EDITOR'S NOTE

Some events are so life-changing that the details of every person in the room, every word uttered, every expression of shock finds its way into the memory you hold from then on. For our family, it came deep in the night at our local Catholic hospital. After the ER doctor and nurses came as a group to give us the news, they called in the chaplain, for counsel or comfort or whatever they thought the poor woman could offer. She was an elderly nun, who obviously had been roused to do what she could do for us — in her case, one Our Father, one Hail Mary, one Glory Be and the Memorare. Four rote prayers I usually counted off on rosary beads or fingertips. Poor recompense for an enormous loss.

MARY ANN STEINER

The ideal chaplain not only is armed with all the right credentials but is steeped in the virtues of compassion, good judgment and ecumenism, and he or she is touched but undaunted by tragedies, personality disorders, broken hearts and spiritual crises. The ideal patient is in touch with his or her own spirituality in times of health, illness, disaster and death. The ideal hospital, hospice or long-term care facility stays true to mission, exercises the highest quality of patient care and upholds mutual respect for every member of its clinical, pastoral, administrative and associate staff.

If your experience — as health care professional, patient or, most likely, as that patient's friend or family — has ever been less than ideal, you will understand the dilemmas discussed in this issue. Pastoral care is one of the sacred givens of Catholic health care, yet it finds itself at a critical crossroads. Is it a vocation or a discipline? Is it answering a call or exercising a career option? In his introduction, Fr. Joseph Driscoll encourages us to embrace the both/and nature of pastoral care in transition. Yet Zac Willette, in his article about the tensions inherent in its practice and priorities, spells out the very either/ors that plague the decisions chaplains, pastoral care directors and staffing administrators have to make.

This is an aspirational issue of *Health Progress*. It's a brave thing to wade in the shifting waters of a profession in transition. Most of us prefer a little time lapse or a few hypotheses proven before we are ready for prime time. That some of these authors are willing to bring forth ideas still under discussion and vet innovative practices for a test run before they become standardized is revealing of the new breed of chaplains. They are wearing their advocacy and ambitions for the profession on their sleeves. We thank each of them, and especially David Lichter, executive director of the National Association of Catholic Chaplains, for serving as this volume's guest co-editor.

In preparation for this topic, I attended last September's meeting of the North Central Prairie Chaplain Conference. There was a stellar speaker, an ambitious agenda and a meeting room filled with chaplains from regional hospitals across Minnesota, Wisconsin and South Dakota. With earnest professionalism and plain-spoken discussion, they made evident that the present and future of pastoral care are in excellent hands.

We are so grateful when readers follow us closely enough to catch an error and give us the correct information. Thanks to several readers, we have adjusted the introduction to the web version of the March-April issue of *Health Progress* because we had taken some of the numbers we reported out of context.

You will see a new name at the top of our masthead in this issue: Brian Reardon has begun his new position as vice-president of communications and marketing. Brian is no stranger to CHA, having come from one of our member ministries, Hospital Sisters Health System in Springfield, Illinois. When we refer to your friends at *Health Progress*, you can now count Brian among them.

I hope to see you in June at the Catholic Health Assembly in San Diego.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, May - June 2018
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