

**The Prayer of Faith: Saved and Raised Up**  
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**Address to the FDLC National Meeting October 4, 2017**

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“By the sacred anointing of the sick and the prayer of its presbyters, the whole Church commends the sick to the suffering and glorified Lord so that he may raise them up and save them ...” (Dogmatic Constitution on the Church, 11).

**A Mystery of Merciful Love: Pastoral Care and the Sacrament of the Anointing of the Sick**

The hymn, *O thou who camest from above* composed by Charles Wesley concludes with the following verse:

Ready for all Thy perfect will,  
My acts of faith and love repeat,  
Till death thy endless mercies seal  
And make the sacrifice complete.  
*Charles Wesley (1707-1788)*

These words provide the framework for this presentation.

*I. Ready for all thy perfect will, my acts of faith and love repeat*

Faith is a gift, a theological virtue infused in the soul at the time of Baptism. A proper response to the inquiry found in the Rite of Baptism is ‘what do you ask of God’s Church for N’ is faith. Most often we do not realize that faith is also an ‘act’. An act that is deliberate, confident, and free. It is not passive or the effect of oppression. It is the expression of confident, reciprocal love. It is an interior movement and may or may not have easily visible exterior effects. The encyclical *Spes salvi* makes reference to Saint Thomas Aquinas in describing faith as a “*habitus*, which is a stable disposition of the spirit, through which eternal life takes root in us and reason is lead to consent to what it does not see.”<sup>1</sup> The Latin *habitus* has a different significance than what we colloquially refer to as a habit. A habit is often exterior and visible, e.g. turning on a light when walking into a dark room. *Habitus* is interior, for example, one loves another, and the more they know them, the more they love them, often overlooking habits that previously annoyed them. Acts of faith provide the seed bed for this stable disposition of the spirit. In faith, we live in the freedom of the children of God. Eternal life does take root in us, and we deepen our love and friendship with God and our love and friendship with one another because of God.

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<sup>1</sup> *Spes salvi*, no. 7.

The title of this conference ‘Touching the hem of his garment’ provides us with a foundation in Sacred Scripture. It directs us to significant events in the life of Jesus that assist in understanding the faith of the Church, as well as the faith of the individual and their hope of mercy and healing. For the response of the Church, we look to the faith of Jairus, who finds Jesus, and asks that his daughter be raised from the dead. He asks on behalf of his daughter. His request is the fruit of a *habitus* of faith. He is bold; confident that the Lord will not disappoint him. For the faith of an individual, we see the woman who suffered with a hemorrhage for 12 years and was driven simply to touch the hem on the garment of Jesus. These accounts of healing are found in all three of the Synoptic Gospels: Mt 9:18-26; Mk 5:21-43; Luke 8:40-56. It is significant to notice that the act of faith of the women is interwoven with the act of faith of the father asking on behalf of his daughter; one is for healing the other for resuscitation, or a return to life. Both are confident that Jesus will assist them, both manifest a *habitus* of faith. In his commentary on this passage of the Gospel of Matthew, Merikakis writes “All human suffering gravitates toward Jesus as iron is drawn to a magnet. Wherever he passes he attracts brokenness and misery to himself. Out of him, unceasingly, go forth goodness, healing and compassion. Into him flow the wretchedness and affliction of man. *O admirabile commercium* – the Savior collects human affliction and sin in His Heart as he bestows divine benefits.”<sup>2</sup>

Jesus does not raise the official’s daughter from the dead, scholars assert that he ‘resuscitates’ her. The girl cannot ‘come back’ from death to life. The only possibility is for her to go *beyond death* to new life through the creative intervention of Jesus, who comes to her physically to communicate his invisible spirit.<sup>3</sup> For those of you in health care, or who serve as chaplains, how many times have you worked in the Emergency Department, or called to the ICU or a patient room because someone has suffered a cardiac/respiratory arrest. Adrenaline with immediate activity is necessary. When someone recovers, or the resuscitation attempt is considered successful, we ponder the mystery and wonder of life and of the human body to heal. As in the Gospel story, there is astonishment. Regardless of the outcome, it is important to know that another is to be called, the Priest who is to be admitted into the room. When he enters there is a heightened awareness that he brings the faith of the Church with him.

