

Anointing Before Surgery: When and Why?

Fr. Dylan Schrader (dylanschrader@gmail.com)

(An edited version of this paper appeared in the journal of the Society for Catholic Liturgy: *Antiphon* 16, no. 1 (2012): 52–61.)

There is a lack of consensus in pastoral practice about the reception of anointing of the sick before surgery. Many hold, for example, that anointing may be received prior to any procedure which warrants the use of general anesthesia. They usually give the reason that general anesthesia always involves some risk and that this risk itself is sufficient to warrant anointing.¹ Nevertheless, such a position is contrary to Church teaching and law. At its root, the issue is not only pastoral but doctrinal, since the crux of the matter is what is required for the valid reception of the sacrament, which, in turn, rests on the purpose and effects of the sacrament.

The problem with the position that anointing can be received prior to surgery on account of the risk of the surgery itself results from a fundamental misunderstanding of the nature of the sacrament as well as a misreading of the relevant norms. In order to get to the heart of the matter, it will be necessary to review the effects of the sacrament and to examine who can validly receive anointing as well as when it should be administered and repeated.

WHAT ARE THE EFFECTS OF THIS SACRAMENT?

The *Catechism of the Catholic Church* nicely summarizes the effects of the sacrament of anointing of the sick:

- The special grace of the sacrament of the Anointing of the Sick has as its effects:
- the uniting of the sick person to the passion of Christ, for his own good and that of the whole Church;
 - the strengthening, peace, and courage to endure in a Christian manner the sufferings of illness or old age;
 - the forgiveness of sins, if the sick person was not able to obtain it through the sacrament of Penance;
 - the restoration of health, if it is conducive to the salvation of his soul;
 - the preparation for passing over to eternal life.²

It is important, also, to note the manner in which these effects are gained. Some of them, such as the increase or restoration of sanctifying grace — and consequently the forgiveness of sins — occur immediately upon reception of the sacrament. Other effects, however, by their very nature must occur over a period of time. These effects consist, then, in a series of actual graces by which God continually strengthens the sick person to bear his suffering in union with Christ,

1 See, for example, Kenneth Brighenti and John Trigilio, *The Catholicism Answer Book: The 300 Most Frequently Asked Questions* (Naperville, IL: Sourcebooks, 2007) 119; and Bruce Morrill, *Divine Worship and Human Healing: Liturgical Theology at the Margins of Life and Death* (Collegeville, MN: Liturgical Press, 2009) 177.

2 *Catechism of the Catholic Church*, 2nd ed. (Vatican City: Libreria Editrice Vaticana, 1997) [henceforth CCC] 1532. When the *Catechism* is quoted in Latin, the edition is *Catechismus catholicae ecclesiae* (Vatican City: Libreria Editrice Vaticana, 1997).

which helps to cure him of the remnants of sin,³ prepares him for the possibility of death, or even provides the recovery of his health in some cases. In other words, when anointing is received with the proper dispositions, God will certainly provide every grace necessary for the duration of the state of infirmity.⁴ The special grace of anointing, therefore, does not “wear off,” but rather last as long as the state of infirmity lasts. Moreover, the special grace of anointing bears an essential reference to the difficulties inherent in a bodily infirmity such as sickness or old age.⁵

Charles Renati aptly observes:

The particular contingency in the Christian life for which Extreme Unction was instituted is not primarily that of dying or of death. If it were, one would rightly expect it to be conferred on all who are in danger of death, no matter what the cause, whereas in fact it is refused to those who are in danger of death if they are not sick. Sickness is an indispensable condition for the anointing.⁶

It is because man is a hylomorphic union of body and soul and because of the spiritual and bodily difficulties inherent in illness and old age that Christ instituted this sacrament. Other sacraments, such as penance and the Holy Eucharist, are available for other kinds of spiritual difficulties or for those in danger of death from other causes.

WHO CAN VALIDLY RECEIVE ANOINTING?

