Guidelines for the Pastoral Care of the Sick and Frail.

As a community of believers, we live out the call of Baptism through personal faith in Jesus, witnessing together to the Good News of the Kingdom.

Preamble: The use of these guidelines

Guidelines for the Pastoral Care of the Sick and Frail focus primarily on the role of the lay minister. It is a pastoral support document designed to be used by lay ministers with a variety of experience and training.

This document is designed for ministers and parish teams who take key responsibility for pastoral care in parishes. It has been drafted with the cooperation and advice of pastoral workers, lay and priestly, who are active in a wide range of pastoral care settings. In putting this document together the drafting committee has been mindful that many lay pastoral ministers find themselves in parishes without a resident priest.

Many lay ministers are doing wonderful work to address needs for which they may have had little training or experience. With this in view the document is supported by a reference section which provides some key readings and materials which may be useful. In addition we recommend that this document be supported by an extensive, and geographically inclusive, programme of inservice and training for those taking on these roles.
Introduction: We Christians are called to heal
As Christians we look to the gospel of Jesus Christ and what we read there is good news: life is lived through death to new life, and healing is its pledge. In Jesus' ministry and relationships, in his dying and rising, our ministry to the sick finds its inspiration and its power. In Jesus we ground our efforts to heal the sick, our ministry of mutual comfort in suffering, and the rites with which we assemble to confront the realities of illness, pain, and death in the midst of the human community. In life and in Word, Christ entrusted to the Church the mandate to heal in his name whenever the gospel is preached - healing is not incidental but integral to the proclamation of the good news.¹ (Jennifer Glen C.C.V.)

Jesus and the Sick
Jesus healed wherever he went. His heart was filled with compassion for all those who were suffering in any way. He reached out to sinners and saints, to young and old, to rich and poor. When people approached Jesus with a genuine sense of their need for healing, they experienced their wholeness through his loving compassion.

In Jesus' public life, healing was one of the signs which announced that the power of God's Reign had dawned. "Into whatever city you go, after they welcome you, eat what they set before you, and cure the sick there. Say to them, 'The reign of God is at hand"" (Luke 10:8)

Matthew says that Jesus
"... taught in synagogues, proclaimed the good news of the kingdom, and cured the people of every disease and illness. As a consequence of this, his reputation travelled the length of Syria. They carried to him all those afflicted with various diseases and racked with pain: the possessed, the lunatics, the paralyzed. He cured them all".
(Matt. 4:23-24)

Jesus has been called the "divine physician". He sought to heal the whole person, and he gave spiritual meaning to physical healing. Jesus' healing works are the signs that the reign of God has dawned, but it has not arrived in its fullness - only at the time of Jesus' second coming will sin and evil, sickness and death come to an end. As we await the fullness of his return we, his disciples, are entrusted to be the Body of Christ in the world. Like our Master we are called to heal human suffering and injustice wherever we meet it.

The Body of Christ: broken ..... 
Building the reign of God in the here and now is the ministry of Christians. Service to the sick is a particular aspect of our ministry which Jesus himself required of all of us who bear his name. Healing and care for the sick - physically, psychologically, emotionally, mentally and spiritually - must be a priority in our communities.

Since the time of Jesus we have grown in our human understanding of the interdependence of our physical, mental and spiritual health and the breadth of this ministry in our modern world. In his homily, on the Ninth World Day of the Sick, Cardinal Clancy emphasised:

*By the sick and afflicted we mean all of those who suffer, either by reason of disease - be it physical or mental - or by reason of the frailties and incapacities of advancing years. We mean both those who are permanently afflicted and those who suffer periodically, those who suffer severely and those whose sufferings are perhaps slight.*

Sickness and pain have always been an enigma to humankind and difficult to understand because we believe in an all-loving, all-powerful God. Sickness cannot be seen a punishment which we suffer for our personal or ancestral sins. The disciples asked Jesus about the cause of a man’s blindness:

"Rabbi, who sinned, this man or his parents, for him to have been born blind?"

