Pastoral Letter on the Church's Care For the Sick and Dying

The *Catechism of the Catholic Church* clearly states the priority with which Jesus held the care of the sick and dying as a component of his ministry and life: “Christ’s compassion toward the sick and his many healings of every kind of infirmity are a resplendent sign that ‘God has visited his people’(Luke 7:16) and the Kingdom of God is close at hand.”[*Catechism of the Catholic Church* (*CCC*) #1503] Jesus sought healing for the entire person -- spirit, soul, and body. His compassion for the sick and dying was such that he even identified with them in both word and deed. And the *Catechism*states: “His preferential love for the sick has not ceased through the centuries to draw the very special attention of Christians toward all those who suffer in body and soul. It is the source of tireless efforts to comfort them.”[*CCC*#1503]  
  
Jesus spoke with the sick, touched them, was an instrument of healing for them. Jesus used signs in his ministry of healing, signs such as mud and washing, the laying on of hands, even spittle. Through his Body, the Church, Jesus continues to minister to the sick, visiting them, touching them, and using signs, both sacraments and sacramentals.   
  
The Church has been given the charge to continue Christ’s ministry of compassion for the sick and dying. “Heal the sick!”(Matthew 10:8) Christ desired to be present to the sick, the suffering, the dying through his Church. “This presence is particularly active through the sacraments, and in an altogether special way through the Eucharist, the bread that gives eternal life and that St. Paul suggests is connected with bodily health.”[CCC #1509]  
  
Suffering, illness, the possibility of death are devastating problems to human beings as we face our powerlessness, our limitations, our mortality. Illness can leave the sufferer feeling anguished, self-absorbed, maybe even despairing and in revolt against God. On the other hand, illness can be cause for maturing, discerning the true direction of one’s life, and sharpening the focus on what should truly be priorities in life. Frequently illness leads persons into an ultimate search for God and can be the occasion for life-shaping conversion.  
  
This occasion for conversion is truly a grace-filled moment and opportunity. Often it is God’s forgiveness that initiates healing. Suffering caused by illness can also be salutary on behalf of others, as we offer our sufferings for the sins of others. The Hebrew Scriptures provide us with examples of sickness being lived in the presence of God (e.g. Psalm 6:3,8;32:3-5;38,4-5;39:8-14;107:20; Isaiah 33,24;38;53:11 Exodus 15:26).  
  
In an era in which priests were plentiful and many parishes had more than one priest assigned to the parish, the pastoral care for the sick and dying was largely the responsibility of the parish priest. Hospital calls were frequent and welcomed. Many a priest can remember being awakened several nights a month to rush to the hospital to the bedside of a gravely ill or dying Catholic. Many of our Catholic health care institutions were blessed with priests who served as full-time chaplains in the hospital, tending to the pastoral needs of their patients.   
  
  
In Dallas many can recall the ever faithful Daughters of Charity caring for family members hospitalized at St. Paul Hospital. Many of the Church’s Religious Congregations staffed health care institutions with loyal and dedicated sisters, brothers, or priests. That is a luxury we no longer have, given the reality of the Church in the new Millennium.  
  
Changes in health care have ushered in the need for different approaches to tending to the pastoral needs of the sick and dying. Today health care places greater focus on the healing of the whole person. This has resulted in greater appreciation of a team approach to health care, and that team approach often includes the pastoral care of the patient. This has given rise to Pastoral Care Departments in many hospitals and health care facilities. A beneficial professionalization of the pastoral care of the sick and dying has occurred in the past few decades, giving rise to very effective programs of Clinical Pastoral Education and adding to the significance of certification by organizations such as the National Association of Catholic Chaplains. Institutional concerns about litigation and risk reduction have also occasioned a more professional approach to the pastoral care of patients.  
  
We also face a new reality in the realms of service and ministry in the Church. The much publicized and heavily felt reality of a reduced number of priests cannot be ignored. The presence of priests in health care facilities, either in full-time work or even on pastoral visits, is severely diminished today. At the same time, however, we are blessed, especially in the Diocese of Dallas, with growing numbers of men ordained as Deacons. These men, although many of them are married and work full-time in the secular world, sometimes can be more available to serve as pastoral care ministers for the sick and dying. Among the ranks of the Deacons, an increased interest is being shown for professional training and preparation to serve as pastoral care ministers to the sick, the hospitalized, and those confined to home or other institutions for their care. Such solicitude on behalf of the sick and dying is certainly an appropriate expression of the life of service which should characterize the role of the Deacon in the Church today.   
  