St James, when recommending the sacrament of anointing of the sick (Jas 5:13–15), expresses clearly that a determination about who should be anointed depends on the state of the person himself:

13. Is any one among you suffering? Let him pray. Is any cheerful? Let him sing praise.

14. Is any among you sick? Let him call for the elders of the Church, and let them pray over him, anointing him with oil in the name of the Lord;

15. and the prayer of faith will save the sick man, and the Lord will raise him up; and if he has committed any sins, he will be forgiven.⁷

3 Council of Trent, Session 14, Chapter 2 *De effectu huius sacramenti*, in *Enchiridion symbolorum*, 36th ed., ed. Henricus Denzinger and Adolfus Schönmetzer (Fribourg: Herder, 1976) [henceforth DS] 1696, p. 400.

4 Felix Cappello, *Tractatus canonico-moralis de sacramentis*, vol. 3, *De extrema unctione*, 2nd ed. (Turin: Marietti, 1942) § 205, p. 150. Some theologians see anointing as giving its recipient a “title” to the actual graces received throughout the duration of the infirmity in a way analogous to how a sacramental character imprinted on the soul also becomes a title to the actual graces necessary for the exercise of the character. *Idem*, § 300, p. 212.

5 CCC 1527.

6 Charles Renati, *The Recipient of Extreme Unction*, Catholic University of America Canon Law Studies 419 (Washington, DC: Catholic University of America, 1961) 8–9.

7 *The Holy Bible: Revised Standard Version*, 2nd Catholic edition (San Francisco: Ignatius, 2006).

In the Greek text, the word for “sick” in verse 14 is the verb ἄσθενεῖ,⁸ a word which indicates bodily infirmity.⁹ Even if this word is sometimes used to refer to non-corporeal weaknesses,¹⁰ the context of this passage (e.g., prayer “over” the sick person and the use of oil) indicates that James is speaking of a bodily infirmity.¹¹ He even implies the seriousness of such an infirmity, for example, by the fact that the sick man must call for the elders of the Church rather than going to them himself. Moreover, in verse 13 we see that James's general recommendation for those who are suffering is to pray. This shows that he intends anointing only for a specific type of suffering, namely that which results from a bodily infirmity. James does not recommend anointing indiscriminately for all types of suffering, nor does he encourage reception of the sacrament simply because one is in danger, but only on account of sickness.¹²

The Church's traditional teaching on the recipient of anointing conforms to and explains more clearly the words of Scripture. The Council of Florence, for example, says:

Hoc sacramentum nisi infirmo, de cuius morte timetur, dari non debet.

This sacrament should¹³ not be given except to a sick person whose death is feared.¹⁴

The Council of Trent follows suit:

Declaratur etiam, esse hanc unctionem infirmis adhibendam, illis vero praesertim, qui tam periculose decumbunt, ut in exitu vitae constituti videantur, unde et sacramentum exeuntium nuncupatur.

It is declared also that this anointing should be employed for the sick, but particularly those who lie so dangerously ill that they seem to be on the point of departure from this life, wherefore it is also called the sacrament of the departing.¹⁵

8 All citations from the New Testament in Greek are taken from *Novum Testamentum: Graece et Latine*, ed. Erwin Nestle and Kurt Aland (Stuttgart: Deutsche Bibelgesellschaft, 1984).

9 See, for example, Jn 11:3: “So the sisters sent to him, saying, ‘Lord, he [Lazarus] whom you love is ill (ἄσθενεῖ).’”

10 E.g., in 2 Cor 11:29 or the nominal form in Rom 6:19.

11 Peter Davids, *The Epistle of James: A Commentary on the Greek Text*, The New International Greek Testament Commentary (Grand Rapids, MI: William B. Eerdmans Publishing, 1982) 192; and Douglas Moo, *The Letter of James*, The Pillar New Testament Commentary (Grand Rapids, MI: William B. Eerdmans Publishing, 2000) 236–237.

12 See the helpful treatment in John Kasza, *Understanding Sacramental Healing: Anointing and Viaticum* (Chicago: Hillenbrand, 2007) 20–21.

13 Benedict XIV remarks that “should” (*debet*) must be understood not merely in a disciplinary sense but also in a doctrinal sense. Benedict XIV, *De synodo dioeclesana* VIII.5, in *De synodo dioeclesana libri tredecim in dvos tomos distribviti*, vol. 1 (Rome: Ex typographia Sacrae Congregationis de Propaganda Fide, 1806) p. 248.