Jesus replied:

"Neither he nor his parents sinned. He was born blind so that the works of God might be displayed in him". (Jn. 9:2-3)

The Body of Christ: broken yet blessed 
Jesus, in his life and his death teaches us that the inevitable sufferings of human life cannot be avoided by attributing them to outside “causes” or by bargaining with God. Rather the Way of Jesus shows us how to transform our suffering into *resurrection*: something new, something holy. In Christian theology we call this mystery of transformation: “the paschal mystery”.

Sickness, even a brief, passing illness, sets us back in the ordinary rhythm of our life. Serious illness disrupts our lives, makes us dependent upon others, takes away much of our freedom and independence, alters our plans, and can close life with vulnerability and pain. At such times the platitudes of human comfort may be little comfort to us but as disciples of Jesus our sufferings may acquire transforming meaning through unity with our Master who also suffered unto death.

This transforming, redemptive view of suffering does not come easily to the sick or to those who care for them. We need to hold together the reality of the pain and the

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If we focus only on the redemptive power of suffering and the joy of resurrection we may lose sight of the reality of pain and loss and become insensitive to people's grief. On the other hand, if we enter so deeply into the pain of another that we lose sight of God's promise, we ourselves may flounder with them and lose hope. We must, as it were, keep our feet firmly on the ground of human reality and keep our gaze ever focused on God and his mysteries.

Ministers To The Sick : Lay and Priestly

"If one member suffers in the body of Christ, which is the Church, all the members suffer with him/her" (1 Cor. 12:26)

All baptised Christians share in this ministry of mutual charity within the body of Christ: through physical care, love shown to the sick, and by celebrating the sacraments of the sick. The family and friends of the sick and those who care for them have a special share in this ministry of comfort.

Although the whole Christian community is responsible for ministry to the sick some people are especially called to this ministry. The word “minister” in Latin means “servant”. Each person carries out the ministry in his or her unique way. There are special roles of laity and priest in ministering to the sick and dying but all ministers are servants of the Lord, instruments of God’s blessing and presence. The coordination, training and commissioning of ministers is an essential part of providing sound pastoral care. Those gifted with the special qualities to minister to sick children and their families or in crisis situation should be encouraged.

The person who experiences sickness with its attendant isolation, fears, guilt and powerlessness, can discover life and hope in the people around them. To be this kind of Spirit-gift to the sick our wisdom must exceed that of Job’s advisers in the Bible. Job’s friends were obsessed with WHY illness and tragedy was happening to him. Job himself remained focussed on his relationship with God. From this came his healing in body and Spirit.

The complexity and mystery of suffering means that ‘ministry’ is not in one direction. Suffering, and caring for the suffering, are two parallel and mutually dependent apostolates that draw their nourishment directly from the gospel, and make Christ present in our world.

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4 Rohr, 1996, 34
5 Cardinal Edward Clancy. ibid, 10
The community must be mindful that the sick and frail minister to us all, especially those who have the privilege of caring for them. The challenge is to widen our awareness of how they are already doing this, and how they may be invited to do so more deeply and inclusively. We need to create a sense that the sick and frail still belong to the parish family. They embody, in a real way, the presence of the suffering Christ in our midst. They reach out to support the community through their redemptive suffering, their prayer for others and gifts of the Spirit.

**Pastoral Care and the Sacrament of the Anointing of the Sick**

*The sacrament in which the sick are anointed with holy oil was, until recent years, called Extreme Unction. That it is now called the Sacrament of the Sick signifies a big change in understanding and practice.*

"Every priest, but only a priest, can validly administer the anointing of the sick". (Canon 1003#1) If a sickness grows worse, or is ongoing, family, friends and those who care for the sick, have the responsibility to inform the pastor, and help prepare the sick person for the reception of the Sacrament of Anointing of the Sick.

