# ADMINISTRATION OF SACRAMENTS *IN CASU NECESSITATIS* BY NURSES IN CROATIA — A FEW QUALITATIVE EXAMPLES FROM CLINICAL PRACTICE

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*Abstract*

Modern healthcare requires a holistic approach and person–centered care. Rare examples are highlighted in this paper, in which this type of experience is seen not only in view of a patient's autonomy but also through actions that go beyond certain standardized procedures. It is a higher level of understanding of a human compared to the one of the prevalent biomedical model.

This paper outlines the experiences of three nurses from the Republic of Croatia who participated in the administration of sacraments during their regular work in nursing care. These experiences include administering the sacrament of baptism to a newborn with a predicted fatal outcome as the priest was unavailable, and the sacrament of Holy Communion to a patient whom the priest could not physically access.

Preliminary results are presented along with a review of the literature, with the aim of preparing a more comprehensive study with a greater number of respondents. The first results show that in the healthcare system of the Republic of Croatia, there are nurses who participate in the administration of sacraments, but they state that they do not have sufficient knowledge about the process. During the formal education of nurses, there are no contents that would deal with the described phenomena, although the necessity of meeting the spiritual needs of patients is emphasized.

KEYWORDS: administration of Holy Communion, the anointing of the sick, hospital, nurses, Republic of Croatia, sacraments, sacrament of baptism

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## *Introduction*

Providing healthcare, since ancient times but especially in modern times, requires a holistic approach. It includes not only medical interventions but also the adaptation to all the needs and particularities of each person. It is at the same time a higher level of understanding of a human than the classic and prevalent biomedical model characterized by a materialistic view with a biological emphasis on human functioning (McKenna, Pajnkihar and Murphy 2022, 98).

A higher level than holistic care would imply a more recently developed person–centered approach. Such an approach is very close to personalism as a philosophical view, which places at the center of interest the person who becomes the absolute center and standard for society (Čulo and Šestak 2018, 183). Such a view of a human has an immediate normative effect which can be recognized in the care of the sick and dying, and which must include understanding and help in meeting a person's spiritual needs.

This paper will present the experiences of three Croatian nurses who participated in administering sacraments during their regular nursing care. The sacrament of baptism for a new–born with a predicted death outcome and the impossibility of the priest's arrival will be described, as well as the sacrament of the anointing of the sick with the administration of Holy Communion to a patient whom the priest could not access due to medical devices.

Considering that upon reviewing the scientific literature, such examples proved to be extremely rare and without entailing analyses of such experiences, the aim of this paper is to present preliminary results as a stimulus and foundation for a more comprehensive research of the recognized phenomenon.

The discussion will additionally compare the described experiences of the respondents with previous similar scarce research in the world, and with relevant Church documents.

## 1. *Aim and Methods*

This paper aims to present a few qualitative examples from the clinical practice of nurses in the Republic of Croatia who participated in the administration of sacraments. Also, the goal is to determine the compliance of the procedures with the provisions and regulations in their implementation and to provide a comparison with similar findings in the world.

In accordance with the aim, the qualitative approach to data collection and analysis, entailing semi–structured interviews, was chosen. Three nurs-

es were selected from a random sample of self–registered candidates. Notably, following the author's lecture at the university study for nurses on the importance of addressing the spiritual needs of patients, two attendees voluntarily shared their experiences, with a third nurse joining subsequently. Two of them were students at the time, while the third came at the invitation of one of them.

The questions were asked to help describe the phenomenon, the experience of a person who participates in the administration of a sacrament, but also to identify insufficient knowledge and understanding.

The interviews were conducted in accordance with the Code of Ethics for Nurses of the Croatian Chamber of Nurses, with the provisions of the General Data Protection Regulation, and with the Act on the Implementation of the General Data Protection Regulation. The respondents voluntarily agreed to participate in the research, giving informed consent to the author of the paper. Therefore, the approval of ethical commissions was not required.

All respondents chose to give their answers in writing, and given that they chose to stay anonymous, labels S1, S2, and S3 will be used in the presentation of the results. At the time of their professional activities, all three respondents were working in hospitals in Zagreb, and considering that they no longer work in the same institutions, their participation was voluntary, and the identity of the patients was protected.

An inductive method of coding the obtained data was used, without the use of computer programs, adopting a structural coding approach. The data was coded by the author. Interpretive phenomenology analysis was conducted to determine the experiences of the respondents more clearly.

