Life and Churchlife During Pandemic: Bioethical Issues and Church Response in the Time of COVID-19

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Abstract: The first part of this paper attempts to expose hospital-care situations vis-à-vis ethical principles and pastoral care. In other words, actual scenarios are subjected to the three ethico-pastoral angles of the current pandemic, namely: (a) the crucial process of consultation and decision-making on account of the scarcity of treatment and facility; (b) the role (or non-role) of a religious minister to persons *in periculo mortis*, albeit when the seeming cause of death is highly contagious as COVID-19; and (c) the search to discover for the formula to prevent and cure this treacherous disease. The second part is a narrative of the ways that the institutional Church of Palawan (Apostolic Vicariate of Puerto Princesa) has responded to the challenges of the COVID-19 pandemic.

Keywords: COVID-19 • Bioethics • Death • Dying • Informed Consent • Moral Discernment • Clinical-Pastoral Care • Vaccine and Cure • Pastoral Leadership • Social Action Apostolate

Introduction

Health crisis such as COVID-19 is all about life. How to stay alive, actually. Considered as an "invisible enemy," COVID-19 is unprecedented threat to human life. With no treatment available yet on the horizon, cases of infection and death continues to spike. Beyond health, collateral to the crisis are people's livelihood, social and

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mental well-being, government system, cultural milieu, and so on. In this web of concerns due to the pandemic, it is pertinent to look into specific burning issues, such as, bioethical issues and issues facing the Catholic Church in this challenging times, particularly, on the end-of-life dilemma of decision-making and the pastoral initiatives of a local church, namely, the Apostolic Vicariate of Puerto Princesa (AVPP) in Palawan, respectively.

The first part attempts to expose hospital-care situations vis-à-vis ethical principles and pastoral care. On the other hand, the second portion is mainly a narrative. Via social communications, we are able to document some pastoral initiatives of the local church which could also be seen as indicative of making concrete our social teachings.

Dying in Isolation

Death is seen as isolation. In common theological understanding, it is the separation of body and soul. In the physical world, it is about the departure from the earth toward heaven. For any mortal, it is the passing away or parting of a loved one. All these descriptions of the end of life naturally brings extreme sadness. But how about dying by your lonesome? It is sad enough to die, it would be unbearable to die in isolation. For some, and in many places, on account of fear of contagion of the COVID-19, to die necessarily requires immediate cremation.[1] Ergo, those who grieve are not given time to mourn for their loss. On the other hand, cremation[2] is relatively pricey, and is not yet widely practiced (or accepted) in the Philippines. Who would foot the bill? In

[1] https://news.abs-cbn.com/news/03/25/ 20/philippines-releases-funeral-guidelines-for-covid-19-fatalities (accessed 10 April 2020).

[2] Catholic Church allows cremation. Cf. Catechism of the Catholic Church (CCC), # 2299-2301.

this time of the COVID-19 pandemic, to die is not only sad; it is thoroughly cruel.

A report in the East Avenue Medical Center in Quezon City (Philippines) of several unclaimed dead bodies piled up (littered) along the hallway is not only cruel but more so it is deplorable.[3] According to Dr. Dennis Ordoña, the spokesperson for the said hospital, the piled up corpse happened because "the hospital did not have sufficient equipment, such as freezers, to store additional human remains." He also added that that relatives are hesitant to claim the corpse of their beloved departed for fear of transmission of the COVID-19 to them, let alone another concern which is the monetary charge when they claim the cadaver.

At this pressure time, it is exceptionally important to arrive at a sound moral, legal, and socially acceptable decision. It goes without saying that anybody involved, especially in this kind of decision-making, would not want to be accused of being negligent, professionally incompetent and morally unjust. Certainly, all stakeholders (families of the patient, the attending medical professionals, public health authorities, pastoral-spiritual care-providers, etc.) would want to decide and to deliver services accordingly. Thereupon, bioethics, as a practical discipline, must not only ask stimulating ethical questions but it should likewise provide clear and concrete medical advice, morally viable options and within the bounds of what is legal to the families and to the medical frontliners alike.

