



**Science and Faith in Healthcare:
Advancing Holistic Approaches**

International Scientific Conference

Rijeka, May 21-22, 2026

Međunarodni znanstveni simpozij / *International Scientific Conference*
ZNANOST I VJERA U ZDRAVSTVU: PREMA CJELOVITOM PRISTUPU
SCIENCE AND FAITH IN HEALTHCARE: ADVANCING HOLISTIC APPROACHES

Sveučilište u Rijeci – Fakultet zdravstvenih studija

Sveučilište u Rijeci – Medicinski fakultet

Riječka nadbiskupija

Uniwersytet Mikołaja Kopernika w Toruniu – Wydział Teologiczny

Znanost i vjera u zdravstvu: prema cjelovitom pristupu

Međunarodni znanstveni simpozij

Rijeka, 21.-22. svibnja 2026.

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Riječka nadbiskupija

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University of Rijeka - Faculty of Medicine

Archdiocese Rijeka

Nicolaus Copernicus University of Toruń - Faculty of Theology

Science and Faith in Healthcare: Advancing Holistic Approaches

International Scientific Conference

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Program simpozija

Prvi dan

15.00 – Otvaranje konferencije i pozdravni govori

Prvo glavno predavanje

15.15 – **Prof. Piotr Roszak, prof. Maciej Wróbel, Janusz Czarnecki, dr. med.** (Poljska)
The Role of Religious Narrative, Ritual, and Meaning-Making in Clinical Practice

15.45 – Rasprava

16.00 – Svečano otvaranje izložbe učenika “**Znanost i vjera u zdravstvu: zajednički doprinos brizi za čovjeka**”

Prvi blok predavanja

16.30 – **Gabrijela Sopta Primorac, dr. med.** (Hrvatska)
Između znanosti i vjere: holistički pristup ženi s ginekološkim karcinomom

16.50 – **Izv. prof. dr. sc. Samir Husić, dr. med.** (Hrvatska)
Iskustva neformalnih njegovatelja palijativnih pacijenata. Emocionalni i duhovni izazovi

17.10 – Rasprava

17.25 – Kratki predah

Drugi blok predavanja

17.30 – **Prof. dr. sc. Karmen Lončarek, dr. med.** (Hrvatska)
Profesionalna podrška u žalovanju: novi pogledi

17.50 – **Dr. sc. Gordana Šimunković** (Hrvatska)
Duhovnost u palijativnoj skrbi: izazovi i mogućnosti

18.10 – Završna rasprava i zatvaranje prvog dana

Drugi dan

Drugo glavno predavanje

9.00 – **Professor Emeritus Jaime Emilio González Magaña SJ** (Italija)

Nessuna lacrima va perduta davanti a Dio

9.30 – Rasprava

9.45 – Kratki predah

Prvi blok predavanja

10.00 – **Dr. Shola Oladipo** (Velika Britanija)

From Pulpit to Prevention: A Faith-Based Intervention for Non-Communicable Disease Prevention in Black Churches

10.20 – **Revd. Dr. Gillian Straine** (Velika Britanija)

Beyond the Biopsychosocial Model: Churches, Meaning-Making, and the Ecology of Holistic Healthcare

10.40 – Rasprava

10.55 – Kratki predah

Drugi blok predavanja

11.10 – **Prof. Hans-Ferdinand Angel** (Austrija)

Some Relevant Scientific Parameters for a Holistic Approach in Healthcare

11.30 – **Izv. prof. dr. sc. Roman Globokar** (Slovenija)

Spiritual Care as a Universal Dimension of Holistic Palliative Care: Insights from Slovenia

11.50 – Rasprava

Treći blok predavanja

12.05 – **Doc. dr. sc. Marin Biondić** (Hrvatska)

Pravo na smrt u kontekstu palijativne etike

12.25 – **Ivan Vitas, mag. educ. hist. et phil.** (Hrvatska)

Od sloma do transcendencije - znanost, vjera i granične situacije kod Karla Jaspersa

12.45 – Rasprava

13.00 – Kratki predah

Četvrti blok predavanja

13.15 – **Dr. sc. Mario Tomljanović** (Hrvatska)

Patnja i milost vjere. Kršćanska duhovnost kao put koji nosi i podupire

13.35 – **Antonio Vučković, mag. theol.** (Italija)

Duhovna pratnja osobe u palijativnoj skrbi: relacijski model duhovne skrbi

13.55 – **Izv. prof. dr. sc. Saša Horvat** (Hrvatska)

Na granici života: susret znanosti i vjere uz pacijentov krevet

14.15 – Zaključna rasprava i zatvaranje konferencije

Conference Program

First day

15.00 – Opening of the conference and welcome speeches

First keynote lecture

15.15 – **Prof. Piotr Roszak, prof. Maciej Wróbel, Janusz Czarnecki, MD** (Poland)
The Role of Religious Narrative, Ritual, and Meaning-Making in Clinical Practice

15.45 – Discussion

16.00 – Official Opening of the Student Exhibition “**Science and Faith in Healthcare: A Joint Contribution to Caring for the Human Person**”

First block of lectures

16.30 – **Gabrijela Sopta Primorac, MD** (Croatia)
Between Science and Faith: A Holistic Approach to Women with Gynecological Cancer

16.50 – **Assoc. Prof. Samir Husić, MD** (Croatia)
Experiences of Informal Caregivers of Palliative Patients: Emotional and Spiritual Challenges

17.10 – Discussion

17.25 – Short break

Second block of lectures

17.30 – **Prof. Karmen Lončarek, MD** (Croatia)
Professional Support in Grieving: New Perspectives

17.50 – **Gordana Šimunković, PhD** (Croatia)
Spirituality in Palliative Care: Challenges and Opportunities

18.00 – Final discussion and the closing of the first day

Second day

Second keynote lecture

- 9.00 – **Professor Emeritus Jaime Emilio González Magaña SJ** (Italy)
Not a Single Tear Is Lost Before God
- 9.30 – Discussion
- 9.45 – Short break

First block of lectures

- 10.00 – **Shola Oladipo, PhD** (Great Britain)
From Pulpit to Prevention: A Faith-Based Intervention for Non-Communicable Disease
Prevention in Black Churches
- 10.20 – **Rev. Dr. Gillian Straine** (Great Britain)
Beyond the Biopsychosocial Model: Churches, Meaning-Making, and the Ecology of Holistic
Healthcare
- 10.40 – Discussion
- 10.55 – Short break

Second block of lectures

- 11.10 – **Prof. Hans-Ferdinand Angel** (Austria)
Some Relevant Scientific Parameters for a Holistic Approach in Healthcare
- 11.30 – **Assoc. Prof. Roman Globokar** (Slovenia)
Spiritual Care as a Universal Dimension of Holistic Palliative Care: Insights from Slovenia
- 11.50 – Discussion

