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John J. Lynch

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Extreme Unction: Towards a Practical Appreciation of the Sacrament

JOHN J. LYNCH, S.J.
Professor of Moral Theology, Weston College, Weston, Mass.

If asked the reason why the sacrament of extreme unction was instituted by Christ and has since been administered by His priests to the faithful who are in danger of death, many a knowledgeable Catholic would answer most confidently: "In order to prepare for death, judgment, and eternity the souls of those who are about to die."

That answer is correct but incomplete. Though it expresses the truth and nothing but the truth, it does not state explicitly the entire truth. And it is the failure of so many to appreciate in its total significance the God-given purpose of this sacrament that accounts for their regrettable failure to derive from extreme unction that maximum of sacramental benefits which Christ has put at the disposal of those so seriously ill as to be in at least some danger of death.

From the Council of Trent we have the Church's most explicit declaration of the several proximate effects which extreme unction, according to the efficacious intention of Christ Himself, is designed to achieve:

> . . . the complete effect of this sacrament [of extreme unction] is explained in the words: "And the prayer of faith will save the sick man, and the Lord will raise him up, and if he be in sins, they shall be forgiven him" (Jas. 5:15). For this effect is the grace of the Holy Spirit, whose anointing takes away sins, if there are any still to be expiated, and removes the traces of sin; and it comforts and strengthens the soul of the sick person. Encouraged by this, the sick man more easily bears the hardship and trials of his illness and more easily resists the temptations of the devil who lies in wait for his heel. This anointing sometimes restores health to the body if health would be of advantage to the salvation of the soul.[1]

From this statement of the Council it is clear that the proximate purposes of extreme unction, as established by Christ Himself, are reductively four: (1) the deletion of sin,[2] if any remain as yet unforgiven; (2) the remission of

[1]Denzinger-Bannwart, *Enchiridion symbolorum, definitionum et declarationum de rebus fidei et morum,* §909; English translation taken from *The Church Teaches* (St. Louis: Herder, 1955) §833.

[2]The ordinary means of obtaining forgiveness of personal sin is by proper reception of the sacrament of penance which usually precedes extreme unction. However, circumstances can arise in which the efficacy of sacramental absolution could be at least doubtful and where the remission of sin would be more surely accomplished by means of anointing.

temporal punishment[3] still to be exacted for sin; (3) spiritual strength and solace to help the sick person resist temptation and tolerate the discomforts of his illness; (4) sometimes restoration to health, if that in God's wisdom be to the spiritual advantage of the patient.

It stands to reason that any sacrament, since it is of its nature a supernatural entity, is designed at least principally for a purpose which is also supernatural. This is more specifically apparent in Trent's enumeration of the several effects of extreme unction as quoted above. The soul's restoration to and preservation in perfect spiritual health is, of course, the primary function of this sacrament and infinitely surpasses in value any added benefits of a corporeal kind. But not to be overlooked as adjuncts to these sacramental graces are certain material advantages which by divine intent are also to ensue from the reception of extreme unction. Besides cleansing the soul of all residue of sin and of liability to temporal punishment, and in addition to strengthening the soul's resistance against temptation to sin, this sacrament is also calculated to make physical suffering more tolerable and even to restore the patient to physical health if that would be to his supernatural benefit. Thus it can be correctly said that the therapeutic potential of extreme unction is not entirely restricted to the supernatural order but also impinges to a considerable degree upon the natural.

The foregoing theological truths regarding the effects of extreme unction should not be novelties to the informed Catholic. Why is it, then, that so many patients are reluctant to receive this sacrament until such time as death is certainly imminent? Why are so many doctors opposed to their patients' being anointed except *in extremis*? Why are next of kin so often of the same conviction? Why — and this is most difficult of all to understand — are some priests disinclined to administer extreme unction unless it is apparent beyond doubt that death is quite proximate?

At least part of the answer lies in an all too common misconception that extreme unction is meant to be exclusively a sacramental valediction, a final purgation to be accomplished only at the terminus of one's earthly existence in immediate preparation for transit to eternal life. Because anointing is so generally regarded as but the proximate prelude to death, reception of extreme unction is for many as naturally distasteful and dreadful as is the prospect of death itself. Even of those who can face death most calmly, there are some whose conviction it is that this sacrament is more fittingly received only when the end is quite close at hand, lest its efficacy wear thin over a longer interval. And finally, there is the diffident ultraconservative who feels that he would somehow be cheating God and the Church if, after receiving the graces of extreme unction, he should fail to die and be returned to a workaday world spiritually overdressed in apparel proper only to heaven.

