

Sacramental Care of the Sick, the Elderly, and the Dying **Father David V. Skoblow, Ch.M.**

Many of us in our daily lives deal on a regular basis with the care of family members and friends who experience illness or injury, who are elderly, or who are in the process of dying. As Christians, we must reflect on how best to care for these individuals in a manner that is consistent with their human dignity and the sacrificial love that Christ calls upon us to extend to everyone – loving others, not only as we love ourselves, but loving them with that love with which Christ, Himself, loves us.

This essay is addressed particularly to the lay members of the Order of Malta so that they can better assist in the responsible spiritual care of the sick, the elderly, and the dying, by (1) a better understanding of the sacramental economy, and (2) by knowing when to call for a priest. When I was a youngster, many medals, rosaries, and prayer cards contained the statement: “I am a Catholic. In case of emergency, please call a priest.” This was a poignant acknowledgement that sometimes our spiritual wellbeing rests in the hands of others. We need to stand ready to perform that critical responsibility.

As members of the Order of Malta, we have a special calling to minister to the sick. This naturally extends to the elderly and the dying. In addition to caring for their physical, mental, and emotional needs, it is vitally important that we minister to the spiritual needs of these individuals. We must acknowledge and have special solicitude for the relationship between the physical, mental, and emotional condition of the sick, the elderly and the dying, and the spiritual well-being of their souls.

The sick, the elderly, and the dying all partake in the mystery of human suffering. All caregivers must be cognizant of this reality and be prepared to help those they assist to understand the importance of their suffering for their own salvation and for the salvation of the world. It is beyond the scope of this essay to discuss the nature and role of human suffering. We do know, however, that Christ did not come into the world to eliminate suffering. He came into the world to give meaning to human suffering. “All those who suffer have been called once and for all to become sharers ‘in Christ’s sufferings,’ just as all have been called to ‘complete’ with their own suffering ‘what is lacking in Christ’s afflictions.’”¹ While we know that human suffering does have meaning, and, in some fashion does play a role in our redemption,² this may not always be apparent to the one suffering or to his or her loved ones. The Psalms³ and the Book

¹ Apostolic Letter of Pope St. Paul II, *Salvifici Doloris* (1984) (hereinafter, SD) 30.

² See, Col 1:24 and *Salvifici Doloris*.

³ See especially, Psalms 7, 22, 44, 32, 73, 88, and 119.

of Job can provide good Scriptural sources for reflection on the mystery of human suffering.

We are each called “to do good to those who suffer.”⁴ This includes having concern for their spiritual well-being. One of the most important ways that we can bring comfort, strength, and peace to the sick, the elderly and the dying is through the sacramental economy of the Church.

When one speaks of sacrament care to the sick, one immediately thinks of the Sacrament of the Anointing of the Sick, what used to be more exclusively called Extreme Unction, or final anointing. It is clear, however, that the sacramental care of the sick, elderly, and dying involves a threefold approach of Reconciliation, Eucharist, and Anointing. Every Catholic, properly disposed, has the right to these sacraments and it is important that we, as fellow Catholics and as members of the Order, ensure that the sacraments are available to those who cannot, because of some physical or mental incapacity, on their own avail themselves of these sacraments. So, for instance, it is important that the home bound and those in hospitals and nursing homes have access to these sacraments.⁵

As an Order that has a calling to “practice charity . . . especially to the poor and sick,” it is important that members of the Order know the meaning and purpose of the sacrament.⁶ Those who are seriously ill, the elderly, and the dying need the help of God’s grace “lest they be broken in spirit and, under the pressure of temptation, perhaps weakened in their faith.”⁷ In the sacrament of anointing, “Christ strengthens the faithful who are afflicted by illness, providing them with the strongest means of support.”⁸ It is crucially important for the faithful to understand that the anointing is not to be considered merely a sacrament for the dying. Understanding this will help prevent the ill from becoming unduly anxious when the administration of the sacrament is proposed to them or administered to them, fearful that they are at death’s door. Understanding this should also encourage family members, friends, and caregivers to suggest or request the sacrament at the appropriate time rather than waiting

⁴ SD 30.