Third block of lectures

- 12.05 – **Marin Biondić, PhD** (Croatia)
The Right to Die in the Context of Palliative Ethics
- 12.25 – **Ivan Vitas, mag. educ. hist. et phil.** (Croatia)
From Collapse to Transcendence – Science, Faith, and Limit Situations in Karl Jaspers
- 12.45 – Discussion
- 13.00 – Short break

Fourth block of lectures

- 13.15 – **Mario Tomljanović, PhD** (Croatia)
Suffering and the Grace of Faith. Christian Spirituality as a Path That Sustains
- 13.35 – **Antonio Vučković, mag. theol.** (Italy)
Spiritual Accompaniment in Palliative Care: A Relational Model of Spiritual Care
- 13.55 – **Assoc. Prof. Saša Horvat** (Croatia)
At the Edge of Life: The Encounter of Science and Faith at the Patient's Bedside
- 14.15 – Final discussion and closing of the conference

Uvod u temu simpozija

Međunarodni znanstveni simpozij „Znanost i vjera u zdravstvu: prema cjelovitom pristupu“ okuplja istraživače i stručnjake iz područja područja biomedicine i zdravstva, humanističkih i društvenih znanosti s ciljem produbljenog promišljanja odnosa znanstvenog i duhovnog pristupa u suvremenoj zdravstvenoj skrbi. U središtu interesa nalazi se razvoj holističkog modela koji nadilazi isključivo biomedicinsko razumijevanje bolesti te uključuje psihološke, socijalne i duhovne dimenzije ljudskog života, osobito u kontekstu teških, kroničnih i terminalnih stanja.

Tematski, simpozij obuhvaća pitanja duhovne skrbi u palijativnoj medicini (Globokar, Šimunković, Vučković), ulogu religijskog iskustva i narativa u kliničkoj praksi i suočavanju s bolešću (Roszak, Wróbel, Czarnecki, Straine), etičke izazove na kraju života (Biondić), komunikaciju i odnos između pacijenata, obitelji i zdravstvenih djelatnika (Angel, Horvat, Husić), kao i doprinos vjerskih zajednica i intervencija u javnom zdravstvu (Oladipo). Također se razmatraju egzistencijalna i filozofska pitanja smisla, patnje i transcendencije u graničnim situacijama bolesti i umiranja (Vitas), kao i klinička iskustva integracije vjere i medicine u specifičnim područjima liječenja (Sopta Primorac, Lončarek, Tomljanović). Poseban naglasak stavlja se na interdisciplinarni dijalog koji povezuje kliničku praksu s filozofskim i teološkim uvidima.

Simpozij se organizira u okviru međunarodnog znanstvenog projekta „Science and Faith in Healthcare: Advancing Holistic Approaches“, koji se provodi uz potporu programa Equipping Christian Leadership in an Age of Science (ECLAS), kroz njegov srednjoeuropski partnerski hub smješten na Nicolaus Copernicus University u Toruńu. Projekt je usmjeren na istraživanje i unapređenje integracije znanstvenih spoznaja i religijsko-duhovnih perspektiva u zdravstvenim sustavima, s posebnim naglaskom na edukaciju zdravstvenih djelatnika, razvoj interdisciplinarnih modela skrbi te njihovu primjenu u kliničkoj i društvenoj praksi.

Kroz predavanja i rasprave, ovaj simpozij nastoji pridonijeti dubljem razumijevanju čovjeka kao cjelovitog bića te potaknuti razvoj zdravstvene skrbi koja poštuje ne samo tjelesne, nego i egzistencijalne, relacijske i duhovne potrebe pacijenata i njihovih obitelji.

Organizacijski odbor:

Saša Horvat (Rijeka), predsjednik
 Mario Tomljanović (Rijeka)
 Piotr Roszak (Toruń)
 Roman Globokar (Ljubljana)
 Gordana Šimunković (Rijeka)

Introduction to the conference topic

The international scientific conference “Science and Faith in Healthcare: Advancing Holistic Approaches” brings together scholars and professionals from fields of biomedicine and healthcare, humanities, and social sciences with the aim of fostering a deeper reflection on the relationship between scientific and spiritual approaches in contemporary healthcare. At its core lies the development of a holistic model that moves beyond a purely biomedical understanding of disease and incorporates the psychological, social, and spiritual dimensions of human life, particularly in the context of severe, chronic, and terminal conditions.

Thematically, the conference addresses spiritual care in palliative medicine (Globokar, Šimunković, Vučković), the role of religious experience and narrative in clinical practice and coping with illness (Roszak, Wróbel, Czarnecki, Straine), ethical challenges at the end of life (Biondić), communication and relationships between patients, families, and healthcare professionals (Angel, Horvat, Husić), as well as the contribution of faith communities and interventions in public health (Oladipo). It also explores existential and philosophical questions of meaning, suffering, and transcendence in limit situations of illness and dying (Vitas), alongside clinical experiences of integrating faith and medicine in specific areas of treatment (Sopta Primorac, Lončarek, Tomljanović). Particular emphasis is placed on interdisciplinary dialogue linking clinical practice with philosophical and theological insights.

The conference is organized within the framework of the international scientific project “Science and Faith in Healthcare: Advancing Holistic Approaches,” supported by the Equipping Christian Leadership in an Age of Science (ECLAS) programme, through its Central European partner hub based at Nicolaus Copernicus University in Toruń, which coordinates activities across the region. The project aims to explore and advance the integration of scientific knowledge and religious-spiritual perspectives within healthcare systems, with a particular focus on professional education, the development of interdisciplinary care models, and their implementation in clinical and social practice.

Through its lectures and discussions, the conference seeks to contribute to a deeper understanding of the human person as an integral being and to promote the development of healthcare that respects not only physical, but also existential, relational, and spiritual needs of patients and their families.

Organizing Committee:

Saša Horvat (Rijeka), president

Mario Tomljanović (Rijeka)

Piotr Roszak (Toruń)

Roman Globokar (Ljubljana)

Gordana Šimunković (Rijeka)

Sažeci / Abstracts

Hans-Ferdinand Angel

Some relevant scientific parameters for a holistic approach in healthcare

The topic of a holistic approach in healthcare encompasses a wide range of scientific approaches, some more theoretical ones, others explicitly focused on practical issues. In my presentation I will look at one of the practical problems of communication that lies in the triangle between patients, relatives and medical professionals. All three groups are affected in specific ways by the factors I will mention here. Furthermore, I would like to discuss a perspective that could be relevant to both clinical contexts and home care strategies. My presentation is therefore practice oriented. To achieve this, some theoretical aspects need to be emphasized.

