CARE OF THE DYING

By KEVIN DONOVAN

AN EXCELLENT illustration of pastoral care of the dying is contained in the following 'Rite for a dying Elder', which comes from East Africa. The sick man, having realized that he is nearing death, calls an elder to summon all the members of the family, extended as it may be, for his final will.

> *The sick person (or someone speaking for him)*:
> 'My dear sons, daughters, grandchildren and friends, we have lived together in peace and trouble, in plenty and in want. I am about to depart from you. I am going to join our ancestors to be united for ever with God, our Father. I thank you all for coming to listen to me.
> I call upon God, our Lord Jesus Christ and all our ancestors, whom I am soon going to join, to listen and witness what I allot to each one of you, my sons and daughters. I appeal to God's justice, and wish you peace. (Here he mentions different properties, such as plots of land, houses, money to be inherited, and the heir to each).
> Now I pray that the Almighty God may bless you all, and keep you safe and healthy. May you live long and peacefully on his earth. May you see your great-grandchildren, as I have seen mine. May you be always faithful to him and to your fellow-men. My dears, you have all known me as I walked among you. We also know that all of us are sinners. I beseech you to forgive me all that I may have done wrong against you. For my part, I forgive all: I have no grudges against any one of you'.
> *An elder (on behalf of all gathered there)*:
> 'Father, we have forgiven you, and may the most high and merciful God forgive us all in the name of him who has brought us reconciliation and forgiveness, Jesus Christ our Lord'.
> *All now shake hands with the sick person as a sign of peace, forgiveness and reconciliation. Each receives a blessing.*
> *All take part in prayers for the dying.*[1]

This magnificent celebration of the christian understanding of sickness and death is a fine example of the way liturgy can and must be adapted to local culture and conditions. What can it teach those of us who live in countries where growing urbanization makes such

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1 *Gaba Pastoral Papers No 39* (Pastoral Institute of Eastern Africa, Kampala), p 54.

touching family reunions increasingly rare, and where death itself has become something of an unmentionable subject? The difficulty which doctors, nurses, patients and their families so often have in facing the fact of death has been well analysed in studies like that of Elizabeth Kubler-Ross.[2] In her book, which has become a classic, she takes us through the stages of denial, anger, bargaining and depression, experienced by most patients before they finally reach an acceptance of their state. These stages, of course, tend to overlap, and they have their parallels when anyone is faced with a new and threatening situation. But modern society does indeed seem to have made it harder for mankind to accept death. She is able to contrast the attitude of those terminally ill patients, whom she interviewed in Chicago, with that of an old farmer from her days in Europe.

> I remember as a child the death of a farmer. He fell from a tree and was not expected to live. He asked simply to die at home, a wish which was granted without questioning. He called his daughters into the bedroom and spoke with each of them alone for a few minutes. He arranged his affairs quietly, though he was in great pain, and distributed his belongings and his land, none of which was to be split until his wife should follow him in death. He also asked each of his children to share in the work, duties and tasks that he had carried on until the time of his accident. He asked his friends to visit him once more, to bid good-bye to them. Although I was a small child at the time, he did not exclude me or my siblings. We were allowed to share in the preparations of the family, just as we were permitted to grieve with them until he died . . .
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> The fact that children are allowed to stay at home where a fatality has stricken and are included in the talk, discussions and fears gives them the feeling that they are not alone in the grief, and gives them the comfort of shared responsibility and shared mourning. It prepares them gradually and helps them view death as part of life, an experience which may help them grow and mature.[3]

The similarity with the situation envisaged by the proposed 'Rite for a Dying Elder' is quite remarkable. When Dr Kubler-Ross was a child, however, the liturgy was not so well adapted as it now is to give strength and support to the dying and to their family. It emphasized sin and the possibility of hell far more than it stressed the hope of resurrection. Above all, the anointing of the sick was too often

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[2] Kubler-Ross, Elizabeth: *On death and dying* (London/New York, 1969).

