

As they were going out, they met a Cyrenian named Simon; this man they pressed into service to carry his cross.

MATTHEW 27:32

HEALTH CARE MINISTRY

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HEALTH CARE MINISTRY

I. INTRODUCTION

These policies and guidelines have been developed consistent with guidelines of the Catholic Health Association (CHA) to assist chaplains, religious, or lay ecclesial pastoral care ministers/volunteers to provide quality pastoral care and a ministry to those affected by health care services. The primary purpose of these guidelines is to assist people with a Catholic heritage or current affiliation, who are receiving health care treatment in the Archdiocese, to feel the care of Christ and of the Catholic community, through person-centered and sacramental ministry.

II. ESSENTIAL REQUIREMENTS FOR THOSE SERVING IN PASTORAL HEALTH CARE MINISTRY

The essential requirement for those serving in pastoral health care is to both understand and organize one's ministry around the pastors of the parishes and faith communities of the Archdiocese of Seattle. The Church's "Pastoral Care of the Sick" (PC, 117) stresses that through the apostle James, Jesus commands us "Are there any who are sick among you? Let them send for the priests of the Church, and let the priests pray over them with oil in the name of the Lord; and the prayer of faith will save them..."

This is why the Church takes seriously the ministry of those assisting the pastors of the Church through training and formation, both academic and pastoral in programs of certification such as Clinical Pastoral Education (CPE). Such preparation can increase the Church's effectiveness in reaching out to those separated from the parish. Sometimes this is due to an illness, but often illness, itself, provides reflective moments regarding personal relationships most especially with God and his Church.

The entire range of ministry from pastors who visit from their parish, priests who serve as hospital chaplains who provide on-site pastoral and sacramental care, ecclesial lay ministers who may provide immediate pastoral and catechetical support, as well as other volunteers such as trained extraordinary ministers of the Eucharist, who in prayer and service extend the celebration of Eucharist in a parish out to those in health care institution who can not attend.

The *Code of Canon Law* defines chaplains differently than that of the secular culture or even of the health care institutions themselves. It is necessary to define how the term chaplain will be used in this document. "A chaplain is a priest to whom is entrusted in a stable manner the pastoral care, at least in part, of some community or particular group of the Christian faithful." (CIC, c. 564) Deacons, religious, or lay ecclesial health care ministers who have an

appointment from the Archbishop are often chosen by health care facilities to provide pastoral care and may be referred to as “chaplain.” However, in this document the term “chaplain” will refer only to a priest. The term “lay ecclesial” or “pastoral care minister” will refer to deacons, religious, or lay ecclesial health care ministers.

HC 1. To be considered for employment as a chaplain/lay ecclesial health care minister, an applicant must meet the essential requirements for the position, have the required personal qualities and attributes, and obtain a mandate from the Archbishop. The requirements and qualities are as follows:

- 1.a. Must be a Catholic who is registered and active in a parish or faith community in the Archdiocese of Seattle as shown by participating actively in its liturgical life.
 - Must be baptized and confirmed or received into the Church no fewer than three years prior to application;
 - Must attend Mass regularly.
- 1.b. Must have the proper academic qualifications or be willing to study for them.
 - Must have a bachelor’s degree in Theology or a related field;
 - Must have or be working toward CPE training and certification;
 - A master’s degree in Theology, Pastoral Care or a related field is preferred.
- 1.c. Must be at least 21 years of age at the time of application.
- 1.d. Must be able to communicate effectively in English. Bilingual skills in English and Spanish are preferred.
- 1.e. Must be knowledgeable about Roman Catholic teaching and practice.
- 1.f. Must speak and act in ways congruent with the Church’s faith and its moral and social teachings (NACCS).
- 1.g. Must remain continually updated about policies and the best practices expected of ministers to the sick.
- 1.h. Must exhibit respect for all people by demonstrating sensitivity to the rich ethnic, racial, age-level, gender and cultural diversity of parishioners (NACCS).