(1) Religious experiences cannot be explained solely by examining the content, dogmas, or rites and practices of *religions*. Understanding religious experiences requires an anthropological approach that takes into account the significance of individual *religiosity*.

(2) Religious experiences contribute to individual and collective meaning-making. What does this mean specifically in the everyday lives of the three groups mentioned? I would like to point to the interplay of four parameters: a traditionally predominantly Christian culture, interreligious experiences and developments, secularization processes, and the international exchange of openness and restrictions.

(3) Meaning making is a human capacity that is related to a brain function called “credition”. To understand how meaning arises, is maintained, and diminishes in people, knowledge about credition is helpful (<https://credition.uni-graz.at/en/>). Credition is the biologically ingrained ability of believing Humans cannot „not believe.“

(4) Finally, I would like to highlight the practical relevance of these theoretical factors for everyday communication in healthcare.

Angel, H.-F. (2025): Neuroscience and Religious Beliefs: Knowledge About Credition as Missing Link. In: Horvat, S., Roszak, P. (eds) Neuroscience of Religion. New Approaches to the Scientific Study of Religion, 2025; vol 21. Springer, Cham.

Seitz RJ, Angel H-F, Paloutzian RF (2025): The Meaning of Life: A Conceptual Belief Whose Implications Transcend Itself In: Horvat, S., Roszak, P. (eds) Neuroscience of Religion. New Approaches to the Scientific Study of Religion, 2025; vol 21. Springer, Cham.

Weisman K, Legare CH, Smith RE, Dzokoto VA, Aulino F, Ng E, Dulin JC, Ross-Zehnder N, Brahinsky JD, Luhrmann TM. Similarities and differences in concepts of mental life among adults and children in five cultures. *Nat Hum Behav.* 2021; 5(10): 1358-1368. doi: 10.1038/s41562-021-01184-8.

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Marin Biondić

Pravo na smrt u kontekstu palijativne etike

U kontekstu palijativne etike, rasprava o pravu na smrt ima specifično mjesto. Budući da se palijativna skrb temelji na načelu ortotanazije, svako nesvrhovito usporavanje ili s druge strane aktivno ubrzavanje umiranja izlazi iz okvira palijativne skrbi i palijativne medicine. Drugim riječima, očito je da oblici distanzije i aktivna eutanazija nisu dio palijativne filozofije i palijativne prakse. U tu svrhu, u kontekstu palijativne etike i prakse, važno je razumjeti i razgraničiti medicinske tretmane i odluke kojima se može utjecati na dužinu života i brzinu umiranja. Između kurativnih postupaka, na jednom kraju spektra, i aktivne eutanazije na drugom kraju spektra, nalaze se etički problematični postupci; odricanje od medicinskih tretmana održavanja života, intenzivno upravljanje simptomima, liječnički potpomognuto samoubojstvo; kojima se može, na neki način, ubrzati umiranje. U radu izlažem argumentaciju koja određuje etičku granicu dozvoljenih postupaka i odluka u palijativnoj praksi. Tako u kontekstu palijativne etike, odricanje od medicinskih tretmana održavanja života i intenzivno upravljanje simptomima imaju svoje opravdanje, iako na neki način ubrzavaju ili mogu ubrzati umiranje. Intenzivno upravljanje simptomima, kao što je palijativna sedacija, jest krajnja etička granica palijativnih postupaka. Dok su s druge strane, liječnički potpomognuto samoubojstvo i aktivna eutanazija, postupci aktivnog ubrzavanja umiranja i kao takvi nisu dio palijativne skrbi i palijativne medicine. Drugim riječima, u palijativnoj etici opravdano je negativno pravo na smrt, ali ne i pozitivno pravo na smrt.

Doc. dr. sc. Marin Biondić

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The right to die in the context of palliative ethics

In the context of palliative ethics, the discussion of the right to die has a specific place. Since palliative care is based on the principle of orthothanasia, any aimless slowing down or, on the other hand, active acceleration of dying falls outside the scope of palliative care and palliative medicine. In other words, it is obvious that forms of dysthanasia and active euthanasia are not part of palliative philosophy and palliative practice. For this purpose, in the context of palliative ethics and practice, it is important to understand and distinguish between medical treatments and decisions that can affect the length of life and the time of dying. Between curative procedures, at one end of the spectrum, and active euthanasia at the other end of the spectrum, there are ethically problematic procedures; renunciation of life-sustaining medical treatments, intensive symptom management, physician-assisted suicide; which can, in some way, accelerate dying. In this paper, I present an argument that determines the ethical boundary of permissible procedures and decisions in palliative practice. Thus, in the context of palliative ethics, the withdrawal of life-sustaining medical treatments and intensive symptom management have their justification, even though they in some way hasten or may hasten dying. Intensive symptom management, such as palliative sedation, is the ultimate ethical limit of palliative procedures. On the other hand, physician-assisted suicide and active euthanasia are procedures of actively hastening dying and as such are not part of palliative care and palliative medicine. In other words, in palliative ethics, a negative right to die is justified, but not a positive right to die.

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Roman Globokar

Spiritual Care as a Universal Dimension of Holistic Palliative Care: Insights from Slovenia

This lecture examines spiritual care as an essential and universal aspect of holistic palliative care, relevant to all patients regardless of religious affiliation. Drawing on contemporary concepts of spirituality in healthcare, it presents spirituality not as a synonym for religiosity, but as a fundamental human dimension through which individuals seek meaning, purpose, connection, and hope – especially in situations of serious illness, suffering, and proximity to death.

The lecture emphasizes that all patients and families have spiritual needs, even if these needs are not explicitly labeled as “spiritual.” Such needs include the search for meaning, addressing existential questions, coping with suffering and loss of control, the need for closeness and presence, reconciliation and closure, and maintaining hope. When spiritual needs go unrecognized, spiritual distress can increase overall suffering and negatively impact quality of life. Spiritual care is therefore considered an essential component of interdisciplinary palliative care, requiring attentive presence, listening, respect, and sensitivity from all healthcare team members – not just chaplains. While religious practices and rituals may be important for some patients, spiritual care is broader and also applies to those who identify as non-religious. The concept of “total pain” (C. Saunders) highlights the inseparability of physical, psychological, social, and spiritual aspects of suffering.