It is in an effort to dispel these and similar misconceptions that the subsequent comments are offered. Such questions as the following suggest some of the practical aspects of extreme unction which should be of concern to doctors, professionally committed as they are to the spiritual as well as to the medical welfare of their patients:

1. Who is eligible for extreme unction?

2. In the course of protracted illness, may and should this sacrament be repeated — and if so, at what intervals?

3. When death as the result of present illness is foreseen to be relatively remote, should the patient be anointed immediately or only when death is more or less proximate?

4. May surgical patients be anointed before a serious operation is begun?

5. Why is extreme unction sometimes administered after death and sometimes withheld?

ELIGIBILITY FOR EXTREME UNCTION

It is the explicit teaching of the Church that extreme unction may be administered (a) only to a properly disposed Catholic who (b) after attaining the use of reason (c) is in danger of death (d) from some intrinsic malady.

(a) Quite reasonably does the Church insist that her sacraments are reserved exclusively for Catholics who desire to receive them and who are spiritually prepared to do so. Those who do not profess our faith, and even those Catholics who for a certainty are indisposed or unwilling to be anointed, are not proper subjects for extreme unction. If on occasion a priest confers sacraments conditionally upon an unconscious non-Catholic or upon a comatose Catholic who while conscious had refused priestly ministrations, it is only because that priest has some reason to believe that proper intention was perhaps latently elicited before the dying person lapsed into coma.

(b) Those who have never achieved the use of reason are totally incapable of eliciting sorrow for sin, as indeed they are likewise incapable of committing formal sin for which to be sorry. Since genuine sorrow for personal sin is a *sine qua non* for the valid reception of this sacrament, this inability to formulate an internal act of contrition would alone suffice to explain why infants, for example, are not anointed in danger of death.

It is not possible to determine mathematically the exact age at

[3]Such is the mysterious perniciousness of sin in its influence upon the human soul that, even after the offense itself has through God's mercy been forgiven in literal totality, there usually remain upon the soul some residual effects of one's sinful self-indulgence. These "scars" of forgiven sin may be healed, wholely or partially, either through the efficacious performance of penitential works in this life or through the fruitful reception of extreme unction. If any "flaw" of this sort still remains at the time of death, divine mercy has provided in purgatory a remedy which of its nature is effective within a limited duration of time. So infinitely exalted is the perfection of God that no soul with the least blemish can be admitted to His company.

which children in general acquire that minimum use of reason required for the reception of sacraments after baptism. For juridical purposes it is presumed that at the age of seven years this degree of rational maturity has been achieved. But in individual cases that presumption must yield to evident fact, and it may well happen that a youngster of six or even less could correctly be judged to have reached the use of reason. Such a child would properly be anointed, at least conditionally, if threatened with danger of death from some internal cause.

(c) The danger of death required for valid anointing is in the mind of the Church a relatively mild sort of thing. It is by no means necessary that there be certainty that death will result from a present malady; nor is it essential that death be recognized as imminent or even proximate. If there is sound medical reason to believe that, despite available treatment, death may probably be the consequence of the disease or injury from which the patient is now suffering, requisite danger of death is verified for sacramental purposes. And this obtains even if it can be foreseen that considerable time may elapse before the malady will result in death, and even if the stronger probability suggests that the patient may recover. Mere possibility of death is not sufficient, but reasonable probability will suffice.

Theological students are rather commonly taught that the danger list or the critical list in a properly conducted hospital is a good practical norm for judging the sufficiency of danger postulated for the administration of the last sacraments. It would be a medically tragic state of affairs if a considerable number of danger list patients did not eventually survive that designation and recover. No less than the same percentage of recoveries after extreme unction should be the rule if the sacrament were administered to everyone who is eligible to receive it. In fact we should reasonably expect a higher ratio of survivals after the administration of a sacrament which has as one of its effects — conditioned though it be on its relation to the patient's supernatural welfare — the restoration of health.

It is consequently altogether consistent with the intention of Christ and the Church that extreme unction be conferred on many a person who is destined to escape the danger of death which here and now justifies his anointing. Accordingly it follows that this sacrament is not meant to be in every instance a proximate preparation for the next life. Often in God's providence its benefits are intended as an extra dividend of grace for the continuation of one's earthly existence. Cleansed now of all taint of sin for which he was at least attrite, and relieved perhaps of all liability to temporal punishment for sin, the recipient of this sacrament resumes his spiritual life in renewed innocence comparable to that with which he was first endowed at baptism.