- 1.i. Must be able to celebrate the uniqueness of all people by exhibiting respect for their dignity, worth and full potential.
- 1.j. Must be able to entertain alternative points of view (NACCS).
- 1.k. Must show the ability to take responsibility for one's self, make decisions, and deal with the consequences (NACCS).
- 1.l. Must be able to set goals, articulate personal values, and make decisions in light of those values without undue influence from others, and, at the same time, be able to follow goals set by those responsible for the common good and act according to established Archdiocesan and health care procedures (NACCS).
- 1.m. Must have the ability to identify personal strengths and weaknesses, remain open to feedback from others and be able to change behaviors, attitudes and needs. (NACCS)
- 1.n. Must promote the ethical and moral values and follow the guidelines for health care as established by the Roman Catholic Church in the document *The Ethical and Religious Directives for Catholic Health Care Services* (NACCS).

HC 2. In addition to the above qualifications, a priest serving as a chaplain must be in good standing and must be someone whom the Archbishop is willing to appoint to ecclesiastical office and to whom canonical faculties can be granted (CIC, c. 566, §1).

HC 3. The applicant must meet the requirements of the Health care and/or Pastoral Care facility where he/she plans to work as a chaplain/religious/lay ecclesial health care minister and abide by the policies of the health care facility.

A priest whom the Archbishop has not appointed to an ecclesiastical office is not permitted to accept from a health care agency an appointment to the secular position of “chaplain.”

HC 4. A priest who has been returned to the lay state by favor of the Holy Father may be appointed by a health care facility to the secular position of “chaplain” if all of the following conditions are met:

- 4.a. The Archbishop has been informed in advance;
- 4.b. The appointment does not violate the terms of the rescript;

- 4.c. The Archbishop judges that no scandal or confusion will be given to the Christian faithful.

III. PROFESSIONAL ETHICS AND CODE OF CONDUCT

Professional Conduct

HC 5. All health care chaplains/religious/lay ecclesial health care ministers must familiarize themselves and follow the provisions of the USCCB's *Ethical and Religious Directives for Catholic Health Care Services*.

This document covers the following areas of Health Care:

- The Social Responsibility of Catholic Health Care Services;
- The Pastoral and Spiritual Responsibility of Catholic Health Care;
- The Professional-Patient Relationship;
- Issues in Care for the Beginning of Life;
- Issues in Care for the Dying;
- Forming New Partnerships with Health Care Organizations and Providers.

Sexual and Other Misconduct Issues

HC 6. All employers and those responsible for volunteers must assure that the most recent copies of archdiocesan policies regarding sexual abuse and misconduct have been read, understood and signed.

All employees and volunteers should contact the Human Resources Office for the most recent copies of Archdiocesan policies regarding sexual abuse and misconduct. Chaplains/religious/lay ecclesial health care ministers are responsible for knowing the policies of the health care or pastoral care facility where they minister.

HC 7. All employees and volunteers must successfully complete a criminal background check. No one will be allowed to minister in the archdiocese without successfully completing a criminal background check.

Confidentiality

HC 8. Except for situations provided for by canon and civil law and archdiocesan and health care policies, chaplains/religious/lay ecclesial health care ministers/volunteers must keep their conversations with patients, patient’s families and health care staff confidential (see archdiocesan Sacramental Policies: PN, IV, “Confidentiality: The Seal of Confession”).

8.a. If a patient discloses that someone could potentially be harmed (i.e., a patient has disclosed to a volunteer that he/she is planning to commit suicide), the chaplain/religious/ecclesial lay minister/volunteer is required to report it either to the appropriate leader (for example, the pastor or supervising parish/ institutional staff) and/or the local police.

8.b. At no time can a priest share information disclosed during confession. As provided for by Washington State law, all communication shared during confession between a priest and a patient is confidential and privileged:

Absolute freedom of conscience in all matters of religious sentiment, belief and worship, shall be guaranteed to every individual, and no one shall be molested or disturbed in person or property on account of religion.

