

# A Deacon is Not a Minister of the Sacrament of Anointing

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Enter deacon and anointing into an internet search engine and within .23 seconds about 6.3 million items will appear. A sampling of deacon websites and blogs will reveal discussions about why deacons (of the Latin or Roman rite) should or should not be permitted to administer the Sacrament of Anointing of the Sick. Deacons involved in hospital or military chaplaincy or those with primary responsibility for the pastoral leadership of a parish in the absence of a priest will most frequently and fervently argue for the necessity of deacons being permitted to administer this sacrament. Other deacons, and sometimes priests and laity ask the question too.

In this paper I hope to show why it is that a deacon should not be the minister of this sacrament and to explain why it is that current Church practice and law defines the minister as a *sacerdos* (priest or bishop). I will outline the diverse practices of the past and the theology which explains this diversity. I suggest that many who ask the question about the possibility of deacons being granted the faculty to anoint have not received the theology of the Second Vatican Council regarding anointing and the theology which underpins the pastoral care of the sick and those who are dying or near death. Ideas of pastoral care of the dying remain linked, in the minds of many lay people and clergy, to the theology which underpins *extreme unction*. A consequence of this linkage is a devaluing of the role of *viaticum* and rites of blessing for the sick and dying.

Rather than expanding the number of ministers of the Sacrament of Anointing the Sick what is really needed is better formation of the laity and clergy, especially deacons, in the pastoral care of the sick and of the dying. To put it bluntly, for now, the Sacrament of Anointing is for the sick and the primary means of care for those who are close to death are *viaticum* and the Rites of Blessing and Commendation.

## A diverse history

The code of canons (1983) for the Latin Church names the minister of the Sacrament of Anointing of the Sick when it states, “Every priest (*sacerdos*), but only a priest, can validly administer the anointing of the sick.”<sup>1</sup> The Directory for the Ministry and Life of Deacons states clearly:

It is defined doctrine that the administration of the Sacrament of the Anointing of the Sick is reserved to bishops and priests since this sacrament involves the forgiveness of sins and the worthy reception of the Holy Eucharist, but, the pastoral care of the sick may be entrusted to deacons.<sup>2</sup>

The minister of anointing has not always been so defined in the history of the Church but the current practice reflects our current theology. When we look to the past and see diversity in naming the minister we should not divorce those practices from the theology which justified it at that time. We need to be guided by an over arching principle of *lex orandi, lex credendi*

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<sup>1</sup> CIC can 1003§1

<sup>2</sup> Congregation for Clergy; *Directory for the Ministry and Life of Deacons*. Libreria Vaticana Editrice. Vatican: 1998. §34

(the rule of prayer is the rule of faith/belief) to match ways of celebrating a sacrament to what we believe we are celebrating.

Celebration of the sacraments exhibits a remarkable diversity throughout history which illustrates the freedom the Church has with regard to liturgy but it is not an arbitrary freedom.<sup>3</sup> There is a logic revealed in the diversity when we look closely. Anointing the sick has its roots in the Scriptures of the First and Second Testaments.<sup>4</sup> We discover that when we look at the texts, practices of anointing the sick display a link between healing and forgiveness and sickness and sin. Sickness and sin were intimately intertwined through belief that both reflected disorder in the universe and both of them linked to death. We need to remember that for societies without sophisticated medical treatment enjoyed in countries like Australia, serious illness is frequently perceived as a part of the continuum which ends in death. That is, serious illness and death are not as terminologically distinct as they are in our understanding today.

Catholics see in James 5:14-15 the germ of what would come to be the Sacrament of Anointing.

<sup>14</sup> Is anyone among you sick? Let them call the elders of the church to pray over them and anoint them with oil in the name of the Lord. <sup>15</sup> And the prayer offered in faith will save the sick person; the Lord will raise them up. If they have sinned, they will be forgiven.