⁵ It is also appropriate to cure any other sacramental deficiencies that might be discovered. So, for instance, it would be appropriate to regularize any marital irregularity, for instance, by means of convalidation, preceded, if necessary by a declaration of nullity (an “annulment”), or arrange for the sacrament of Confirmation to be conferred. As to Confirmation, see *Pastoral Care of the Sick: Rites of Anointing and Viaticum*, New Jersey: Catholic Book Publishing Company (1983) [hereinafter, PCS] 31, and references therein. “Anyone, catechumen or not, who is in danger of death may be baptized [using a shortened rite].” PCS 276. A catechumen should complete the usual catechesis upon recovering; one not a catechumen must give a serious indication of being converted to Christ. . . .” PCS 278

⁶ “All who care for the sick should be taught the meaning and purpose of the sacrament [of anointing].” PCS 13.

⁷ PCS 5.

⁸ PCS 5.

unnecessarily and thereby risk depriving a worthy candidate of the graces of the sacrament.

The sacrament of Anointing strengthens the recipient “against the temptations of the Evil One and against anxiety over death.”⁹ The Church teaches that “[a] return to physical health may follow the reception of this sacrament if it will be beneficial to the sick person’s salvation.”¹⁰ “The sick person will be saved by personal faith and the faith of the Church, which looks back to the death and resurrection of Christ, the source of the sacrament’s power. . . .”¹¹

For the remainder of this essay I will be addressing the special sacramental care of those on whom it is appropriate to confer the Anointing of the Sick. I will focus on who is to be anointed and when they should be anointed, rather than on the other elements of the sacraments, such as the proper minister of the sacrament¹² or the requirements for its proper administration.

Canon law provides that the anointing of the sick can be administered to “a member of the faithful who, having reached the use of reason,¹³ begins to be in danger due to sickness¹⁴ or old age.”¹⁵ This is elaborated on in the Ritual itself to include “a sick person before surgery whenever a serious illness is the reason for the surgery”¹⁶ and the elderly if they have become notably weakened even though no serious illness is present.¹⁷ “A prudent or reasonably sure judgment, without scruple, is sufficient for deciding on the seriousness of an illness.”¹⁸ Those who suffer serious psychological illness may be anointed “if they would be strengthened by the Sacrament.”¹⁹ “The sacrament of anointing is to be conferred on sick people who, although they have lost consciousness or the use of reason, have, as Christian believers, at least implicitly asked for it when they were in control of their faculties.”²⁰

⁹ PCS 6.

¹⁰ PCS 6.

¹¹ PCS 7.

¹² A priest is the only minister of the sacrament of Anointing. That being said, the import roles that may be played by deacons, properly installed Extraordinary Eucharistic Ministers, and instituted acolytes, in bringing Holy Communion to the home bound, hospitalized and those in nursing facilities, should not be overlooked.

¹³ “Sick children may be anointed if they have sufficient use of reason to be strengthened by the sacrament.” PCS 12.

¹⁴ “Sickness” extends to an injury as well as to a disease.

¹⁵ *1983 Code of Canon Law* 1004 § 1.

¹⁶ PCS 10.

¹⁷ PCS 11.

¹⁸ PCS 8.

¹⁹ PCS 53.

²⁰ PCS 14.

“The sacrament may be repeated if the sick person recovers after being anointed and then again falls ill or if during the same illness the person’s condition becomes more serious.”²¹ This standard would seem to apply as well to an elderly person whose frailty has become more pronounced. Care must be taken, however, not to unnecessarily make a person who is of advanced age, but who is otherwise in good health, be made to feel that they are infirm or failing solely by virtue of their age.

Even when it is clear that the person has passed, a priest or deacon should still attend if called to do so, to offer prayers for the deceased and to comfort the loved ones who are gathered.