14 Council of Florence, *Decretum pro Armenis*, in DS 1324, p. 336. My translation. The Church does not mean to exclude those who suffer from frailty due to old age or those who have suffered a serious injury when she uses the word *infirmus* (“sick”). The point at issue for this article is the fact that this sacrament is intended only for those who here and now suffer a dangerous bodily infirmity.

15 Council of Trent, Session 14, Chapter 3 *De ministro huius sacramenti et tempore, quo dari debeat*, in DS 1698, p. 400. My translation.

Both councils, then, number among the recipients of this sacrament only those who suffer from a bodily infirmity. The Roman Catechism, in explaining this point, even explicitly precludes the possibility of receiving anointing for an external threat rather than an internal affliction:

Nemini igitur qui gravi morbo affectus non sit, sacramentum unctionis dare licet, tametsi vitae periculum adeat, vel quia periculosam navigationem paret, vel quia praelium initurus sit a quo certa mors illi impendeat, vel etiam si capitis damnatus ad supplicium raperetur.

It is not permissible, then, to give the sacrament of anointing to anyone who is not suffering from a grave illness, even if there is some danger to his life, either because he is preparing for a dangerous sea voyage, or because he is about to go into a battle in which certain death awaits him, or even if he is under a capital sentence and about to be taken for execution.¹⁶

The sacrament of anointing, therefore, can be received only by those who have been baptized and either have or have had the use of reason who here and now suffer from a bodily infirmity — whether an illness or an injury or the frailty of old age — that is considered dangerous.¹⁷ The danger of death caused by an extrinsic threat (e.g., being under a capital sentence or being a soldier about to go into battle) does not by itself make one capable of receiving the sacrament validly, though it may lead to an infirmity that does warrant anointing (e.g., having just received a lethal injection or having been seriously wounded in battle).¹⁸

The traditional teaching that only those who suffer from a serious bodily infirmity can receive the sacrament of anointing of the sick is not broadened by the Second Vatican Council,¹⁹ *Sacram unctionem infirmorum*,²⁰ or the 1983 *Code of Canon Law*.²¹

With this background in mind, let us turn to the places where the liturgical and magisterial documents mention the possibility of being anointed before surgery. The Roman Ritual stipulates:

Ante sectionem chirurgicam [...] sacra Unctio infirmo tribui potest

Before surgery [...] the sacred Anointing can be given to a sick

16 *Catechismus Romanus*, ed. Pedro Rodriguez (Vatican City: Libreria Editrice Vaticana, 1989) §§ 373–374, p. 887. My translation. See also *Rituale Romanum editio princeps (1614)*, ed. Manlio Sodi and Juan Javier Flores Arcas, Monumenta liturgica Concilii Tridentini 5 (Vatican City: Libreria Editrice Vaticana, 2004) § 314, p. 65 (original p. 57); and Benedict XIV, *De synodo dioeclesiana VIII.5*, p. 246.

17 Paul VI, Apostolic Constitution *Sacram unctionem infirmorum* (30 November 1972), *Acta Apostolicae Sedis* [henceforth AAS] 65 (1973) 8.

18 Joseph Aldama, et al., *Sacrae theologiae summa*, vol. 4, *De sacramentis; De novissimis*, 4th ed., Biblioteca de Autores Cristianos 73 (Madrid: Biblioteca de Autores Cristianos, 1962) IV.265, pp. 562–563. Cappello, *De extrema unctione*, § 232, pp. 164–165.

19 Second Vatican Council, Constitution on the Sacred Liturgy *Sacrosanctum concilium 73*, in *The Sixteen Documents of Vatican II*, ed. Marianne L. Trouvé (Boston: Pauline Books, 1999) p. 68. The council does reiterate that anointing of the sick is not meant only for those at the point of death.