Three elements of what will become the Sacrament of Anointing are contained in the text of James. Anointing was something that occurred within the community (*ecclesia*), it is the elders (*presbyters*) of the church who are the ministers of the anointing and forgiveness of sin (*harmatias*) is a dimension of anointing the sick.<sup>5</sup> We cannot read too much into James as the full sacramental understanding of anointing had not yet developed. We can at least trace a trajectory from this text to our later fully articulated Sacrament of Anointing.

Not much is known about the development of anointing in the first centuries of the Church. Hippolytus (c.215 AD) offers one glimpse when he refers to a Roman custom of the blessing of olive oil by the bishop at Sunday Eucharist with a prayer for healing and restoration.<sup>6</sup> The faithful would take the oil home at the end of the liturgy to use. Oil, especially olive oil, was in general use in pagan culture throughout much of the ancient Mediterranean region. In Catholic and Orthodox Churches of the Byzantine rite oil is frequently used by the priest to anoint the whole congregation on the forehead as a means of promoting strength and vigour in living the Christian faith. This Byzantine practice may have its origin in the understanding

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<sup>3</sup> In this history I rely on Joseph Martos, *Doors to the Sacred: A Historical Introduction to Sacraments in the Christian Church*, London: SCM Press, 1981 and also William Bausch, *A New Look at the Sacraments*, Mystic: Twenty-third Publications, 1983. These are very basic surveys of the topic and suitable for our present purpose.

<sup>4</sup> We will not exegete passages in this article but some references readers may wish to peruse include; Psalms 32, 38, 88, 91 and Matthew 4:23-25, 12:28, Mark 6:13, Luke 7:18-23, 9:12-6, 19:1-10, John 9:1-39, Acts 3:1-10, 14:8-18, 1 Cor 12:9-10, James 5:14-15.

<sup>5</sup> We should not read into *presbyter* the modern meaning it has acquired as a synonym for a priest. It would be centuries from the composition of the letter of James until this development would occur. It is just simply worth noting at this early stage of ecclesial life some hierarchical ministry was already recognised.

<sup>6</sup> Hippolytus, *On the Apostolic Tradition* Section 5/2 in Alistair Stewart-Sykes (ed) *An English Version with Introduction and Commentary*. New York: St Vladimir's Seminary Press, 2001, p76 The prayer is simple: "O God, sanctify this oil, grant holiness to all who use it and as you anointed priests, prophets and kings, so may it give strength to all who consume it and health to all who use it."

of anointing indicated by Hippolytus, which he observed in Rome, as strengthening of Christian life.

During the third and fourth centuries there are smatterings of liturgical texts written for the blessing of oil that include references to healing and strengthening, both physical and spiritual. There are no texts extant which tell us who anointed, how this was done, or indeed who were the recipients of anointing.

Martos notes that the earliest reference to anointing of the sick by priests comes from a letter of Innocent I, Bishop of Rome to the Bishop of Gubbio in the fifth century (written c. 416AD). Innocent clarifies the practice in Rome which permitted priests and all Christians to use the oil for anointing the sick for their personal use. He provides us with hints of some sacramental development with regard to the oil for the sick when he says it must not be given to those doing public penance because 'anointing is a kind of sacrament'. Those doing public penance were not able to access the sacraments.

By the sixth century we have multiple attestations to the use of consecrated oils for anointing the sick in all of the major centres of Christianity around the Mediterranean and also into the areas of what are now France and Germany as well as lands south of the Danube River. Evidence from this period shows use of the oils by priests and lay people, although no specific texts prohibit use by deacons can be found at this stage.

We need to keep in mind when evaluating this evidence that a fully articulated theology of anointing had not developed. Much of the practice of Christians regarding the use of oils for healing as well as anointing in other contexts was derived from former pre-Christian practice, which still remained the dominant cultural influence, even in Christian areas. In a sense the Church was still in the process of 'christianising' the use of oils and articulating a theology for the use of the oils grounded in the Scriptures and the Tradition of Christianity. That is, the Church had yet to articulate a use of oils and anointing that distinguished it from the practice already culturally in place.