What is important to note about the woman in the Gospels is that she was long-suffering, but clearly not without hope. When she sees Jesus walk by, she is not driven to touch him, but only his garment. What is she looking for? She wants to be healed. Is this a physical or spiritual healing, or is she looking for both. Or is she asking only for what the Lord will give her. The Gospel of Mathew does not include the response of Jesus. The Gospels of Mark and Luke include that once the woman makes her way through the crowd and touches his garment he exclaims ‘who touched me’. The disciples are puzzled since so many in the crowd are pressing to be near him. What is different about this woman? Because of her faith, her hope, her

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<sup>2</sup> Erasmo Leiva-Merikakis, *Fire of Mercy, Heart of the Word*, vol. I, Ignatius, p. 459.

<sup>3</sup> *Ibid* p. 457.

desire; Jesus knew that the moment she touched his cloak, his healing power went out to her. She was immediately healed. Upon hearing that Jesus wanted to know 'who touched me' the woman came forth 'trembling'. Her humble response was not due to servile fear, but to filial fear, that is of one who is taken with awe and wonder at the power of God and the healing love of Jesus. Jesus addressed her as 'Daughter', he knew her, she was not one among many, but he expressed a specific love for her. Her habitus of faith exemplifies how Jesus knows each of us, and waits for us to touch his cloak, to be healed not only physically, but to overcome obstacles to faith. Her free response of faith in Jesus allowed the suffering of twelve years to become an encounter with Jesus and she allowed him to transform her life. "Daughter, your faith has saved you, go in peace". When we are confronted with any illness, our act of faith must be as confident as the faith of Jairus and the women whom Jesus addresses as 'daughter'.

## II. Sacrament of the Anointing of the Sick

*Every expression of mercy is man's marvelous offering to God (SER Paul Augustine Mayer, OSB)*

At the foundation of the Sacrament of the Anointing of the Sick and Pastoral Care of the Sick is the Divine Attribute of Mercy. We are invited to participate in that Divine Attribute through the grace of the Holy Spirit: Blessed are the merciful, for they shall receive mercy (Mt 5:7). Just as faith is not passive, participation in the Mercy of God, who is Truth itself, is not passive. Mercy is not pity or an emotional affective response to a situation or the suffering of another. One who is merciful is on equal ground and is actually receiving a gift as an effect of giving.<sup>4</sup> Mercy is seeing Christ in another, 'For I was sick and you visited me', as often as you did this for the least of these, you did it for me.' (Mt 25:31-46) The Collect for the Votive Mass of the Mercy of God the Church invites us to pray: O God, whose mercies are without number and whose treasure of goodness is infinite, graciously increase the faith of the people consecrated to you, that all may grasp and rightly understand by whose love they have been created through whose Blood they have been redeemed, and by whose Spirit they have been reborn.<sup>5</sup> This is at the heart of the Pastoral Care of those who suffer, in any way, but for our context from illness.

The effects of the grace of Sacrament of Anointing of the Sick are three fold. The first effect is the grace of the Holy Spirit which strengthens the faith of a person in order to enter into the situation in life in which they find themselves. This is particular to illness; however illness and sickness can be perceived in various ways. One who receives this sacrament is strengthened against discouragement and despair, they may have hope, even in the midst of disappointment and inconvenience. The second effect is that of uniting one's suffering with the passion of Christ. An awareness of the suffering of Christ for our salvation helps us have a perspective of not only enduring, but embracing. For only in Christ does the mystery of suffering have meaning. It's meaning is redemptive, it is healing; and by our participation we make up for what is lacking in the suffering of Christ for the sake of his body, the Church (Col. 1:24). This gift

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<sup>4</sup> cf *Dives in Misericordia*

<sup>5</sup> Roman Missal, Votive Mass 2

of grace, when offered as a sacrifice, deepens one's encounter and friendship with Christ. A person suffering from terminal cancer, when asked about their endurance of pain, replied: "our Lord suffered, I can do this much." This exemplifies the text of the Catechism which states: "By the grace of this sacrament the sick person receives the strength and the gift of uniting himself more closely to Christ's Passion: in a certain way he is consecrated to bear fruit by configuration to the Savior's redemptive Passion. Suffering, a consequence of original sin, acquires a new meaning; it becomes a participation in the saving work of Jesus."<sup>6</sup> The third effect of the sacrament is, 'if necessary' the forgiveness of sins. With the reform of the order of the Sacraments requested by the Second Vatican Council, the Sacrament of Penance precedes the Sacrament of Anointing. If someone is close to death, the Eucharist is given as Viaticum, that is, the Lord Himself is given as 'food for the journey', that journey is the transition from this life. So although the effect of the forgiveness of sins is significant, typically this anointing is preceded by the sacrament of penance. In addition, this sacrament is no longer limited to the 'end of life' when the possibility for sinning decreases.