In the final part, the lecture presents practical experiences from Slovenia, where these topics have been taught as part of mandatory specialist postgraduate education for all physicians. Initially, most doctors understood spiritual care only as religious care and sacramental practice, a field largely unfamiliar to them. Through the educational process, they became aware that spiritual care is a key component of comprehensive palliative care for every patient. Many recognized that they could, at least partially, integrate this dimension into their everyday clinical approach to patients and families. The lecture will conclude with selected reflections and responses from participating physicians, illustrating changes in understanding and professional attitude.

Assoc. Prof. Roman Globokar

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Saša Horvat

Na granici života: susret znanosti i vjere uz pacijentov krevet

Prostor oko kreveta terminalno bolesnog pacijenta ispunjen je višestrukim, isprepletenim jezicima, svaki iz drugačijeg svijeta. Biomedicinski jezik medicine prenosi stanje pacijenta objektivno, odmjereno i profesionalno, često teško razumljivo laicima, uz štedljivo korištenje riječi i ponekad gotovo božanski prizvuk objave sudbine: „ostalo Vam je još toliko vremena“. Nasuprot tome, pacijent i njegova obitelj koriste subjektivni jezik oblikovan životnim iskustvom i emocijama. Riječi mogu teći ili zastajati, a kod religioznih pacijenata često se usmjeravaju prema transcendentnom, tražeći smisao i pomirenje na kraju života. Religijski jezik bolničkih kapelana ulazi u isti prostor, nastojeći povezati medicinsku stvarnost i osobni narativ pacijenta te omogućiti naslućivanje smisla. Istodobno, jezik zdravstvenog osoblja, oblikovan stalnom prisutnošću uz pacijenta, često spaja medicinski, svakidašnji i religijski govor, nudeći toplu i autentičnu riječ kada su drugi odsutni. U ovom prostoru različiti jezici posreduju istu stvarnost. Upravo ovdje, na kraju života, znanost i religija susreću se na najintimniji način. Rad istražuje fenomenološke, etičke i prevoditeljske izazove tih susreta: kako prilagoditi medicinski i religijski jezik konkretnoj životnoj situaciji te kako očuvati glas samog pacijenta u tom dijalogu.

At the Edge of Life: The Encounter of Science and Faith at the Patient's Bedside

The space around the bedside of a terminally ill patient is inhabited by multiple, overlapping languages, each emerging from a distinct world. The biomedical language of medicine conveys the patient's condition objectively, with measured and professional distance, often unintelligible to laypersons, marked by a careful economy of words and sometimes carrying an almost divine resonance in the pronouncement of fate: "You have this much time left." In contrast, the patient and their family use a subjective language shaped by life experience and emotion. Words may flow or falter, and for religious patients, this language often turns toward the transcendental, seeking meaning and reconciliation at the end of life. The religious language of hospital chaplains enters this same space, attempting to connect medical reality with the patient's personal narrative and to open a horizon of meaning. At the same time, the language of healthcare staff, formed through continuous presence at the bedside, often bridges medical, everyday, and religious discourse, offering warm and authentic words when others are absent. Within this space, different languages mediate the same reality. It is precisely here, at the end of life, that science and religion meet most intimately. This paper explores the phenomenological, ethical, and translational challenges of these encounters: how to adapt medical and religious language to concrete human situations, and how to preserve the patient's own voice within this dialogue.

Izv. prof. dr. sc. Saša Horvat

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Karmen Lončarek

Profesionalna podrška u žalovanju: novi pogledi

U palijativnoj skrbi često se naglašava važnost podrške obitelji, čak i nakon smrti pacijenta. Nova istraživanja pokazuju ne samo da nema značajne dobrobiti za članove obitelji ako im podršku u žalovanju pružaju profesionalci, već može biti i štetno. Tuga, potištenost, tjeskoba, ljutnja, ojađenost, beznade, osjećaj praznine, osjećaj usamljenosti, plačnost, emocionalno tupilo i drugi negativni osjećaji, prirodni su i normalni uslijed gubitka drage osobe, nisu bolesti niti poremećaji, te ih kao takve ne treba profesionalno tretirati. Radi se o normalnim ljudskim reakcijama na životne muke i padove koji su dio tzv. ljudskog stanja, pa je ideja da je emocionalna bol stanje koje zahtijeva profesionalnu intervenciju, u osnovi dehumanizirajuća. Pretpostavka da najbolji oblik ljudskog života uvijek treba biti sama sreća i da se to stanje može postići, ili da njegovu suprotnost treba profesionalno uklanjati, može naštetiti pacijentima, njihovim obiteljima i zdravstvenim radnicima.

Potrebno je uputiti laičku javnost da je podrška u žalovanju primarno zadaća obiteljskog i prijateljskog kruga žalujuće osobe, te da pretežna većina žalujućih ima dovoljno unutarnje snage i otpornosti da se navikne na novonastale životne okolnosti, ma koliko god one bile teške.

Danas se većina smrti u razvijenim zemljama dešava u institucijama, zbog čega su njihove populacije izgubile mnoga znanja, vještine i stavove vezane za umiranje i smrt. Forsiranje profesionalne podrške u žalovanju također vodi u istom smjeru, to jest, „dekvalificiranja“ pojedinaca i društva da se nose s neizbježnim životnim nedaćama.

Resursi palijative nedostatni su praktično u svim zemljama. Te oskudne resurse nije opravdano trošiti na profesionalnu podršku u žalovanju, već ih treba fokusirati na pacijente.

Prof. dr. Karmen Lončarek, dr. med.

Klinički bolnički centar Rijeka – Zavod za integriranu i palijativnu skrb

Jaime Emilio González Magaña

Nessuna lacrima va perduta davanti a Dio

Papa Francesco affermò: «L'esperienza della malattia ci fa sentire la nostra vulnerabilità e, nel contempo, il bisogno innato dell'altro. La condizione di creature diventa ancora più nitida e sperimentiamo in maniera evidente la nostra dipendenza da Dio. Quando siamo malati, infatti, l'incertezza, il timore, a volte lo sgomento, pervadono la mente e il cuore; ci troviamo in una situazione di impotenza, perché la nostra salute non dipende dalle nostre capacità o dal nostro "affannarci" (Cf. Mt 6,27)»¹. La malattia ha sempre il volto di ogni malato che chiede l'aiuto, l'ascolto e la comprensione generosa di tutti quelli che stanno vicini. In questo cammino, la spiritualità e la fede svolgono un ruolo centrale e integrale nelle cure palliative, essendo componenti essenziali nell'affrontare la sofferenza umana, promuovere la dignità alla fine della vita e migliorare la qualità della vita sia per i pazienti che per le loro famiglie. Morire implica vivere con dignità fino all'ultimo momento, il che richiede di considerare il paziente come un essere umano completo e di rispettare le sue convinzioni e i suoi valori. Cercheremo di spiegare come la cura spirituale si concentra sull'accompagnamento nei momenti di vulnerabilità, sostegno e sollievo dalla sofferenza, che promuove il comfort e il benessere generale, aspetti fondamentali per preservare la dignità. L'accompagnamento spirituale è una componente centrale delle cure palliative che consente un approccio globale e rispettoso, assicurando che i pazienti alla fine della vita possano mantenere la loro dignità, trovare pace e affrontare la morte con speranza e significato, perché *nessuna lacrima va perduta davanti a Dio*.