During the eighth and ninth centuries we discover texts concerning the use of consecrated oils, though not always by priests, for a variety of physical, mental and spiritual disorders covering the spectrum from tooth ache, chronic illness, possession by spirits and protection for charms, spells and a massive variety of things in between. What is significant for our discussion is that those who were dying did not request anointing but requested Eucharist and reconciliation.<sup>7</sup>

In the patristic era it was common for those who were dying to be offered the sacrament of reconciliation and this was frequently accompanied by anointing with the oil of exorcism to protect the dying person from the ravages of demons and to strengthen against temptation in their final days or hours. By the late Middle Ages the rites of anointing with the oil of exorcism and reconciliation, last Eucharist and blessings and commendation of the dying began to be fused together. We need to caution here that the ritual concerns care for the dying through reconciliation and Eucharist with anointing with the oil of exorcism by a cleric, usually a priest. In the Latin Church deacons could anoint with the oil of exorcism those preparing for baptism (as they do now) but that is not the same oil consecrated for care of the sick, even in the Middle Ages.

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<sup>7</sup> Martos, *Doors to the Sacred*, p376

By the end of the ninth century there was still no clear rite of anointing the sick in the Roman Rite but in the Frankish Churches the rites for those in danger of death included reconciliation, communion as *viaticum* and anointing. As Roman practices became clearer and those of the Carolingian Empire were adopted canons began to be introduced to limit the ministry of anointing to the priests (*sacerdos*) because by this time *presbyter* (elder) and *sacerdos* were synonymous and therefore the practice outlined in James concerning the elders seem to apply to priests.

From the ninth century through to the twelfth century increasingly, anointing of the sick came to be applied to those who were in fact dying. The sick could no longer gain regular access to the sacrament of anointing because it was performed privately in homes by a priest and this required a stipend which people could not always afford. As Anointing of the Sick also brought with it other, sometimes difficult, requirements in the event of recovery from illness people had additional reasons to delay reception until death seemed imminent. Should a person recover following anointing most forms of commerce were forbidden to them as well as sexual relations, if they were married, and there were other effects. Anointing not only became the third and last element (literally the last anointing, *extreme unction*) of the rites for those dying but because of this, it increasingly became identified as the sacrament of the dying. Since *viaticum* had come to replace the rites for entry into life after death the anointing itself became known as *extrema unctio* the last anointing, or extreme unction as Catholics came to know it prior to the Second Vatican Council.

Anointing had gradually lost all of its significance as a sacrament for the pastoral and spiritual care of the sick. Anointing was rarely, if ever, applied to the sick from the ninth century onward until Vatican II. The Sacrament of Anointing of the Sick disappeared and the Sacrament of Anointing the dying or extreme unction became the norm. It had shifted from a sacrament offered frequently and repeatedly to the sick to that of the last rite of the Church offered to the dying. Anointing had simply become the ‘last rites’.

### **The Second Vatican Council**

Although there had been changes in the ritual from the twelfth to the twentieth century’s what had not changed was the focus on anointing as the ‘last rites’. Many Catholics lived in the hope that at their deathbed a priest would be available to ‘give the last rites’. Many families would search frantically for a priest or hospital chaplain to ensure that mum or dad would have the last rites, by which they meant anointing. Many people would express concern if a priest was not available to provide the last rites and perhaps have a feeling that their loved one had been deprived of a final aid toward preparation for life after death if this anointing did not happen. On the other hand people were reluctant to actually seek anointing until death seemed imminent and all hope of recovery seemed impossible. So that the sacrament which was intended to express Christian hope in God’s mercy and the resurrection of the dead came to be feared as a sign that we have given up hope and were bowing to the inevitable.

Vestiges of this remain in the Catholic tradition post Vatican II and although I jump ahead a little, I think these concerns drive the desire to include deacons among the ministers of the Sacrament of Anointing. Even today (2012) to suggest to some Catholics with a serious illness or preparing for a major operation that they request anointing might elicit a response like, “I haven’t given up hope yet!” or “It’s not that serious that I am going to meet my maker.”