Washington State Constitution,
Section 11, “Religious Freedom”

8.c. Moreover, According to the Revised Code of Washington State, “A member of the clergy or a priest shall not, without the consent of a person making the confession, be examined as to any confession made to him or her in his or her professional character, in the course of discipline enjoined by the church to which he or she belongs” [RCW 5.60.060 (3)].

8.d. The chaplain/religious/lay ecclesial minister/volunteer should contact the archdiocesan Assistant Director for Pastoral Care Services and pastor or parish supervisor regarding any question concerning what is confidential and what should be reported.

- 8.e. Chaplains/religious/lay ecclesial health care ministers/volunteers who need to share some information regarding a patient are to conduct such conversations in a confidential setting. A restaurant, for example, is not usually an appropriate environment for discussing problems with clients.

IV. CERTIFICATION

- HC 9. Chaplains/religious/lay ecclesial health care ministers must have received certification through the National Association of Catholic Chaplains (NACC) or be working toward the same.**
- HC 10. The NACC applicant must receive an endorsement from the Archbishop in order to be certified or recertified by the NACC.**

V. THE GEOGRAPHICAL PARISH AND THE CHAPLAIN'S/HEALTH CARE MINISTER'S RELATIONSHIP WITH PASTORAL CARE FACILITIES IN WESTERN WASHINGTON

- HC 11. All health care chaplains, ministers, and volunteers must function collegially with other professionals related to their ministry.**
- 11.a. All health care chaplains, ministers, and volunteers are required to form and maintain working relationships with their health care administration and staff, to function as an integral member of an interdisciplinary team, and to communicate with other disciplines through the use of referral systems, chart entries and other mechanisms in the clinical setting.
- 11.b. All health care chaplains, ministers, and volunteers must respect the religious mission of a health care facility sponsored by another religion while maintaining their own Catholic identity. Chaplains are advised that the disclosure of health information to clergy not employed by health care facilities is now highly restricted by federal regulation, i.e. HIPAA. For a more thorough explanation of HIPAA regulations, see the policies for the Office of Human Resources.

HC 12. If a priest employed by a health care facility or local deanery is unavailable, the lay ecclesial ministers for health care under the direction of the local pastor should visit the Catholic patient and offer appropriate pastoral care.

The health care facility must allow the priest from the local parish to have access to the Catholic patients at the health care facility, especially for the celebration of the sacraments. Other pastors should be granted access to their own parishioners.

VI. MINISTRY AGREEMENT/JOB DESCRIPTION

HC 13. Chaplains must sign a ministry agreement with the Office of the Vicar for Clergy.

VII. SUPERVISION AND EVALUATION

HC 14. Chaplains/religious/lay ecclesial health care ministers hired by a Deanery must be supervised and evaluated by the Dean of the Deanery.

For chaplains, (not for lay ecclesial health care ministers) the evaluation is conducted in conjunction with the Office of the Vicar for Clergy.

VIII. PASTORAL CARE

Deanery Planning for Health Care Ministry

HC 15. Each deanery must provide a plan whereby pastoral health care is available on a rotating basis at all hours of the week (see archdiocesan Sacramental Policies: AN, IV, “The Minister”).

15.a. Deaneries are responsible for regional pastoral planning of health care ministry, being especially attentive to the sacramental needs of Catholic patients in health care facilities, hospice programs, and nursing homes.

15.b. A pastoral plan should make provision for such matters as the availability of priests for the sacrament of reconciliation and anointing of the sick, as well as providing opportunity to bring Holy Communion to the sick and infirm.

Pastoral Visits/One-on-One Visits

HC 16. Pastoral visits are not sessions.

