



SILENT HOMILIES

The Chair Beside the Bed

*Accompanying the sick and the dying
with faith and mercy*





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Dedication

This book is dedicated to the people I have been allowed to sit beside in hospital rooms and in quiet houses, and to the families who let a priest come through the curtain. It is dedicated also to Our Lady of Lourdes, who stood near the sick without making a speech, and to the Divine Mercy, which does not wait for a person to become impressive before it comes close.

Preface

Why this book was written

I did not plan to write a book about bedsides. The pages began as notes after visits, the kind of notes a priest makes when he does not want to forget what a ward has taught him. After some years of hospital chaplaincy in South Wales, and after many ordinary parish sick calls, I noticed that the same questions kept returning. What should I say. What should I not say. Is the oil only for the dying. How do we stay in the room when there is nothing useful left to do. How do we pray when the person in the bed can no longer hold a sentence.

There are already good books on the theology of suffering and good manuals on the rites. This book is smaller than those. It is written for the person who will sit down today beside someone who is ill, and who does not want to make the visit worse. It is written for priests, for extraordinary ministers, for nurses who keep a quiet faith, and for sons and daughters who have been told that they are now the ones who must cope.

The stories are true in the way pastoral memory is true. Names, wards, and small identifying details have been changed or removed, because a bedside is not a stage. Where I speak of the Church's rites and of history, I have checked the facts against the sources the Church herself uses. One or two of those facts still

surprise people. The sacrament we grew up calling the last rites was not always last, and it was not always only for the dying. Viaticum, which means food for the journey, is the Church's oldest name for the last Communion. The Commendation of the Soul is older than most of the hymns we sing at funerals. Saint Camillus told his brothers to take turns of an hour, with a crucifix, holy water, the book of commendation, and a candle, so that no dying person would be left alone. Those details belong in a book like this because they tell us that the Church has been thinking about chairs beside beds for a very long time.

I write as a parish priest of a small Catholic parish, and as a man who still feels the slight tightness in the chest that comes before a difficult door. If these pages help you to sit down, and to stay a little longer than you first intended, they have done their work.

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How to use this book

You do not need to read this book in order. If someone you love has just received hard news, begin with the chapter on the first shock. If you are going into a ward this afternoon and you are afraid of saying the wrong thing, begin with the chapter on first visits. If death is near, go to the chapters in Part Three and to the prayers at the end.

Each chapter ends with a short prayer. You may use it as it stands, or you may let it teach your own words. The book is meant to be opened for ten or fifteen minutes, which is often as long as a waiting room or a night corridor will give you.

If you are the person who is ill, this book is also for you. You are not only the object of other people's visits. You are a member of the Church who can still pray, forgive, receive, and teach.

Part One

The Call to Accompany

Chapter 1

Why we go to the bedside

The dignity of the sick person.

When you first walk into a hospital room, the bed can look like another piece of furniture that belongs to the building, like the locker or the tap. After a few minutes you begin to see that this is not true. For the person who is lying there, that bed has become almost their whole country. The plastic water jug, the chair that nobody has sat in yet, the curtain that never quite closes — these are the borders of a small world in which dignity is either protected or quietly lost.

When a Christian goes into that world, the first thing to remember is that we are guests. We do not own the room. We have been allowed in, sometimes by a nurse, sometimes by a family, sometimes only by the fact that the person in the bed has not sent us away. Guests do not rearrange the furniture. Guests ask if this is a good moment. Guests remember that the person they have come to see is still a person, and not a problem that the ward is trying to solve.

The Church has always insisted on this. Illness can take speech, work, and the ordinary pleasures of a Tuesday. It does not take the mark of baptism. The sick man or woman remains an image of

God, still able to receive grace and still able to give it. That is why we go. We do not go because we have a useful speech. We go because Christ went to the sick before he went to the clever, and because the Body of Christ is incomplete if the people who can no longer come to church are forgotten by the church.

What does a priest actually bring into such a room. He brings the sacraments, which are not his property. He brings a stole that has already been in other rooms like this one. He brings, if he is honest, a little fear of saying too much. He also brings the simple fact that he has been sent. A lay Christian brings something just as real: baptism, time, a voice that can say a name, and a hand that can hold another hand without turning the holding into a performance.

Saint Camillus de Lellis told his brothers to find Christ in the sick and to be Christ to the sick. Both halves of that sentence matter. If we only see Christ in the bed, we may become sentimental and stop being useful. If we only see ourselves as Christ, we may become loud. The visit needs both kinds of seeing. People sometimes think that a chaplain arrives in order to explain suffering. Most wards have already had enough explaining for one morning. What a visitor can bring, on a first afternoon, is simpler and harder. We can bring the news that this person has not fallen out of the Church. We can bring a prayer short enough to be borne. We can bring the willingness to come back. The dignity of the sick is not a poster on the corridor wall. It is the decision, again

and again, not to speak about them as if they were already absent.

A short prayer

Lord Jesus, You sat at many bedsides before I ever did. Make me a guest in this room, not its owner. Amen.

