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Papers
Towards a biblical mind

Pastoral care for the common good

How the Church can respond better in the next pandemic

by Roger Abbott

Summary

Noting that the UK Church's response to the Covid pandemic was disappointing when compared with her response to disease-related outbreaks of earlier centuries, this paper reflects on the issue of pastoral care by the Church both for congregations and the general public. Requisite pastoral care should have a common grace focus, where carers accept the risks to their own lives, engage collaboratively with the scientific community, yet are also prepared to think and act prophetically. Finally, the paper calls for a way forward that takes seriously the lessons to be learned from the coronavirus pandemic in order to prepare for a more effective response when the next pandemic arrives. The paper closes with an important call for the Christian Church to be at the national policy-making table.

Introduction

In the midst of the COVID-19 pandemic, a new edition of *The Tyranny of Merit: What's become of the common good?* (2021) was published. Its author, Michael Sandel, a political philosopher at Harvard, with US experience particularly in view, commented: 'Amid the partisan rancor [sic] and mistrust came a plague that demanded the kind of solidarity few societies can summon except in times of war.'¹ Politicians implored, and in many countries required, people to observe social distancing and stay at home, and public announcements broadcast the mantra 'We are all in this together'. Yet Sandel believed that these initiatives, and slogans, were devoid of genuine solidarity. The policy measures were not accompanied by a 'sense of community embodied in an ongoing practice of mutual obligation and shared sacrifice.'² For Sandel, this lack of solidarity was seen most plainly in the differential impact of COVID-19: exposure to risk, and increased incidence of death, fell disproportionately on people of colour.³ In the end, we were *not* 'all in this together'.

If nations have occasion to regret that their response to the COVID-19 pandemic lacked genuine solidarity, the Christian Church in the United Kingdom has its own reasons for regret, even repentance. By comparison with the Church's response to

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disease-related outbreaks in earlier centuries, her response to the Covid pandemic has been disappointing in terms of witness to the world through pastoral care. This paper argues that the Church should resolve to make a much better contribution to the common good through pastoral care when we next face a pandemic and that, to do so, we must take practical steps now to lay the foundations for that future response. In this way, Christian Church communities can serve as 'forerunners of necessary change' in society.⁴

¹ Michael Sandel, *The Tyranny of Merit: What's become of the common good?* (London: Penguin, 2023), 3.

² *Ibid.*, 4.

³ *Ibid.*

⁴ This phrase is borrowed from Eric Stoddart, Lecturer in Practical Theology at the University of St Andrews. See Eric Stoddart, 'Retreat, rebuke, recite: outliers in church responses to the current COVID-19 pandemic,' *Practical Theology*. 14:1–2 (2021): 18. DOI:10.1080/1756073X.2020.1860549 :18.

A particular duty of pastoral care in a pandemic

While this paper is concerned with the Church's contribution to the common good, its single focus is the *pastoral care* the Church has to offer in her duty of care to herself and to the world. That the Church has a primary duty of pastoral care to her own people is clear from Scripture (Galatians 6:10; 1 Thessalonians 5:15; 1 John 3:17); what can be less clear is the extent to which the Church should offer pastoral care to the world. In this paper I argue that the Church does rightly have a level of pastoral care for the world, and that in a time of pandemic that level of care should be heightened.

Indeed, in the view of the theological ethicist Stanley Hauerwas, the secular world has disingenuously hijacked the biblical concept of pastoral care and the responsibilities once resting with the Church, particularly those to do with compassion, healing and public welfare, key aspects of pastoral care so relevant to a time of pandemic.⁵ The provision of such pastoral care by the Church is then, in a sense, a recovery of its historic, and arguably natural, contribution. At the same time, when secular philosophers, such as Michael Sandel, highlight the importance of the common good, this helps to prompt a public conversation in which the contribution of the Church, so often marginalised by society, can be welcomed and appreciated.



