

## **Health Care Chaplaincy in France today**

In France, freedom of religious exercise is a fundamental right, recognized by the laws of the Republic, specifically the law passed in December 1905. This law states that the republic "guaranties the freedom of religious exercise. (...) The Republic neither recognizes, nor salaries, nor subsidizes any religion (...) Chaplaincy service expenses, related to freedom of religious exercise, in colleges, hospices, asylums and prisons, could however be budgeted ". The circular dated December 2006 indicates "Whatever faith they belong to, chaplains must be proposed by their religious authority in order to be hired by the health care center management. Lack of such a clearly identified authority will result in the rejection of any chaplaincy creation request." The government currently recognizes the Catholic, Protestant, Jewish and Muslim Faiths. Each of them today has appointed a National Health Care Chaplain.

## **Catholic Health Care Chaplaincy experience in France today**

### **What about Church ?**

Our Church simply assigns chaplains, in health care centers, the mission to be Christ's presence to the sick, their relatives and the medical staff. This pastoral task, entrusted by the bishop, to teams of men and women ready to announce the Gospel, gives very high priority to listening and accompaniment.

In his diocese, the bishop nominates one person to perform the coordination for all health care center chaplaincies. This person is called RDAH (Responsible for the Diocese Health care Chaplaincy).

The Bishops Conference nominates a National Chaplain for 6 years. Today the National Chaplain is Anne Humeau, she is married and a mother of 5. She has no Theological degree, her competency comes primarily from an extended field experience.

## **Some interesting characteristics worth investigating**

**The team:** The chaplaincy's face has obviously changed. From the chaplain to the chaplaincy, from the priest-chaplain to the lay or priest chaplain, from a single person to a team whose members are together responsible for the mission, from a cult practice and sacraments chaplaincy to the chaplaincy of the presence, of the encounter and of the spiritual or religious accompaniment. That team is the privileged body where the Word of God is shared, where a rereading of events is undertaken and where discernment, about the proper attitude to adopt, takes place. It is also the place where sharing, in the light of faith, hope and brotherly prayer, is done. Team is the primary place for learning and training. "The National Conference of Health Care Chaplaincy" held in Lourdes in November 2008 highlighted that "team" is an essential foundation for the implementation of the mission.

## **Sent on mission**

This mission, assigned by the church to the team, implies a sending off, which originates in the apostolic times, and is still to be recognized in Jesus The Christ, He who is sent by the Father. Today the chaplaincy members are similarly sent to the health care centers, in an adventure that will affect their entire life, thoroughly reshaping their believer identity. Confidence and faith are at stake. Shared confidence between he who sends and he who is sent and clear and acute acceptance of the place to be held, a place fundamentally linked to God's work acting in every encounter and God's presence always acting in the very heart of every encounter.

## **A church that reaches out**

Today's world pretends that it does not need us. (One can live, and well, away from faith!). This interrogates our being, talking and acting behavior. We do not have any power in places we are sent to. We have to bear witness of a servant church, a church that reaches out and proposes, a church accepted, welcomed. Chaplaincy encounters, accompanies and listens to many people who moved away from their parish life, their spiritual questions are nonetheless essential. Sickness, aging, accidents are unstable situations requiring, one way or another, to place some confidence and faith in the future, in what's "to come", to be able to move forward, to move through suffering. In the name of Incarnation, to care for people and to bear witness to the Gospel and to the radical goodness of God are not dissociable.

## **A department within the institution.**

Participation in the institution "quality improvement program and ISO certification" seems mandatory as for any other department, making sure the specificity of chaplaincy is being understood. This means creating a chaplaincy project, a status report, and insuring information transmission and sharing. Chaplaincy values being a real partner in the global care of the patient as a whole. This means presence, collaboration, partnership with various actors, particularly to respond to spiritual or religious requests. Care must be taken not to be instrumentalized (being used for ends in contradiction with the mission).

## **Discernment and training.**

Acute discernment and training (both initial and continued) are necessary to select the chaplains for hire as well as new team members. Good-will cannot be sufficient! The mission will always prevail, but not at the expense of the necessary competency required to be recognized within the institution. This competency is not primarily "academic", it mainly relies in the quality of "being" and is rooted in faith, in the self questioning ability in front of someone confronted with sickness, aging, suffering... the unbearable. Listening to someone's suffering displaces one's innermost convictions and profoundly shakes one's faith.

**The priest, by his presence, is a “sign”.**

Oftentimes today, teams do not include a priest among their members. This can only question each of us. His position is indeed peculiar. The priest – nominated by the bishop to accompany the team – reveals by his presence the link with the local diocesan church. He welcomes in the name of the church what has been lived by the team and manifests the openness to (acceptance of ?) the gift of God. He has a sacramental presence (reconciliation, anointing) by the sick or the aged, in liaison with the team. He may celebrate the Eucharist with the team and the sick, thus manifesting that the mission is rooted in the Eucharist.

**With others.**

The chaplaincy is part of the Health Care Pastoral project. In its way it contributes to diocesan church life. The evolution of health care institutions combined with improved life expectancy require an improved collaboration with the SEM (Evangelical Service for the Sick, which is a service proposed at home). Chaplaincies also need to improve their links with miscellaneous pastoral services aiming at better reflection, education / training programs definition, concern for team members replacement and the team’s “health”. Similarly chaplaincies must be attentive to other actors, members of health care associations, within the institution and also externally.

**Unusual** : Health Care Chaplaincy has evolved over the last three decades. Today its “ecclesial signification” takes precedence to the “religious service” it used to be. It has become a “Church presence” within the heart of medical institutions

The health care chaplaincy today is far from being an isolated structure of little importance. It constitutes a visible Church sign in the health care world and contributes, at the level assigned, to the regeneration of local church life.

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