

Anointing of the Sick

Rachel fled Cameroon with her three young children after her husband was shot to death in the civil war. She and her kids ended up in a refugee camp in Tanzania for several years. Eventually Tanzanian civil authorities pressed the United Nations for assistance in handling the great number of refugees inhabiting special locations. I'm not sure exactly how it happened, but Rachel and her children were sent to the United States, where they eventually ended up in Kansas City, just a few blocks from St. Anthony Catholic Church. The parish neighborhood has a variety of nationalities, but it also has some old homes where the elite of Kansas City once lived. When General John J. Pershing came for the dedication of what is now the National World War I Museum, he dined at the mansion of lumber magnate R. A. Long, just a few blocks away from St. Anthony's. The main boulevard boasts historic homes, but go in a few blocks and you find affordable houses that are attractive to immigrant and refugee populations, and to crime. One night while Rachel was at home, an armed robber broke through the front door, surprised her, and shot her in front of her kids. This was her welcome to Kansas City. She survived, but she had to spend some time at the hospital. That's where I first met her. I asked if she'd like me to anoint her. She said yes, and when I got to the part of applying the oil to her forehead and her hands, she pulled up the edge of her blouse, exposing the same part of her body where a soldier's lance had pierced the side of Christ. The bullet wound stared back at me. "Can you anoint me here?" she asked. "Yes," I said. And I did.

The sacrament of the anointing of the sick is one of the greatest successes and one of the greatest failures of the liturgical renewal. Formerly known as extreme unction, or last anointing, it has a broader purpose more scripturally based that most Catholics seem to understand and welcome. That has been a success. Yet some people are still convinced that the time to call a priest is only when death is near. If I offer to come by the home to anoint, someone may say, "Oh, no. It's not time yet." I sometimes learn of someone's condition only at the time of death, though I could have offered pastoral care earlier if I had only known. If someone dies suddenly, the surviving spouse may say to me tearfully, "She never got the last rites," as if they were the Catholic ticket to heaven. You've experienced all of this.

The frequent usage of the expression "last rites" in everything from common conversation among Catholics to jokes about failing sports teams has only continued the view that when you are dying, you need a priest. There are some rites that only a priest can give at the end, such as confession, anointing, and the apostolic pardon. But prayers for the dying and prayers for the dead, both of which are "last rites" by any definition, can be said by anyone, and viaticum can be administered by any extraordinary minister of holy communion. Any good priest wants to be at the side of his parishioners when they are dying, but because of other demands we cannot guarantee that we'll be there. The time people need a priest is during the illness, not necessarily in the final moments of life. But getting that awareness out to the general public has been a failure.

As you well know, the ritual book we use has a title much broader than the sacrament we'll discuss: *Pastoral Care of the Sick: Rites of Anointing and*

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Viaticum. The very title separates out the two meanings of “extreme unction.” There is an anointing, and then there are rites that exist *in extremis*, that is, at the time of death. They are presented quite differently.

The general Introduction to the *Rite of Pastoral Care of the Sick* says this about our ministry: “16 The priest is the only proper minister of the anointing of the sick.

“This office is ordinarily exercised by bishops, parish priests (pastors) and their assistants, priests who are responsible for the sick or aged in hospitals, and superiors of clerical religious institutes.”

This follows a long but not unbroken tradition. Early church history reveals examples of deacons and laypeople anointing other members of the faithful, but the sacrament has evolved as part of the ministry of priests. Many people think this is the case because the anointing includes a forgiveness of sins, but the general introduction never makes that direct association. After all, baptism forgives sins, and deacons and even laypeople may baptize under the appropriate circumstances. Restricting this ministry to priests probably has more to do with tradition and with the interpretation of the biblical evidence.

The introduction continues: “17 These ministers have the pastoral responsibility both of preparing and helping the sick and others who are present, with the assistance of religious and laity, and of celebrating the sacrament.

“The local Ordinary has the responsibility of supervising celebrations at which sick persons from various parishes or hospitals may come together to receive the sacrament.”

Here the expansion of ministers goes both up and down the hierarchy - religious and laity help in preparing the sick and others present, celebrating the sacrament with them. The bishop is also involved, specifically to supervise celebrations that involve large numbers of people. As the Council’s Constitution on the Church opened up our view of who is the church, so general introductions such as this one show how all the hierarchical levels of the church take some responsibility.