When visiting a patient, a chaplain, religious, lay ecclesial health care minister, or volunteer is considered to be conducting a one-on-one pastoral visit. Counseling is outside the scope of the position description and duties of most chaplains, religious, and lay ecclesial health care ministers, unless they have been specially trained and are licensed or registered by the State as a counselor and are officially acting in that capacity.

Distribution of Holy Communion

To inform themselves about the church's teaching on the Eucharist, all health care chaplains/religious/ecclesial lay ministers and volunteers should read *The Real Presence of Jesus Christ in the Sacrament of the Eucharist* (USCCB, 2001) the *Guidelines for the Reception of Communion* (USCCB, 1996), Archbishop Brunett's pastoral letter, *Bread of Life, Bond of Love*, published October 29, 2005, and archdiocesan *Sacramental and Liturgical Policies*: EU.

The Office of the Vicar for Clergy will provide these documents at no cost to the chaplain/religious/ecclesial lay minister.

HC 17. The chaplain, religious, lay ecclesial health care minister and volunteer(s) needing consecrated communion hosts must make arrangements with the local parish.

17.a. Health care ministry providers will be sensitive to the deanery-wide plan of outreach to their health care institutions.

17.b. A proper pyx must be used for transporting consecrated hosts.

HC 18. Unless the health care facility has a Catholic chapel with a tabernacle, communion hosts must be consumed on the day of the chaplain's/religious/ lay ecclesial health care minister's/volunteer's visit.

Consecrated hosts may not be retained in storage to be used for another day.

18.a. Hosts must be transported through a pyx.

18.b. Hosts that fall should be consumed by the minister.

18.c. Hosts that have been corrupted should be disposed canonical norms. (See EU, V, "Care of the Holy Eucharist")

The Sacrament of the Anointing of the Sick

HC 19. Only a priest is authorized to celebrate the Anointing of the Sick.

- 19.a. Those whose health is impaired by old age or serious illness may receive the sacrament of the Anointing of the Sick. The Anointing of the Sick should not be delayed for the moment of death nor celebrated after someone has died.
- 19.b. The local pastor or the priest on duty according to the deanery's pastoral plan is responsible for providing the Sacrament of Anointing of the Sick.

HC 20. A patient or family member of the patient requesting the Sacrament of the Anointing of the Sick or the Sacrament of Reconciliation should contact a priest to administer these Sacraments.

The priest should be contacted in a timely manner and the time requested for celebrating the sacraments should be such that the priest is able to accommodate the request.

HC 21. Lay ecclesial health care ministers and volunteers are not authorized to use oils in ministering to the dying.

- 21.a. Because the use of oils may be confused with the sacrament of anointing, their use is reserved for the priest (see archdiocesan Sacramental Policies: AN, IV, "The Minister").
- 21.b. A lay ecclesial health care minister or volunteer may offer the Church's prayers for the dying Christian and distribute the Eucharist or viaticum.
- 21.c. The use of holy water may be used according to the provisions of the rites for the care of the sick. See Liturgy policies for further guidelines.

The Rite of Viaticum

Viaticum ("to go with you on the way") is the name given to the Eucharistic bread or Holy Communion when it is administered to the dying or to those in danger of death. (see *Rites of the Catholic Church*, "Anointing and Care of the Sick," and archdiocesan Sacramental Policies: VI)

HC 22. Whenever possible, viaticum should be received during the Mass so that the sick person may receive communion in the context of the community of faith.

HC 23. In administering viaticum, the priest or deacon follows the rite prescribed in the ritual; other ministers use the rite they ordinarily follow for distributing communion, but with the special formula given for viaticum.

The ordinary ministers of viaticum are the pastor, his assistant priests, or chaplains.

Continuous Rites for Those in Danger of Death

For those in danger of death, the church provides a continuous rite whereby the sick person may be given the sacraments of penance, anointing, and the Eucharist as viaticum in one service. Only a priest may celebrate this continuous rite, since it includes the sacraments of penance and anointing.