Also, a review of the literature was carried out in addition to the comparison of the obtained data with the provisions prescribed in Church documents, but also with limited research in the world.

The first research question sought to determine the manner and experience of the act itself: *Can you describe your experience of the act of administration/participation in the administration of the sacrament (circumstances, motive, patient's condition)?* The purpose of additional questions was to gain a deeper and more complete insight into the researched phenomenon. Additional questions asked were:

2) *Did you have the same/similar experiences before?*
3) *Did you know that lay people (nurses) can participate/administer the sacraments?*
4) *How did you feel at that moment?*
5) *What additional knowledge should be possessed for this act?*
6) *What is the significance of that act for the patient/family/relatives?*
7) *Was this act documented?*

## 2. *Spiritual Dimensions of Holistic Nursing Care*

Although the expected and enhanced form of holistic care is sometimes realized (albeit more on a formal level or individually by some health workers), the fact is that various pressures from numerous participants and care providers, as well as organizational specificities characterized by the health care staff shortages, make it impossible to plan and implement the kind of holism that is truly expected (Domitrović 2022, 57).

As stated, even a higher level than holistic care would imply a more recently developed person–centered approach. Although it is often associated with the concept of personalized medicine, it is primarily a philosophical view of a human being from which normative provisions derive. While personalized medicine is based on a biomedical model, person–centered care has a different origin, and through it, not only are individual needs met, but a patient is respected as a person more. Such vision must overcome all the limiting features of the materialistic interpretation of a human and enable him to feel a true concern for him and his uniqueness (El–Alti, Sandman and Munthe 2019, 45).

It is precisely in accordance with said approaches that nurses are traditionally educated, which comes from the unique views of theorists in the field who define the discipline with a departure from the biomedical paradigm. An extremely important segment of nursing care involves an awareness of the individual's spiritual needs (Alligood, 2014, 26,27). Although it is not a new concept, the true emphasis on spirituality as a segment necessary for health has been developing since the end of the 1940s, that is, since the first complete definition of health. Namely, in the preamble of the Constitution of the World Health Organization, it is stated that health is not only the absence of disease, but a state of complete physical, mental, and social well–being. It is in the segment of mental health and well–being that the holistic understanding of man through his sense of stability and peace stands out, for which, among other things, the satisfaction of spiritual needs is important (WHO 1946, 1315.).

Within the unique theories of nursing care, the one of Virginia Henderson stands out. Analyzing the needs of healthcare users, she claimed that every patient also has religious needs. According to her, nurses must be familiar with different religions because the more they adapt their care to the religious needs of patients, the more they are aware of the positive effects of religion on patients' health. The more developed her spirituality and the wider her tolerance towards all religions, the more she can help her patients (Henderson 1994, 44).

Although many other nursing theoreticians emphasize the importance of nurses in meeting spiritual needs, it is worth highlighting, for example,

Martha Rogers and Jean Watson, who also emphasized the importance of a comprehensive approach to understanding a human being. Martha Rogers emphasizes the limitlessness of human beings, which she defines through a "unique whole", during which nurses must strengthen the integrity and coherence of the human being by supporting this wholeness, which also includes the metaphysical level (Alligood 2014, 223). The integrity of man, which can be defined through a personalistic view, is also emphasized by Jean Watson. She places the importance of meeting spiritual needs high on the priority level of her *caritas processes*. She describes the realization of a therapeutic relationship of understanding only when it is realized on a deeper level, which implies the acceptance of an individual's spiritual demands (Abou Aldan 2021, 160).

Furthermore, it is important to highlight the EPPIC project, implemented from 2016 to 2019 to encourage educators in the field of nursing to develop models, knowledge, and skills in spiritual care. Encouraged by it, some research was also carried out, examining how educators can develop students' competencies to take care of the spiritual needs of patients as well (Ross et.al. 2016, 446).

## 3. *Results*

In the continuation of the article, the results of the examination of three respondents will be presented. The first two interviewees (S1, S2) participated in the act of baptizing newborns, while the third interviewee (S3) administered Holy Communion during the sacrament of the anointing of the sick. The fundamental difference is that the sacrament of baptism was administered throughout the entire working time/life, so one isolated display is not described, whereas the act of administering Holy Communion happened only once. The results will, therefore, be shown separately. Seeing as no similar research results can be found, we present the answers in full.