A biblical understanding of the 'common good'

The Bible presents us with an understanding of the common good that is even more foundational and pastoral than that of the philosophers for its being rooted in the compassionate creator God. Here I offer an outline of a biblical 'common good' concept to underpin the legitimacy of the Church working for

the pastoral care of the world as well as her own members.

When Cain scornfully responded to God concerning the whereabouts of his brother Abel (whom he had just murdered), he asked 'am I my brother's keeper?' (Genesis 4:9). He was in fact questioning the very fundamentals of humanity in the image of God and paving the way for a tragic narcissistic individualism.⁶ We image God precisely when we *do* regard ourselves as our brother's keeper. The same theological idea lies behind another biblical foundational concept, namely our 'neighbour'. Fundamental to the biblical ethic and moral outlook on public life is love for God and for our neighbour (Exodus 20:2-17). Because it seems intuitive to sinful human nature to reduce the concept of 'neighbour' to a certain demographic that suits us individually, 'neighbour' was later defined strikingly by Jesus in Luke 10:25-37 as absolutely anyone to whom we can show mercy, especially persons whom we would intuitively and characteristically avoid for personal, cultural or religious reasons.

All lawful and ethical means must be utilised to ensure that governments cannot order churches to close or abandon their ministry of pastoral care.

The doctrine of God's common grace, as a form of good that God distributes commonly to all human beings (Matthew 5:43-45; Acts 14:17), is offered to Christians as an example to follow. God requires Christians to perform good deeds, as acts of grace, towards everyone, righteous or unrighteous, those who love us and those who persecute us. Later in the Sermon on the Mount, and elsewhere, this theme

is developed by Jesus into the 'golden rule' (Matthew 7:12; Luke 6:27-36). It is true that the application of the principle that we should 'do to others as we would have them do to us' has to take account of the 'conscience' of each party. Yet, I lamented when I heard of churches dividing over reactions to lockdown, vaccination and mask-wearing, and issues such as virtual worship, communion and singing. If as Christians we can so easily fight each other during a global health crisis of such complex proportions, any contribution we might make to the common good is severely dented.

When Peter urges Christians to live good lives among the pagans, he addresses them as 'foreigners and exiles' (1 Peter 2:11-12). This calls to mind the striking precedent prescribed by God for Jewish exiles in Babylon through the prophet Jeremiah (Jeremiah 29). Here the prophet was giving pastoral guidance to a special people (Jewish exiles) on how to live as exiles in an alien world without compromising their exceptional status as God's covenant people. The guidance was clear: to settle among the Babylonian people and to make that place a kind of home, those people their friends, and actively to 'seek the welfare of the city where I have sent you into exile, and pray to the Lord on its behalf.' They were to do this because, 'for in its welfare you will find your welfare.' (Jeremiah 29:7). That context is so relevant to the covenant

5 Cf. Matt. 12:10-13. See Stanley Hauerwas and William H. Willimon, *Resident Aliens: Life in the Christian Colony*. (Nashville, TN: Abingdon, 1989), 34. Also Brian Milano, 'Christianity and the Common Good,' *Harvard Law Today* (October 31, 2018. <<https://hls.harvard.edu/today/christianity-and-the-common-good/#:~:text=The%20true%20common%20good%20would,is%20good%20for%20the%20individual.%E2%80%9D>>. [Accessed 20/04/2023].

6 Gen. 4:9. See also Chuck Degroat, *When Narcissism Comes to the Church – Healing your community from emotional abuse*, (Downers Grove, IL: InterVarsity, 2020); Glynn Harrison, *Ego Trip: Rediscovering grace in a culture of self-esteem*, (Grand Rapids, MI: Zondervan, 2013), 78-90.

people of today – the Church – in a pandemic because among those Jewish exiles, some would have been traumatised by the desperate conditions they endured leading up to and during their journey into exile, conditions and a journey many did not survive, just as many in the Church have not survived their journey of the pandemic, leaving bereaved loved ones traumatised yet having to seek the good of the world.