In our parishes this is accomplished well through extraordinary ministers of holy communion who faithfully visit the sick. When I served as pastor of the Catholic parish in Cameron, Missouri, population 10,000, we had members in several different nursing homes, all within an easy drive from the church. Because most everybody knew somebody in some nursing home, our daily mass group agreed that on Tuesdays, instead of meeting for mass at the church, we would go to a different nursing home and celebrate mass there. This had lots of benefits. It provided several visitors to our sick members, and it also let the elderly attend the eucharist with a group of people who could participate - singing hymns and making responses - an action that otherwise might be difficult for some of the residents to do. Twice a year I would offer anointing of the sick in the same venue, and some of our daily mass participants took advantage of those opportunities to receive the sacrament as well. We also had one or two communion ministers well respected in the community who would visit those in

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serious sickness on the occasions when I was unavailable. The quality of their service and their personal character went a long way to sharing the face of a compassionate church.

The introduction continues, “18 Other priests also confer the sacrament of anointing with the consent of the ministers mentioned in no. 16. Presuming such consent in case of necessity, a priest need only inform the parish priest (pastor) or hospital chaplain later.”

This is a canonical paragraph referring to the ministers who have proper jurisdiction to administer the sacrament. It has been updated since the 1983 Code of Canon Law. However, there is an underlying principal that I think is worth our reflection, and that is keeping one another informed when we anoint. Like you, I have occasions when I anoint someone who belongs to another parish. It could be in a home, a hospital or at church. When I do, I make an effort to inform the proper pastor that I did this. That way he can keep track of how recently this member of his community has received the sacrament of the sick.

The introduction continues, “19 When two or more priests are present for the anointing of a sick person, one of them may say the prayers and carry out the anointings, saying the sacramental form. The others may take the remaining parts, such as the introductory rites, readings, invocations, or instructions. Each priest may lay hands on the sick person.”

As in the paragraph from the introduction to the *Order of Celebrating Matrimony* that recommends the same priest do the preparation and celebration for the sacrament, a paragraph like this makes you wonder what priest-overpopulated planet the Vatican is thinking about. But one reason that this is here is because of the biblical evidence. The famous passage from the Letter of James that serves as a foundation for this ministry asks, “Is anyone among you sick? He should summon the presbyters of the church, and they should pray over him and anoint [him] with oil in the name of the Lord.” “Presbyters,” it says, “they should pray... and anoint” - in the plural, as if more than one is going to show up for the anointing. We may not have many priests at someone’s sickbed, but the instruction embraces the biblical evidence.

A little later, the introduction treats the circumstance of the dying: “29 The ordinary ministers of viaticum are the parish priest (pastor) and his assistants, the priest who is responsible for the sick in hospitals, and the superior of a clerical religious institute. In case of necessity, any other priest with at least the presumed permission of the competent minister may give viaticum.

“If no priest is available, viaticum may be brought to the sick by a deacon or by another member of the faithful, either a man or a woman, who by the authority of the Apostolic See has been duly appointed by the bishop to give the eucharist to the faithful. In this case, a deacon follows the rite prescribed in the ritual; other ministers use the rite they ordinarily follow for distributing communion, but with the special words given in the ritual for the rite for viaticum (no. 207).”

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The permission for communion ministers to bring viaticum to the dying is little understood, even among priests. Extraordinary ministers of holy communion do not give the apostolic pardon, but they may give viaticum with the appropriate formula. Most ordinary Catholics do not understand this either, that the most important sacrament to give the dying is communion. The ideal time, of course, is when a person is alert enough to renew baptismal promises, and healthy enough to swallow. Some people wait too long. It's probably better to give viaticum more often than necessary than not at all.

Returning to the ministry of priests, the introduction continues: "35 Priests, particularly parish priests (pastors) and the others mentioned in no. 16, should remember that it is their duty to care for the sick by personal visits and other acts of kindness. Especially when they give the sacraments, priests should stir up the hope of those present and strengthen their faith in Christ who suffered and is glorified. By bringing the Church's love and the consolation of faith, they comfort believers and raise the minds of others to God."

I always enjoy my visits to the sick, but I also confess to you that I sometimes slack off. I tell myself that I have more important things to do. My goal is to visit and anoint the homebound members of my parish twice a year. When I go, I'm supposed to "stir up [their] hope and strengthen their faith in Christ," but invariably that's what they do for me.

Whenever I have the Blessed Sacrament in my car, or even when I'm going to a hospital for a difficult situation, I shut off the radio and create some sense of silence and respect inside the vehicle. This exercise keeps me better focused when I enter the home. I may also ask the person I'm visiting if we could turn their television down or off. It is very hard to create a prayerful presence otherwise, and most people understand that this is important. They have become so used to the background noise of life that they don't notice it if I don't refer to it.