The minister of the Sacrament of the Anointing of the Sick is an ordained Catholic Priest. With the unpredictability of the time of death, the previous expression of the Rite as Extreme Unction deprived many of this sacrament. This was one reason for the reform of the Sacrament; so that one need not be on their deathbed in order to receive this sacramental grace. In reflecting on the sacramental effect of uniting the suffering of the person with the passion of Christ it is reasonable and sound that one who is ordained to offer the Holy Sacrifice of the Mass would mediate this offering of the sick person and unite their offering with Christ. As Christ instituted the Sacrament of the Holy Eucharist with the words 'This is my body, given up for you' the suffering person offers their suffering to be united with His passion. The third Antiphon from Morning Prayer of the Feast of the Exaltation of the Holy Cross invites us to pray: How radiant is that precious Cross which brought us salvation. In the cross we are victorious, through the cross we shall reign, by the cross all evil is destroyed."<sup>7</sup> Sometimes we forget that suffering and death are the effect of original sin, and of course the actual sins of each person.

The fittingness of the recipient for this sacrament has been misunderstood. It is one area where we need to continually re-examine the intention of the reform of the Second Vatican Council. As mentioned, it is a sacrament for the sick, it may be repeated, but who defines sickness? Who defines health? Who determines the 'age of reason' or the competency of one who suffers from mental illness? When the sacramental rite was Extreme Unction, it was quite clear. In fact, the rite included a clause 'if you are still alive'.<sup>8</sup> The first indication for the administration of this sacrament (after the requirement of Baptism) is that those "whose health is seriously impaired by sickness or old age receive this sacrament."<sup>9</sup> The footnote that explains

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<sup>6</sup> CCC 1521

<sup>7</sup> Liturgy of the Hours, Proper for September 14.

<sup>8</sup> Old ritual,

<sup>9</sup> All citations are from Pastoral Care of the Sick [PCS]

the translation of *periculose* to serious instead of grave is indeed intended to avoid undue restrictions, however it also includes that the sacrament is not to be given indiscriminately. Since every baptized person has a right to individual participation in the Sacrament of Penance, does it not also follow that each baptized person has a right to individual consideration regarding their participation in the Sacrament of the Anointing of the Sick?

There are three situations that might be considered 'indiscriminate'. The first is the notion that all who are over 55 years old are 'eligible' for the sacrament. Some Pastors have learned a practice that once each month all who are 55 or older should be anointed due to 'old age'. Another is a general invitation for anyone who is 'sick'. A seminarian recounted that when he was 18 years old he received the Sacrament since the invitation was made and he had a sore throat, so he lined up and received the Sacrament. A third example is when there is a strict adherence to the actual age of 7 as the 'age of reason' without any discussion with family or the child.

The directives actual are quite specific. An overall consideration is a 'prudent or reasonably sure judgment, without scruple, is sufficient, and if necessary, a doctor may be consulted.'<sup>10</sup> The sacrament may be repeated if the person recovers and falls ill again. A sick person may be anointed before surgery whenever a serious illness is the reason for surgery (PCS 10). This is also a debated area. What is serious surgery? Certainly a minor procedure in a medical office would not be considered surgery. However, when also considering the surgical process itself, which includes anesthesia, there may be unexpected results. Some assert that anesthesia in itself is not 'life threatening';<sup>11</sup> upon inquiry, a lifelong anesthesiologist disagreed. If one considers the individual and the effects of the grace of the Sacrament, it may certainly be fitting to receive the Sacrament.

Elderly people may be anointed if they have become notably weakened even though no serious illness is present (PCS 11). Saint John Paul II wrote in his Letter to the Elderly that "When God permits us to suffer because of illness, loneliness or other reasons associated with old age, he always gives us the grace and strength to unite ourselves with greater love to the sacrifice of his Son and to share ever more fully in his plan of salvation. Let us be convinced of this: he is our Father, a Father rich in love and mercy!"<sup>12</sup> Who are the people that would be among the frail elderly? Someone could be 85 years old and still working with a coach to stay mobile and healthy, where another might be 65 years old and have a history of chronic illness, but is stable or receiving palliative care. Once more, we need to consider the person, their needs, their uniqueness and their dignity.