[3] *Ibid.* pp 5 and 6.

administered when the patient was already almost unconscious. Extreme unction was viewed as the sacrament of the dying. This has conditioned catholics to the present day, so that although the new liturgy of sickness and death has indeed redressed the unfortunate emphasis of the old, we may not yet be ready to take full advantage of the improvements. And yet there is an increasing need for such sacramental support, at a time when more and more people can expect to end their days in terminal wards, a prey to loneliness and anxiety. This is not meant as a reflection on the wonderful technical advances made by modern medicine, especially in the sphere of geriatrics. It is the medical profession itself which has been the first to recognize and study the increase of anxiety and stress on both staff and patients, in a period when 'Bed-through-put' (to use the savourless phrase) has doubled in ten years. No wonder that Ley and Spelkan conclude their survey of *Communicating with the Patient* with the laconic statement that 'It is quite clear that the widely held view, that communications between the hospital staff and patients are in need of improvement, is amply justified by the evidence'.[4]

If this lack of communication is liable to affect anyone admitted to hospital – thereby contributing considerably to their anxiety – the case of the seriously ill or dying patient is particularly delicate. When should they be told? How much should the family know? How can we help people prepare for death – their own, or that of their dear ones? These questions are treated at greater length elsewhere in this issue. The present article confines itself to what the liturgy has to say. Is it in line with modern insights? If each person is unique, and his or her case has to be treated individually, how flexible is the liturgy?

A good place to start is by comparing the new rite for anointing the sick with that which it has replaced. In the older rite, the Form of the Sacrament was as follows:

> Through this holy anointing and his most tender mercy, may the Lord forgive you whatever sins you have committed through your sense of sight/hearing/smell etc. Amen.

Ideally, there were six anointings on different parts of the body. The emphasis was very much on the forgiveness of sins, an impression which was reinforced by the references to evil spirits and the power of the devil in the preliminary prayers. Compare this with the present Form.

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[4] Ley and Spelkan: *Communicating with the batient* (London, 1967).

> Through this holy anointing may the Lord in his love and mercy help you with the grace of the holy Spirit. Amen. (*Anoints forehead*)
> May the Lord who frees you from sin save you and raise you up. Amen. (*Anoints the hands*)

The emphasis here is upon helping, saving and raising up the sick person. The forgiveness of sins is certainly mentioned, but in a subordinate clause. It is presumed that the sick person will normally have had an opportunity to make his confession. There is, besides, a penitential rite at the beginning of the ceremony. Last but by no means least, the role of the holy Spirit, the Comforter and Advocate, is mentioned in the new Form, as indeed elsewhere in the rite. Thus, when the oil is being blessed: 'Hear us as we pray to you in faith, and send the holy Spirit, man's helper and friend, upon this oil . . .' After the anointing: 'Lord Jesus Christ, our Redeemer, by the power of the holy Spirit, ease the sufferings of our sick brother and make him well again in mind and body'. Another prayer asks: 'By the power of your holy Spirit, make him firm in faith and sure in hope, so that his cheerful patience may reveal your love to us'. And in a concluding prayer: 'Through your Spirit, make your life grow strong within us and keep us faithful to you'. The older rite hardly mentioned the holy Spirit, other than during the sign of the cross. To be fair, one of the three concluding prayers does ask for 'the grace of the holy Ghost as a healing remedy of all his ills'. These are then enumerated, and therein lies perhaps the greatest contradiction in the old rite.

For near on a thousand years we have been anointing dying people, often comatose, and yet praying for their complete recovery. Which was it? Extreme unction, the sacrament of those who are passing away (*exeuntibus*, as Aquinas put it), or a confident prayer for a miracle? Listen again to the content of the concluding prayers in the older rite: 'Restore in thy mercy full health to his body and soul, so that with thy help he may be well again and able to take up his work again and his duties in life . . . Deliver thy servant from his sickness. Give him health anew. Stretch out thy hand and set him on his feet again'. Is the sacrament primarily to forgive the sins of an unconscious and dying person, or to speed him on his journey to a convalescent home? The old rite was confusing because it enshrined at least two very differing interpretations of the sacrament: theologies from different periods of the Church, each of which was somewhat one-sided. The old rite juxtaposed rather than attempted a synthesis. The new rite enshrines a theology which does justice to

the data of scripture and tradition as a whole, and is more in accord with what we know of the emotional needs of sick people today. A brief look at history will clarify this rather sweeping generalization.