HC 24. When a chaplain is asked to celebrate the continuous rites for someone in danger of death, the sick person should be given an opportunity to make a sacramental confession, be anointed and receive viaticum.

Infant Baptisms

HC 25. The pastor is responsible for recording infant baptisms at the parish of the infant's parents.

25.a. If the family does not have a parish, the baptism is to be registered in the geographic parish of the place of baptism.

25.b. "In case of necessity, anyone, even a non-baptized person, with the required intention, can baptize, by using the Trinitarian baptismal formula" (see *CCC*, 1256 and archdiocesan Sacramental Policies: IB, VII, "Ministers of Baptism").

Adult Baptisms

HC 26. The pastor is responsible for registering adult baptisms at the parish of the adult or of his or her family.

If the family does not have a parish, the baptism is to be registered in the geographic parish of the place of baptism.

IX. CONTINUING FORMATION FOR CHAPLAINS, RELIGIOUS, AND LAY ECCLESIAL HEALTH CARE MINISTERS AND VOLUNTEERS

Chaplains, religious, and lay ecclesial health care ministers are strongly encouraged to pursue opportunities for continuing formation in theology, pastoral care, and personal growth. As a guideline, professional standards for certified Catholic Chaplains require fifty hours of continuing education.

X. HOSPITAL GRANTS

Hospital Grants Distributed by the Archdiocese of Seattle

Grants are distributed through several deaneries with funds from the Archdiocese of Seattle for specific pastoral care ministries based on the percentage of health care facilities and pastoral care needs in each deanery.

- The archdiocesan Assistant Director for Pastoral Care Services requests individual deaneries to submit proposals for grants to the Office of the Vicar for Clergy. Applications for grants are received in the spring.
- Proposals will be reviewed and deaneries will receive a response in a timely fashion.
- Requests for grants may be made for a one-year period.
- Requests for funding should include the following information:
 - Amount of funding requested;
 - An explanation of how and where the grant will be utilized (purpose, staffing, sites, population served);
 - The deanery contact responsible for administration of the grant.

The archdiocesan Assistant Director for Pastoral Care Services distributes grants based on Deanery requests. The money for the grant is distributed quarterly and is sent to the Dean's parish. Once the Dean receives the money, he distributes it accordingly.

APPENDIX A: GUIDELINES FOR NATIONAL ASSOCIATION OF CATHOLIC CHAPLAINS CERTIFICATION (NACC)

The cost for the certification process will be covered by the chaplain, religious, or lay ecclesial health care minister. The Archdiocese of Seattle cannot cover the cost of certification.

NACC candidates who are seeking certification must provide the Archbishop with the following information for his review:

- Three written references attesting to his/her service as a professional minister within the Archdiocese of Seattle. One letter must be from the pastor of his/her local parish. Of the remaining two letters, one must be from his/her most recent supervisor in ministry.
- A one-thousand word statement which includes:
 - A brief written description of prior service and responsibility within the Church, particularly in the Archdiocese of Seattle;
 - An assessment of his/her strengths and limitations in pastoral ministry;
 - A definition of his/her pastoral identity;
 - A statement of the theological position, which informs his/her theory and practice of pastoral ministry within the context of the ecclesiology of the Catholic Church, and informs his/her practice as a Catholic health care minister. This last may be a separate statement.
 - His/her education history.
- A recommendation from an interview panel consisting of the Assistant Director for Pastoral Care, a lay ecclesial minister specializing in health care ministry and a member of the presbyterate with health care ministry experience.
- NACC candidates who are seeking recertification must provide the Archbishop with the following information for his review:
 - A written reference attesting to his/her service as a professional minister within the Archdiocese of Seattle, from his/her most recent supervisor in ministry.

- A brief statement updating his/her pastoral ministry.
- A copy of his/her current vitae including education and work history.
- A letter from the pastor where the health care minister regularly attends Sunday Eucharist.