

A 'Lost' Sacrament of The Church: Viaticum

By JAMES SCHELLMAN, MA

In “Sacramental Resources Underused in Care,” published in the January-February 2014 issue of *Health Progress*, Fr. Bruce Morrill, SJ, PhD, offered important insights on the church’s existing ritual resources for ministry to the sick and dying and what these resources offer to these dear members of the body of Christ and those whom they love.

Here is a brief summary of some of his central insights, in my own words:

- The care of medical practitioners shifts in response to the condition of the patient, whether seriously, critically or terminally ill. So too should our pastoral and sacramental care of the patient respond to the distinct condition of the patient. This kind of responsiveness is presumed in the church’s present ritual book, *Pastoral Care of the Sick: Rites of Anointing and Viaticum*.

- *Pastoral Care of the Sick* offers a rich compendium of resources for accompanying the sick and their families through the whole continuum of serious, critical and terminal illness. These resources correspond to the medical realities, and they could be used more fully by our pastoral care teams in hospitals and other settings. Instead, these possibilities are underused, because they often are misunderstood and ignored.

- The reasons for this are many, not least our cultural uneasiness with and even denial of death, and our medical community’s sense that death is a failure of medicine. These attitudes often leave the terminally ill in a state of isolation. Their medical professionals begin to disengage at the point when their skills can no longer hold death at bay. Family members are at a loss to know how to accompany their loved one at this stage of life, a result of our culture’s own denial of the reality.

- At stake, in terms of the church’s pastoral ministry to these in-need sisters and brothers

and their families, is the long-standing distinction between ministry to the sick, with Anointing of the Sick as its centerpiece, and ministry to the dying, with Communion as viaticum as the church’s last rite. The distinction is still largely missing from the average Catholic’s understanding and practice, and it is missing, as well, from the understanding and practice of many of those who serve in this ministry.

SICKNESS, DEATH, OUR CULTURE

Medical practice in the United States excels in the development of new technologies and drug therapies that enhance the quality of life and help to extend life in ways previous generations would have considered miraculous. We are the envy of the world in our capacity to combat illness and give the seriously ill months, sometimes years, of further life. But coupled with this remarkable achievement is an increasing cultural inability to face and talk about death when it is inevitable. We have lost how cultures model and pass on to suc-

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Our medical practice mirrors this reality. Too often physicians put off acknowledging that a patient has made the transition into active dying. This is done out of compassion for the ensuing grief of patient and family. It also is because the physician may feel like a failure in being able to stave off the inevitable for at least a little longer.

PASTORAL CARE OF THE SICK

From a faith perspective, this reluctance to give over those we love to death rests on a solid intuition. Deep in our human heart, we sense that life was not supposed to be like this, that the loss of those we love, and those who love us eventually losing us, was not the way God meant this world to be. This is an intuition arising from the whole faith story, from Genesis to Christ. God made the world a garden place of harmony and endless life. The biblical revelation is that, in the mystery of our God-given freedom, humanity chose something other than God. The result is that sin and death, alien to God's original design, entered into the story of our relationship with God, one another and the world itself. In the depths of our being, we experience a deep, heartrending brokenness, and it is this that our ministry with, in and through Christ addresses.¹

On the basis of this deep biblical intuition, we are drawn to fight sickness with all the resources available to us: "Part of the plan laid out by God's providence is that we should fight strenuously against all sickness and carefully seek the blessings of good health, so that we may fulfill our role in human society and in the Church."² We each have a mission in this world from God, and as long as we can we are to work to maintain our physical health to be of use to those who rely upon us for the work that is uniquely ours.

Along the way, there is suffering that comes to us in sickness that we can, with the help of our faith, learn to accept by understanding it in relation to Christ's own suffering for the redemptive healing of ourselves and those we love. "We should always be prepared to fill up what is lacking in Christ's sufferings for the salvation of the

world as we look forward to creation's being set free in the glory of the children of God — see Colossians 1:24; Romans 8:19-20."³ It is an astounding insight that offers the sick in their suffering a great dignity and purpose. What could possibly be lacking in Christ's suffering to achieve salvation? Apparently, only our willing cooperation in our own suffering as a part of Christ's. And that is difficult enough.

THE DYING AND VIATICUM

But the real problem for us, culturally, medically and pastorally, is when the seriously sick person makes the transition to being terminally ill or actively dying. At this point, our fundamental intuition about the goodness of this life must begin to be transformed into an intuition for the life that follows. Too often our pastoral care of the dying is caught in the wake of our cultural reluctance to face the fact of death and the inclination of many of our medical practitioners to spare the dying and their families full knowledge of the transition to a terminal or active dying state. As a result, pastoral care frequently comes late to the process, regrettably too late to use the full resources of our faith tradition in offering a compassionate accompaniment to the dying and those who love them.

We must do better. Our people must not be

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— *Pastoral Care of the Sick*

deprived of the full healing ministry of Jesus Christ. For the dying, this ministry shifts its focus to a healing of mind and soul that helps ease the transition to life eternal. The centerpiece of this particular moment in our healing ministry is the celebration of Communion as viaticum with the dying person.

In its official teaching, the church has held that

anointing is the sacrament for the seriously sick, some of whom may be dying, but many of whom retain the hope of being restored to a productive life in community. From this understanding, the sacrament unique to the dying is Communion as viaticum, the true last rite of the community of faith. Thus, anointing celebrated early in a serious sickness opens the door to viaticum when serious sickness becomes active dying.