During the 1940-50's a great deal of Biblical and liturgical scholarship began to emerge about the Sacrament of Anointing. Prior to these studies many theologians assumed that the late medieval understanding of extreme unction which had come down to us reflected the Church's constant understanding of the sacrament and the purposes of anointing. Newly available patristic sources and studies of the Eastern Catholic and Orthodox liturgical practice, which had never adopted a 'last rites' theology, opened the way for a recovery of a more Biblical and patristic understanding of the Sacrament of Anointing as that of care for the sick and not the dying.

*Sacrosanctum concilium* ordered the revision of the Sacrament of Anointing in accordance with the findings of the research available to it:

73. "Extreme unction," which may also and more fittingly be called "anointing of the sick," is not a sacrament for those only who are at the point of death. Hence, as soon as any one of the faithful begins to be in danger of death from sickness or old age, the fitting time for him (*sic*) to receive this sacrament has certainly already arrived.

74. In addition to the separate rites for anointing of the sick and for *viaticum*, a continuous rite shall be prepared according to which the sick man (*sic*) is anointed after he has made his confession and before he receives *viaticum*

75. The number of the anointings is to be adapted to the occasion, and the prayers which belong to the rite of anointing are to be revised so as to correspond with the varying conditions of the sick who receive the sacrament.<sup>8</sup>

Notice that through this change *viaticum* has been restored to its place as the 'last rites', a rite of which deacons are (along with the *sacerdos*) ordinary ministers. Anointing itself has been realigned once again as the Sacrament of the Sick and not of the dying *per se*. The fact that there may be a number of anointings and these may concern people in different conditions serves to reinforce the concept that anointing is not the last thing, the last rites, the Church provides for sick or dying Catholics. These changes should help to alleviate some of the concerns of deacons who minister in hospitals and the military and those leading parishes in the absence of a priest.

### **Pastoral Care of the Sick<sup>9</sup>**

In accordance with the brief directives contained in *Sacrosanctum concilium* the rites for anointing and *viaticum* were revised and promulgated by Paul VI in 1974. Deacons should become familiar with the rituals outlined and the pastoral guidance provided within the new rites. The decree of the Sacred Congregation for Divine Worship on *Pastoral Care of the Sick* (1974) introduces the revised rites and helps to explicate their meaning and affirms that 'anointing of the sick is not the sacrament for those only who are at the point of death.'

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<sup>8</sup> *Sacrosanctum Concilium*: The Constitution on the Sacred Liturgy. Libreria Editrice Vaticana.

<sup>9</sup> The document is *Pastoral Care of the Sick: Rites of Anointing and Viaticum*; uses the term Christian throughout but this is defined in canon law regarding the reception of sacraments as Catholics or any rite and Orthodox Christian if they freely request the sacrament and do not have access to an Orthodox priest.

Although we do not have the scope here to study the entire rite and the decree, some of the salient points for our present discussion will be noted.

Returning to the Scriptural and patristic roots of anointing the decree affirms; “The use of this sacrament is a concern of the whole Church.” Reflecting James 5:14-16, the decree states that it is the whole Church which commends the sick to the Lord through the anointing of the presbyters.<sup>10</sup> Pastoral care of the sick concerns lay people, especially family members, deacons who minister in a parish or hospital and presbyters/priests, particularly those who have the pastoral care of a parish. Pastoral care is not restricted to anointing but includes praying with those who are sick, reading the Scriptures to them and bring them communion, especially the Scriptures and communion from the table of the Word and the table of the Eucharist celebrated on Sunday.