This section of the article will attempt to reflect on the three ethico-pastoral angles of the current pandemic, namely: (a) the crucial process of consultation and decision-making on account of the scarcity of treatment

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[3] https://news.abs-cbn.com/news/04/11/20/doh-east-avenue-medical-center-deny-covid-19-deaths-not-being-reported-vow-probe (accessed, April 13, 2020)

and facility; (b) the role (or non-role) of a religious minister to persons *in periculo mortis*, albeit when the seeming cause of death is highly contagious as COVID-19; and (c) the search to discover for the formula to prevent and cure this treacherous disease.

When To Give Up and What to Give Up

Due to the paranoia brought about by the COVID-19 pandemic, it has become quite common to jump hastily into a conclusion that somebody who has died of respiratory failure has succumbed to the said virus. In fact, even if the primary cause of death was unrelated to the respiratory system, it is almost always probed toward and around the wretched COVID-19 virus; it is as if every kind of clinical death now is attributed to it. Possibly, it could be said that somebody died of COVID-19, or that somebody has died during the time of the COVID-19 pandemic.

Be that as it may, dying must also be seen as a process. In the eyes of faith, it is a called as spiritual journey. Along the way, toward the end-of-life, what bioethical steps are worth pondering and be acted upon? First of all, treatment must be made available, safe and efficient. As to the availability (or scarcity) of treatments or apparatuses, decisions must be based on impartiality, transparency, equitability, and fairness. All things being considered, Christian charity calls for a spirit of sacrifice, even to the point of a supreme one. Our thoughts go to St. Maximilan Kolbe, who was then in prison in Auschwitz. He volunteered to be executed to take the place of a man with a family.[4] Recently, an Italian priest, who died of COVID-19 gave his ventilator in favor a of younger

[4] https://www.catholic.org/saints/saint.php?saint_id=370 (accessed 11 April 2020).

COVID-19 patient.[5]

Meanwhile, in the field of medical care, an ethical dilemma could arise on the use of ventilator and the same on patients – up to what extent in time will it be utilized or at what point in time should it be discontinued? Can a patient, too, have a right to refuse a treatment?

Especially in the end-of-life case, questions usually arise on medical interventions in view of whether the said interventions would be morally obligatory or merely optional. In other words, it is imperative to distinguish the ordinary over the extraordinary interventions.[6] Ethically speaking, there is what we call as the proportionate (ordinary) measure against the disproportionate (extraordinary) one. Proportionate measure obliges in so far as it is "grounded on objective state of affairs regarding both the concrete clinical condition of the patient and the present state of the medical art."[7] On the contrary, what is disproportionate is judged as not morally binding. When everything medical has already been exhausted and all factors have likewise been considered (risks involved, the necessary expenses and the prognosis), thereupon, the signal should indicate that it is time to "pull the plug" or to simply give up.

Moreover, there is a recent bizarre call of a DNR order (Do Not Resuscitate) by some hospitals on COVID-19 patients, this could be due to the fact that many health facilities have their concern on "the shortage of personal protective equipment (PPE) and exposure to fluids that could endanger the health and lives of the doctors, nurses

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[5] https://www.cbsnews.com/news/italian-priest-coronavirus-ventilator-don-giuseppe-berardelli/ (accessed 11 April 2020).

[6] Cf. CCC, # 2278.