1 S.S. FRANCESCO. Messaggio per la XXIX Giornata Mondiale del malato, 20 dicembre 2020, 2.

Nijedna suza nije izgubljena pred Bogom

Papa Franjo je jednom rekao: „Iskustvo bolesti daje nam osjetiti vlastitu ranjivost i, ujedno, urođenu potrebu za drugim. Naša stvorenost postaje još jasnija i na očit način doživljavamo svoju ovisnost o Bogu. Kada smo bolesni, nesigurnost, strah, a ponekad i tjeskoba ispunjaju naš um i srce; nalazimo se u stanju nemoći, jer naše zdravlje ne ovisi o našim sposobnostima niti o našem ‘tjeskobnom nastojanju’ (usp. Mt 6,27).”

Bolest uvijek ima lice konkretnog čovjeka koji trpi i koji traži pomoć, slušanje i velikodušno razumijevanje onih koji su mu blizu. Na tom putu, duhovnost i vjera imaju središnju i nezamjenjivu ulogu u palijativnoj skrbi: one su ključne u suočavanju s ljudskom patnjom, u promicanju dostojanstva na kraju života te u poboljšanju kvalitete života kako pacijenata, tako i njihovih obitelji.

Umirati znači živjeti dostojanstveno do posljednjeg trenutka. To zahtijeva da pacijenta promatramo kao cjelovito ljudsko biće i da poštujemo njegova uvjerenja i vrijednosti. U ovom ćemo tekstu nastojati pokazati kako se duhovna skrb usredotočuje na pratnju u trenucima ranjivosti, na pružanje potpore i olakšanje patnje – promičući utjehu i cjelokupno dobrostanje, što su temeljni elementi očuvanja ljudskog dostojanstva.

Duhovna pratnja sastavni je dio palijativne skrbi. Ona omogućuje cjelovit i poštujući pristup, osiguravajući da osobe na kraju života mogu sačuvati svoje dostojanstvo, pronaći mir te se suočiti sa smrću s nadom i smislom – jer nijedna suza nije izgubljena pred Bogom.

Not a Single Tear Is Lost Before God

Pope Francis once said: “The experience of illness makes us feel our vulnerability and, at the same time, our innate need for others. Our creaturely condition becomes even clearer, and we experience in a tangible way our dependence on God. When we are ill, uncertainty, fear, and at times even dismay fill our minds and hearts; we find ourselves in a state of powerlessness, because our health does not depend on our abilities or on our ‘striving’ (cf. Mt 6:27).”

Illness always bears the face of each person who suffers and who asks for help, attentive listening, and the generous understanding of those who stand beside them. Along this journey, spirituality and faith play a central and integral role in palliative care, for they are essential components in facing human suffering, upholding dignity at the end of life, and improving the quality of life for both patients and their families.

To die means to live with dignity until the very last moment. This requires seeing the patient as a whole human being and respecting their beliefs and values. We will seek to show how spiritual care focuses on accompaniment in moments of vulnerability, offering support and relief from suffering—promoting comfort and overall wellbeing, which are fundamental for preserving human dignity.

Spiritual accompaniment is a core dimension of palliative care. It enables a holistic and respectful approach, ensuring that those nearing the end of life may maintain their dignity, find peace, and face death with hope and meaning—because no tear is ever lost before God.

Professor Emeritus Jaime Emilio González Magaña SJ

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Shola Oladipo

From Pulpit to Prevention: A Faith-Based Intervention for Non-Communicable Disease Prevention in Black Churches

Black populations in the United Kingdom experience a disproportionate burden of non-communicable diseases (NCDs), including type 2 diabetes and obesity, alongside structural and cultural barriers to engagement with conventional health promotion services (Public Health England, 2018; Raleigh & Holmes, 2021). Faith institutions, particularly Black majority churches, are recognised as trusted community settings and therefore present a strategic opportunity for culturally responsive health interventions (Campbell et al., 2007; DeHaven et al., 2004). Church-based health promotion programmes have demonstrated effectiveness in improving health behaviours among African diaspora populations by integrating cultural relevance, social support and trusted leadership structures (Bopp & Fallon, 2013; Levin, 2014).

The Healthy Church Initiative (HCI) was developed in South London in 2017 as a culturally tailored, church-based health promotion programme designed to address gaps in prevention and lifestyle education within Black communities. The intervention employed a community-engaged delivery model in Black-majority churches. Participants were recruited using purposive sampling and supported by church-based health champions. The programme consisted of six weekly one-hour interactive sessions delivered by healthcare professionals and trained lay educators. Session content focused on lifestyle modification, including increased physical activity, improved dietary behaviours (reducing sugar, salt and fat intake), portion awareness, increased dietary fibre consumption and improved hydration.

Baseline assessments were conducted during programme registration and included anthropometric measurements (weight and waist circumference) and self-reported physical activity. Outcome measures were reassessed following the six-week intervention, with follow-up assessments conducted at six and twelve months to evaluate maintenance of behavioural change. A total of 108 participants enrolled in the programme, with 76 completing the six-week intervention. Short-term outcomes demonstrated measurable improvements in health behaviours and anthropometric indicators. At six weeks, 71% of participants reported reductions in body weight, 60% reported reductions in waist circumference, and 62% reported increased physical activity. Participant satisfaction was high, with all respondents indicating that the

programme was beneficial to their health and that they would recommend it to others. Longer-term follow-up indicated sustained behaviour change, with 93% of participants maintaining lifestyle improvements at six and twelve months. Additionally, 71% maintained increased physical activity and 86% maintained or further reduced body weight and waist circumference.

These findings suggest that culturally tailored, faith-based health interventions delivered through trusted community institutions can effectively engage Black populations and support sustained lifestyle change. Integrating faith, culture, and community leadership into public health strategies may therefore represent a promising approach to addressing health inequalities among underserved populations.