The first group of answers refers to the two interviewees who participated in administering the sacrament of baptism:

**Can you describe your experience of the act of administering/participating in the administration of the sacrament (circumstances, motive, condition of the patient)?**

*S1: I got a job as an intern in the intensive care unit for preterm births. An extremely dynamic unit, with a lot of demanding and challenging situations, given that it is a particularly sensitive patient population. Along with the daily joy of giving birth to a new life, there are also situations when the patient is in an extremely poor state of health, and who sometimes, with all possible care*

*and support from the medical staff, loses his life's battle. Any such outcome is extremely stressful for parents, as well as the staff.*

*S2: The first baptism I attended was two months after I started working in the Neonatal Intensive Care Unit. I came to that unit from the department of "healthy newborns", so it was a shock to me. The newborn who was baptized at the time was male, with a very poor Apgar score, and did not respond to resuscitation measures (although this resuscitation had lasted for hours). When it was clear to everyone that the child would not live, the neonatologist asked to baptize the child. The oldest nurse on the shift baptized him to show me how to do it. It was Christmas Eve, and it started snowing at midnight.*

*S2: Baptism was performed when there really wasn't the slightest hope that the child would survive.*

*S1: Generally, the act of administering the sacrament of baptism is done by the nurse who takes care of the patient, with the presence of other team members and parents if they are able. Sometimes, if possible, a priest from the nearest church is called, or at the request of the parents, a priest of their choice.*

*S2: Some parents even called the priest to administer baptism. These were mostly children who had been in the intensive care unit for a long time, and their health was getting worse day by day, so I took part in such a ceremony and it was identical to those carried out in churches.*

*S1: In the unit we always had a bottle of Holy water from a shrine and a cross.*

*S2: In a special drawer there was a bottle of Holy water. We were a large team, whenever one of the colleagues went on a pilgrimage, he would bring the bottle if we had it in the ward. There was also a cross, and on the wall, there was a Catholic liturgical calendar. We baptized children with the name that marks that date.*

*S2: The whole shift gathers around the child, one colleague holds a cross, and the other soaks cotton wool with Holy water, saying "(name), I baptize you in the name of the Father and the Son and the Holy Spirit", and makes a cross on the forehead. After that, we offer the Lord's Prayer. I usually ended with "Rest in God's peace".*

**Did you have the same/similar experiences before that act? Did you know that lay people (nurses) can administer the sacraments?**

*S1: The unwritten rule in the unit is that if any patient at the moment of assessment, despite all the medical care and interventions, does not give a positive response, the sacrament of baptism is administered, of course with the consent of the parents.*

*S2: No one at school had ever told me that I would experience such situations.*

*S1: I knew that every person who has received the holy sacraments can administer the sacrament of baptism if needed, but I didn't really think that I would ever do it.*

**How did you feel at that moment?**

*S1: As a young nurse, my first such experience was quite traumatic and sad, but over time I realized that it was also part of my calling. In my 28 years of work experience in that unit, I have attended or administered the sacrament of baptism myself countless times.*

*S2: Given that the abortion/birth limit has dropped a lot (22 weeks of pregnancy or birth weight above 500 g), I mainly baptized newborns of low gestational age who did not respond to resuscitation measures. I coped with such a baptism relatively easily. The most difficult thing was to baptize newborn babies, or children who had been in the intensive care unit for weeks, but whose health had deteriorated.*

**What additional knowledge should be possessed for this act?**

*S2: I had been to Christenings several times before and was even a godmother a couple of times, so the act of baptism was not unknown to me. But baptism in a hospital is different than during a church ceremony.*

**What is the significance of that act for the patient/family/relatives?**

*S1: In moments when such a need arises, it is difficult for the parents first and foremost, as well as for the staff, but the feeling sets in that I really did everything in my power.*

*S1: Parents are always grateful for that.*

*S2: As for parents, I had different experiences with them. Some did not care at all that the child was baptized, and others were extremely happy and found solace in that.*

**Was that act documented?**

*S1: The act of baptism was recorded in the medical documentation, and later in the documentation of the family's personal priest.*

*S2: After the baptism, the name of the child was written on the temperature sheet. I personally have never been called to the parish office to give a statement that the child was baptized, but I know that some of my colleagues have.*

The second group of answers refers to one respondent who participated in the administration of the sacrament of Holy Communion.