[7] Cf. Taboada, P., https://hospicecare.com/policy-and-ethics/ethical-issues/essays-and-articles-on-ethics-in-palliative-care/the-ethics-of-foregoing-treatment-at-the-end-of-life/ (accessed 17 April 2020).

and others involved in the resuscitation. Concerns include not only losing healthcare personnel who could become ill but also the amount of PPE needed for each attempt."[8] Whether this is ethically sound or not depends significantly on the principle of informed consent on the part of the patient, along with the relatives, lawyers, spiritual adviser, among others. If and when the patient him/herself opt for the DNR, thereupon, those involved in the medical side must prudently consider it as an order. In the event that the patient is already incapacitated to decide, a legal proxy must be appointed (usually, an immediate family member). In such circumstance, it is always wise, especially for the elderly and with those co-morbid illnesses to provide advance directive so as to unburden everybody of the so-called "guilt" and from further distress of finger-pointing. Caution must be observed, however, so as not to make DNR a universal policy or a blanket order for every case or patient. In the name of justice, informed consent[9] is the bedrock to moral-bioethical judgment. Needless to say, any measure whatsoever should never be coerced from persons, especially toward the sick, and even more to a dying person.

Finally, a Spanish quote captures well our duty of care to patients, *"Si puedes curar, cura. Si no puedes curar, alivia. Si no puedes aliviar, consuela. O mejor:*

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[8] Cf. Plunkett, AJ, https://www.psqh.com/news/covid-19-hospitals-should-consider-cop-carefully-before-deciding-on-dnr-policy/ (accessed 17 April 2020).

[9] "Free and informed consent requires that the person or the person's surrogate receive all reasonable information about the essential nature of the proposed treatment and its benefits; its risks, side-effects, consequences, and cost; and any reasonable and morally legitimate alternatives, including no treatment at all." Cf. United States Conference of Catholic Bishops (USCCB), Ethical and Religious Directives for Catholic Health Care Services # 27, November 17, 2009.

consuela siempre, reza una máxima médica," which can be understood as: If it can be cured, cure. If it cannot be cured, relieve. If it cannot be relieved, comfort. Or better yet, comfort all the time and pray for what is best. Or simply, prayer is the best medicine; and God as the Divine Healer and Miracle Worker.

No One Must Die Alone

As a priest who would normally administer the last rite to a dying patient, I can vouch that it is not uncommon that a person who is at the point of death would request to be surrounded by people who love them. It eases the pain for everybody in the room to be present in time of death, both for the patient and for those who care for them. At this time of pandemic though, dying with the presence of loved ones is deemed irresponsible and careless, if not criminal. The circumstance is called for on account of the protection of everyone so as to stem the transmission of the virus. In other words, to visit the sick or to attend to the dying at this time, which is actually called for by Christian charity, must now be dealt with ethical considerations.

Even a religious minister is likewise in a dilemma (and even scared). How will we minister now with COVID-19 patients? Are we allowed yet? How is physical distancing apply on the bedside clinical-spiritual caregiving? Must we wear a PPE over our clerical vestments? Will ministering to the sick by way of technology (videocalling) be already permitted?

The World Health Organization (WHO), recognizes the vital role every religious minister in saving lives and in reducing illness related to this pandemic.[10] The WHO

[10] Cf. World Health Organization, "Practical Considerations and Recommendations for Religious Leaders and Faith-based Communities in the Context of COVID-19, April 7, 2020.

maintains that religion and faith are a primary source of support, comfort, guidance and direct health care and social service for the communities they serve. Ministers are able to provide pastoral and spiritual care especially in this time of public health crisis and can advocate for other needs for the sake of their communities and the whole society in general.

Conversely, the Catholic Church, while recognizing the restrictions of quarantine protocol and the present difficulties (including scare) in making rounds for hospital visits, is never clamped to be creative in ministering to sick people. In the mind of one bishop (Bishop Giovanni Nerbini of Prato)[11] in Italy, in a letter to his priests said, "You are called to a ministry in some ways similar to that of doctors, nurses and psychologists. The people turn to you with trust and hope, seeking help or even just a word of support, of accompaniment." Furthermore, he reminded priests on this time of crisis that they should be like good shepherds, who when confronted by wolves "is not afraid and does not run away... but defends his flock."