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The Role of Religious Narrative, Ritual, and Meaning-Making in Clinical Practice

This presentation explores the integration of religiously informed soul care and mental well-being within a Thomistic framework, emphasizing its relevance for holistic healthcare. Drawing on the philosophical and theological insights of St. Thomas Aquinas, the lecture examines the human person as a unity of body, mind, and spirit, highlighting the interplay between spiritual health and psychological resilience. Key aspects include the role of virtue, habitual orientation toward the good, and the cultivation of inner peace in promoting mental well-being. The presentation also considers practical implications for healthcare settings, particularly in palliative care, dementia care, and pastoral support, where attention to spiritual needs can enhance patient dignity, coping strategies, and overall quality of life. By bridging theological reflection and contemporary healthcare practices, this lecture offers an interdisciplinary perspective on fostering holistic well-being and highlights the potential contribution of faith-based approaches to modern medical and psychological care.

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Samir Husić

Iskustva neformalnih njegovatelja palijativnih pacijenata. Emocionalni i duhovni izazovi

SZO definira obitelj kao sastavni dio i aktivnog člana u pružanju palijativne skrbi. Većina neizlječivo bolesnih pacijenata želi umrijeti kod kuće uz obiteljskog njegovatelja i adekvatnu kućnu palijativnu skrb. Uzajamni odnos između patnje pacijenta i patnje njegovatelja sugerira da ta dijada reagira kao “emocionalni sustav” pa ih treba promatrati kao cjelinu. Pravo na palijativnu skrb razvija se kao posebno ljudsko pravo te se paralelno pojavljuje i koncept “dobre smrti”. Neformalni njegovatelji su najčešće članovi obitelji i mogu se definirati kao „osobe bez formalnog zdravstvenog obrazovanja koje njeguju ili pomažu osobi s funkcionalnim invaliditetom, tjelesnom bolešću ili problemima u vezi s dobi”. Stajalište “skrbi usmjerene na pacijenta” koje potencira neovisan izbor pacijenta, može se procijeniti kontradiktornim sa definicijom palijativne skrbi, koja naglašava i potrebu potpore obitelji. Jedna od vrijednosti palijativne skrbi je dostojanstvo pacijenta, što podrazumijeva očuvanje samopoštovanja, individualnosti i ljudskosti. Duhovna potpora njegovateljima je važna u smislu pronalaženje smisla, smanjenja neizvjesnost u pogledu budućnosti i beznađa. Obiteljski skrbnici naglasili su da im duhovna skrb pomažu da budu strpljivi, osjećaju olakšanje i sigurnost. Cilj ove studije bio je istražiti iskustva njegovatelja u pružanju skrbi terminalno bolesnom članu obitelji kod kuće.

Korišten je kvalitativni dizajn istraživanja sa provedenim dubinskim polustrukturiranim intervjuima. Studija je provedena u Primorsko-goranskoj županiji u Hrvatskoj, regiji sa razvijenom palijativnom skrbi u kući.

Rezultati istraživanja su izdvojili 3 teme i 6 subtema:

TEMA 1 – kako nam profesionalci mogu pomoći (MPT, LOM)

Subtema: 1.a. potpora mobilnih palijativnih timova u kući

Subtema: 1.b. duhovna potpora

TEMA 2 – stvarnost i dostojanstvo smrti

Subtema: 2.a. kad su kraj života i smrt stvarni

Subtema : 2.b. dostojanstvo smrti iz perspektive njegovatelja

TEMA 3 – život poslije smrti

Subtema: 3.a. moram nastaviti život nakon gubitka

Subtema: 3.b. ponovio/la bi isto (vezano za kraj života pacijenta)

Zaključci: Studija naglašava potrebu za ranom podrškom neformalnim njegovateljima, koja mora postati sastavni dio sestrinske prakse, ne samo na kraju života već od trenutka dijagnoze. Ova studija naglašava važnost podržavanja duhovne dimenzije neformalne skrbi u palijativi. Preporučujemo ciljanu obuku zdravstvenih djelatnika, napore za integriranje duhovne skrbi u smjernice palijativne skrbi i jačanje kapaciteta mobilnih timova.

Experiences of Informal Caregivers of Palliative Patients: Emotional and Spiritual Challenges

The World Health Organization defines the family as an integral part and active participant in the provision of palliative care. Most terminally ill patients express a preference to die at home, supported by family caregivers and adequate home-based palliative care services. The reciprocal relationship between patient suffering and caregiver burden suggests that this dyad functions as an “emotional system” and should be considered as a whole. The right to palliative care is increasingly recognised as a distinct human right, alongside the emerging concept of a “good death.” Informal caregivers, most often family members, can be defined as individuals without formal healthcare education who provide care or assistance to persons with functional impairments, chronic illness, or age-related conditions.

The concept of patient-centred care, which emphasises patient autonomy, may at times appear to conflict with palliative care principles that also highlight the importance of family involvement and support. One of the core values of palliative care is the preservation of patient dignity, encompassing self-respect, individuality, and humanity. Spiritual support for caregivers plays a crucial role in helping them find meaning, cope with uncertainty, and reduce feelings of hopelessness. Caregivers report that spiritual care contributes to patience, emotional relief, and a sense of security.

Aim. The aim of this study was to explore the experiences of informal caregivers providing care to a terminally ill family member at home.

Methods

A qualitative research design was employed, using in-depth semi-structured interviews. The study was conducted in Primorje-Gorski Kotar County, Croatia, a region with well-developed home-based palliative care services.

Results: The analysis identified three main themes and six subthemes:

Theme 1 – How professionals can support us (mobile palliative teams, general practitioners)

1a. Support from mobile palliative care teams at home

1b. Spiritual support

Theme 2 – Reality and dignity of death

2a. When end of life and death become real

2b. Dignity of death from the caregivers' perspective

Theme 3 – Life after death

3a. Continuing life after loss

3b. "I would do the same again" (reflections on caregiving at end of life)

Conclusions

This study highlights the need for early and continuous support for informal caregivers, which should become an integral part of nursing practice—not only at the end of life but from the point of diagnosis. The findings emphasise the importance of addressing the spiritual dimension of caregiving within palliative care.

The results of this study suggest that there is a need for targeted training of healthcare professionals, the integration of spiritual care into palliative care guidelines, and the strengthening of the capacity of mobile palliative care teams.

Izv. prof. dr. sc. Samir Husić, dr. med.