The pastoral care of the sick and dying is no longer the arena of only the ordained clergy. Through the development of and people’s exposure to Pastoral Care Departments in health care facilities, a new appreciation of pastoral care has arisen. There have been a number of lay women and men in the Dallas Diocese who have received credits in Clinical Pastoral Education and other certifying programs. The witness of lay involvement in pastoral care among other Christian denominations and religions of all sorts has positively impacted our Catholic laity as well, inspiring faithful men and women to seek to be of pastoral service to their sick brothers and sisters in Christ. Creative approaches to the pastoral care of the sick and dying have been developed in a number of parishes throughout the Diocese. Such creative initiatives should be commended and expanded and hopefully will give birth to even more opportunities to tend to the needs of the sick and dying.  
  
  
We must build on the lay involvement in pastoral care of the sick which has already begun. It would be wonderful to see even more of our lay faithful enrolled in programs of Clinical Pastoral Education. The Diocese of Dallas has already shown a willingness and desire to officially recognize and/or appoint members of the laity to chaplaincy positions in health care facilities around the diocese. Suitably trained visitation teams, centered around dedicated and caring members of our parishes, can successfully serve the needs of the sick in our diocese. They can be of immense help to our clergy by collaborating with them and helping to make sure that the sacramental needs of our people are suitably fulfilled. Extraordinary Ministers of the Eucharist, whether as part of the parish visitation teams or as a distinct exercise of pastoral service, can serve our people well by providing them with Communion, a long-standing tradition in our Church. Perhaps these Extraordinary Ministers of the Eucharist would benefit from some opportunities for specialized training for service to the sick and dying.  
  
A particularly cherished dimension of the pastoral care of the sick and dying for Catholics is the celebration of the sacraments of the Church. As the source and summit for our entire spiritual journey, the Eucharist holds a special place in our Catholic treasury of grace. For the sick and suffering, the Eucharist is a tremendous opportunity for consolation, comfort, and healing. The availability of Mass in hospital chapels within the Diocese of Dallas has grown tremendously in the past decade. Permission has even been granted for the reservation of the Eucharist in some places and under special circumstances, thus facilitating distribution of Holy Communion to the sick and dying. The broadening use of Extraordinary Ministers of the Eucharist has allowed for further growth in the availability of the Eucharist to our suffering people. These forward strides must not, however, be seen as an opportunity for the clergy of our parishes to diminish their presence in the lives of our people. By virtue of their ordination, deacons and priests are commissioned to have a special concern for the sick and dying. The role of pastor in the Church today does not diminish in any way the solicitude which the parish priest is called to show on behalf of the sick of his parish.  
  
That solicitude for the sick on the part of priests assumes great importance when we consider other sacraments of the Church which are significant to the sick and dying. Given the call to conversion which many sick people experience in the course of their illness, the availability of sacramental reconciliation through the Sacrament of Penance is absolutely essential. A priest must never turn down a legitimate request for the celebration of that sacrament of healing, which can be such an integral part of the holistic healing of the person in time of serious illness. The sick can be suitably prepared for and supported in anticipation of the celebration of that sacrament of God’s healing mercy and forgiveness by the pastoral care shown on the part of hospital chaplains, parish visitation teams, even visiting Extraordinary Ministers of the Eucharist. Priests should see all serve in roles of pastoral care as associates and collaborators with them. In that way the sick person and the priest can enter into a sacramental encounter which will be truly compassionate, unhurried, and deeply personal.   
  