The Church is invited, ultimately, to learn from and emulate the glorious model of the divine incarnation, as unpacked by Paul in Philippians 2:1-11, where the incarnation of Christ is set forth as a model for Christian humility, sacrificial action to promote the interests of others, and service to the world.

This sketch of a theology of the common good offers both a rationale for a measure of friendship and mutual benefit between the Church and the world (on the basis of our common humanity) and an impetus for the Church to care for those beyond the believing community (as we seek to reflect God's character and obey his precepts).

Susan Neiman, political philosopher and Director of the Einstein Forum, considered the pandemic to be an opportunity for the world to replace the 'tyranny of self-interest' with a new appreciation for the common good. As she put it: 'Coronavirus makes it impossible to repress how dependent we are on each other. At the most rock-bottom, life and death level, your well-being and my well-being are one and the same.'⁷ Any conception of the common good in a community identifies certain common interests (such as bodily security, basic liberties, fair opportunities) and certain facilities (whether material, institutional or cultural) which serve and support those common interests. The common good involves, at its core, the recognition that, as Waheed Hussain says, the members of the community have a '*relational obligation* to create and maintain certain facilities because those facilities serve the relevant interests' (emphasis added).⁸ In the context of the pandemic, examples of such facilities could be protecting the NHS and its facilities and resources for preventing and treating disease generally as well as targeting the pandemic disease especially; the care of the elderly and those with comorbidities; the economy and employment; and not least, mental health and emotional and spiritual care.

Since the Church is called to care for those beyond its own membership (Romans 12:18-21; Galatians 6:10; 1 Thessalonians 5:15), this is especially the case in times of

emergency. The parable of the Good Samaritan (Luke 10:25-37), who responds with merciful action to a victim, a man in need whose life lay in the balance, makes this indisputable. Yet vast numbers of people including, it must be said, congregants, experienced Covid trauma, and many died alone – no pastors or loved ones at their bedside – and the structures for allowing

this scandal passed without a murmur from the Church, with a few notable exceptions.⁹

So, this paper recommends that, as a practice for the common good, appropriately trained Church pastoral carers should be included within the NHS's duty of care for medical staff and patients alongside NHS chaplains.¹⁰ Katrina Bramstedt undertook research in Italy on pastoral care during the pandemic and argued: 'Pastoral care providers, as additional care partners who are focused on well-being, seem *essential*' and, therefore, 'should *not* be included among those who have *restricted* access to staff, patients, families, and key workers' (emphasis added).¹¹ Whilst respecting the advice of the pharmacy professor who stated that 'the

clergy need to...convince the public to keep the faith not the germs,' for many pastoral carers their in-person attendance alongside those in need is a significant part of keeping the faith.¹²

Pastoral care and acceptance of risk to life

The provision of pastoral care at any time requires the pastoral carer to possess a range of qualities and skills to respond well to the needs of the dying, the worried, the grieving, and the bereaved. These include commonly acknowledged qualities: compassion, humility, maturity, servanthood, self-control, and moral integrity. However, in a time of pandemic, there is another requirement: an acceptance of the possibility that caring for others will require laying down one's life.¹³

The reality of dying through pastoral caring in a pandemic was revealed in Bramstedt's study of priests ministering during the early months of the pandemic in Italy.¹⁴ Given the shortages of PPE (personal protective equipment) in NHS hospitals during the first year of the pandemic, the risks to mortality from close proximity to patients and staff made dying a reality for pastoral carers as well as for medical staff.¹⁵

Providers of palliative care, where spiritual care is a recognised part of holistic practice, have recognised the huge testing such care faced during the pandemic. The existential reality for palliative nurses, a reality no less for pastoral carers, sitting beside a dying Covid patient, has been expressed as

In the interests of mitigating future disease-related outbreaks, pastoral care should be accompanied by theological reflection and a prophetic contribution to public policy debate.

7 Susan Neiman, 'Corona as Chance: Overcoming the Tyranny of Self-Interest,' 156 in M. Maduro & P. Kahn (eds.), *Democracy in Times of Pandemic: Different Futures Imagined*, (Cambridge: Cambridge University Press, 2020). doi:10.1017/9781108955690.012.