**Can you describe your experience of the act of administering/participating in the administration of the sacrament (circumstances, motive, condition of the patient)?**

*S3: My experience is related to the administration of the sacrament of Holy Communion. This happened during the COVID–19 pandemic when we had several COVID–19–positive patients in the intensive care unit. There were two patients (male and female) who were in isolation, in contact, and on non–invasive ventilation. Both requested during the day shift that a priest be called to confess and receive the sacrament of the anointing of the sick. The priest came during the night shift. We adequately dressed him in protective clothing and allowed him into the isolation. The priest insisted on being alone with these patients so that they could adequately confess since there was a possibility of that. After he finished, he went outside and told us that he had left two hosts in the hallway that he did not give because the patients had masks that he did not know how to remove. He instructed us that we, the nurses, if we can and want, share the hosts with the patients with a certain prayer and that this has the same value as if he had done it. Also, he told us that we can always administer the other sacraments with equal importance if it is a dying patient who expresses a desire for the sacraments before death. He gave us the option to do it for him, but also the option to adequately dispose of the consecrated host if we didn't want to. Since my colleague and I are Christians, it was an honor for us to do this for our patients.*

**Did you have the same/similar experiences before that act?**

*S3: I didn't, this was the first and so far the only case.*

**Did you know that lay people (nurses) can administer the sacraments?**

*S3: I had no knowledge of it until that evening. I was pleasantly surprised that we have such "power" and that we are recognized for such a role in the care of our patients.*

**How did you feel at that moment?**

*S3: I was initially surprised that we even had this option. I was somehow proud that this act had such great value on our part and that it was on the level of the priest's actions. It was a certain satisfaction for me to be able to do something like that for a patient and to know that I have such "power" in the future. That I can identify my spirituality with the patient's.*

**What additional knowledge should be possessed for this act?**

*S3: From my experience, I would say that it is important to know how to handle this sacred object and not desecrate it. And specifically, along with the act itself, it is necessary to know how to make the sign of the cross and give a short prayer that can be learned quickly with the priest's instructions.*

**What is the significance of that act for the patient/family/relatives?**

*S3: I think that the significance for the patient and his family is great. Spirituality is often an important thing for the patient, especially in palliative patients and those with more difficult conditions that are often encountered in intensive care units. The fact that in a moment that is difficult for the patient, there is a possibility, in case the priest cannot come, to receive that grace from us, healthcare professionals, who are by his side the whole time.*

**Was that act documented?**

*S3: In our case, this act was not documented.*

## 4. *Discussion*

Contemporary healthcare systems are determined by a holistic paradigm of human relations, which should assume respect for all levels of patient's needs. This is more often determined and realized at the declarative level, because many dimensions of human needs are often neglected, and the prevailing materialistic view of the patient gives every advantage to biological and physiological functioning (Domitrović 2022, 57.). Not only is the said approach ideal, but it also represents the expectation of a modern human who, looking for help within the health system, expects the highest level of understanding for his needs (Watson 1999, 233). A person–centered approach implies an understanding of a human, and not just a biological interpretation. In this sense, taking care of health does not only mean ensuring physiological functioning and homeostasis but also a sense of care for every segment of a person—including the spiritual dimension (Šestak and Abou Aldan 2022, 44). In the 1960s, Virginia Henderson stated that one of the basic human needs is practicing religion and acting in accordance with one's own understanding of good and evil. She problematized that the separation of religion (faith) from medical care leads to the neglect of a patient's needs during the healthcare process (Henderson 1994, 43, 44). She argued that it is a systematic part of basic nursing care in every situation to respect the patient's spiritual needs and satisfy his or her religious wishes. If religious practice is important for a person's well–being in a healthy state, it is even more important in an illness. In the list of specific duties of nurses, she states that, among other things, a nurse must enable the patient to receive the sacraments (Henderson 1994, 44). Within health theories, this is one of the few that specifically mentions receiving the sacraments as part of nurses' duties (Alligood 2014, 45,46). In this case, it is not stated that nurses administer the sacraments, but that they facilitate the administration. However, considering the expectations that the Catholic Church has towards lay believers, the aforementioned statement can be supplemented. Namely, in the documents

that emerged from the Second Vatican Council, the apostolate of the laity is highlighted, which is stated to be and must arise from the Christian calling of every believer. The apostolate is carried out in faith, hope and love, and all activities are directed towards saving redemption (LG, 31, 33).

