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# Bioethics and Anointing of the Sick

by

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The relation between bioethics and the sacrament of the sick appears, at the first glance, somewhat disjointed. Contemporary bioethical literature would rarely admit any dealings with faith practices and beliefs into its discussion. Bioethics is supposed to be based on neutral philosophical grounds that are accessible to all persons, whatever their beliefs or non-beliefs might be. Any explicit talk on God and the sacraments would smell of sectarianism, a word that is unjustifiably associated with intolerance in our pluralistic society. This turn to a purely secular bioethics is unfortunate.<sup>1</sup> It is a negation of the historical roots of medical ethics, which since the time of Hippocrates has been influential in guiding physicians toward a more humane medicine.<sup>2</sup>

In fact, a cursory review of the history of medical oaths and morality reveals that religion in general and the sacraments in particular have formed a part of this ancient corpus. In the Medieval Ages, we discover that health care was provided in monasteries and managed by the secular or religious clerics. Even though their skills would be considered rudimentary today, their sincere concern for the physical and spiritual health of sick has not been surpassed. As a matter of fact, the root of the word "health" (*salus* in Latin), made no distinction between physical wellness and salvation. Thus, integral *salus* is sought for the patient under care by priest-doctors in monastery-hospitals. Evangelical ideals were prevalent in this age, where obvious allusions were made to recall the parable of the Good Samaritan (*Luke 10:29-37*) and warnings of the Last Judgement. "I was sick and you visited me" (*Matthew 25-36*). It was during this time that certain religious orders were founded such as the Knights Templar or Hospitalers of St. John, whose vows consisted in serving "our lords, the sick."<sup>3</sup> Even at a later stage, medicine became "professionalized" and separated from the direct intervention of the cleric, the religious implication of health is never truly alienated. A notable precursor to modern bioethics could also be traced to literature of Pastoral Medicine in the 18-19th centuries, where

medical ethics was discussed under the rubrics of the commandments and the sacraments.<sup>4</sup>

Reviving some of these writings and applying them to current issues of bioethics would prove to be a very interesting adventure, especially in today's context of high technology and increasingly dehumanized medicine. In its relation to the sacrament of the sick, a first aspect that could be touched upon is the relationship between faith and healing. But I am more interested in dedicating space to the current debate of euthanasia and the "good death" seen under the light of this sacrament. A third point would relate to the pastoral application of the Christian interpretation of a "good death."

Very briefly, the sacrament of the Anointing of the Sick has a principle justification from the early apostolic practices elucidated in the Letter of James: "Any one of you who is ill should send for the elders of the church, and they must anoint the sick person with oil in the name of the Lord and pray over him. The prayer of faith will save the sick person and the Lord will raise him up again... pray for one another to be cured; the heartfelt prayer of someone upright works very powerfully." (*James* 5:14-15) The theme of faith and health-salvation recurs once again. Implied in this passage and ingrained in the teaching of the Church is that this sacrament not only bestows spiritual grace, but can, if God so wills it, effect physical healing.<sup>5</sup> The Catholic Church has never completely relegated the healing mission to the medical arts alone, but insists that miraculous healing can and does happen because ultimately it is God who cures.<sup>6</sup> That is, the power of Christ's resurrection continues to operate in and through the Church by means of her healing ministry. There is a recent proliferation of literature on faith healing. However, the bioethical community has in general paid scarce attention to this phenomenon, perhaps of its post-modern prejudice, if not outright despicement, on the possibilities of miracles. Certainty, a greater exploration in this area would be most promising.

The current debate on euthanasia has a particular bearing on our discussion of the sacrament. Etymologically, eu-thanasia means "good death." Yet, the secular version of a good death is terribly lonesome. The emphasis is invariably on unbearable suffering and patient autonomy or right to "die with dignity". This vision is filled with ironies, because the patient is never truly autonomous when he asks the community (in the guise of the physician and with approval of the law) to perform the euthanizing act. At the same time, it proposes to eliminate suffering by eliminating the sufferer. When carried to the extreme euthanasia advocates the killing of those who are no longer autonomous or are even aware of their sufferings, out of utilitarian calculation or the so-called quality of life concerns.<sup>7</sup>