Viaticum can be as full or as simple as needed for the dying person. If not held off too long, it can be done within a Mass with the family, or it can be a Communion service with a choice of various elements such as a simplified renewal of baptismal vows, sprinkling the dying person with holy water as a reminder of his or her baptism, and a special Communion text that acknowledges this particular kind of Communion: “Jesus Christ is the food for our journey; he calls us to the heavenly table.”⁴

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If time is short, we can do a continuous and simplified celebration of penance, anointing and viaticum. But even here, viaticum is the last act by which Christ, as the goal of the dying, becomes their own dear companion for the final journey.

LOST SACRAMENT

Despite this official and pastoral wisdom of the church which has been in place for centuries, our actual practice has continued to treat Anointing of the Sick as the last rite. Why this is so is a larger topic than this brief article. Suffice it to say that the Second Vatican Council underlined yet again the teaching that anointing is the sacrament of the sick and viaticum the last rite of our faith community for its dying members. The council’s partial success can be seen in the change over the last several decades to frequent celebrations of anointing for sick persons in parishes and homes, as well as in health care settings. It is a partial suc-

cess because anointing also remains in practice in many places as the last rite of the church celebrated with the dying.

To have a conversation with chaplains about why viaticum is not offered can be very instructive. On the one hand, many of our electronic medical record systems, in their “spiritual care” section, do not even include viaticum in the sacramental record. You will find, for example, Anointing of the Sick, and Communion, but not viaticum. If you ask chaplains, they often will reassure you that viaticum is being offered. But a little probing will show it is actually Communion of the sick that is being offered rather than viaticum, especially in the last days. And this frequently becomes even more difficult because of the delay in acknowledging approaching death. It can be too late to offer Communion in the unique and consoling form of viaticum.

Part of what is at stake here is the sacraments of the church being the occasion to help encourage what needs to be happening anyway. The dying often know that death is approaching, but they want to spare their family having to talk about it. By the same token, the family sense that death is nearing, but they wish to spare the dying person that knowledge. An opportunity can be lost to heal, reconcile, thank, celebrate — whatever is most needed and appropriate before allowing this beloved person to go forth from us. By sensitively inviting some conversation around viaticum, the chaplain can help begin a larger conversation that often is desperately needed before it is simply too late.

ONE STORY OF VIATICUM

How can we frame the question of restoring viaticum to the dying in a way that helps us do better by our dying sisters and brothers and those who love them? I offer a personal story.

Some years ago, my father was several weeks in an intensive care unit after surgery and before dying. The hospital was hundreds of miles from home. I flew in on Christmas Day to surprise him and, as I thought, to try to say goodbye. Dad was on a ventilator and, though unable to speak, expressive in a way that was simply remarkable. Between facial responses and a barely legible penmanship, he was able to share more than I could have imagined. My mother was not ready to admit

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he was dying. Dad knew and “told” me in a conversation with Mom out of the room.

My dad had gone to daily Mass frequently. There in the hospital he had not had Communion for a couple of weeks. Knowing that the ritual book allowed for viaticum in just these circumstances, in the form of consecrated wine alone,⁵ I asked one of the two priests who ministered on the unit if he would be willing to bring a little consecrated wine from Mass the next morning so that Dad could receive Communion. The priest was shocked at the request and said firmly that he could not possibly do this. I was too emotional under the circumstances of Dad’s dying to try to carry the conversation further. Inexperienced in this practice as he clearly was, he may simply have been concerned about proper reverence and the possibility of spillage.

The next day I approached the second priest, fearing similar rejection and uncertain how I should respond the second time around. When I asked him, there was a long pause and steady eye contact. He then said, “I have never done this before, but for your father, I will do it.”

With some preparation of my mother, father, and a couple of siblings, we celebrated together a simple and unforgettable Communion as viaticum

service. My father insisted, ventilator and all, on being in a chair next to his bed. I had never seen him so alive and ready for Communion, and he had communed many, many times in his life. Within days, he was gone to the Lord with the Lord as his Eucharistic companion for the final journey.

That dear priest did not know the ritual book of the church any better than many of us, but he knew my Dad and had learned to love him. It is that kind of love that will help us learn to do the right thing, to offer our nearly departed the full ministry of the church, which is nothing less than a Lord who so longs to accompany us to the Father that he will come to us in the humblest of ways, in a few tiny drops of wine become his very self, food for that final journey.

JAMES SCHELLMAN is vice president for mission integration at Our Lady of Lourdes Regional Medical Center in Lafayette, Louisiana. He was one of the final editors of the church’s official resource for ministry in Catholic health care, *Pastoral Care of the Sick: Rites of Anointing and Viaticum*.

NOTES

1. See “The Ministry of the Sick,” by James Schellman, in *The New Dictionary of Sacramental Worship*, ed. Peter Fink (Collegeville, Minnesota: The Liturgical Press, 1990): 1165-67.
2. *Pastoral Care of the Sick: Rites of Anointing and Viaticum*, no. 3.
3. *Pastoral Care of the Sick*, no. 3.
4. *Pastoral Care of the Sick*, no. 207.
5. *Pastoral Care of the Sick*, no. 181.

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