Recipients of anointing include those who are seriously ill, or those impaired by old age, those facing surgery as a result of major illness and sick children.<sup>11</sup> To underscore that anointing is a sacrament for the sick the decree explicitly calls for education of the clergy and laity which will help them appreciate that the sacrament is not to be delayed until the end when death is imminent. It is worth quoting in full:

**In public and private catechesis, the faithful should be educated to ask for the sacrament of anointing and, as soon as the right times comes, to receive it with 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.**<sup>12</sup>

Anointing is but one part of the pastoral care of the sick and never the last rites which the dying person receives from the Church. Catechesis is needed to dispel fears about anointing being a sign that all hope is gone or death seems near.

The faculty to anoint must be granted by the bishop to priests who will need this faculty for their pastoral ministry. This includes all priests with parish ministry, hospital and military chaplains and superiors of clerical religious institutes.<sup>13</sup> Monastic clergy, clergy without parish or hospital ministry do not have to have this faculty for their ministry.

The prayer of anointing links together the elements found in the letter of James:

Through this holy anointing may the Lord in his love and mercy help you with the grace of the Holy Spirit. May the Lord who frees you from sin save you and raise you up.<sup>14</sup>

It is perhaps unfortunate that the implicit reference to death (and will raise you up) and resurrection remains as part of the anointing prayer as it may signify to some the lingering presence of *extreme unction*. The prayer is simply keeping close to the text of James. The

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<sup>10</sup> Presbyters normally only includes priests but in this context may be taken as a synonym for sacerdos which takes in priest and bishop.

<sup>11</sup> Congregation for Worship and the Discipline of the Sacraments, *Pastoral Care of the Sick* (PCS)§8-15.

<sup>12</sup> PCS §13 The bold emphasis is in the original.

<sup>13</sup> PCS §16

<sup>14</sup> PCS §25

reference to the forgiveness of sin links the sacrament with the *presbyteral* role of sacramental confession too.

Delay of the Sacrament of Anointing until a point when a person is so ill or close to death that they cannot actively participate, is regarded as an abuse that priests should ensure does not happen.<sup>15</sup> They can ensure this through proper and regular catechesis of the faithful.

Anointing has three distinct and integral aspects. The first is the prayer of faith through which the entire Church is made present to the one who is sick. The second is the laying on of hands which is a sign of blessing for healing grace and an invocation for the coming of the Holy Spirit. The final part is anointing with oil which signifies healing, strengthening and the presence of the Holy Spirit.<sup>16</sup>

Frequent reception of communion by those who are sick is another important aspect of pastoral care. Parish communities and their priests should ensure that members of the community absent due to illness receive a pastoral visit which includes reading the Scriptures and providing them with Holy Communion from Sunday Mass.<sup>17</sup> Priests, deacons and lay ministers (suitably formed, authorised and installed) are able to see to the needs of the sick in this way.

### **Pastoral Care of the Dying**

Most frequently deacons who express the desire that they should be able to anoint will cite the examples of Catholics in hospital, especially emergency rooms, in near death situations that could not be anointed in their final moments. It is the situation of that emergency coupled with a shortage of priests that is invoked as the condition which necessitates a grant of the faculty to anoint to deacons. If anointing were the sacrament of the dying then a case could be made that expanding the number of ministers able to do so would be for the pastoral and spiritual benefit of the person dying and their family and friends. Vatican II and the revised rites for pastoral care of the sick indicate *viaticum* and not anointing is the Sacrament of the Dying. Deacons, along with priests and bishops are ordinary ministers of *viaticum*.

The introduction to Pastoral Care of the Dying states: ‘The ministry to the dying places emphasis on trust in the Lord’s promise of eternal life rather than the struggles against illness which is characteristic of the pastoral care of the sick.’<sup>18</sup> If deacons are motivated for a concern for the ministry to those in danger of death, as the scenario above suggests, then they need to become familiar with the rites of *viaticum* and commendation of the dying as well as prayers for the dead, because this is how the Church extends pastoral and spiritual care to the dying and their relatives.