8 Waheed Hussain, 'The Common Good'. Stanford Encyclopedia of Philosophy. <<https://plato-stanford-edu.ezp.lib.cam.ac.uk/entries/common-good/>>. [Accessed: 20/02/2023].

9 This is not to discount the value of the acts of compassion shown by NHS nursing staff and chaplains when permitted to be present with the very sick and dying.

10 See Chris Swift, 'NHS Chaplaincy Guidelines 2015: Promoting Excellence in Pastoral, Spiritual & Religious Care,' (6 March 2015 ed.): 5, 24. <<https://www.english.nhs.uk/wp-content/uploads/2015/03/nhs-chaplaincy-guidelines-2015.pdf>>. [Accessed 07/06/2023].

11 Katrina A. Bramstedt, 'COVID-19 as a Cause of Death for Catholic Priests in Italy: An Ethical and Occupational Health Crisis.' *Health and Social Care Chaplaincy*, 8(2) (2020): 184. <<https://doi-org.ezp.lib.cam.ac.uk/10.1558/hsc.41620>>. [Accessed: 10/04/2023].

12 Ibid., 187. The pharmacy professor was from Pakistan and his comments were directed at Islamic clergy in the first instance.

13 See John 10:11, also Rom. 16:3-4; 1 Tim. 3:1-13; Acts 20:19.

14 Bramstedt, op. cit.

15 Rachel Clarke, *Breath Taking: Inside the NHS in a time of pandemic*, (London: Little Brown, 2021).



a situation in which ‘the thin veil between’ the carers and the patient ‘has fallen’.¹⁶ Therefore, ‘the possibility of death, potentially soon, has become the awareness of the [pastoral carer], new graduate nurse, the medical resident, and others barely beginning their careers and who now are facing the ultimate existential awareness of *this could be me*.’¹⁷ I recall vividly wrestling with this awareness prior to offering my own services to a local major acute hospital during the earliest stages of the pandemic.

In their reflection on lessons to be learned from the pandemic, Oliver O’Donovan et al. comment that ‘it is not wrong to say that the pandemic should force us to be more realistic about our mortality,’ a mortality that each of us carries with us every moment of our lives, pandemic or not. If death from Covid comes to us sooner than we expected it indicates that expectation had been ‘massively inflated by technological advances of the last generation’. The arrival of the pandemic should simply bring about a ‘sense of proportion’ in confronting an inevitability of death, duly balanced by the “‘eternity” in our hearts’ that God has placed within us, the desire to live, and the assurance of life after death that the gospel grants us.’¹⁸

Given Covid’s lethal potential, O’Donovan et al. are right to suggest that ‘questions must certainly be asked about the authenticity or sufficiency of an ordained “priesthood” that not only obediently withdraws its immediate presence and closes the church doors but does not then involve itself in going out to people to be with them in an “incarnational” presence where they are.’ This, despite the many examples of pastoral care from past pandemics when Christians risked their lives in order to tend to the sick and dying because ‘they took this to be the most authentic expression of “godliness”.’¹⁹ Notwithstanding the exceptional need for

appropriate infection control measures a pandemic calls for, every means must be explored for maintaining as much in-person presence for worship, fellowship and pastoral care as is possible. It is, of course, essential as a matter of love for our neighbour to ensure that in-person gatherings are conducted in ways that prevent them from becoming ‘super-spreaders’ of the disease. At the same time, all lawful and ethical means must be utilised to ensure that governments cannot order churches to close or abandon their ministry of pastoral care, even with the risks to life for pastoral carers.²⁰