20 Paul VI, *Sacram unctionem infirmorum*, AAS 65 (1973) 7–9.

21 *Codex Iuris Canonici, auctoritate Ioannis Pauli PP. II promulgatus* [henceforth CIC], in Canon Law Society of America, *Code of Canon Law: Latin-English Edition* (Washington, DC: Canon Law Society of America, 1984) 1004. English translations of the CIC are taken from this edition as well.

quoties morbus periculosus causa est
ipsius sectionis.

person whenever a dangerous illness
is the cause of the surgery itself.²²

We see right away that even though the Ritual mentions surgery as an occasion when anointing can be given, it includes the proviso that the surgery be scheduled on account of a “dangerous illness” (*morbus periculosus*). In other words, the Ritual does not present surgery per se as a sufficient reason for receiving the sacrament but only in conjunction with a dangerous bodily infirmity which itself warrants the surgery.

Surgery may place one in danger, but prior to an operation, the danger remains extrinsic rather than intrinsic.²³ In other words, until the surgery begins, it does not yet affect the actual state of the person who will undergo it. We have seen, however, that the Church demands that the reception of anointing always have reference to the current state of the person, not merely to the threat of future harm. Therefore, upcoming surgery does not per se make anyone capable of being anointed.

Consider the example of a person who chooses to undergo cosmetic surgery to correct a deformity that is undesirable but not dangerous to health. There will doubtlessly be risks associated with such surgery, but prior to that surgery the person who will undergo it cannot validly be anointed, since he is, in fact, in good health. The same could be said of someone who will have his wisdom teeth removed as a precautionary measure,²⁴ or, *a fortiori*, of someone who will undergo surgery in order to donate a kidney or bone marrow to another. In such cases, the question that James asks in his epistle, “Is anyone among you sick?” would have to be answered in the negative.

If we understand anointing only with reference to potential danger rather than with reference to the actual state of the recipient along with the difficulties and risks concomitant with that state, then we are mistaken about the very essence of this sacrament. Christ instituted the sacrament of anointing on account of the difficulties inherent in serious bodily infirmities, that is, as a sacrament of healing for man as a union of body and soul.²⁵ He did not intend anointing to be a preemptive measure that would protect the recipient from future bodily harm.²⁶

Since upcoming surgery, as an extrinsic circumstance, does not by itself render someone capable of being anointed validly, what does the Church intend to convey in section 10 of the *Ordo unctionis infirmorum*? To answer this question, we must study the Church's teaching and norms on when anointing ought to be administered and when it can be repeated.

WHEN MAY ANOINTING BE ADMINISTERED OR REPEATED?

The Church strongly favors the reception of anointing as soon as it can validly be received. She

22 *Ordo unctionis infirmorum eorumque pastoralis curae*, editio typica (Vatican City: Typis Polyglottis Vaticanis, 1972) § 10. My translation.

23 See Renati, *The Recipient of Extreme Unction*, 64.

24 The website for the Newman Center at the University of Massachusetts, following the opinion that an upcoming surgery involving general anesthesia is sufficient to receive anointing, specifically recommends receiving the sacrament before having one's wisdom teeth removed. “Sacraments: Anointing,” Newman Catholic Center at the University of Massachusetts, accessed 12 January 2012, <http://www.newmanumass.org/content/spiritual/anointing.html>.

25 CCC 1527.

26 When the sacrament brings about physical healing, it does protect from future bodily harm, but it does this precisely by improving the existing condition of the recipient.

has warned²⁷ and continues to warn²⁸ the faithful and priests not to defer the sacrament until the very point of death. In part, this is to help prevent anyone who could have received the sacrament from dying without it, but it is also so that the graces of the sacrament can be received earlier and so that the recipient can be better disposed for the sacrament (e.g., by being conscious).²⁹ Given this solicitude, it is likely that section 10 of the *Ordo unctionis infirmorum* exists at least in part to encourage the reception of the sacrament of the sick prior to surgery as opposed to delaying its reception until after surgery. Thus, the Church acknowledges the risk inherent in any surgery and encourages that those who are already valid recipients of the sacrament be anointed prior to surgery. She does this to minimize the possibility that they will not receive it (e.g., if they were to die during the operation) as well as to encourage the earlier reception of graces. Since surgery will be an added burden to someone who is already suffering from a dangerous illness, the Church wishes the sick person to be strengthened by the sacrament before undergoing an operation. Moreover, if in a particular case anointing will bring about physical healing, it could render the surgery itself unnecessary. Thus, section 10 of the *Ordo unctionis infirmorum* does not broaden the criteria for the valid reception of anointing but rather provides a criterion for making a prudential judgment about when anointing should be administered.