(d) Unlike certain other sacraments administered in danger of death, extreme unction may be conferred only on those whose life is endangered by some bodily ailment already operative within them at the time of anointing. Whether it be disease or injury or simply the serious infirmities of old age itself, the threatened cause of death must be internal. However serious may be threat to life from external causes, this latter kind of danger does not of itself qualify a person as candidate for extreme unction. For this reason, despite the gravity and proximity of their extrinsic danger, criminals condemned to death and military personnel going into combat cannot be anointed until threat to their lives has actually struck and begins to operate from within in the form of serious injury.

REPEATING EXTREME UNCTION

It is eminently clear from canon law that extreme unction may not be repeated within one and the same danger of death. This is not to say that no one may receive this sacrament more than once, as is the case with baptism, confirmation, and holy orders. Nor does it mean that no person may be anointed on successive occasions during one and the same siege of illness. It is quite possible that a patient, anointed once in danger of death, would recover to the extent of being out of danger even though still sick. Should a relapse occur and the patient again be in probable danger of death, extreme unction may and should be repeated. Whenever danger passes and later recurs, the patient may be anointed again.

It is not niggardliness on the Church's part which prompts her to restrict to this extent the administration of extreme unction. The fact is that there is no need to reanoint during the same danger of death, since all of the effects of the sacrament once received remain operative as long as the one danger lasts, and they cannot be multiplied or magnified by another anointing. While danger of death continues, only mortal sin on the part of the sick person can terminate the beneficial influences of the sacrament. And even if mortal sin should occur and deprive the patient of the benefits of extreme unction, that loss is reparable without reanointing. For confession with at least sincere attrition, or perfect contrition alone, will revive those effects undiminished within the soul.

In some instances recovery from one danger of death and relapse into another is clearly discernible. The asthma victim, for example, could be in serious danger of dying today, tomorrow be completely recovered from his attack, and again be in grave danger the following day. Beyond doubt such a person is entitled to extreme unction on both occasions of threatened death, though it would not always be correct to speak in terms of strict obligation to be reanointed within so short a period of time.

Sometimes it is equally as clear that there is no new danger of death even over a long period, but only the persistent continuation and increase of the original danger. Thus, for instance, the long-

term cancer patient who is slowly but perceptibly and irresistibly declining towards death without ever any indication of improvement. In these circumstances there can be no justification for repeating extreme unction once it has been conferred, since it is evident that it is one and the same danger of death which prevails in progressively more serious degrees.[4]

In the intermediate area there can be many cases in which it is truly difficult to judge whether there has been recovery from one danger and subsequent relapse into another, or merely continuation of the original danger in perhaps varying degrees of intensity. It is for this last doubtful situation that many theologians suggest by way of practical guide that if the patient over a notable period of time (and they commonly suggest a month or even less as illustrative of what they mean by "notable period") seems to have improved, one can legitimately conclude that danger of death has at least probably ceased. If the sick person thereafter lapses again into danger of death, there is justification for repeating extreme unction.

But if the so-called thirty-day rule be interpreted to mean that all long-term patients who are in danger of death should be routinely reanointed every month, serious theological objection must be made. Unless in such cases some reasonable grounds exist for believing that one danger may have passed only to be followed by another, repetition of extreme unction is clearly prohibited by canon law.

One misapplication of the thirty-day rule could result in the refusal to consider extreme unction for the asthma victim, mentioned previously, on the occasion of his second attack. For some seem to be under the misapprehension that at least a month must elapse before a given patient may be reanointed. Another mistaken notion could result in a priest's being routinely summoned each month to administer extreme unction to the long-term cancer patient as likewise described above. Neither practice could claim theological justification.

ANOINTING IN PROTRACTED ILLNESS

In circumstances of protracted illness, when death is foreseen as relatively remote in terms of time, some would incline to a delayed administration of extreme unction. Their reason would seem to be the fear that the purgative effects of the sacrament would be irretrievably lost if mortal sin should be committed in the long interval between early anointing and the occurrence of death. As has already been pointed out, this reasoning overlooks the fact that, even if mortal sin should deprive a person of the characteristic benefits of extreme unction, a sincere confession or an act of perfect contrition will revive the sacrament's graces to full previous vigor within the soul.

Furthermore, since we must assuredly admit the possibility of mortal sin's intervening between the time of anointing and the remote moment of death, does not that very possibility argue strongly in favor of the early reception of a sacrament uniquely designed to protect against sin in time of illness? And finally, not only is extreme unction divinely calculated to strengthen the sick person spiritually against temptation, but, among its other purposes, it is likewise intended to assuage physical suffering and even at times to cure. This last is a normal, though conditional, effect of a sacramental remedy and not a miracle to be wrought through prayer. Hence the remedy should be applied, if possible, while one's restoration to health requires less than a miracle for its accomplishment.