Sick children are to be anointed if they have sufficient use of reason to be strengthened by this sacrament. In case of doubt whether a child has reached the use of reason, the sacrament is to

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<sup>10</sup> PCS

<sup>11</sup> Fr. Mark A. Pilon, The Church needs to clarify the administration of the sacrament of the anointing of the sick for a number of reasons, Homilytic and Pastoral Review, 2012.

<sup>12</sup> John Paul II Letter to the Elderly

be conferred. (PCS 12). As a respiratory therapist I chose to work at the University of Michigan critical care children's hospital. I noticed that children who have a serious or terminal illness were able to understand in ways that I always found 'mature' beyond their years. An argument against administration of the sacrament is made because since one of the effects of the sacrament is forgiveness of sin, and children are incapable of sin until they reach the age of reason, therefore no child should receive this sacrament if they are not 7 years of older. I disagree.

When Thomas was nearly 4 years old, he was diagnosed with neuroblastoma.<sup>13</sup> Before he was taken for brain surgery to remove the tumor he received the sacraments of confirmation, Holy Eucharist and the Anointing of the Sick. The later sacrament was not for the consolation of his family but for the grace of the Holy Spirit for Thomas. He knew Jesus, and understood that this very difficult operation was permitted by Jesus, and that he could offer his suffering united with the sufferings of Jesus. He initiated who he would offer for and embraced his cross bravely.<sup>14</sup> Since his tumor was malignant, he underwent aggressive radiation and chemotherapy. He lost his hearing, but he never lost his faith and closeness to Jesus.<sup>15</sup> Since Thomas is the son of very Catholic and loving parents, he was able to articulate with a clarity that I was certain the dying children I cared for understood, but yet they did not have words to communicate what they understood. An Abbess once told me that of all ages of people she met, she was most grateful to visit with children and the elderly since children were close to God, and the elderly were preparing to see God. The experience of Thomas I believe is an example of a mature response to the illness and suffering of a child. Each person is unique, and deserves the respect and appreciation for their unique situation and life. Certainly this takes time, and a willingness to take the time. It also requires faith in the grace of the sacrament.

Paragraph 13 of Pastoral Care of the Sick states that "in public and private catechesis, the faithful should be educated to ask for the sacrament of anointing and, as soon as the right time comes, to receive it with full faith and devotion. They should not follow the wrongful practice of delaying the reception of the sacrament. All who care for the sick should be taught the meaning and purpose of the sacrament." There continues to be great misunderstanding of this

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<sup>13</sup> 5/5 2016: "We found a mass in your son's brain.... please come down to the main campus of Children's Hospital immediately." They finished what scans they could (Thomas, not yet 4 years old, lay SO STILL during the MRI! Unsedated. Youngest child they had seen complete it drug free :)

<sup>14</sup> 5/9 2016: Thomas has not been able to eat since two o'clock this morning and has been very hungry. He decided to offer up his suffering for his doctors. The surgeons are allowing a relic of Saint Joseph and a Miraculous Medal to be attached to Thomas' hospital gown.

<sup>15</sup> 10/14/2016: God continues to POUR down His graces and blessings upon us and we cannot be more grateful for His abundant love and mercy. Thomas also loves being able to offer his suffering and his Mass intention for others - he is so honored and humbled when people ask him to pray for their intentions. Please feel free to pass along your intentions to Thomas!

sacrament. Healing services and prayers of deliverance certainly have their place, but they do not have the efficacy of the sacrament. We need to do a better job at evangelization and catechesis for families, but also for health care workers, so that when someone could receive the sacrament it is made available to them.

Those who should receive the sacrament of anointing also includes “sick people who, although they have lost consciousness or the use of reason, have, as Christian believers, at least implicitly asked for it when they were in control of their faculties (PCS 13). This determination requires time on the part of the priest and also catechesis on the part of family members and health care professionals. Family members would know the person and their wishes before they lost control of their faculties. Perhaps this could be an addition to the essential requirement of advanced directives upon admission to a hospital or extended care facility.

In the recently updated guide for the administration of the sacraments for those who are disabled, we find the following:

Since disability does not necessarily indicate an illness, Catholics with disabilities should receive the sacrament of anointing on the same basis and under the same circumstances as any other member of the Christian faithful (Cf. canon 1004).

The anointing of the sick may be conferred if the recipient has sufficient use of reason to be strengthened by the sacrament, or if the sick person has lost the use of reason and would have asked for the sacrament while in control of his or her faculties (*Rite of Anointing*, nn. 12, 14). If there is doubt as to whether the sick person has attained the use of reason, the sacrament is to be conferred (Canon 1005). Persons with disabilities may at times be served best through inclusion in communal celebrations of the sacrament of anointing (Cf. canon 1002).