More on ministry: "36 It is important that all the faithful, and above all the sick, be aided by suitable catechesis in preparing for and participating in the sacraments of anointing and viaticum, especially if the celebration is to be carried out communally. In this way they will understand more fully what has been said about the anointing of the sick and about viaticum, and the celebration of these sacraments will nourish, strengthen, and manifest faith more effectively. For the prayer of faith which accompanies the celebration of the sacrament is nourished by the profession of this faith."

When the changes to this sacrament first came into effect, it was popular to do communal anointings at church. I have moved away from this practice for a couple of reasons. One is that some people who may be ineligible for an anointing present themselves for one. They see others coming up, as they do on Ash Wednesday or Palm Sunday, and they think that anointing looks pretty good to them. After a daily mass last year, one of our members asked me to hear her confession. Then as I finished, she explained her illness, which I thought qualified for an anointing. I offered her the sacrament, which she readily accepted. By then, I was running out of time to get over for my first appointments

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of the day, but another member of the daily mass group had been lingering behind. Appearing at this moment from the shadows, she asked if I'd hear her confession. Not good timing, but I agreed. Predictably, when the confession was over, she asked me to anoint her. Honestly, I don't think there was anything wrong with her health. But her friend got both sacraments, so why shouldn't she? The catechesis on this sacrament is very hard to communicate, especially when people see it available.

The other reason I have stayed away from communal anointing services is that I'm a little neurotic about keeping track of what I've done with whom. I keep a list of people I've anointed and the dates on which it happened. That's nearly impossible to do if I anoint a large group at a Sunday mass. More commonly, I'll offer to anoint people before or after mass while they're at church. I write down their names and keep my list up to date. Then if something does go wrong with someone's health, I'll be able to tell the family exactly on which date I most recently anointed the person.

Finally, the general introduction gives this advice: "37 When the priest prepares for the celebration of the sacraments, he should ask about the condition of the sick person. He should take this information into account, for example, in planning the rite, in choosing readings and prayers, and in deciding whether he will celebrate Mass when viaticum is to be given. As far as possible, he should arrange all this with the sick person and the family beforehand, when he explains the meaning of the sacraments."

I rarely do liturgical planning with a patient in a hospital, yet that is precisely what this envisions. I understand the value of going over readings and prayers to choose the ones that fit the situation best, but I feel that I can do that on the fly, and that sometimes a random choice has as powerful an effect as one that has been planned.

The anointing of the sick is one of the sacraments unique to the Catholic Church that exemplifies our outreach. It also helps people reflect on the mystery of suffering and death, and on the non-relationship between sin and suffering. This is perhaps one of the most curious aspects of the ceremony. When sickness happens, or an untimely death happens, people often wonder, "Why me? What did I do to deserve this?" Ordinarily, of course, you did nothing to deserve this - unless you've been taking very poor care of your health, and you are reaping what you have sown. But otherwise, sickness has little to do with sinfulness. Yet it feels that way. We make a subconscious connection between physical health and moral health. We presume that good health is a sign of God's favor, even God's reward for our behavior, and that bad health must imply the reverse. Even people who know better, even priests, will find themselves faced with the question of sin and suffering whenever an illness falls their way. The sacrament of the anointing of the sick can help reorient us toward another way of thinking about morality and health.

The shortage of priests has made it difficult for us to offer anointing as often as we'd like. Perhaps one reason that people have not fully grasped the

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meaning of this sacrament is that priests are so scarce. If we were more available to the sick in hospitals and homes, perhaps it would seem more natural for us to anoint when illness happens rather than when death is imminent. But if we can only visit the sick on rare occasions, we implicitly catechize that the best occasions to celebrate are only the ones when you need a priest the most.

By the way, we should keep our oil stocks up to date. I sometimes discover in some parish sacristy oils that are two, three, five or more years old. The reason we have the chrism mass every year - hello? - is so that the bishop may bless and consecrate new oils for us. Old oils should be added to the fire at the Easter Vigil.

In an emergency, we priests may bless any ordinary vegetable oil to make it the oil of the sick, but only during the celebration of the rite of anointing. We cannot do what the bishop does - bless the oil on one day (as he does at the chrism mass) and use it on some other occasion. One reform of the council was to make the anointing of the sick more available, even in the instance when the priest does not have his regular oil with him. Now that the rites of anointing are included on some popular apps, we can anoint the sick even if we left our ritual book at home.

For what it's worth, a slightly updated version of the rites of anointing was published in 1983. If you have an older book, it's time to upgrade.

In a society that prizes cosmetics and prescription drugs, the idea of ritual anointing has remained quite current. The sacraments of the church frequently use the ordinary substances and actions of human life but infuse them with new meaning.

We continue this ministry in hopes of bringing physical health and spiritual healing to a sick world.