Those same people serving in roles of pastoral care can serve to prepare the sick and suffering to celebrate the sacrament of the Anointing of the Sick. That sacrament should be administered at the onset of serious illness; it is not a sacrament intended primarily for the dying. Certainly the sacrament can be administered in the hospital setting. But given the realities of hospitalization today, perhaps it is even more suitable that the Anointing of the Sick be administered prior to hospitalization. The sacrament can be most effectively celebrated in the company of family members and with suitable representation from the sick person’s community of faith. The parish church is certainly an ideal setting for such a communal celebration. In addition parishes should make provision for the celebration of the Anointing of the Sick at Masses celebrated for that purpose on a regular basis. The people of the parish will need to undergo appropriate catechesis so as to understand the respective roles in such a celebration -- who is a legitimate candidate for the Sacrament of the Anointing of the Sick, who might serve most suitably in a supporting role on behalf of those who are sick, and who might be appropriate liturgical ministers at such celebrations. There is an opportunity here for tremendous catechesis and creative celebration!  
  
  
There continues to exist among our Catholic Faithful confusion regarding administration of the “Last Rites” to those who are very near death or who have already died. Such nomenclature used to be applied to Extreme Unction as a sacrament suitable only to the dying. Today, however, a new look needs to be taken at all of the Church’s ministry to the sick and dying. This new look underlies the publication this summer by the United States Conference of Catholic Bishops (USCCB) of *Pastoral Care of the Dying*. This handy ritual book contains a very informative Introduction which sets forth the purpose of the book and helps to distinguish the differences among the various rituals which are a part of the broader scope of the *Rite of Anointing and Pastoral Care of the Sick*. Because the sacrament of Anointing of the Sick should normally take place long before a person approaches the point of death, *Pastoral Care of the Dying* highlights those ritual moments and prayers which are more specifically appropriate to those near death.   
  
The Church’s concern for the sick and suffering does not cease after the celebration of the sacrament of Anointing of the Sick. In fact, as a person approaches death, the need for their pastoral care and the care of members of their family becomes increasingly specific and poignant. *Pastoral Care of the Dying* includes the “Commendation of the Dying” which can be used very appropriately today as family members and even the dying themselves come to terms with that needed moment of release and resignation. The prayer of the Church can accompany and carry the emotion of that moment with great sensitivity, compassion, and much needed consolation and peace. *Pastoral Care of the Dying* also contains the ritual for the “Celebration of Viaticum.” Providing the Eucharist to the dying person as “food for the journey” in their last hours or moments is an opportunity for ministry and service on the part of care givers and family members, as well as a source of strength and nourishment for the dying person. Hopefully the publication of the “Celebration of Viaticum” as a part of this new collection of rituals (*Pastoral Care of the Dying*), will serve to heighten the awareness on the part of the faith community of the need to make provision for Viaticum to be administered to all the dying. Finally, *Pastoral Care of the Dying*contains the Church’s “Prayers for the Dead,” which can be used at that difficult moment after a loved one has died and representatives of the faith community join with them in their immediate moment of grief. Although the sacramental needs of the recently deceased person should have been tended to already, at the moment of death the survivors are in need of being shown special care and concern. As the Body of Christ we as Church should be expected to exhibit particular solicitude for the bereaved; such solicitude demands of us a quality of presence and prayerful support. The rites under the heading “Prayers for the Dead” provide a most suitable framework for our ministry to the bereaved.  
  
Therefore, I entrust to you the USCCB ritual book *Pastoral Care of the Dying*. I ask all of my brother priests to carefully read its introductory sections and to discern carefully how they might make the pastoral care of the dying a high priority in their ministry to the people of the Diocese of Dallas. I invite the Deacons of the diocese who serve as my special assistants to make use of the rituals contained therein as an integral part of their service of charity on behalf of our people. I encourage all chaplains in hospitals and other health care facilities to seize the opportunity provided by these rituals to extend even further their commission to minister officially in my name and on behalf of the Church of Dallas. Finally, and with particular encouragement, I invite the lay faithful of the diocese to find in *Pastoral Care of the Dying* a rich resource for profound service to the Body of Christ, and a personal source of consolation and hope as we all progress on this journey of life to its inevitable end.  
  
Praised be God, the Father of our Lord Jesus Christ, the Father of mercies, and the God of all consolation! He comforts us in all our afflictions and thus enables us to comfort those who are in trouble, with the same consolation we have received from him.

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| **Most Reverend Charles V. Grahmann, D.D.** | **November 2, 2002** |
| **Bishop of Dallas** | **Commemoration of All the Faithful Departed** |