In the celebration of the sacrament we convey HOPE: God is always the healer, and we are open to the possibility of miracle. It may be pastorally appropriate to invite all who need healing, whether they are suffering severely or slightly to the comfort of the sacrament.

The celebration of the Sacrament of Anointing of the Sick can be one occasion for education about the sacrament, especially by encouraging family participation. There is a need for such education to deepen people’s understanding of the Sacrament as “healing” and strengthening. For some it is still a cause for fear.

A full appreciation by lay ministers of the purpose and scope of the new rite for the sacrament is essential.

- Lay ministers often prepare the sick and their families to participate in the sacrament: they may encourage a family to celebrate the sacrament with a sick family member or support a frail parishioner in attending an Anointing Mass.
- Lay ministers have a key role in educating the wider faith community in understanding the new rite for the Sacrament of Anointing of the Sick.

By the Sacrament of Anointing of the Sick the Church commends those who are ill to the suffering and glorified Lord, that he may raise them up and save them. The sacrament is a personal encounter of the sick person with our loving, healing God, but it is also a sacrament of community.

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7 Introduction, Anointing and Care of the Sick, 5
Family, friends and the whole of the Christian community gather together and rejoice in the presence of the healing Christ. For this reason communal celebrations of the Sacrament of Anointing of the Sick at “Anointing Masses” are particularly appropriate for the faithful.

Like all sacraments, the Anointing of the Sick is a liturgical and communal celebration, whether it takes place in the family home, a hospital or a church for a single person or a whole group of sick persons. It is very fitting to celebrate it within the Eucharist, the memorial of the Lord’s Passover. 

God offers the anointed person the grace to be healed and comforted, to overcome anxiety and despair and to be made whole. It is an affirmation for Christians that they are supported in their suffering, and that there are others who care about them in their time of need.

**Pastoral Care by lay ministers**

Lay ministry exercises Pastoral Care of the sick and frail in three ways:

1. Through charity and pastoral care of the whole person. 
The community is endorsed, supported and encouraged in this ministry by the whole Church.

2. Through prayer, for and with the person. 
The focus and timing of such explicit spiritual support depends on the sick, their needs, stage of readiness and wishes. It could include formal prayer, silence, spontaneous prayer or the laying on of hands.

3. Through taking communion to those unable to attend Eucharist. 
Those serving as Eucharistic ministers are mindful that it is the Risen Jesus who comes to the person’s life through Word and sacrament. Where the person to whom they bring communion is unknown to them they take the time to ensure this is the person’s own wish and, if so, prepare them to receive the Eucharist. Ministers encourage the family and carers to participate to emphasise that the community gathers with the sick person to celebrate the presence of Jesus Christ.

**Pastoral approaches in the Parish**

Parish ministers care for members of their local community. A pastoral visit to bring Holy Communion can gather the person in the celebration of Mass they can not attend and using the Gospel of that Mass helps make this link for the communicant.

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6 Catechism of the Catholic Church #1517
The bonds of community built through visitation are important – when people are able to return to Sunday Mass they sometimes request continued visits for prayer and fellowship.

Challenges for the parish include: not to “lose” people from parish life when they have to stop coming to church for reasons of illness or frailty and to keep accurate and updated pastoral records for parishioners. Sacrament of Anointing of the Sick can be offered in regular Parish Masses to provide for those who are frail and sick to receive the Sacrament of Anointing of the Sick at an Eucharistic celebration. In areas where a priest is not readily available to those who are sick, Anointing Masses provide a regular opportunity to receive the sacrament.9

Parish Pastoral councils are strongly urged to develop a Pastoral Care Group10. The members of the group form a support community that is commissioned by the parish to bring the love, prayers and concern of the whole community to:
* the lonely and distressed
* the sick in hospitals and long-term care facilities
* the elderly
* those with special needs
* the bereaved

**Pastoral approaches in situations where the ministers will come to know those they visit.**

In situations where the ministers don’t yet know those they visit, pastoral care may be offered at the request of the person, the family, an institution or the parish. Such people may be confined to their homes, nursing homes or prisons. An initial pastoral visit requires great sensitivity. If pastoral visitors do not know those they visit, who they are or what they might want from the visit, the role of the visitor is to listen - let them tell us.