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Gordana Šimunković

Duhovnost u palijativnoj skrbi: izazovi i mogućnosti

Palijativna skrb u Republici Hrvatskoj temelji se na holističkom pristupu koji obuhvaća fizičke, psihosocijalne i duhovne potrebe palijativnih bolesnika i njihovih obitelji. Unatoč formalnom priznanju duhovne dimenzije kao sastavnog dijela palijativne skrbi, njezina stvarna integracija u javne politike i praksu ostaje nedovoljno istražena. Cilj rada je evaluirati postojeće politike vezane uz duhovnost u palijativnoj skrbi u Republici Hrvatskoj. Evaluacija se provodi prema kriterijima: usklađenost aktualne politike s nacionalnim i međunarodnim politikama i smjericama; relevantnost i adekvatnost u odnosu na potrebe palijativnih bolesnika i njihovih obitelji te djelotvornost. Metodološki se rad temelji na analizi sekundarnih izvora podataka, uključujući strateške dokumente, stručne smjernice i dostupna istraživanja. Rezultati pokazuju da postojeće politike prepoznaju važnost duhovne skrbi i prate međunarodne preporuke, no nedostatak jasnih standarda i mehanizama provedbe ograničava njihov stvarni učinak. Nalazi upućuju na potrebu daljnjeg razvoja politika radi snažnije integracije i unaprjeđenja duhovne skrbi.

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Spirituality in Palliative Care: Challenges and Opportunities

Palliative care in the Republic of Croatia is based on a holistic approach that encompasses the physical, psychosocial, and spiritual needs of palliative patients and their families. Despite the formal recognition of the spiritual dimension as an integral part of palliative care, its actual integration into public policies and practice remains insufficiently explored. The aim of this paper is to evaluate existing policies related to spirituality in palliative care in the Republic of Croatia. The evaluation is conducted according to the following criteria: alignment of current policies with national and international policies and guidelines; relevance and adequacy in relation to the needs of palliative patients and their families; and effectiveness. Methodologically, the paper is based on the analysis of secondary data sources, including strategic documents, professional guidelines, and available research. The results indicate that existing policies recognize the importance of spiritual care and follow international recommendations; however, the lack of clear standards and implementation mechanisms limits their actual impact. The findings point to the need for further policy development to strengthen integration and improve spiritual care.

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Gabrijela Sopta Primorac

Između znanosti i vjere: holistički pristup ženi s ginekološkim karcinomom

Suvremena ginekološka onkologija temelji se na dokazima, smjernicama i tehnološkom napretku koji omogućuju sve preciznije i učinkovitije liječenje. Ipak, suočavanje s dijagnozom ginekološkog karcinoma za ženu često nadilazi biološku dimenziju bolesti, otvarajući pitanja identiteta, plodnosti, tjelesnog integriteta, odnosa, patnje i smisla. U tom kontekstu, holistički pristup postaje neizostavan dio kvalitetne skrbi. Ovo predavanje razmatra mjesto i ulogu vjere i duhovnosti u liječenju žena s ginekološkim karcinomom, iz perspektive kliničke prakse ginekološkog onkologa. Poseban naglasak stavlja se na integraciju znanstveno utemeljene medicine s poštivanjem duhovnih potreba bolesnice, osobito u trenucima donošenja teških odluka, suočavanja s neizvjesnošću ishoda te granicama liječenja. Kroz kliničke primjere i iskustva iz svakodnevne prakse, prikazat će se kako vjera može predstavljati važan izvor snage, nade i otpornosti za mnoge pacijentice, ali i izazov za zdravstvene djelatnike u osiguravanju individualizirane, dostojanstvene i cjelovite skrbi. Predavanje naglašava važnost dijaloga između znanosti i vjere, ne kao suprotstavljenih, već kao komplementarnih dimenzija u skrbi za ženu s ginekološkim karcinomom.

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Gillian Straine

Beyond the Biopsychosocial Model: Churches, Meaning-Making, and the Ecology of Holistic Healthcare

Across the United Kingdom, churches and faith-based communities are increasingly recognised as important partners within emerging holistic models of healthcare. Within contemporary medicine, the biopsychosocial model understands health as arising from the interaction of biological, psychological, and social factors. While this framework has significantly expanded medical thinking beyond purely biomedical approaches, it often leaves implicit a further dimension central to human wellbeing: the role of meaning, narrative, and spiritual frameworks in sustaining resilience, dignity, and relational belonging.

This paper explores how churches and faith communities contribute to holistic healthcare through practices that cultivate meaning-making, relational support, and spiritual wisdom. Drawing on developments in UK health policy, particularly the growth of social prescribing and community-based wellbeing initiatives, the paper examines how churches function as sites of preventative health, social connection, and existential support. Through ritual, pastoral accompaniment, communal belonging, and practices of reflection and storytelling, faith communities engage dimensions of care that intersect with psychological resilience, social cohesion, and human flourishing.

The paper also considers the role of chaplaincy as a specialised interface between healthcare institutions and faith communities. Increasingly informed by approaches such as narrative medicine, chaplains participate in interdisciplinary healthcare teams while attending to patients' personal narratives, ethical frameworks, and spiritual resources. In this context, chaplaincy offers a model of collaborative care in which theological insight and clinical practice contribute together to patient-centred healthcare.

By situating churches within the broader ecology of healthcare systems, this paper argues that faith communities contribute to what may be understood as the *meaning infrastructure* of health. In partnership with clinical, psychological, and social approaches to care, these practices expand our understanding of holistic healthcare and highlight the potential of faith-based institutions to support dignity, resilience, and human flourishing in contemporary health systems.

The Revd. Dr. Gillian Straine

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Mario Tomljanović

Suffering and the Grace of Faith. Christian Spirituality as a Path That Sustains

This presentation explores the experience of suffering from a theological perspective, seeking to clarify how Christian spirituality becomes a path that supports, strengthens, and gives meaning to those living with illness.

The first part examines suffering as an anthropological constant that confronts the human person with the depth of his own existence. Drawing on authors such as Krleža, Frankl, and John Paul II, suffering is presented as a multidimensional reality; physical, psychological, social, and spiritual, whose meaning emerges only when placed within the broader horizon of life's purpose.

The second part reflects on the Christian proclamation that "God is Love." The dignity of every person who suffers is grounded in the divine image, and God's steadfast love becomes the most secure foundation for confronting human limitation. This love, revealed in Christ, invites the believer to move beyond mere concepts into the lived experience of faith.

The third part considers Christian spirituality as a mature inner path shaped by the action of the Spirit. Spirituality integrates the gifts of tradition, interiority, and personal growth, enabling the person living with illness to encounter suffering not as isolation but as a place of transformation. Distinguishing between illness and spiritual struggle is essential for authentic pastoral accompaniment.

Ultimately, the presentation argues that suffering, when illuminated by faith and embraced within a living spirituality, becomes not only bearable but fruitful, revealing the quiet strength of God's presence in human fragility.

Patnja i milost vjere. Kršćanska duhovnost kao put koji nosi i podupire

Ovo izlaganje istražuje iskustvo patnje iz teološke perspektive, nastojeći razjasniti kako kršćanska duhovnost postaje put koji podupire, jača i daje smisao osobama koje žive s bolešću.