It cannot, of course, be maintained that there is any strict obligation to receive extreme unction early in a long-term illness which threatens to terminate eventually in death. One's only moral duty in this respect is to take reasonable care that the sacrament is received before death occurs and while one is in fullest possible command of his rational faculties. But once it has been established that death, whether remote or proximate, may probably be the result of a disease or injury, the patient is entitled to extreme unction immediately if he so wishes. And it does seem foolish to deprive oneself unnecessarily for long of sacramental benefits which were designed precisely for the sick in danger of death and which are as durable as any dangerous illness, however protracted.

SURGICAL PATIENTS

The eligibility of surgical patients for the reception of extreme unction before even a serious operation can be neither asserted nor denied in terms of universal rule. Individual cases must be judged according to their respective circumstances. As already explained, the recipient of this sacrament must be at the moment of his anointing in at least probable danger of death from some intrinsic cause. Many surgical patients fulfill this requirement even before an operation, but many others do not.

If in a given instance the only apparent probable danger is one yet to be induced by the contemplated surgery, that danger is still of a future and extrinsic kind and the patient is not as yet a subject capable of being validly anointed — though he may become such in the course of surgery or subsequent thereto. If on the other hand, as can often happen, probable cause of death can be discerned as already operative within the patient, even antecedently to and independently of the operation to come, extreme unction may and should be administered before the operation is begun.

Perhaps a couple of variations upon one surgical situation will serve to clarify this point. It would very likely be safe to say that a routine and uncomplicated appendectomy would as a general rule entail no actual danger of death either before, during, or

[4]Some theologians maintain that if one danger of death lasts over a very long period (e.g., a year) after the first anointing, the sacrament may then be repeated.

after the operation.[5] But on the supposition that the patient is a hemophiliac, the doctor might well expect to encounter dangerous complications in the course of surgery. However, unless and until there arises such a complication, the danger remains extrinsic and the patient may not be anointed. Quite the contrary would be true in the event that an appendix had ruptured prior to surgery. There is now preoperatively an intrinsic danger to life, and extreme unction may be administered.

The essential requisite in all such cases is that the patient be in at least probable danger of death from an intrinsic cause at the time when extreme unction is administered. In the absence of this degree and kind of danger the sacrament is theologically contraindicated.

ANOINTING THE "DEAD"

It is an elemental principle of sacramental theology that the sacraments can be validly conferred only on the living. Yet it is no secret to doctors that the rites of baptism, penance, and extreme unction are quite frequently performed over those who are most certainly dead. Are these ceremonies meaningless rituals or is there theological justification for this seeming exception to the rule?

Actually the practice of administering certain sacraments, including extreme unction to some who have already been pronounced dead is neither a contradiction of principle nor strictly an exception to any rule. In a context of sacramental ministrations the term "death" is not altogether synonymous with the same term as commonly understood in medical circles. In other words, there exists a valid distinction between medical death and what might correctly be called theological death.

Medical death may be defined as the cessation of an essential vital function beyond any reasonable hope of resuscitation. Theological death refers to the separation of soul from body. For reasons which are highly persuasive but which are assuredly not conclusive, theologians surmise that the two phenomena may not be simultaneous but that some interval of time after medical death may elapse before the soul takes its departure — an interval relatively longer or shorter according as the advent of medical death was abrupt or gradual. Hence we allow for conditional administration of sacraments for a limited period of time after medical death has been established even with certainty. By way of roughest rule of thumb, an interval of one to two-or-more hours is a common estimate.

Especially when the time of medical death is an unknown factor, still another plausible indication of delayed theological death is not uncommonly invoked, namely, absence of incipient decomposition detectible by the unaided senses. Unless under gross inspection there are evident signs of bodily decay in its early stages, there is some reason to hope that theological death has not yet occurred. Admittedly we have no way of knowing whether such criteria are objectively reliable or illusory, or consequently whether sacraments administered according to these norms are actually effective or not. But because of the urgency of these situations we feel justified in giving the benefit of reasonable doubt to those who are dead medically but perhaps still "alive" theologically, and we confer sacraments on them conditionally.