While the rites may focus on the anointing, complete sacramental care of the sick, elderly, and the dying includes the sacraments of Reconciliation and the Eucharist. The preferable order for these sacraments would be Reconciliation, Anointing and then Eucharist.²² When these sacraments are conferred when the recipient is in danger of death, it is not inappropriate to refer to the ritual as the administration of the “last rites.” In this case, the Eucharist is given as Viaticum, “food for the journey,” and the Anointing is “Extreme Unction,” or final anointing.

The Church recommends that, where possible, the Anointing should be administered and Holy Communion be received in the context of the Sacrifice of the Mass. This is not always preferable or desirable. Where administered outside of Mass, it is still preferable that family, friends, and health care providers participate in the ritual, absent pastoral concerns to the contrary. Many parishes and health care institutions schedule special healing Masses during which Anointing is made available. To protect the integrity of the sacrament and avoid its indiscriminate administration, care should be taken that those who present themselves are, in fact, eligible, prepared, and in a position to receive the sacrament.

When the sacrament of Anointing is administered outside of Mass, it is important that, if possible, the recipient also be afforded the opportunity to receive the Holy Eucharist. Before receiving the Eucharist, the person should be given the opportunity to go to Confession. When a priest is called, it is important to advise him if the person to be anointed is able to receive the Eucharist. This would not be possible if the patient is unconscious. It may not be possible if the patient’s swallowing is impaired. If alerted ahead of time, the priest may be able to bring a Host made of bread specially prepared to dissolve more easily.

²¹ PCS 9.

²² PCS 30.

The Eucharist, the bread of life, should ordinarily be the last sacrament received. Received during old age or illness, the Eucharist can help fill the loss felt by the individual. Received as Viaticum, the Eucharist provides food for the journey. Beyond the sacraments of Reconciliation, Eucharist and Anointing, one must never dismiss the power of prayer. Friends and relatives can assist the sick, the elderly and the dying with their prayers. They can also assist with the ministry of their presence.

The sick, the elderly and the dying often suffer from loneliness and anxiety. Whether we are distracted by busy lives or uncomfortable dealing with people who are ill or elderly, we may sometimes fail to remember that visiting the sick is one of the corporal works of mercy.

The individual, who may be experiencing moments of feeling useless, should be reminded that his or her prayers make important contributions to the salvation of the world.

In connection with prayer, the sacramentals of the Church may help in prayer and provide additional comfort, especially if the individual has used those sacramentals regularly. A crucifix should be provided in easy view. Medals or scapulars customarily worn should be made available. Holy water should be available in the room and used regularly. The individual should have a rosary available. In addition to the prayers and reflections, just holding the rosary may provide additional comfort.

Prayer can be especially important in the case of a person who has just died. While a priest may not anoint a person who is already dead,²³ a priest or deacon should still be called to offer prayers for the deceased, who is still effectively helped by prayer,²⁴ and to console and pray with the bereaved. The rites for the sick and dying, in addition to helping the patient, are important for the friends, family, and caregivers, and present us with a unique opportunity for evangelization.

Finally, a word is in order regarding prayers for the commendation of the dying. “Christians have the responsibility of expressing their union in Christ by joining the dying person in prayer for God’s mercy and for confidence in Christ.”²⁵ The prayers, litanies, aspirations, psalms, and readings provided by the Church in the *Pastoral Care of Sick* give strength to the dying and consolation to their loved ones. Perhaps the most important of all of the rites outside the administration of the sacraments is the giving of the Apostolic Pardon, also known as the Apostolic Blessing. By means of the imparting

²³ PCS 223.

²⁴ PCS 224.

²⁵ PCS 213.

of this indulgence, to be given only in situation of imminent death, the Church in her great generosity, offers the dying who are properly disposed a plenary indulgence at the moment of death, remitting all of the temporal punishment due on account of their sins. It is a great gift and should not be neglected.

Being in the presence of one who is dying is to be welcomed into a privileged space of great grace. The time of sickness, and especially the time of death, are sacred moments. What we do at these times will be remembered by those present, and will affect their view of the Order and the Church.

Father David V. Skoblow, Ch.M., is a Magistral Chaplain from New Jersey.