The number of scientific studies that would follow the contemporary occurrence of the sacraments in the healthcare setting is extremely small and is mainly reduced to the quantification of the procedures without analyzing the experience of the person administering the sacrament, nor describing the act itself (Steen 2015, 79.).

According to the key words of this paper, two scientific databases were searched. In the JSTOR database, 45 journal articles were found, none of which describe the practice of nurses participating in the administration of sacraments. Most of them (and in the period from the 1990s until today, all of them) talk about the historical perspective of meeting the spiritual needs of patients in hospitals. Two articles examine in more detail the concrete needs of patients in hospitals, with one article describing the awareness of nurses for the spiritual needs of patients, and the other with reference to the Jewish population (Groenhout et.al. 2005, 147).

In the PubMed database, 56 articles can be found, when searched only using the keywords *nursing, hospital, sacraments*. However, a careful reading reveals that all of them discuss biomedical topics with an occasional appearance of the searched terms, and without a description of the phenomenon. Several articles present statistical data on the implementation of the act of baptism, and only one analyzes the role of nurses in end–of–life rituals (Pace and Tyree 2016, 471).

Caulfield et. al. conducted a study in 2019 in which they determined that 354 children were baptized in one Irish hospital over a period of 15 years, emphasizing that the number of baptisms had decreased over time. In 81.5% of the cases, the act of baptism was performed by a priest, while in 17.3% of cases, it was administered by one of the health professionals. Most of the baptized children were preterms or with a low birth weight, and 31.9% of all baptized children had died. In the conclusion of the research, it is stated: *Emergency baptism remains an important element in the spiritual care of critically ill newborn infants and their families* (Caulfield et. al. 2019., 607.).

In a research conducted by Steen, it was concluded that nurses and midwives in the United States and Spain expressed a need for knowledge, communication skills, and dealing with emotions related to the procedure of baptizing a newborn. The desire for additional knowledge about death and dying, as well as support for parents in funeral planning, stands out. These findings demonstrate a continued need to increase the standard and consistency of perinatal bereavement care worldwide. Bereavement educa-

tion in nursing curricula and practice settings in both cultures is essential to increasing the standard of care (Steen 2015, 79.).

One of the fundamental rights of believers is that of the sacraments. Receiving the sacraments, above all baptism, is necessary for the enjoyment of other rights and the fulfillment of certain religious and Christian obligations (Blažević 2007, 77). "The sacraments of the new covenant (...), are signs and means by which faith is expressed and strengthened, worship of God is shown, and people are sanctified, and therefore they greatly contribute to the creation, consolidation, and manifestation of church communion" (Blažević 2007, 77).

The fact is that the administration of the sacrament of baptism by health professionals is closely related to cultural, anthropological, and religious links, especially because for a long time throughout the development of humanity, the death of newborns (as well as stillbirths) was quite common. This is precisely why midwives were the first to baptize a child immediately after birth. The first rulebooks and instructions for baptism can be found as early as in the 16th century, and in the 18th century in Europe, the Catholic Church took control over the protection of maternity and midwifery, and even in some regions the pastor issued a midwife a work permit or a recommendation for education (Habek, Dokozić and Lukić 2010, 376, 377). Midwives who were Catholic had the obligation to baptize out of necessity (lat. *in necessitate baptisatus*) if the child's life was in danger (Habek, Dokozić and Lukić 2010, 380). "Baptism is a sacrament instituted by Jesus Christ, and with it a person in the bath of baptismal water is cleansed or freed from sins by divine grace, first of all the original and also all committed personally, and is spiritually reborn to a new life in Christ, conforms to Christ and becomes a member of God's people or the Church (...) Baptism imprints an indelible mark or character on the baptized person and therefore, once validly received, it is not repeated" (Blažević 2007, 79). Regular administrators of baptism are a bishop and a priest, and in the Latin Church also a deacon. In case of emergency, anyone can baptize, if they intend to do what the Church does and pour water on the baptized person's head while uttering the words: "I baptize you in the name of the Father, and of the Son, and of the Holy Spirit" (CCC para. 1284, Blažević 2007, 82). The intention required is that the person administering the sacrament wants to do what the Church does when baptizing and apply the Trinitarian formula (CCC para. 1256). Baptism itself can be conferred in several ways, including water, blood, and desire. Baptism by water is done by immersion, pouring, or sprinkling. Blood baptism refers to persons who wanted to receive baptism but were prevented from doing so by (a martyr's) death (Karlić 2014, 45). "Precisely because baptism is necessary for salvation, as the Church has constantly taught, the Code foresees or allows for the administration of

baptism in case of need or in mortal danger certain deviations in relation to the regular occasions of celebrating baptism. Thus, in case of need, water that has not been blessed can be used for baptism (...) Baptism, however, should not be performed without a real need (...) even in hospitals, unless (...) it is not forced by some other pastoral reason, especially mortal danger" (Blažević 2007, 82–83).

