach is particularly important in hospital pastoral care, where the effectiveness of this ministry is determined by interdisciplinary cooperation with healthcare professionals and constructive partnership with different denominations.

29 Carmen SCHUHMANN, Annelieke DAMEN, “Representing the Good: Pastoral Care in a Secular Age”, *Pastoral Psychology* 67 (2018) 405–417.

30 Simon PENG-KELLER, *Healthcare Chaplaincy as Specialised Spiritual Care. The Christian Call for Healing in a Global Health Context*, Göttingen: Vandenhoeck & Ruprecht, 2024.

31 XVI Ordinary General Assembly of the Synod of Bishops. *A Synodal Church in Mission*. First Session. Synthesis Report, 2023, Introduction, <https://www.synod.va/content/dam/synod/assembly/synthesis/english/2023.10.28-ENG-Synthesis-Report.pdf> (entry: 5 August 2024).

32 XVI Ordinary General Assembly of the Synod of Bishops. *A Synodal Church in Mission*, Chapter 1, “Synodality: Experience and Understanding,” subsection “Convergences”.

Ecumenical and interreligious dimensions

Contemporary hospitals are, by their very nature, spaces characterised by pluralism in terms of worldviews and religions.³³ Hospitals – with the exception of those maintained by churches – are secular institutions where patients are viewed from a medical perspective. Patients, relatives and healthcare professionals bring their own religious and sociocultural backgrounds with them,³⁴ so hospitals may be inhabited by Catholics, Protestants, Orthodox Christians, Jews, Muslims, Buddhists, Hindus and people without religious affiliation. This religious diversity makes hospitals a privileged place for ecumenical and interfaith encounters. The commitment of Vatican II to ecumenism (*Unitatis Redintegratio*) and interreligious dialogue (*Nostra Aetate*) is put into practice in hospital pastoral care, where Catholic pastoral caregivers and hospital chaplains are in daily contact with members of other denominations.

Interfaith dialogue presents both greater challenges and remarkable opportunities. While preserving their Christian and denominational identity, pastoral caregivers often accompany patients of other faiths or no faith, respecting everyone's beliefs in accordance with the norms professional ethics, while providing authentic spiritual support. This requires spiritual maturity and pastoral sensitivity, neither imposing the Catholic faith nor abandoning it, but bearing witness to Christ through pastoral presence and service. Referring to non-Christian religions, *Nostra Aetate* teaches that the Catholic Church “rejects nothing that is true and holy in these religions” (NA 2), recognising that God's grace is at work beyond the visible boundaries of the Church. Hospital pastoral care becomes a space where this recognition takes concrete form, as pastoral workers collaborate with colleagues from other religious traditions and respect the spiritual resources that patients bring with them from their own faith communities.

The daily practice of hospital chaplaincy shows that ecumenical cooperation and the sharing of tasks between chaplains and hospital pastors belonging to different denominations are useful for effective pastoral care.³⁵ When representatives of

33 George FITCHETT *et al.*, “Spiritual Care: The Role of Health Care Chaplaincy in Spirituality, Religiousness and Health”, in Lucchetti GIANCARLO *et al.*, *Religion, Spirituality and Health: A Social Scientific Approach* 4, Cham: Springer, 2019, 183–206.

34 Orsolya PÁL-JAKAB, Júlia FARKAS, “A betegek spirituális szükséglétei és a kórházi lelkigondozás szerepvállalása”, *Studia Theologica Transsylvaniae* 27.1 (2024) 224–244.

35 Hans DUESBERG, “Ökumenische Zusammenarbeit im Krankenhaus”, in Michael KLESSMANN (ed.), *Handbuch der Krankenhausseelsorge*, Göttingen: Vandenhoeck & Ruprecht, 2013, 254–265.

different denominations coordinate their work – dividing up clinical units, supporting each other's activities, and referring patients to each other – they are able to make pastoral care more accessible and provide higher quality care. Such cooperation improves accessibility for patients, relatives, and healthcare workers, as chaplains can focus on a specific department rather than trying to cover the entire institution on their own. In addition, ecumenical teamwork creates a professional community in which supervision, case discussion, and mutual support are realised, strengthening both pastoral competence and the quality of pastoral presence.³⁶ This cooperation embodies the hope of the Council for Christian unity, demonstrating that what unites Christians – commitment to serving suffering humanity in Christ's name – outweighs the divisions that separate them.

Conclusions

This article examined hospital pastoral care in light of the Second Vatican Council as a practical expression of the missionary identity of the Church, reflecting on the current practice of hospital pastoral care along the four central dimensions of the teachings of Vatican II. This study shows that the theology of the Council still contributes to the pastoral activities of the Church in hospitals, and within that, to contemporary hospital pastoral care.

First, the ecclesiology outlined in *Lumen Gentium* and *Ad Gentes* presents the Church as fundamentally missionary in her nature. This mission cannot be understood only in geographical terms but extends to every dimension of human life. Hospital pastoral care embodies, puts into practice, this missiology of Vatican II, by rendering the mission of the Church to the sick present and concrete.

One of the main paradigms of the Council is the return to Scriptures, as part of the larger process of ressourcement. The Church is called to ground her praxis in Jesus' ministry. The Gospels show that the healing ministry is at the centre of Jesus' activity. Healing is closely linked to the proclamation of the Kingdom of God (Luke 9,2; Matt 10,8). Hospital pastoral care is deeply rooted in Jesus'

36 Orsolya PÁL-JAKAB, Júlia, FARKAS, A kórházi lelkigondozás ökumenikus szemlélete és többdimenziós emberképe, in Mónika KRASZNAY (ed.), *Pasztorálpszichológiai Tanulmányok I. A pasztorálpszichológia hozadéka és kihívásai ma*, Budapest: Pünkösdi Teológia Főiskola, 2024, 124–46.

healing ministry, which he entrusted to his disciples as their mission, alongside the proclamation of the Good News.

Apostolicam Actuositatem puts forward a Christological perspective that shows Jesus identifying with the sick (Matt 25,36). This Christology, which has characterised the Church from the beginning, radically changes the way we think about the sick. The Church recognises Jesus in the suffering person, thus the sick person becomes a bearer of Christ, a *locus sacramentum*. The decree calls on lay people to engage in acts of charity. Pastoral ministry at the sickbed is not only the responsibility of priests and religious but can also be performed by lay professionals. The participation of the laity opens up new possibilities for making pastoral care more accessible for patients, relatives and health care workers.

Perspectives from *Unitatis Redintegratio* and *Nostra Aetate* highlight the ecumenical and interreligious dimensions of hospital pastoral care. In the pluralistic world of hospitals, where chaplains support patients of different religions on a daily basis and work together with colleagues from different denominations, these conciliar insights prove to be particularly valuable for the cooperation required by the shared ministry to the suffering.

In sum, hospital pastoral care is deeply rooted in the theology of the Second Vatican Council and puts it into practice. Through these four dimensions – the missionary identity of the Church, Jesus' healing ministry as reflected in the New Testament, the involvement of the laity, and ecumenical-interreligious openness – hospital pastoral care is linked to the ecclesiological vision of Vatican II. Hospital pastoral care is an integral part of the mission of the Catholic Church and makes God's healing love tangible at the bedside, manifesting the presence of Christ among the suffering and vulnerable.

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