Both old and new rites quote the epistle of St James, and this must obviously be our starting point. The main thrust of the quotation from his fifth chapter is familiar to all – the sick man who himself calls in the priest/presbyters – cultic rather than charismatic figures. They pray over him and anoint him with oil. It is this prayer of faith which saves the sick man *(sōzein)*; 'The Lord will raise him up' *(egeirein)*; and finally, if he be in sins they are forgiven him. It is the last two clauses which cause the trouble. The final phrase is a conditional promise of forgiveness, the condition being that the sick man has sins. This may well be antecedently probable; but it hardly makes the forgiveness of sins, even *in articulo mortis*, the chief effect of the sacrament. The penultimate phrase is, if anything, more problematic. What does James mean by the greek word *egeirein*? Of the standard translations, the Revised Standard Version has 'raise him up', the Jerusalem Bible 'raise him up again', while the New English Bible gives 'raise him from his bed'. The translation of the new rite in the interim text available for England and Wales is much more explicit, and renders the phrase: 'The Lord will restore his health'. Most of the dictionaries of biblical greek give this meaning for our passage, and the authoritative *Jerome Biblical Commentary* points out that the word is used of raising Peter's mother-in-law to her feet in Mark 1, 31. A similar use is found in Mark 9, 27, as indeed in Acts 3, 7. The *Commentary* goes on to note the close parallel in phrasing between the James passage and the account in Mark of the curing of the sick man who was let down through the roof. Here also, there is a connection made between the forgiveness of sins and physical healing.

But does all this mean that we must interpret James as promising a cure, guaranteeing immortality, as Poschmann, the historian of the sacrament, drily puts it? For my part, although no exegete, I think that the more neutral sense of the word, namely 'stir up' or 'revive a person's spirit' is preferable in this context. Such a meaning is frequently attested in greek literature from Homer to Aesop, and the spiritual sense given to the parallel verb *sōzein* elsewhere in James's epistle would seem to warrant this interpretation. Otherwise, we are forced to conclude that James is talking about miracles. Some of the Reformers took him to mean just this – a special charism confined to the apostolic period – from which they concluded that

the passage had nothing to do with the Church's sacrament, since this manifestly does not normally result in physical cure. Perhaps we ought to be more sparing in our appeals to James. Another answer might be to take the comparable case of Lourdes. There are cures, yes, some of which are best regarded as miracles. But most of those who go to Lourdes do not throw away their crutches, just as most of those who receive the anointing of the sick do not take up their beds and walk. Many of them never leave their beds. And yet in both cases, there is normally a healing – a raising up of the whole person which enables him better to accept his state: and in accepting himself, to find peace of soul and pardon from God. This I believe to be the effect of the sacrament as described in the theological introduction to the new rite. It avoids the either/or dichotomy which has tended to bedevil both theory and practice in the past. At least, if we may believe our sources, and our own recent experience.

For the first few centuries after James, the references to anointing centre on the blessing by the bishop, of an oil which may be administered to the sick either internally or externally. The right to use the oil is not confined to priests. In the blessing given by Hippolytus, at the beginning of the third century, the effects prayed for are health and strengthening, *sanitatem et confortationem*. This neither excludes nor insists on physical healing. Later roman formulae speak of health of mind and body. There is surprisingly no reference to the forgiveness of sins. By the eighth century, a prayer which is met with in both french (gallican) and spanish (visigothic) sources contains a remarkably exhaustive list of physical ills. Having quoted our Lord's words, 'Ask and you shall receive', the prayer goes on to specify cures for fever (common, tertian and quartan) withered limbs, snake-bite, rabies, dysentery, and dementia. May the dumb, the halt, the lame, the blind and the chesty find speedy relief, etc. Unfortunately, statistics for the success rate are not available. That the merovingian period was not altogether free from superstition may also be relevant. It almost seems, from some of Caesarius's pleas to the good citizens of Arles, as though the Church were offering a more powerful magic than the pagan witch doctors. Be that as it may, physical cure was clearly the main expectation, so far as we can judge from the available sources. By the late middle ages it is quite otherwise. There is no expectation – normally – of a cure, since the sacrament is usually administered to the moribund. Instead, the promise is of a purely spiritual healing and cleansing

before the joys of heaven. How did such a remarkable change come about?