Moreover, Bishop Nerbini gave a permission to a group of doctors attending to COVID-19 patients to distribute Holy Communion. According to the prelate, the said idea was inspired by Pope Francis himself who called on the doctors and medical professionals "to play the role of intermediaries of the church for people who are suffering." This pastoral creativity paid off in the experience of the medical staff themselves. "I realized that in the fight against coronavirus, our effort is too focused on fighting the physical ills of the patients... They are lonely, suffering people, not only in body but also in soul," shared by a doctor. Meanwhile, for patients who

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[11] https://www.ncronline.org/news/quick-reads/bishop-allows-doctors-give-communion-coronavirus-patients (accessed 28 April 2020).

were on respirators and unable to physically receive the Eucharist, the doctors read a prayer at their bedside.

Finally (pun intended), how will a religious minister attend or perform ritual to the dead infected with COVID-19? Unfortunately, social distancing and quarantine protocol still prevail. According to the WHO, corpse of coronavirus victims are generally not infectious.[12] But just the same, as this health authority advises, relatives are not to touch nor to kiss the body of the victims as a precaution to prevent the transmission of the virus. As such, funeral rite is left with only two "unacceptable" choices, namely: a cremation or a mass burial in a mass grave. Needless to say, coronavirus virtually dispatches faith's way of mourning and comforting the afflicted and even praying for the dead.

Baptisms and weddings had already been cancelled, but obviously, not the funeral. Grieving cannot be postponed. The more it is delayed, the more it turns out to be painful. All things being considered on protocol, prayers and Holy Masses are still being offered for every soul's repose. Bereaved families would send a note though, "When all this is over, I will gather my family and loved ones, please Father, say Mass for us and our beloved departed."

In Search for a Cure or Waiting for a Miracle

Though there seems to be a slowing down of infection and decline on the death toll in Italy, Spain, and Iran, the extension of the enhanced community quarantine (ECQ) or lockdown in the Philippines might take awhile, which is a prognosis of someone who is an 'insider'. This is based on the common timetable in research tests for a cure or

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12 https://www.npr.org/sections/goatsandsoda/2020/04/07/828317535/coronavirus-is-changing-the-rituals-of-death-for-many-religions (accessed 28 April 2020).

vaccine, which on a fast-track case would take 12-18 months,[13] and anything earlier than this frame is a miracle. It seems that we need to couple the search for a cure with prayer to fast-track our combat against COVID-19.

With the COVID-19 presenting unpredictable behavior, many medical scientists and research laboratories are scrambling for immediate cure, though it remains provisional. Some cures afloat from natural food, such as banana,[14] ginger,[15] virgin coconut oil (currently running tests on selected COVID-19 positive patients in the Philippines)[16] to drugs available in the market made to treat specific diseases, such as Hydroxychloroquine and Chloroquine (a drug for malaria), lopinavir and Ritonavir (treatment for HIV), Remdesivir (cure for Ebola), Favipiravir (anti-flu).[17] However, these medicines are still under investigation. Trials should not be done privately by individuals just

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[13] A vaccine for Covid-19 will not be ready until the end of next year, according to Dale Fisher, chair of the World Health Organization (WHO) Global Outbreak Alert and Response Network. https://www.cnbc.com/2020/05/04/a-coronavirus-vaccine-wont-be-ready-until-the-end-of-2021-professor-says.html (accessed 5 May 2020).

[14] Banana and other fruits, for that matter, can improve immune system, but there is no proof that it can cure COVID-19. Accessed, April 30, 2020, https://www.msn.com/en-ph/health/health-news/bananas-no-cure-for-covid-19-%E2%80%93-doctor/ar-BB11fVz2?li=BBr8YXP.

[15] It does have a positive impact, but it is neither a cure for COVID-19. https://newseu.cgtn.com/news/2020-04-03/Enjoy-ginger-but-it-s-not-a-cure-for-COVID-19-says-WHO--Pn0Wuje3UA/index.html (accessed 30 April 2020).