Particular scientific contributions to be heeded for a pandemic

A pandemic, because of its complexities, requires a maturity from the Church in pastoral care – especially if the Church wishes to argue for the right of church buildings to remain open and in use. The need to offer pastoral care at such a time should supersede battles over the ‘conflict thesis’ between science and faith.²¹ Naturally, the Church has reasons, given its historic roots, to maintain practices which are open to the possibility of miraculous healing. However, the Church must acknowledge that the hand of God, in the form of divine providence, lies behind the contribution of the scientific communities towards a better understanding of toxic viruses, their sequelae, and disease mitigation once such viruses spread disease to the human body. As The Faraday Institute for Science and Religion has demonstrated, along with other similar organisations with a science-faith interest and practice, the Church can both contribute to and receive benefits from good science without compromising the faith or insulting the science.²² Such working partnerships during times of catastrophe between theologians and scientists can help save lives and livelihoods, as well as help mitigate the impact of future disease outbreaks. Indeed the Church has a responsibility, in seeking to promote the common good, to be a forerunner of such partnerships.²³

The UK government’s claims to be led by the science throughout the pandemic are highly questionable, as Devi Sridhar, a prominent scientist, frankly admits. However, she also insists that science must play a very significant role in managing pandemics.²⁴ The scientific contribution to the rapid understanding of a novel coronavirus, and the production and roll-out of vaccines, are obvious contributions that warrant endorsement not just by medics but also by pastoral carers.

Also of great significance is the scientific advancement in the understanding of mental health, especially of

16 Betty R. Ferrell, George Handzo et al., ‘The Urgency of Spiritual Care: COVID-19 and the Critical Need for Whole-Person Palliation,’ *Journal of Pain and Symptom Management*, 60 (3) (Sept. 2020): e8. <<https://www.sciencedirect.com.ezp.lib.cam.ac.uk/science/article/pii/S0885392420305789>>. [Accessed: 10/04/2023].

17 Ibid. Author’s emphasis.

18 Oliver O’Donovan, Trevor Hart & David Jasper, ‘Learning from the pandemic,’ *International Journal for the Study of the Christian Church*, 21:2 (2021):138–147 at 140; DOI:10.1080/1474225X.2021.2013525.

19 Ibid., 142. See also the instructions to pastoral carers for a time of sixteenth-century plague, in Ludwig Lavater, *Disease, Scarcity, and Famine*, (Grand Rapids, MI: Reformation Heritage, 2021), 24–48.

20 See Christian Concern, ‘Church Lockdown,’ <<https://christianconcern.com/cccases/church-lockdown/>>. [Accessed: 09/03/2023], for (i) details of actions by various church ministers in 2020–21, including an action for judicial review by

ministers in Scotland and (ii) access to legal documents from the judicial review (including Opinion of Lord Braid in the cause of Reverend William J. U. Philip and Others, Outer House, Court of Session ([2021] CSOH 32 (see pp. 12, 19, 20 and 23)).

21 The thesis that science and theology are necessarily in conflict with each other.

22 See <<https://www.faraday.cam.ac.uk/>>. Other notable institutions include, for example, Christians in Science; BioLogos; The Ian Ramsey Centre for Science and Religion; and American Science Affiliation.

23 See Stoddart, ‘Retreat, rebuke, recite’, 18.

24 Devi Sridhar, *Preventable: How the Pandemic Changed the World & How to Stop the Next One*. (New York: Penguin Random House, 2021), 127–166; 312–320; Richard Horton, *The Covid-19 Catastrophe: What’s gone wrong and how to stop it happening again*, (Cambridge: Polity, 2020).

psychological trauma. As theologically attuned pastoral carers, we embrace a holistic view of humans, something we share in some part with palliative carers.²⁵ COVID-19 has had terribly traumatic impacts upon the bodies, minds and souls of so many people, because that is how trauma works, both physically and psychologically.²⁶ The impact of becoming sickened by Covid to such an extent of being hospitalised, separated from loved ones and their bodily contact, even at the point of dying by suffocation, are horrific experiences for all involved, and the experience insults our embodied humanity. So much of the medical response to the disease, in terms of isolation, physical distancing and masking has been contrary to our natural intuitions as deeply social beings – albeit at times a necessary response to an airborne and potentially lethal disease. Even so, as O'Donovan et al. conclude, 'In keeping away we [pastoral care providers] reduce one sort of risk only by recklessly exposing ourselves and our communities to another far more frightening one – a pandemic of mental, emotional and spiritual sickness on an unprecedented scale.'²⁷ Pastoral carers should acquaint themselves with the growing clinical science of trauma to enable them to better understand the unique features of pandemic trauma and its consequences.²⁸ This is essential while caring for those who experience 'long Covid' and other complications in the months and possibly years after the pandemic has waned, when sufferers can feel forgotten.²⁹ When Christians have insisted that COVID-19 is