The *Catechism of the Catholic Church* follows the order of sections 9–11 of the *Ordo unctionis infirmorum* in the paragraph where it discusses the repetition of anointing, its reception before surgery, and its reception due to old age:

Si aegrotus qui Unctionem recepit,
valetudinem recuperat, potest, si
nova accidat gravis aegritudo,
iterum hoc recipere sacramentum.
Eadem aegritudine perdurante, hoc
sacramentum potest iterari, si
aegritudo gravior efficiatur.
Congruum est, infirmorum recipere
Unctionem ante chirurgicam
cuiusdam momenti sectionem.
Idem valet pro personis senescentis
aetatis quarum fragilitas fit acutior.

If a sick person who received this
anointing recovers his health, he
can in the case of another grave
illness receive this sacrament
again. If during the same illness the
person's condition becomes more
serious, the sacrament may be
repeated. It is fitting to receive the
Anointing of the Sick just prior to a
serious operation. The same holds
for the elderly whose frailty
becomes more pronounced.³⁰

27 E.g., *Rituale Romanum (1614)*, § 377, p. 83 (original p. 75): “Ubi vero periculum immineat, Parochus monebit aegrotum, ne daemonum astutia, neque medicorum pollicitationibus, neque; propinquorum, aut amicorum blanditiis se ullo modo decipi sinat, quo minus ea, quae ad animae salutem pertinent, opportune procuret, et qua par est devotione, et celeritate, sancta Sacramenta, dum sana mens est, integrique; sensus, religiose suscipiat, citra fallacem illam, ac perniciosam procrastinationem, quae plurimos ad aeterna supplicia perduxit, indiesque; fallente diabolo, perducit.”

28 *Ordo unctionis infirmorum*, § 13.

29 See, for example, the strong admonition in the Roman Catechism. *Catechismus Romanus*, § 373, p. 887: “In quo tamen gravissime peccant qui illud tempus aegroti ungenti observare solent, cum iam omni salutis spe amissa, vita et sensibus carere incipiat. Constat enim ad uberiores sacramenti gratiam percipiendam plurimum valere, si aegrotus, cum in eo adhuc integra mens et ratio viget, fidemque et religiosam animi voluntatem afferre potest, sacro unguento liniatur.”

30 CCC 1515. The *Compendium of the Catechism* makes no mention of anointing before surgery. *Compendium of the Catechism of the Catholic Church* (Washington, DC: USCCB, 2008).

If taken by itself, the *Catechism* could seem on its face to indicate that anointing may be received before surgery without any reference to an existing dangerous condition, but when this paragraph is read in light of sections 9–11 of the *Ordo unctionis infirmorum*, which the *Catechism* summarizes and follows, it is clear that this paragraph does not intend to broaden or change the Church's law to allow for the possibility of anointing before surgery regardless of the person's current state of health. Indeed, it is quite probable that the *Catechism* implies a dangerous infirmity as the reason for surgery by qualifying the operation as one that is “serious” (*cuiusdam momenti*).

If we change our focus to reflect on when anointing can be repeated, we must recall that the special grace of the sacrament does not wear off but rather continues throughout the duration of the state of infirmity, presuming the recipient continues to have the proper dispositions. With this in mind, the Church's norms on the repetition of the sacrament are perfectly reasonable. The *Code of Canon Law*, for instance, states:

Hoc sacramentum iterari potest, si infirmus, postquam convaluerit, denuo in gravem infirmitatem incidit aut si, eadem infirmitate perdurante, discrimen factum gravius sit.

This sacrament can be repeated whenever the sick person again falls into a serious sickness after convalescence or whenever a more serious crisis develops during the same sickness.³¹

Thus, for the sacrament to be repeated, there must be a new state of danger, either because the sick person has recovered and then fallen ill again or because his condition has significantly declined. In this light, section 10 of the *Ordo unctionis infirmorum* should also likely be understood as indicating that if there is a doubt about whether anointing can be repeated, then the doubt should be resolved in favor of repetition if the sick person will soon undergo surgery. One might even wish to read the norm as authorizing the repetition of anointing, even within the same illness, as often as surgery is undergone on account of that illness. Such an interpretation is not impossible on the face of it, but section 10 does not explicitly state this³² and the traditional practice of the Church is against it.³³