[16] It is considered to be on the research pipeline as a possible vaccine or cure. https://newsinfo.inquirer.net/1253072/dost-to-study-virgin-coconut-oil-as-cure-for-covid-19 (accessed 30 April 2020).

[17] All these drugs or treatments remain in contention for scientific approval. https://www.livescience.com/coronavirus-covid-19-treatments.html (accessed 30 April 2020).

simply because it was recommended by somebody, like a president.[18] There was even a report of fatality due to misuse (overdose) of one of the trial drugs. This is a proof that when cautiousness is not being considered to one's health, medicine is swallowed up as a poison instead. With this foregoing, it is the moral duty of every medical practitioner to advise against the use of unproven drug, much less injurious or fatal.

Time is of the essence, and every minute is precious in finding a cure. There were some talks about accelerating to manufacture the medicine, yet at what cost and at whose expense? An old adage could serve as a reminder and warning: "Haste makes waste." To ascertain the viability of a cure, there must be clinical tests that are considered ethical. In a clinical drug trial involving human subjects or participants basic ethical protocols must be in place, such as well well-informed participants on the aimed benefits and possible side-effects and risks, the consent of participants (when they have already been selected), proper remuneration to participants. In this regard, bioethics informs the medical scientists involved in research for a cure or vaccine that they must weigh the potential threats to health and human life vis-à-vis the safeguards of its benefits. All these should be in accordance with the objectives and parameters of the total well-being not just of a person but of the global community in general. The function of bioethics is to ensure that medicines and other related treatments and corollaries should be safe, effective, affordable and must be able to meet real medical indications. Anything contrary and lacking in the criteria must be deemed questionable, if not utterly unjust, hence immoral. Associated with this, (bio)ethics

[18] https://www.reuters.com/article/us-health-coronavirus-fda-hydroxychloroq/u-s-fda-warns-against-malaria-drugs-trump-championed-for-covid-19-idUSKCN226275 (accessed 30 April 2020).

does not end in clinical test, but this extends to the moral responsibility on the part of pharmaceuticals. Will the cure or vaccine affordable or will this create a 'drug divide'?

On March 27, 2020, the Society of Medical Physicists in the Republic of the Philippines (SMPRP) issued a statement regarding the proposal on the use of artificial intelligence (AI) on the CT-Scan data of individual patients to diagnose COVID-19, which is called 'Huawei Cloud NPC-CT AI-Assisted Quantitative Diagnosis Service'.[19] According to the association's board of trustees, though the said technology seems to post some promises and potentials, they have nonetheless been careful in endorsing the device for the following five reasons, (1) radiation exposure, (2) accuracy and appropriateness of the AI to the Philippines population, (3) infection prevention and control, (4) cost, and (5) data privacy and bylaws. In addition, they reminded fellow physicians to be prudent in accepting and using new technologies that could compromise the total welfare (both physical and privacy) of patients, which this device seems to present. Evidently, prudence is the ground of every ethico-moral discernment.

With a fertile imagination, let us say that there is a cure yet made available to the public? What if there are successes in drug experimentations, without approval from the authorities? It is categorically unethical and unprofessionally when in a health crisis situation someone or some business interest is at play and taking place over humanitarian reason. Surely, there could be nothing more preposterous than being uncharitable during crisis time. Without fail, compassion and charity must be sovereign in every single ethical undertaking.

For the time being, while the world still awaits for

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[19] https://www.facebook.com/photo?fbid=584279738827981&set=pcb.584280415494580 (accessed 1 May 2020).

that right kind of cure, everyone is strictly advised to help "flatten the curve" through preventive measures. And for those infected, proper care must be given to them to relieve symptoms until they have recovered. For the moment, while waiting for a cure and vaccine, let us intensify our resolve to pray for a miracle. However, while the majority of the population is waiting for a cure and equip treatment, others seem to operate on privileges.