According to Canon Law, the sacrament of baptism can be received only once, unless there is a justified suspicion that it was not properly administered (can. 845). It is also stated that rites must be observed during the administration of the sacrament (can. 846). "The essential rite of Baptism consists in immersing the candidate in water or pouring water on their head while pronouncing the invocation of the Most Holy Trinity: the Father, the Son, and the Holy Spirit" (CCC para. 1278).

The Roman ritual in Chapter V describes the order of the baptism of children in danger or at the hour of death without a priest or deacon. It says that after the water is prepared (even if it is unblessed), the parents, godparents, some of the relatives, and the official who will perform the baptism gather around the child, and the prescribed prayer is given. This is followed by the confession of faith, and then the act of baptism itself, with the following words and actions being pronounced: "... I baptize you in the name of the Father / pours him with water the first time / and the Son, / pours him with water the second time / and the Holy Spirit. / Pours water on him the third time". The act of baptism also ends with a shorter prescribed prayer (Roman ritual 2011, 71–73). In the ritual, it is specifically stated that at the hour of death, omitting all other rites, it is sufficient for the official to pour water on the baptized person while uttering the words mentioned above. It is good that, if possible, the official has witnesses (Roman ritual 2011, 74). It is crucial that there is at least one witness (preferably two) to the act itself.

In our findings, both respondents stated that the act of baptism was mostly performed by nurses, less often by a priest invited by the parents. It was also noted that the procedure was carried out with consecrated water that would exist in the ward while saying "(name), I baptize you in the name of the Father and the Son and the Holy Spirit". One respondent stated that the baptismal name was assigned according to the Memorial Day on the Catholic calendar.

Our respondents stated that they baptized children born who, despite all possible medical care, could not survive. They noted that they sought approval from the parents to perform the act. They also said that it was less traumatic to baptize children who, immediately after birth, were assumed not to live, than children who lived or stayed in intensive care units for a longer time. The question that arises is related to the baptism of a child who does not respond to the resuscitation procedure. Namely, while the time

of death (from a biomedical point of view) is determined at the end of the resuscitation procedure, it is doubtful whether a child can be baptized during the resuscitation procedure itself or whether it would be more correct to grant a "spiritual blessing" at that time.

Both respondents described their first experience of baptism as traumatic, mainly because no one had prepared them for it during education. At the same time, they stated that over time they accepted that act as justified and as a sign that they give everything in their power for their patients until the very end.

Papers describing the participation of healthcare professionals in the administration of other sacraments are almost impossible to find. In one article, Chin (2010) describes the roles of nurses in the care of terminally ill patients who expressed a desire to meet their religious needs. During the care period, patients' religious needs featured prominently, including the desire to become a Christian and the eagerness to know about and help in the arrangement of the funeral. Taking the initiative, the nurse helped to connect the person with religious resources, arranged to have an administrator for the baptism ceremony, had the priest explain funeral proceedings, and assisted with the completion of the person's entrusted plans. The function of this nursing care intervention was to provide a personal touch to a patient who was in desperate need of warm spiritual care (Chin 2010, 47).

In addition to the sacrament of baptism, health professionals can be expected to participate in the administration of the sacrament of the anointing of the sick. The sacrament aims to give special graces to a Christian who is experiencing ailments related to illness or old age (CCC para. 1527). It can only be administered by priests, and they use oil blessed by the bishop or the ministering priest (Karlić 2014, 208, can. 1003). In our research, an example was found in which a nurse participates in the sacrament of the anointing of the sick by administering Holy Communion to patients to whom the priest could not do so. In the said case, the Holy Communion was administered by the priest, but the actual procedure of giving communion/host in the mouth was done by a nurse due to physical impossibility—the priest could not do it due to non–invasive ventilation. The priest nevertheless instructed the nurses on what they must do, what prayer to say, and what they can do if they do not want to participate in the act itself. The very act of communion is considered the deepest form of the believer's union with Christ, and receiving communion means receiving Christ himself (CCC para. 1382).