IMPLICATIONS FOR PASTORAL PRACTICE

Priests who are presented with someone who is about to undergo surgery have an obligation both to respect the integrity of the sacrament of the sick — certainly to avoid simulation — and to confer the sacrament if the person is properly disposed to receive it. Therefore, if possible, priests should inquire about the person's condition, the reason for the surgery, and whether the person has already been anointed. In some cases, for example, with certain orthopedic surgeries, it may be difficult to determine how much risk derives from the condition of the person and how much derives from the surgery itself. Priests should resolve a doubt about whether someone is a valid recipient of the sacrament in favor of administering it.³⁴

31 CIC 1004 § 2. See also *Ordo unctionis infirmorum*, § 9; and CCC 1515 and 1529.

32 The word “whenever” (*quoties*) directly refers to the cause of the surgery, not to the fact of the surgery itself.

33 See, for example, *Catechismus Romanus*, § 375, p. 888; and *Rituale Romanum (1614)*, § 319, p. 66 (original page 58).

34 *Ordo unctionis infirmorum*, § 8; and CIC 1005. In the case of doubt, the sacrament should be administered

Especially in cases where a person who requests anointing is certainly not able to receive the sacrament validly, priests should make fuller use of the other rites which the Church provides for the care of the sick and suffering, including the appropriate blessings, biblical texts, and prayers.³⁵ They should also encourage and lead the those who are preparing for surgery and their families in those exercises of popular piety which are dear to them. Above all, priests should encourage the faithful to receive the sacraments of penance and the Eucharist.

Besides administering the sacrament of the sick, priests also have an obligation to educate the faithful about the sacrament and to encourage them to receive it at the proper time.³⁶ When teaching the faithful, then, priests should emphasize the essential connection that the sacrament has with the difficulties inherent in the state of the person who receives it. In this regard, there are at least two errors that the lay faithful — as well as the clergy — can fall into. On the one hand, they may regard anointing as having merely natural effects, such as providing comfort on a strictly human level, serving as a reminder of the concern of the local parish community as represented by the priest, or being an incentive to acts of faith. Such errors would generally fall under the umbrella of modernism. On the other hand, laity and clergy alike may attribute supernatural effects to the rite of anointing without consideration of the sacrament's true nature and purpose. For example, even if a person is anointed validly before surgery because he suffers from a dangerous illness, he may believe that he is being anointed on account of the surgery rather than the illness. He may further believe that the anointing is primarily meant to protect him in an almost miraculous way from complications during the surgery. This would be the error of superstition.³⁷ In general, priests can briefly and gently explain the effects of the sacrament prior to administering it so as to help the recipient and others who are present understand what Christ and the Church intend through anointing.

When priests and other members of the faithful keep the true nature of the sacrament of the sick in mind, they will better know when it should be received. Christ instituted anointing of the sick to provide strength for the faithful to bear the difficulties inherent in dangerous bodily infirmities in a Christian manner, that is, in union with him and in a way which leads to their greater sanctification, whether this includes physical healing or not. It is because of the essential reference that the sacrament of the sick bears toward the state of its recipient that it cannot be received on account of external dangers but only because of a current and dangerous bodily infirmity. For this reason, the Church does not intend to say that upcoming surgery per se makes one capable of being anointed validly. She does, however, wish that anointing be received prior to surgery rather than being deferred and also that a doubt about whether anointing can be received or repeated be resolved in favor of its reception or repetition before surgery.

absolutely rather than conditionally. *Promulgato codice* (12 September 1983), *Notitiae* 19 (1983) 553.

35 The *Ordo unctionis infirmorum eorumque pastoralis curae* includes a rite for visiting the sick and for bringing them Holy Communion. De visitatione et Communionem infirmorum, in *Ordo unctionis infirmorum*, §§ 42–63.

The *Book of Blessings* approved for use in the United States includes blessings for sick adults and children, as well as those suffering from addictions and victims of crime or oppression. *Book of Blessings* (Collegeville, MN: Liturgical Press, 1989) §§ 376–450.

36 CCC 1516.

37 CCC 2111.