In Poverty, We Share: A Church Response To Pandemic: AVPP Experience

With the transition from ECQ to GCQ since May 1, Palawan is practically back to a normalcy that is referred to as the "new normal." People are back on the streets. Noises and honks from vehicles signal movements of goods. Businesses do struggle to make their presence felt, everything has been reopened, except our churches. Temporarily, may it be.

Looking back at nearly 2 months of a lockdown, it could not be said that the church has been closed all along. While it has indeed been quarantined in terms of usual gatherings, it has also found creative ways in making the faith alive, and even livelier through reaching out in the midst of crisis. There is that popular internet graphic which claims that the devil had already won the battle against goodness because all churches had been closed down. On the contrary, as has been countered, every home was in fact transformed into many churches making God as the eventual and real winner in toppling the devil. To extend the contention even farther, it was not only that homes were transformed in churches, even the homeless among us have had a Church as a home.

In this time of crisis, how does a church become truly

a church, that is being truly a people of God? How are spiritual graces dispensed while the physical structure of the church is clamped? How do we discharge our mission in shepherding? The new normal is about working from home, can we also say the same with pastors? In a particular manner, how did AVPP, as a local church, respond to the crisis? Considered as a mission territory yet within the church, what made AVPP extend help and launched outreach initiatives? Moreover, in what ways did AVPP collaborate with local government units in a manner helpful and valuable for the common good? Finally, with the post-COVID 19 era and in the "new normal," how and what will a church be in a provincial setting? What must the pressing call be for a local church that is already poor and is even now turned cash-strapped by the pandemic?

Shepherding in the Time of Crisis (The Bishop's Role During Pandemic)

To be a shepherd is a calling for everybody. But the honor (and the burden) rightfully belongs to the bishop of a given juridical territory. This is made symbolically obvious by the staff he carries in a liturgical function. Under him are priests who only share in his shepherdhood. Bishop Socrates Mesiona is the shepherd figure and person for the Apostolic Vicariate of Puerto Princesa.

Early on, with the pronouncements from the national government on the imminent pandemic, Bishop Mesiona has already been communicating periodically to his priests. Unfortunately, at the onset of earlier advisories, he was on an official pastoral visit in the parish in Sicud (municipality of Rizal), the farthermost ecclesiastical territory in West Coast. Due to weak communication signal from that farflung parish, relay of instructions to

priests, especially on Mass gatherings, came in either late or nil. The lamentable experience of unfavorable signals and the urgency of the crisis prompted the bishop to call for an emergency meeting of all priests in March 16, 2020.

The agenda of the said meeting were, (1) the assessment from the ground, (2) recommendations, and (3) instructions by way of a pastoral letter as a collective response to the community lockdown. The fruit of the meeting (pastoral letter) was actually forward-looking since the declaration of lockdown was yet confined within the National Capital Region (NCR). The marching voice of the shepherd Mesiona then was "just in case" -- "just in case this will happen, we will follow this one . . . in case it will not happen, we will go for this action." In general, the pastoral letter contained directives, both for the spiritual well-being as well as for public health considerations. But the letter did not see the light for another day, right after the meeting was adjourned, a lockdown was declared in the whole of Luzon, including Palawan. One in the just-in-case scenarios was immediately implemented -- cancel all mass gatherings (included religious gatherings) until further notice.

In the intervening time, Bishop Mesiona did transmit a blow-by-blow updates on current situations with corresponding instructions. For example, Bishop Mesiona echoed the invitation of Pope Francis to all Christian leaders for simultaneous praying of the "Lord's Prayer" last March 25, 2020, the Solemnity of the Annunciation. Likewise, he also encouraged everyone to participate in an extraordinary Urbi et Orbi last March 27, 2020. He himself did wake up to livestream the spiritually-charged event at 1'o clock in the morning (PH time). For the Holy Week celebrations, Bishop Mesiona issued liturgical guidelines based on the instructions and updates in view of the pandemic provided by the Vatican.