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no worse than a bad cold or a flu infection, these remarks have been deeply unpastoral, given the many for whom the experience of COVID-19 has been so much worse.

Particular prophetic perspectives in a pandemic

It is right for the Church to reflect upon and seek to declare a divine perspective upon tragedies, and this can form part of her pastoral care for the common good, not least during a pandemic. Yet the Church's reputation in disaster interpretations has not always been good. There has been no major disaster in history that some Christians have not felt able to interpret as owing to the specific sins of specific people, nations or social demographics. Even though Christians are forbidden by Jesus to engage in such premature judgements, such pastoral care malpractice continues.³⁰ However, this does not mean that the Church has nothing to say about what God is doing and saying, either to herself or to the world at such a time.³¹

To herself she has a duty to highlight and applaud models of a positive and constructive pastoral care in the pandemic.

However, as the Church reflects on the recent pandemic, there is a place for confession and repentance. By adopting a posture, generally, of uncritical capitulation to both politics and science, the Church allowed herself effectively to be gagged on so many counts. The opportunity to offer a humane, robust and prophetic perspective on the vital importance of pastoral care during the pandemic was squandered.

Looking ahead, in the interests of mitigating future disease-related outbreaks, pastoral care should be accompanied by theological reflection and a prophetic contribution to public policy debate. A better understanding of viruses, in light of a 'very good' creation (Genesis 1:31), will produce more restraint in categorising viruses as products of the 'Fall', recognition of the varied and positive roles that viruses play, and respect for our shared environments.³² Some recent robust theologies of food production and consumption can provide theological and practical guidance.³³ The pandemic has highlighted the hugely dysfunctional and disrespectful relationship we humans have developed with the natural environment.³⁴ The encroachment humans have made on a global scale into wildlife habitats (often for

25 Betty R. Ferrell, George Handzo et al., 'The Urgency of Spiritual Care'; R. F. Carranza Esteban, J. E. Turpo-Chaparro, O. Mamani-Benito, J. H. Torres, & F. S. Arenaza, (2021). 'Spirituality and religiousness as predictors of life satisfaction among Peruvian citizens during the COVID-19 pandemic'. *Heliyon*, 7(5), e06939. [e06939]. <<https://doi.org/10.1016/j.heliyon.2021.e06939>>.

26 Ed Pridaux, 'How to heal the "mass trauma" of Covid-19,' BBC Future long read (February 2021). <<https://www.bbc.com/future/article/20210203-after-the-covid-19-pandemic-how-will-we-heal>>.

27 O'Donovan et al., 'Learning from the Pandemic', 144. See also M. Prieto-Ursúa and R. Jódar R, (2020) 'Finding Meaning in Hell. The Role of Meaning, Religiosity and Spirituality in Posttraumatic Growth During the Coronavirus Crisis in Spain,' *Front. Psychol.* 11:567836. doi: 10.3389/fpsyg.2020.567836.

28 Simon Dein, Kate Loewenthal, et al., 'COVID-19, mental health and religion: an agenda for future research,' *Mental Health, Religion & Culture*, 23:1 (2020):1–9, DOI: 10.1080/13674676.2020.1768725; Shelly Rambo, *Spirit and Trauma: A Theology of Remaining*, (Louisville, KY: Westminster John Knox, 2010).