This is precisely why it is not surprising to read about the experience of a nurse who, although he did not know that he could participate in the act itself, expressed his pride and significant value in caring for the patient by participating in the act of the sacrament, stating: "I was proud to have the opportunity to identify my spirituality with the patient's".

In all the presented cases, the nurses pointed out that the administration of sacraments (or their participation in it) is an important segment of healthcare and expressed a sense of satisfaction that they could participate in the care of patients in this way. However, they also emphasized that they did not have enough knowledge about the procedure and learned about the act itself either from older colleagues (for the act of baptism), or from the priest who came to administer the anointing of the sick. It is therefore not surprising that nurses are more focused on a human as a person since their scientific theories separate the concept of a person from other scientific concepts (Kalauz 2012, 37, 38).

## *Conclusion*

Person–centered care would imply such a form of care in which the dignity of a human as a person is reflected in the direct actions of health professionals. One of the areas of this activity is respect for religious and spiritual needs through concrete actions, and not neglecting them. This paper has presented the activities of nurses who participated in or independently administered sacraments to patients in Croatian hospitals. The true experience and acceptance of a human as a person can be determined through a deep understanding of his or her most intimate needs, such as religious ones, especially in moments of facing possible death. Although the historical influence of the Catholic Church on the awareness of healthcare professionals concerning the provision of the sacrament of baptism out of necessity is known (Habek, Dokozić and Lukić 2010, 376), today baptism is not prohibited but it is not mentioned in official documents and textbooks, nor is it discussed at gatherings of healthcare professionals. As for the other sacraments, the described example of participation in the sacrament of anointing of the sick is extremely rare, and it is impossible to make historical analyses or comparisons.

Given that all respondents emphasized that their acts are an important segment of health care, in which they achieve the highest possible care for the patient, it can be said that the satisfaction of religious needs is an extremely personalized act that goes beyond traditional expectations of healthcare workers.

What the interviewees emphasized was that they had no knowledge about being allowed to participate in or share the sacraments. This can be used as a recommendation for stimulating discussions on the topic among health professionals. Therefore, based on these preliminary results, the need to develop guidelines and procedures that could improve holistic and then spiritual care for the patient by all healthcare providers can be highlighted.

Equally, these preliminary results can serve as a basis for comprehensive qualitative research of the described phenomenon, considering the importance expressed by the nurses, but also by patients and their families.

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*Sažetak*

# PODJELA SAKRAMENATA U POTREBI OD STRANE MEDICINSKIH SESTARA U HRVATSKOJ — NEKOLIKO KVALITATIVNIH PRIMJERA IZ KLINIČKE PRAKSE

DAMJAN ABOU ALDAN

Težnja suvremene zdravstvene skrbi podrazumijeva holistički pristup i osobi usmjerenu skrb. Ističu se pojedini primjeri u kojima takav vid doživljaja čovjeka dolazi do izražaja ne samo poštivanjem autonomije pacijenta već i postupanjima koja nadilaze određene standardizirane postupke. To je viša razina shvaćanja čovjeka od dominantnog biomedicinskog modela.

U ovome radu prikazat će se iskustva triju medicinskih sestara iz Republike Hrvatske koje su tijekom redovnog pružanja zdravstvene njege sudjelovale u podjeli sakramenata. Riječ je o podjeli sakramenta krštenja kod novorođenčeta s predviđenim smrtnim ishodom i nemogućnošću dolaska svećenika, te sakramenta svete pričesti kod bolesnika kojemu svećenik nije mogao fizički pristupiti.

Prikazani su preliminarni rezultati uz pregled literature, a s ciljem pripreme sveobuhvatnijeg istraživanja uz veći obuhvat ispitanika. Prvi rezultati pokazuju da u zdravstvenom sustavu Republike Hrvatske postoje medicinske sestre koje sudjeluju u podjeli sakramenata, ali da pri tome iskazuju kako nemaju dostatna znanja o istima. Tijekom redovnog obrazovanja medicinskih sestara ne postoje sadržaji koji bi obuhvatili opisane fenomene iako se naglašava nužnost zadovoljavanja duhovnih potreba pacijenata.

Ključne riječi: podjela svete pričesti, bolesničko pomazanje, bolnica, medicinske sestre, Republika Hrvatska, sakramenti, sakrament krštenja

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