Notably, Chrism Mass, a rite where priests are gathered around the bishop for renewal of vows, was postponed up until the time being. And for his Easter message to priests, he said, "Let us reach out to people and make them feel that we, as their pastors, are one with them in their journey. Let us provide them hope in the midst of this crisis. Let the victory of the Risen Christ cheer up their weary spirit." Moreover, other than all these formalities in church-life, Bishop Mesiona went practical as well by reminding the priests to be resourcefully hygienic. Said he, *"in case wala na kayong rubbing alcohol, you can try this as an alternative: 4 cups of water, 2 tbsp of baking soda, 1 cup of white vinegar, 3-5 kalamansi or 1 big lemon. Mix them slowly... Mix them well!"* The holy hands of priests must also be healthy hands.

Likewise, Bishop Mesiona sees to it that the sheep are not only guided spiritually but are taken cared of with temporal what-haves. In other words, corporal works of mercy, as commanded by the Lord himself, must also be accomplished as integral to the mission of the Church, much more in the time of unimaginable crisis as this one. The bishop reflected on the question, "What is the Church doing?" Instead of feeling nagged, Mesiona took it in a stride as to consider such question as a challenge to further it pastoral creativity in charitable initiatives and to disturb complacency within the sheepfold. He even vouched for the Church that serves in a rather quiet way, in the forefront of challenges devoid of fanfare. To walk the talk, and on his own anonymous initiative at that, he cooked and prepared foodpacks for frontliners, prayed over police personnel, visited patients and healthcare providers in the hospital, led various relief operations and have been raising substantial funds for outreach programs and for other social action concerns. Needless to mention, but always the most important though,

Bishop Mesiona pounds on the power of prayer as the motor of every what the church is doing. He contends, "it is our spiritual services that give people the inner strength not to succumb to hopelessness when confronted with desperate situation."

Quite literally, it is in challenging times that a leader is on one's mettle. There could be bumps, as there should always be, along the road from crisis to relief, from recovery to the "new normal." All told, it is rather crucial that at this trying moment of history, the voice of the shepherd finds reasonable balance between the spiritual needs of their flocks and the legitimate demands of public health concerns. "In our own way, little or big it may be, let us continue to do good to our people," relayed by Bishop Mesiona in one of his texts to his priests.

The Church in the Time of Need (AVPP Social Action Initiatives During Pandemic)

If there is one clear silver lining that the pandemic is bringing about for the Catholic Church is its magnanimous conveyance of a message of having expertise in humanitarian causes, namely the social action/apostolate. It has been made obvious that it is neither about meddling in politics nor encroachment on the affairs of the state. That is what we call as collaboration. Why would the Church extend beyond the confines of spiritual sphere? Because the Church does not neglect, and must never neglect the cries of the needy; because the Church cannot afford to ignore the anxieties of peoples; because the Church must always speak against injustices and in matters called by human conscience. In other words, very much like Jesus, the Church must also tend to the real concerns of real people in their real world. As Jesus was, so will the Church be, all the time.

The proverbial "cancel all Masses" signify as well to a halt to all other actions of the Church. The ministries in liturgy and spirituality, education and formation, conventions and youth camps, team-buildings and retreats, etc. were all called off. On the other hand, it could be said that in times of this unprecedented crisis, the mission in social action has taken the centerstage, albeit not in the spotlight of worldly standards. The office of Social Action is explicitly tasked to promote and to carry out the Church's principles towards humanitarian causes. Inspired and mandated by Catholic Social Teachings, this component in the Church is most tenacious in advocating for and attending to the needs of the poor and the marginalized.

In AVPP, how was the social action administered since ECQ up to GCQ then to MGCQ and back again to GCQ?