Like the pastoral care of the sick it is the Christian community which has the responsibility for praying for the person who is dying.<sup>19</sup> The ecclesial dimension is emphasised in the recommendation that, if possible, the celebration of *viaticum* should take place within a full

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<sup>15</sup> PCS §99

<sup>16</sup> PCS § 104-107

<sup>17</sup> PCS §51, 72, 73, 101

<sup>18</sup> PCS §161

<sup>19</sup> PCS §163

Eucharistic celebration with family members, friends other members of the Christian community taking part.<sup>20</sup>

It is worth quoting another large portion of PCS in order to underscore the place of *viaticum* as the ‘last rites’ the Church offers the dying person:

The celebration of the Eucharist as *viaticum*, food for the passage through death to eternal life, is the sacrament proper to the dying Christian. ...The sacrament of anointing of the sick should be celebrated at the beginning of a serious illness. *Viaticum* celebrated when death is close, will then be better understood as the last sacrament of Christian life.<sup>21</sup>

Deacons should become familiar with the Rite of *Viaticum* Outside of Mass contained in PCS §197-211. There are several small books in which rites of communion to the sick and the rites of communion as *viaticum* are available for deacons, priests and authorised lay people to use with the sick and the dying.<sup>22</sup> The rite includes a prayer called the apostolic pardon which only a *sacerdos* may offer since it is equivalent to absolution in the sacrament of penance. Sometimes a dying person may request the sacrament of penance which only a *sacerdos* may provide. So that a person may die with an untroubled conscience, if a priest is not available the deacon should assist the dying person to make an examination of conscience by suggesting questions for the dying person to ponder in the silence of their heart and help them to make a perfect act of contrition as part of the penitential rite. If later a priest becomes available he may be able to hear a confession or pray the prayer of apostolic pardon.

It is instructive that in some extreme emergencies, when death is imminent, a *sacerdos* may use a continuous rite of penance, anointing and *viaticum*. If penance seems impossible, he should anoint, if the person has not already been anointed then *viaticum* should be given. If the situation is so extreme that death is likely to occur before receiving *viaticum* he should not anoint but give *viaticum* immediately. Anointing is not what is called for at this moment but *viaticum* because ‘Christians in danger of death are bound by the precept of receiving communion so that their passage from this life may be strengthened by the body of Christ, the pledge of resurrection.’<sup>23</sup>

The final part of the care of the dying is the commendation.<sup>24</sup> While all Christians have the responsibility of praying with the dying and preparing them for death PCS notes that the presence of a priest or deacon shows more clearly that the Christian dies in the communion of the Church. A deacon should assist the dying and those present in leading the prayers and after death help the friends and relatives pray.<sup>25</sup> This recommendation does not undervalue the contribution of the laity but simply points to the primary task for which a deacon or priest is ordained, which is for the building up of the Church and to make the ministry of Christ present.

Following a death the deacon or priest should also work closely with the friends and relatives to prepare the funeral. Both the commendation of the dying and the funeral preparation and

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<sup>20</sup> PCS §164

<sup>21</sup> PCS §175

<sup>22</sup> Recently (2012) a new edition of *Communion of the Sick* has been published by the Liturgical Commission in Brisbane.

<sup>23</sup> PCS 273

<sup>24</sup> PCS Chapter 6

<sup>25</sup> PCS §213

celebration should be attended with as much of the prayer and ritual that time allows and circumstances permit, but always adapted to specific condition of time, place and the spiritual capacity of the faithful.

Many priest and deacons have experienced the potential benefits derived from good pastoral and spiritual intervention at the time of dying as well as a beautifully celebrated funeral liturgy for family and friends of the deceased. Not infrequently good pastoral care and a well celebrated funeral are experienced as a moment of evangelisation and perhaps even a time in which those who are far off from the Church may be drawn near. Such experience only highlights the necessity for priests and deacons to be very familiar with the rites, their meaning and proper celebration. Pastoral care of the sick and dying should be a major element of the ministry of every parish priest and deacon in a parish or chaplaincy.