Prvi dio razmatra patnju kao antropološku konstantu koja čovjeka suočava s dubinom vlastite egzistencije. Oslanjajući se na autore poput Krležę, Frankla i Ivana Pavla II., patnja se prikazuje kao višedimenzionalna stvarnost – tjelesna, psihološka, društvena i duhovna – čiji se smisao otkriva tek kada se promatra u širem horizontu životnog cilja.

Drugi dio promišlja o kršćanskoj objavi da je „Bog Ljubav“. Dostojanstvo svake osobe koja trpi ukorijenjeno je u Božjoj slici, a Božja postojana ljubav postaje najsigurniji temelj za suočavanje s ljudskom ograničenošću. Ta ljubav, objavljena u Kristu, poziva vjernika da prijeđe izvan okvira pojmova u iskustvo življene vjere.

Treći dio razmatra kršćansku duhovnost kao zreo nutarnji put oblikovan djelovanjem Duha. Duhovnost integrira darove tradicije, nutrine i osobnog rasta, omogućujući osobi koja živi s bolešću da patnju ne doživljava kao izolaciju, nego kao prostor preobrazbe. Razlikovanje između bolesti i duhovne borbe ključno je za autentičnu pastoralnu pratnju.

U konačnici, izlaganje tvrdi da patnja, kada je prosvjetljena vjerom i prihvaćena unutar žive duhovnosti, postaje ne samo podnošljiva nego i plodonosna, otkrivajući tihu snagu Božje prisutnosti u ljudskoj krhkosti.

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Ivan Vitas

Od sloma do transcendencije - znanost, vjera i granične situacije kod Karla Jaspersa

Suvremena medicina, vođena razvojem znanosti, izvrsna je u tretiranju biološkog opstanka pacijenta (kod Jaspersa: Opstojanja). Međutim, u kontekstu palijativne skrbi, zdravstveni djelatnici neizbježno se susreću sa samim granicama medicinske intervencije. Ovo izlaganje predlaže filozofski okvir temeljen na egzistencijalnom konceptu „graničnih situacija“ Karla Jaspersa. Uz to što je jedan od utemeljitelja filozofije egzistencije i vodećih mislilaca 20. stoljeća, Jaspers je i osobno svjedočio tim granicama kroz cjeloživotnu borbu s kroničnom bolešću.

Jaspers uspostavlja razliku između običnih situacija i graničnih situacija. Prve su promjenjive i tehnički rješive, dok su druge nepromjenjive i konačne, poput zida u koji ljudska egzistencija udara i doživljava slom (brodolom). To su univerzalne situacije poput smrti, patnje, borbe i krivnje. U svjetlu Jaspersove filozofije, za pacijente u hospiciju (suočene sa smrću), osobe s demencijom (suočene s gubitkom jastva) ili žrtve obiteljskog nasilja (suočene s borbom i nametnutom krivnjom), isključivo znanstveni i empirijski pristup često vodi u očaj jer ne može ukloniti te zidove.

Izlaganje će istražiti kako Jaspersova filozofija egzistencije može ponuditi teorijski okvir za razumijevanje susreta znanosti i vjere na tim granicama. Njegov uvid sugerira da u graničnim situacijama, gdje znanost više ne može „pomoći“, preostaje prostor za egzistencijalno rasvjetljavanje. Kroz prizmu Jaspersove misli, slom (brodolom) prestaje biti tek medicinski neuspjeh i postaje potencijalno mjesto susreta s Transcendencijom. Time se otvara put za dublju, egzistencijalnu komunikaciju pacijenta i skrbnika, što predstavlja ključni doprinos holističkom pristupu očuvanju ljudskog dostojanstva.

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Antonio Vučković

Duhovna pratnja osobe u palijativnoj skrbi: relacijski model duhovne skrbi

Ovaj rad promišlja duhovnu skrb u palijativnoj skrbi polazeći od osobe kao središta pastoralnog djelovanja. U tom kontekstu naglašava se važnost kontinuirane prisutnosti svećenika uz umiruću osobu u palijativnoj skrbi, koja omogućuje razvoj odnosa povjerenja i poštivanje slobode u procesu suočavanja s bolešću i smrću. Duhovna pratnja razumijeva se kao relacijski proces koji vodi prema sakramentalnom susretu, otvarajući prostor stvarnog susreta osobe s Bogom.

Rad upozorava na opasnost reduciranja duhovne skrbi na jednokratnu sakramentalnu intervenciju te na pastoralnu logiku “obavljenog čina”, pri čemu postoji rizik da sakramentalni susret ostane bez stvarnog osobnog zahvaćanja i integracije u život. Nasuprot tome, predlaže se pristup koji osobu prati kroz proces prepoznavanja i prihvaćanja dostojanstva vlastitog života, patnje, smrti, pomirenja i traženja smisla, u perspektivi kršćanske nade.

U tom svjetlu razmatra se i značenje uključenosti svećenika u interdisciplinarni tim palijativne skrbi, gdje njegova prisutnost pridonosi cjelovitom pristupu osobi. Teološki temelj ovakvog djelovanja nalazi se u shvaćanju crkvenog djelovanja kao jedinstva navještaja nade i smisla, molitvenog i sakramentalnog života te pratnje i služenja, u kojem sakramenti nisu izolirani činovi, nego vrhunac relacijskog procesa koji omogućuje osobi iskustvo spasenja.

Spiritual Accompaniment in Palliative Care: A Relational Model of Spiritual Care

This paper reflects on spiritual care in palliative care, starting from the person as the centre of pastoral action. In this context, it emphasizes the importance of the continuous presence of a priest alongside the dying person in palliative care, which allows for the development of a relationship of trust and respect for freedom in the process of confronting illness and death. Spiritual accompaniment is understood as a relational process that leads toward the sacramental encounter, opening a space for a real encounter between the person and God.

This paper warns against the risk of reducing spiritual care to a one-time sacramental intervention and to a pastoral logic of a “completed act,” whereby there is a risk that the sacramental encounter remains without real personal impact and integration into one’s life. In contrast, it proposes an approach that accompanies the person through a process of recognising and accepting the dignity of one’s own life, suffering, death, reconciliation, and the search for meaning, within the perspective of Christian hope.

In this light, this paper also considers the significance of the priest’s inclusion in the interdisciplinary palliative care team, where his presence contributes to a holistic approach to the person. The theological foundation of such an approach is found in the understanding of ecclesial action as a unity of the proclamation of hope and meaning, the life of prayer and the sacraments, and accompaniment and service, in which the sacraments are not isolated acts but the culmination of a relational process that enables the person to experience salvation.

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