Early on, Fr, Jasper Lahan, the Director of Social Action Center (SAC), had to set up first collaboration pipelines with counterpart agencies in the local government. This must always be the prior recourse to any social initiatives. During this lockdown, Bishop Mesiona would relay instructions in deference to state authorities, in his words, "I strongly recommend that you coordinate closely with the LGU and DOH in your area for further guidance." In countless concerns, Fr. Jasper has to maintain signals with the IATF-EID (Inter Agency Task Force on Emerging Infectious Disease) in the city and provincial levels. As a matter of fact, the said task-force would also open invitations for the Social Action to attend in their meetings.

On the specifics, the Social Action Center (as of May 1, 2020) has distributed relief foodpacks to more than 5,300 families, as well as 688 faceshields, 438 facemasks and snacks to our local frontliners. Also, this charitable arm of the AVPP has also mobilized and organized relief

operations for fire victims in Brgy. Bagong Silang, PPC. According to Fr. Lahan, support came from SAC benefactors and some private groups. It is also worth noting that assistance were made possible through linkages with other church-based entities, namely: Pondo ng Pinoy, Caritas Manila, AVPP Chancery Office and ICCP Kalinga ni Maria.

Meanwhile, there are similar initiatives on the parish level were similarly accomplished such as in *St. Therese of the Child Jesus Parish* in Aborlan that conceptualized a mobile market that enabled to bridge fisherfolk-parishioners to sell their catch to townsfolks. Likewise, in *St. Isidore Parish*, Maruyugon, instead of the usual banquet for the patronal fiesta, they opted to distribute foodpacks to some 250 parishioners. For the duration of ECQ, the *Seminario de San Jose* played a Good Samaritan has welcomed strangers, where they housed and attended to the needs of several stranded tourists from the NCR. In a rather quieter way, our brethren belonging to the indigenous groups were also accorded attention by way of visiting them in their dwelling places on the mountains and sharing with them foodpacks. This kind of initiative was made possible by the nuns of the Augustinian Missionaries of the Philippines in Brooke's Point and the Immaculate Conception Parish in Quezon. On the other hand, ICCP managed to provide free ride to marketgoers at the time when the transportation was hampered.

It must go without saying that the above-mentioned are just but a few of the many efforts and responses made in the name of solidarity with peoples, especially with the suffering. Though the AVPP is classified as a poor area on an ecclesiastic level, nevertheless, this was never an excuse not to extend a compassionate hand to others. In the words of Bishop Mesiona to priests, "Our funds may not be sufficient for everybody's needs but let us allow

God's mercy and the people's generosity to abound at this time of crisis... while our Commission on Social Action is tasked to be in the frontline, I am appealing to you to reach out to the needy within your parish in your own loving way." (3-24-2020)

Conclusion

The COVID-19 pandemic has surely affected our lives in all its aspects—from physical to spiritual. This paper offered a bioethical and pastoral response to the challenges the virus presents before us. From the bioethical dimension, I laid down ways to reach a sound moral decision-making that is called for from the patient or from loved ones in case the patient is incapacitated or in coma. The patient must be well informed on the assurance and possible outcome of a treatment. This is a challenging time for medical professionals who daily put their lives on the line. Many Filipino nurses and doctors, here in the Philippines as well as those abroad, who were infected and died due to this virus, shows the unpreparedness of most if not all governments all over the world in combating this pandemic. This is a hard lesson we must all learn from.

From the ecclesial response, the Catholic Church has showed creativity in addressing the need of the people, in particular at the AVPP. From the parishes down to individuals, response was not limited in providing food packs during the lockdown but also providing shelter to stranded local tourists (Palawan is one of the many tourist spots in the Philippines). The church also turned digital as it uses social networks not only to air Eucharistic celebration but also ways to coordinate actions with parish organizations. This pandemic has shown us what we lack and what we can do, those who have none and those who share. It indeed showed the

worse and the best in humanity. Let this be the last pandemic that humanity will face, only when we learn from what nature has showed us.