In the carolingian period, there was a revival of the practice of death-bed confession and reconciliation. The full development of the sacrament of penance is far too intricate to be rehearsed here. Suffice it to say that this rather special form was felt to be necessary before a dying person could be anointed. It is not to be supposed that only dying persons were anointed or reconciled. But once this particular combination, so to speak, existed, the two sacraments reacted together. The spiritual effects of the anointing came to be stressed, and attention was drawn to James's remarks about sin. The connection between sin and illness had been mentioned, almost in passing, by Bede. More was now made of it. The upshot – and one must apologize for this cavalier treatment of what is a far more complicated process – was that, increasingly, the sacrament came to be administered to the dying, and was thought to have as its main effect the forgiving of their sins. Physical cure might result, but this was not the primary effect. Rather, it was something which God would grant if it were really in the person's best spiritual interests.

It is with this situation that the great scholastics were familiar. Not unnaturally, they deduced that the primary effect of a sacrament must be both spiritual and always attained. Hence they plumped for the forgiveness of sins: not, however, as in the ordinary sacrament provided for the purpose, namely confession, but in some special manner appropriate to the seriously ill. Hence Thomas, following Albert, concluded that the sacrament purified the soul from the vestiges of sin, those effects which would prevent a soul from entering immediately into glory. One should not exaggerate. Thomas allowed for reiteration, and did not confine the sacrament to those in their last agony. He did allow for a possible physical effect. Scotus, however, went further in seeing the sacrament as a preparation for glory. He stressed the forgiveness of any remaining venial sins which might burden the sick man's soul. His practical advice was luminously simple. To make the sacrament as effective as possible, and guard against the possibility of a spiritual relapse, the sacrament should be administered at the last possible moment – preferably to those who had already lost consciousness. Trent, in summing up the teaching of the great scholastics, did not canonize it as the sacrament of the comatose, but it is significant that the draft presented to the Council Fathers originally described it as *only* to be given to those who appeared to be at the end of life: hence its

title of extreme unction, because it is only administered to those who are in their death-agony. The extra qualification was cut out, and *especially* substituted for *only*. This excursus into the past shows how it is that the previous rite came to present certain incoherences, and how the usual pastoral practice until very recently had been to delay the administration of the sacrament.

However, history alone would probably not have given us a new rite. There has been much reflection on the twin themes of death and resurrection. Besides, we are living in an age when middle-age mortality (so to speak) has been curtailed almost as drastically as infant mortality. Life expectation has almost doubled. We can expect to be carried off by cancer or cardiac failure – but we can also expect to survive the onset for several years, thanks to modern medicine and technological progress. The sacrament is meeting totally new situations. All this is briefly indicated in the introduction to the new rite, and spelled out in greater detail in numerous commentaries. Sickness, and even more, death itself, is a challenge, a threat, a mystery. Man's basic frailty is cruelly exposed. He is no longer self-sufficient. Whether it be protracted or sudden, death means that a man must leave his family, friends, goods . . . and ultimately, life itself. When you enter hospital, you feel as if you already had one foot in the grave. What will happen to me? We all fear the unknown: and death is the greatest unknown of all. Death, the last enemy. The last achievement?

Christ came to free us from our radical weakness. During his life on earth he showed his power over sickness, sin and death. His healing work has not ceased. He continues it through the caring community which he established in the Church. The sacraments express various aspects of Christ's care for mankind in tangible form. The anointing is how Christ's healing touch meets the sick person today. But now, as then, it is no facile solution that he brings. He himself faced the loneliness of physical suffering, mental anguish and death. 'My God, my God, why have you forsaken me?' Only at the end came the resignation, 'Father, into your hands, I commend my spirit'. If Christ brought us new life, it was only by first going through death. And so it is for us. Death is still there; for most, it will be accompanied by pain and illness. But these are given a new meaning, because, beyond the grave, there is the hope of resurrection. We can see our suffering not as a good in itself, but still, as something which unites us to Christ who suffered. Already the old liturgy sang that life was not so much taken away as changed. The

new liturgy spells out the message of hope and consolation even more clearly. This vision sums up and transcends the spiritual aspirations of humanity. We meet them in the great world religions, and also in the myths and legends of all peoples, if we may believe Mircea Eliade:

> We are now in a position to understand why the same initiatory schema – consisting of suffering, death and resurrection – reappears in all the mysteries, both in the rites of puberty and in those of entry into a secret society; and why the same scenario can be traced in the shattering personal experiences which precede the mystic vocation. Above all we understand this – that the man of the archaic societies strove to conquer death by according it such an importance that, in the final reckoning, death ceased to present itself as a *cessation* and became a *rite of passage*. In other words, to the primitive man, one is for ever dying to something that was not essential; one is dying to the profane life. In short, death comes to be regarded as the supreme initiation, namely, as the beginning of a new spiritual existence . . . All this proves, we think, that the archaic evaluation of death as the supreme means to spiritual regeneration founded an initiatory scenario which survives even in the great world religions and is re-valorized also in christianity. It is the fundamental mystery, renewed, re-lived and re-valorized by every new religious experience . . . If one knows death already here below, if one is continually dying countless deaths in order to be reborn to *something else* – to something that does not belong to the Earth but participates in the sacred – then one is living, we may say, a *beginning of immortality*, or growing more and more into immortality.[5]

Eliade has sometimes been criticized for reading his christianity back into the evidence he is presenting. But all at events, in this passage he gives an inspiring account of one central aspect of the christian vision. The difficulty is to put the vision of the theologian into practice. How do we translate religious language into ordinary language, so as to enable people to grasp the religious dimension of ordinary situations?

As one listens to the experience of those who are daily involved in this form of christian ministry, two complementary reflections seem to emerge. Banal as it may sound, we need Christ, and Christ needs us.

We need Christ. This is not to deny the value of, and need for,

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[5] Eliade, Mircea: *Myths, dreams and mysteries* (London, 1970), p 230.

that human understanding which, for instance, enables the sick – and the healthy – to talk about and in their own time come to accept their death. Whenever we help them do this, we are bringing Christ to them. But we also need to bring them Christ explicitly, to use the means by which the christian faith can be expressed and shared:

> Praying, reading aloud, laying on of hands, blessing and anointing, feeding each other with the sacrament of the Eucharist. If we do these things, we are offering our dying friends something more than ourselves and our poor limited feelings: we are bringing them in contact with the age long life of the Church in all its richness.[6]

Christ needs us. This is the paradox of all christian ministry, lay or clerical. It applies to the sacraments also. They are not arbitrary: they are human situations visibly graced by Christ. When a sick person is anointed, the deepest meaning of his suffering and of other people's care is being illuminated. One of the gains of sacramental theology in the last few years has been the rediscovery that there are human situations in and behind the sacraments. Whether it be children's masses or the anointing of the sick, the principle is the same. Warmer personal contact and better communication make for a more fruitful liturgy. A human encounter is given spiritual depth. A spiritual encounter is given flesh and blood. Here again, there seems to be a convergence between pastoral theology and the best in medical research into the problems of facing death. And the pastor can learn from the doctor.

> Among all of the many chaplains, ministers and rabbis and priests who have attended the seminar, I have seen few who avoided the issues or who showed as much hostility or displaced anger as I have seen among other members of the helping professions. What amazed me, however, was the number of clergy who felt quite comfortable using a prayer book or a chapter out of the bible as the sole communication between them and the patient, thus avoiding listening to their needs and being exposed to questions they might be unable or unwilling to answer.[7]

In the light of this passage, the importance attached by the new rite to the priest's preparing the ceremony of anointing beforehand

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[6] Berger, Willem: *The last achievement* (Grail, London, 1974), p 11.
[7] Kubler-Ross, Elizabeth: *op. cit.*, p 254.

with the patient, takes on a new meaning. This is one example of the flexibility allowed for in the new rite. Another would be the provision of communal anointing of several sick people together, whether at Lourdes, or in a parish or hospital situation. The comfort given by this experience of solidarity and mutual support can be enormous. If the sacrament is given at home, the whole family can gather round, and take part in a simple but moving liturgy of the word. Here too, the prayers offer a wide range of alternatives to suit the particular circumstances of the sick person.

However, no liturgy, not even the liturgy of death and of life, is ever celebrated in a vacuum. We live in an age of transition, where older attitudes persist. There are still those who were brought up on an earlier understanding of anointing, and so are shy of this sacrament. Others will expect the priest to anoint when he might think it is too late. How far do we try to educate people, while respecting them, their feelings and their wishes? Is it right, for instance, to use the occurrence of sickness to cajole people into receiving sacraments they would otherwise neglect? It is notorious that the hospital situation induces a childlike dependence. It is possible to take advantage of this regressive tendency and obtain compliance. But is this fair to them, or to the sacrament? There are no clear cut answers to these problems. However, one conclusion does emerge. This is the desirability of communicating with the sick, both verbally and non-verbally, so as to allow them to express and talk through their needs and fears. In this way, we will be better able to help them – even sacramentally.