29 Jenny Ceolta-Smith et al., 'Workers' Experiences of Long Covid: a joint report by the TUC and Long Covid Support,' (March 2023). <<https://www.pslhub.org/learn/coronavirus-covid19/patient-recovery/workers-experiences-of-long-covid-a-joint-report-by-the-tuc-and-long-covid-support-march-2023-r9079/>>.

[Accessed: 20/03/2023]; Sridhar, *Preventable*, 216–219; Michael W. Jann, 'Neuropsychiatric & Medical Sequelae of COVID-19,' *Psychiatric Times*, vol. 37 (11) (November 2020):12–13.

30 See Luke 13:1–5; John 9:1–3.

31 O'Donovan, et al., 'Learning from the pandemic,' 139.

32 Roger P. Abbott, Transcripts of research interviews with Prof. Alexandre Antonelli, Director of the Royal Botanic Gardens, Kew and Prof. Richard J. A. Buggs, Senior Research Leader (Plant Health & Adaptation) at Royal Botanic Gardens Kew.

33 Norman Wirzba, *Food and Faith: A Theology of Eating*, (Cambridge: Cambridge University Press, 2018).

34 While the origins of COVID-19 remain under discussion, the experience of a global pandemic has placed the risk of animal to human transmission of disease under a spotlight.

exploitative commercial agricultural, elite carnivorous dietary requirements or for exotic plant demand) together with rapid global travel have made the risk of viral crossovers leading to pandemics so much easier.

A way forward

In the words of O'Donovan et al., 'Now is the time when the damage done to the ministry of pastoral care must be acknowledged and discussed with a thought for the future.'³⁵ The sermons of Ludwig Lavater, a sixteenth-century pastor from Zurich, which address how to understand and respond to famine and sickness, have recently been compiled and published.³⁶ Allowing for the massive cultural, technological and scientific changes that have taken place since the era in which Lavater wrote, the fact is that – at their heart – neither the concept of deeply compassionate pastoral care nor its principles of practice have changed. Both are steeped in mercy and in the true nature of compassion as practising help, not just feeling moved.³⁷ From the general failure in pastoral care in this pandemic we have to resolve, as pastoral carers, that in future we shall refuse to be hamstrung; we must fight tooth and nail for the right to exercise pastoral care, not just for the Church but for the world to which we owe a duty of care. We must fight for the right for pastoral carers to have an explicit 'key worker' status.

It is important for me to state that I am not advocating against appropriate infection control measures, such as temporary lockdowns, masking and physical distancing. Pandemics may well require such measures and more. Whenever they do so, it would be malpractice for pastoral carers not to endorse such measures. My concern for the practice of pastoral care, and my justification for such people being given key worker status, is to enable pastoral care to assist the population in coping with such measures when and where they are necessary, given

the possible mental health and socio-spiritual impacts such measures have.

As a next step I issue a call to theological and pastoral training institutions to convene conferences/workshops for identifying and equipping people with the special skills required for pastoral care in a major disease outbreak context. Let such conferences involve all major stakeholders from within the Church's ranks to contribute to the reality and complexity of a pandemic context so that pastoral carers receive training to be men and women 'for such a time as this'. In her reflection on the pandemic as a global crisis, Devi Sridhar commented, 'The hope was that countries would come together during a global crisis and find coordinated ways to tackle the challenge...The reality of how countries behaved was far from ideal.'³⁸ The Church's God-ordained and Jesus-modelled duty of care for the common good should make us the more humble as well as forceful for a place at the national policy table to encourage a more pastorally caring pandemic response.

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35 O'Donovan, et al., 'Learning from the pandemic,' 138, 142. (emphasis mine).

36 Ludwig Lavater, *Disease, Scarcity, and Famine*, (Grand Rapids, MI: Reformation Heritage, 2021), 24–48.

37 Ibid. On compassion see John Swinton, *Raging with Compassion: Pastoral Responses to the Problem of Evil*, (Grand Rapids: Eerdmans, 2007).

38 Sridhar, *Preventable*, 271.

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