CONCLUSION

If our doctors and their patients would reflect seriously upon the totality of benefits derivable from the sacrament of extreme unction, it would be the rarest and oddest of Catholics who would not welcome the opportunity to employ this spiritual therapy whenever and as soon as circumstances make it possible. Perhaps nowhere is the sacrament more attractively portrayed than in the Roman Ritual which contains the rubrics and prayers which are employed in the course of the ceremony. The several prayers which precede the actual anointings are petitions for divine blessings upon the entire household of which the sick person is a member. Then after the patient's confession has been heard and absolution given, the priest first anoints the eyelids of the patient while pronouncing this formula: "By this holy anointing and His most loving mercy, may the Lord forgive you whatever wrong you have done by the use of your sight. Amen." As the other senses in turn are anointed (ears, nostrils, lips, hands, and feet), the same formula is repeated with only the change required to make it appropriate for each successive organ. Finally and most pertinently the following concluding prayers express most graphically the purpose of the entire rite:[6]

Let Us Pray

O Lord God, Who didst say through James, Thy apostle: "Is anyone sick among you? Let him bring in the priests of the Church, and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith will save the sick man, and the Lord will raise him up, and if he be in sins, they shall be forgiven him," cure, O Redeemer, we implore Thee, by the grace of the Holy Spirit the illness of this sick man and heal his wounds; forgive his sins, and drive away from him all pains of mind and body. In Thy mercy, give him his health, inward and outward, so that he may once more be able to take up his work, restored by the gift of Thy mercy. Thou Who livest and reignest with the Father and the Holy Spirit, God, for ever and ever. Amen.

Let Us Pray

We implore Thee, O Lord, look with kindness on Thy servant, N., who is growing weak as his body fails. Cherish and revive the soul which Thou didst create, so that, purified and made whole by his sufferings, he may find himself restored by Thy healing. Through Christ our Lord. Amen.

Let Us Pray

O holy Lord, Father almighty, eternal God, Who, by pouring the grace of Thy blessing into the bodies of the sick, dost watch with all-embracing care over Thy creatures, be present in Thy kindness as we call upon Thy holy name. Free thy

[5]Admittedly, most if not all surgery can be said to be hazardous in the sense that countless unforeseen and unexpected complications can occur to endanger a patient's life. But these, until they actually occur in a given case, are extrinsic rather than intrinsic dangers. Furthermore, they qualify as possibilities rather than probabilities.

[6]English translation taken from the *Collectio Rituum.*

servant from sickness, restore to him his health, raise him up by Thy right hand, strengthen him by Thy power, protect him by Thy might, and give him back to Thy holy Church, with all that is needed for his welfare. Through Christ our Lord. Amen.

Let Us Pray

O God, Whose love has no limits, forgive Thy servant all his disobedience to Thy holy will. Pour down Thy grace upon him, and if it should please Thee to call him home, grant for the sake of Thy Son, our Lord Jesus Christ, that all his pains and sufferings may serve as a reparation for his sins, and call him into Thy peace. Through Christ our Lord. Amen.

Note that there is but one reference to death — and that one oblique — throughout the entire ritual, whereas appeal to the curative potential of the sacrament is several times repeated. The significance of that predominant theme should be evident without further comment.

For those who are about to die, extreme unction is unquestionably a terminal grace, a final and immediate preparation for eternity. For those who after extreme unction are to recover from a present threat to life — and their numbers should not be few — t[illegible] same sacrament becomes an [illegible]termediate blessing, a superna[illegible]ral rejuvenation granted *in v*[illegible] with a view to facilitating the [illegible]tinuation of one's earthly pr[illegible]ess towards heaven. Why in e[illegible]er case should any one of the f[illegible]ful be in the least reluctant to [illegible]eive it? Why should any doc[illegible] with even a modicum of fait[illegible]esitate to prescribe it when th[illegible]gically indicated?

It should be noted in [illegible]clusion that it is the prerogati[illegible] and responsibility of the atten[illegible]g physician to determine a[illegible] to acknowledge the presen[illegible] of that danger of death which [illegible]ices for the valid administratio[illegible] of extreme unction. On th[illegible]asis of this information — whi[illegible] without need of prompting shou[illegible] be communicated spontaneous[illegible] by the doctor to the hospital c[illegible]plain or his *locum tenens* — it i[illegible]hen for the priest to decide whe[illegible] the sacrament is to be admini[illegible]red and to attend with pastora[illegible]prudence to the patient's prepara[illegible]n for its reception.

FEDERATION EXECUTIVE BOARD MEETING SCHEDULED

The Executive Board of the National Federation of Catholic Physicians' Guilds will meet December 1-2, 1961. Time: 9:30 a.m. Place: Brown Palace Hotel, Denver, Colorado. The officers of the National Federation and one delegate from each active constituent Guild comprising the Board will conduct business. Election of officers for 1962-63.