The Catholic sacramental system offers us an alternative vision on the "good death." Suffering takes on a new meaning; it is no longer solitary and purposeless, but that of sharing with Christ's passion. "In my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that

is, the Church.” (*Col. 1:24*) Beginning with this quote, the apostolic letter *Salvifici Dolores* written by John Paul II offers the Christian such a program – a trajectory that has been lived out eloquently by the same pope during the last days of his life.<sup>8</sup> Indeed, one is never alone in the Church which, as a community of saints, shares the burden of care and compassion for the suffering members. The word “com-passion” betrays its religious root as a sharing of the sufferings (passions) with the patient. The suffering patient is never an “autonomous” individual making personal decisions, but is part of a loving community of family, friends and fellow Christians. That is why this sacrament of anointing of the sick is sometimes known as the *viaticum*, which is given together with the Eucharist and confession, to provide spiritual strength for this often challenging coda of one’s life journey. This sacramental vision offers a corrective to contemporary bioethics which has in general ignored the deeper question of meaning of life, suffering and death because the secular vision cannot offer much in this area other than autonomy.<sup>9</sup>

This brings us to the last point on pastoral concerns of the suffering and dying. As an aside, there is a question of whether anointing of the sick could be granted to those who are contemplating euthanasia. On the one hand, if the priest is called in this circumstance, it would be an opportune moment to explain to the sick the teaching of the Church, offer him spiritual comforts and solidarity of the Christian community. However, if the person is adamant on his decision to pursue euthanasia, it would appear that the sacrament could not be administered, since this would totally contradict its intended purpose.<sup>10</sup> This is not a judgment on the eternal salvation or not of the subject, since only God knows the interior intention of the person and one cannot exclude the possibility of ulterior repentance at the moment of death.

However, rather than dwelling on casuistic analysis that has plagued modern-day bioethics, our pastoral attention should be focused elsewhere. It is interesting to note that the medieval man preferred to die in battle or a protracted illness so that he could have adequate time to prepare for his death, to attend to unfinished business, be they of social or spiritual concerns. Modern man, on the other hand, prefers to die suddenly without suffering; in fact, he prefers not to think about death at all.<sup>11</sup> In a sense, modern mentality has opted for the version of “good death” that is closer to proponents of euthanasia than that of the Catholic sacramental vision. This contrast is most evident in certain attitudes towards any symbol of death, like the superstitious avoidance of the color violet, or the postponement of a request for a priest until the dying moment. At the scene of a traffic accident here in Italy, I (dressed as a priest) was once prevented from attending to the victim by a family member, perhaps because it would bring bad luck. We need desperately to recapture the true sense of Christian

death among the faithful. In the light of the resurrection, death, as St. Paul forcefully reminds us, did not have its last words: "Death is swallowed up in victory. O Death, where is your victory? O Death where is your sting?" (1 Cor. 15:55). Pastoral agents must strive with greater insistence to instill in the laity this eschatological truth. Perhaps the image St. Francis of Assisi, depicted meditating with a human skull in his hand, would help us refocus on the essential meaning of death for the Christian. This contemplation on "our sister death", to coin St. Francis, is not intended to be some morbid and haunting exercise, but aims to bring us closer to the perennial truths of our faith – the condition of being a finite creature, the gift of life, the redemption from eternal death, and the destiny of eternal happiness of the elect.

It would not be possible to delve into what such a pastoral program would entail; perhaps a personal story would help. When I graduated from medical school (at that moment a layperson), the first few months of my career was spent in substituting for other physicians who went on vacation. One of the patients that I attended required a house call because he was too sick to travel. After several visits, I befriended this elderly gentleman. On one occasion, I noticed a rosary dangling from his pocket. Presuming that he was Catholic, I asked about his practice of his faith. He admitted that he had been away from the Church for twenty years. After some motivation and personal witnessing, I proposed to him that a priest visit him to give him the sacraments of the sick, confession and communion. This took place and the patient was evidently benefiting from the pastoral visits. His health inexplicably improved to such an extent that he was able to travel and visit friends and family. A month later he passed away, at peace with God and the Church.

This article wishes to redirect our attention toward the care of the suffering and the dying in a humanitarian and Christian manner. This subject has too long been neglected in a great part by bioethics writers, because of a traditional bias against religion and theology. The problem of death and suffering necessarily calls for engagement of bioethics and various branches of theology: pastoral care, spirituality, the sacraments and eschatology. Much work remains to be done. The price of our failure would be too great; for the tyranny of autonomy to prevail over the true concept of a "good death" which, in reality, is a threshold toward the eternal embrace with our Creator.

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10. John Paul II, Post-Synodal Apostolic Exhortation *Reconciliation and Penance*, no. 27, As stated in this document, "the anointing of the sick in the trial of illness and old age and especially at the Christian's final hour is a sign of definitive conversion to the Lord ... And in this is accomplished supreme reconciliation with the Father."
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