If people have not been an active part of a faith community for some time they may want their visitor to be willing to listen to painful or angry parts of their story. We begin where people are at, taking a natural approach, letting them move freely towards us, without pressing them and without letting our own defensive responses get in the way.

**We are there to bring Christ and we are there to meet Christ.** It is important that we don’t limit the presence of Christ to the Host or the Sacrament of Anointing of the Sick. We are there as the Body of Christ in ourselves. Just talking, or a gentle

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9 US study reports that the priest shortage restricts access to the Sacrament of the Anointing of the Sick. Catholic News 24th May 2001 (cathtelecom.com/news/104/108.asp)
10 The publication “Health Care Ministers” in New Parish Ministries, Winston Press, Minneapolis, 1983, provides excellent information regarding the initiation, formation and implementation of Health Care Ministry at parish level.
touch, can be enough to open the way to a blessing or a deeper conversation. We bring Christ through our presence. We don’t convey Christ to people if we are judgemental about their lives or circumstances.

Pastoral ministers in institutions, who sustain their ministry over time, find that they become trusted and looked-for visitors who can be invited to care for staff as well as residents.

Pastoral approaches in situations of crisis where the ministers meet strangers.

In situations of crisis such as hospitals or respite centres, pastoral ministers meet strangers and need to meet them ‘where they are’.

However, the nature of these institutions means that the pastoral minister can be thrown into ‘the middle of things’ at an anxious and emotional time for a family. Pastoral ministers in these situations use their professional experience to discern family and/or patient needs. Some may desire a quiet, non-judgemental presence, a listening ear, a gentle touch; others may appreciate prayer, or an offer to share the sacraments.

In such situations prayer is always an option, either silently in the minister’s heart or with simple words and ritual actions if appropriate. It can be offered in times of illness and bad news but also times of good news, healing or birth.

When time permits the minister gets to know someone, listens deeply and gradually builds rapport, bringing the spirit of Jesus through presence and acceptance.

In conclusion: a word for the minister

A minister of care must be a person who cares. The person who cares is one who is present to another, especially in times of pain, loss and stress. To share life’s struggles with another, to articulate the prayer that emanates from the groaning of the Spirit within, to celebrate the dying and rising of the Lord in the concrete reality of people’s lives – all this makes a difference.

Becoming a caring person is a lifelong process. In some ways you are always beginning. You are always growing and deepening your perceptions and sensitivities. A minister of care needs a hunger for life, a thirst for

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healing. This hunger and thirst somehow rise from a relationship with the Lord that is always becoming more conscious, more active and more alive.

To foster this process of growth, attend to the following needs.

Deepen your own spirituality, your way of looking at life and coping with life’s struggles and challenges in the pattern of Jesus.

Care for yourself. Listen to yourself in times of stress, in active moments as well as calm moments.

Obtain formation and reflection on a regular basis. Participating in monthly reflection sessions with a competent supervisor of ministers of care, reading, sharing experiences of ministry, programs designed for ministers of care and the like will help you to grow in your ministry.

Be affirmed as a minister of care. For the minister of care to have an official mandate from the bishop of the diocese says, “I am good enough to do this and the church recognises this.”

Be accountable; that is, know that you count. Be aware of common mistakes and, if you find that you are making them, correct them: for instance, cheering up a patient rather than being present to their pain, offering sympathy rather than empathy, passive listening rather than active listening.

God loves you and chooses you to make concrete the reality of the divine love for all humankind. Go forth knowing you do not go alone. Go with Jesus Christ.

I cannot believe that the purpose of life is to be happy. I think the purpose of life is to be useful, to be responsible, to be compassionate. It is, above all, to matter, to count, to stand for something, to have made some difference that you lived at all.

- Leo Rosten

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