In addition, paragraph 53 continues this consideration by stating ‘Some types of mental sickness are now classified as serious. Those who are judged to have a serious mental illness and who would be strengthened by the sacrament may be anointed. In those cases which at first glance may seem ambiguous, as mentioned before, it is best to err on the side of administration of the sacrament, keeping in mind however, that this does not imply an indiscriminate use of sacrament. It requires loving care and concern for the salvation of each person, each soul. This care, in our times, seems to be ‘counter cultural’.

III. Preparation for a holy transition to new life: *Stat crux dum volvitur orbis*

*Till death thy endless mercies seal, And make the sacrifice complete.*

What does the healing ministry of Christ look like? Jesus is willing to share some gift of himself with you, as a priest, a physician, a health care professional. It is not always easy to endure a chronic illness, or to care for those who are afflicted. Sometimes we can see cancer and its treatment as 'chronic' and as some say when one has cancer, it is a matter of 'managing' the disease. We live in a time of expediency and impatience. Our distraction from the dignity of each person can result in difficult consequences. People who are suffering are very vulnerable and need support and encouragement. Please watch a few minutes of a video clip of someone who spoke of his experience. (Father Steven Voss).

Those of us who stay with someone, and really accompany them in their illness, have to be have a deep relationship with Christ. Blessed Columba Marmion summarizes this necessity as follows: "To think of our neighbor, of his interests, his satisfaction, his joy, always under every circumstance, towards all our brethren without distinction, one must love God truly; a like love of the neighbor requires too much abnegation to be sustained for long for his own sake: it can only be so if it is born of God."<sup>16</sup> When we not begin with a love of God, we will fail to truly love our neighbor, and they will know that by our response to them. Are they simply part of our work day, one of our tasks? Are they a consumer for the service that we get paid for, or to we find the suffering Jesus in each person?

When people are given evidence that they are not cared for, or they are a burden to others, they might despair and perceive that their life is without value. As Catholics, one resource that we have to guide and to teach is the document Ethical and Religious Directives (ERD's). On this topic one finds: 'The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.'<sup>17</sup>

Just over a year ago, a ballot initiative passed for the legalization of Physician Assisted Suicide (PAS) in Colorado. The local guild of the Catholic Medical Association and the Colorado Catholic Conference were quite involved in the battle before it went to ballot initiative. Those who are chronically ill are effected in one way, however the target is for the elderly. Saint John Paul II states: And what of today? If we stop to consider the current situation, we see that among some peoples old age is esteemed and valued, while among others this is much less the case, due to a mentality which gives priority to immediate human usefulness and productivity. Such an attitude frequently leads to contempt for the later years of life, while older people

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<sup>16</sup> Christ the Ideal of a Monk, Blessed Marmion, pg 407.

<sup>17</sup> ERD'S pt 5



themselves are led to wonder whether their lives are still worthwhile. It has come to the point where euthanasia is increasingly put forward as a solution for difficult situations.<sup>18</sup>

One argument in favor of PAS in Colorado was patient autonomy. However we must ask if one who is suffering really knows what is best for them. A contrary view came from the testimony of a young woman who suffered from depression. She convincingly stated that she was grateful that in her dark moments, her physician did not give her a prescription for the 100 pills that for a minimum co-pay she could receive and commit suicide.

Although PAS was defeated in committee a number of times, when it became a ballot initiative the amount of money spent by the Hemlock Society, now Compassion and Choices, for promoting this initiative could not be matched. A few months after the bill was passed a cloistered nun was in a clinic waiting room. Next to her was a man who she did not know. He shared with her that he was recently diagnosed with terminal lung cancer. She spoke to him about death, the expectation of hope and eternal life, and shared with him that she looks forward to that most important moment in her life, whenever it is that God will.... A week later, her Prioress received a note from this man. He identified himself only by his first name. He included that he fought hard for physician assisted suicide and had insisted in his will and advanced directives that it was his choice to receive the medication that would terminate his life. After speaking with this young cloistered nun at the clinic, he changed his will, and his advanced directives. He admitted that he was Catholic and went on to write that he participated in the Sacrament of Penance for the first time in 40 years. He wanted Mother to thank Sister, because her 15 minute conversation with him helped him to realize that he did not want to miss the 'most important moment of his life' and he wanted her to know that she assisted in the salvation of his soul. After the Prioress read me this note, it was clear that it was not more money that we needed to defeat the ballot initiative, but more cloistered nuns who would speak with others in clinic waiting areas!