### **Ongoing reception of Vatican II and future challenges**

What I have attempted to outline is the connection that exists between the rites themselves and the theology which underpins them. The Second Vatican Council in its renewed rites for the pastoral care of the sick and dying returned to the Scriptures and patristic sources in order to recover a theology of anointing of the sick, which emphasised the ongoing concern of the Christian community, forgiveness of sin and the possible healing and recovery of the person who is sick. Anointing was no longer the ‘last rites’ of the Church for the dying, something to be held in reserve for the final moments. Instead anointing became once again the sacrament of accompanying the sick through healing or into death. Following on more closely from the Letter of James and the practice of the early Church and the current Eastern Catholic and Orthodox Churches mediaeval ideas of *extreme unction* we put aside.

The new rite of anointing is appropriately given by a *sacerdos* because of its connection with forgiveness of sin and the prayer of the elders (*presbyters*) a function which has been subsumed into that of priests. It is not the ministry of the deacon for these same reasons. To grant deacons this faculty would blur lines between that of *presbyter* and *diaconos* (deacon) not only with regard to anointing but with penance too. As pastoral leader of the community the *presbyter* represents the whole community when he is present for the anointing, although ideally other members of the faithful should be present.

Reception of Holy Communion as *viaticum* was restored by the Council as the ‘last rites’ the Church offered the dying person. Eucharist reflects the immersion of the Christian into the death and resurrection of Christ and is the bread of life for those who receive it in faith (John Chapter 6). *Viaticum* is accompanied by renewal of faith, into which the person has been baptised and can be joined to prayers for commendation for the dying so that it becomes care of the dying until the end.

Many of the ancient sources regarding the ministry of deacons, including *The Apostolic Traditions* of Hippolytus provide evidence that the ministry of deacons included taking communion to absent members of the community, and specifically those who were sick. These texts also exhort the deacon to pray with them and read the Scriptures to them. Deacons today are ordinary ministers of communion to the sick and of *viaticum* for the dying.<sup>26</sup> They continue this ministry in line with the ancient tradition.

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<sup>26</sup> Directory for the Ministry and Life of Deacons

Anecdotal evidence would suggest that many lay people and some deacons have not yet fully received the teaching of the Council on the Sacrament of Anointing and *viaticum*. Older notions of *extreme unction* and ‘last rites’ performed at the death bed or in situations of emergency still linger. Such lingering notions provoke fear in the minds of some Catholics when anointing is suggested, as if all hope is lost and in others concern for their loved one if he/she has not received the ‘last rites’, by which they mean anointing. One of the tasks for the future will have to be ongoing catechesis of the laity, which is a primary task of the parish priest. Another task for the future, given the frequency with which deacons ask about anointing is to include deeper attention to PCS in the pre-ordination and ongoing formation of deacons.

The balance of historical and theological evidence would weigh against granting the faculty to anoint the sick to deacons. A deacon is simply not the minister of this sacrament in the light of the theology of the sacrament as it is presently articulated. In spite of the freedom the Church has over the form of the celebration of the sacraments, it seems extremely unlikely, that we will (or indeed should) return to a medieval understanding of anointing of the dying given that the renewal of the sacrament was in accord with the witness of Scripture and Tradition made available to the Council through the efforts of liturgical and Biblical scholarship in the lead up to the Council.

Deacons have an immense role to play in the pastoral care of the sick and the dying without needing to have the faculty to anoint. Anecdotal evidence suggests that many deacons dedicate a great deal of their personal and spiritual resources to provide pastoral care to absent members of the Eucharistic community. Much of that effort goes un-noticed, unappreciated and un-paid but is done out of love for the People of God. The capacity of deacons to provide pastoral ministry to the sick and dying is largely under developed because many priests and some bishops have no genuine understanding the ministry of the permanent deacon or of documents such as the Directory for the Ministry and Life of Deacons and consequently are not sure how to place deacons within the total pastoral plan of the diocese. Deacon formation programs and individual deacons have perhaps given inadequate attention in formation to the revised PCS. Reception of the ministry of deacon in the Church, like reception of the revised Sacrament of Anointing, is part of the ongoing process of the full reception of the Council.

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