In working on research in the area of *Ars Moriendi* I found a text from the 17<sup>th</sup> century that includes the following: "Do not choose the kind of thy sickness, or the manner of thy death, but let it be what God please, so it be no greater than thy spirit or thy patience; and for that you are to rely upon the promise of God, and to secure thyself by prayer and industry; but in all things else let God be thy chooser, and let it be thy work to submit indifferently and attend thy duty."<sup>19</sup>

In many States PAS is legal. This present a dilemma for the pastoral care of those who succumb to the marketing of various agencies. What is the appropriate response to someone who has their 9 g of secobarbital in capsules or 10 grams of pentobarbital liquid and who intends to commit suicide when they ask for the Sacrament of the Anointing of the Sick? Again and again Pope Francis encourages 'accompaniment'. This certainly does not mean encourage, since the

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<sup>18</sup> Letter to the elderly

<sup>19</sup> Holy Dying, Taylor, Jeremy (1613-1667), Grand Rapids, MI: Christian Classics Ethereal Library

person is in a very serious situation. We find the following responses that were communicated throughout the State of Colorado:

**Q: What should I do if I know someone planning to use Physician-Assisted Suicide (PAS)?**

**A:** This person has decided to end his life and has convinced himself that he should reject God's timeline for it. It is important to approach him compassionately, seeking to accompany him in his difficulties through listening, offering practical help with daily activities and directing him toward spiritual, medical and mental health resources. At the appropriate time, encouragement to reject PAS and embrace God's plan for their life should also be given.

**Q: Can a person who has requested PAS receive Anointing of the Sick?**

**A:** No. The Anointing of the Sick is aimed at strengthening the sick person in their trust of God, but PAS contradicts this radical surrender and entrusting of the sick person to God. Until a person has satisfactorily confessed the sin of intending to commit PAS, they cannot receive the Anointing of the Sick.

Dr. Abraham Nussbaum recently published a book "The Finest Traditions of my Calling: One Physician's Search for the Renewal of Medicine".<sup>20</sup> In chapter seven he writes about how we use the 'checklist' so often that we miss the most obvious. I would recommend this book for all in pastoral care. He demonstrates how in as much as a checklist works for an airplane, but for patient care? He states "Working at a contemporary hospital can also feel a lot like being employed at an airport: as medical practitioners, our time is regulated, our speech is scripted, and our interactions are impersonal. What surprises many patients and physicians is that these correspondences are intentional". A habit is demonstrable in a checklist, even for us in liturgy. The candles may be in the right spot, but are we attentive to the Lord who acts during the celebration of the Mass? A habitus of faith is rooted in a real relationship which then, as goodness, diffuses itself. We see everything differently.

Now for the questions. I hope we have answered them, or at least given some thought for continued study.

**What is the responsibility of the Church to those who are sick or dying?**

The members of the Body of Christ who are suffering are the responsibility of each of us. Like us, they are made in the image and likeness of God. Through our intercessory prayers and for those who have the privilege of direct care, we are all responsible before God and one another for those who are weak and in need.

**What are the duties of her ministers -- including the clergy and the entire parish community?**

The clergy and the entire parish community should be well catechized in care for the sick and the dying. All should be generous with their time, knowing that when one is merciful, the Lord is more abundant in his gift of Mercy. Certainly our duty is to pray for one another, and say only those things that encourage one another and build one another up (cf 1 Thes 5:11).

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<sup>20</sup> The Finest Traditions of my Calling: One Physician's Search for the Renewal of Medicine., Nussbaum, Abraham, Yale Univ. Press, 2016.

**Conversely, what is the role of the sick in the life of the Church?**

The sick need to be taught that there is meaning in Christian suffering. They need to know about people like Thomas and Father Steven to accept the path that the Lord has for them. They need to know they can unite their suffering with the Passion of Christ.....and participate in making up what is lacking in his body, the Church.

**How do they enrich all of us as they share in the suffering of Christ and remind us of our own fragile existence?**

We do not know the day nor the hour. Their humble acceptance of the inconveniences of illness and age provide an example for us. What those who suffer give to us is more than what we can ever give to them since they lead us to detach from this life and prepare for the transition to eternal life and happiness. It is up to each of us to embrace the opportunity to learn from them.