Chapter 2

First visits

What to say, and what not to say.

The first minute of a visit sets a weather that is hard to change later. I have learned to knock even when the door is already open, to say my name and why I have come, and to ask whether this is a good moment. A person in a bed has very little power left. Asking permission gives a small piece of that power back, and it costs us nothing.

What to say is less important than many visitors fear. A name, spoken clearly, is already a gift. “I am sorry this is happening,” said without a lecture, is usually enough for the first minute. “How are you today” can be a real question if you are prepared for an honest answer, including the answer that is only a look. What not to say is often clearer than what to say. Sentences such as “at least it is not worse,” or “everything happens for a reason,” or “God never gives us more than we can handle,” or “my aunt had the same thing and she was fine,” are usually meant to help the speaker. They rarely help the person in the bed. They close a door that had just begun to open.

It is better not to ask for a full medical lecture unless the person wants to give one. It is better not to compare one illness with

another. It is better not to fill the silence with parish news that can wait until Thursday. If you do not know what to do with your hands, let them be still. If you do not know where to sit, sit down. Standing at the end of the bed makes the visit feel like a ward round, and the person in the bed has already had those.

Saint John of God's brothers were told, in the sixteenth century, to stay at the side of the bed and not at the foot, and to speak gently so as not to tire the sick. A rule written that long ago can still save a visit this afternoon. If the person is tired, a short prayer and a promise to return is already a complete visit. Leaving well is part of arriving well. Say when you will come again if you can keep the promise. Do not promise a miracle. Do not promise that you understand. Do not stay so long that the nurse has to rescue the patient from your kindness. The first visit is not the whole friendship. It is only a door held open.

A short prayer

Jesus, guard my mouth. Give me one true sentence, and the courage to stop after it. Amen.

Chapter 3

Listening more than speaking

The power of presence.

Most of us were trained to be useful. A bedside is a poor place for that training. The person in the bed has already met useful people all morning: the one who takes blood, the consultant, the woman who brings the tea. What is often missing is someone who will sit down and not try to improve anything for ten minutes.

Listening in a ward is not the same as waiting for your turn to speak. It is the decision to let the other person's words be the main event in the room. Sometimes those words will be medical and full of dates. Sometimes they will be a story from forty years ago that seems to have nothing to do with the diagnosis. That story has everything to do with the diagnosis. It is the person trying to remain a person. If you steer them back to the illness too quickly, you have told them that only the illness is interesting now.

Presence has a weight that advice does not have. Families remember who came and sat. They rarely remember the sentence that was meant to be wise. I have left rooms in which I said almost nothing, and have been thanked as if I had preached. I have also left rooms in which I talked too much, and have felt the air go thin. The difference is not a mystery. It is whether I needed the

visit to prove that I had been a good priest.

Camillus wanted a brother to remain with the dying even through the night, taking turns of an hour, holding a crucifix and the book for the commendation of the soul. He was not asking for clever conversation. He was asking that the person not be abandoned to the machinery of the hospital. A modern ward will not let us stay all night. It will let us stay for the length of one honest visit. That is already a kind of vigil, and it is enough for most rooms.

A short prayer

*Lord, teach me to stay. Let my silence be company and not absence.
Amen.*

Part Two

In the Hospital and at Home

Chapter 4

When the diagnosis is serious

Walking with people in the first shock.

The first days after a serious diagnosis have a particular weather. The words from the consultant are still new enough to feel as if they might be taken back. People make lists. People telephone too many relatives and then wish they had telephoned none. People become suddenly interested in prayer, or suddenly unable to pray at all. Both reactions are human, and neither needs to be corrected in the first hour.

Walking with someone in that shock does not mean having a map for the next year. It means being willing to hear the same news more than once, because the person is still trying to hear it themselves. It means not rushing them toward meaning. Meaning may come later, or it may come in a form we would not have chosen. On the first Thursday after the scan, meaning is often too heavy a word to put on the locker.

Hope, in those days, should be spoken carefully. Christian hope is not the same as optimism about the next test. Hope is the trust that this person is held, whether the next test is kind or unkind. If we say only that everything will be fine, we may have to come back later and take the sentence apart. If we say only that we

must be realistic, we may crush something that was still allowed to breathe. A better sentence is often smaller. I am here. We will take the next step when it comes. Shall I pray with you now, briefly.

The Church has oil for this stage, and not only for the last one. Anointing may be given when a person begins to be in danger from illness or from old age. Waiting until the corridor is full of crash trolleys is a habit we inherited from centuries when the sacrament had been pushed to the edge of death. The Second Vatican Council asked that the older and kinder name be used again: anointing of the sick. If a priest waits for the family to whisper that it is time for the last rites, he may have waited past the days when the person could still hear the prayers with peace.

A short prayer

*God of the first hard week, hold us when we cannot yet see a year ahead.
Amen.*

Chapter 5

Chronic illness and long suffering

Keeping hope alive over months.

A long illness is a different country from a crisis. The visitors who came in the first fortnight become fewer. The casseroles stop. The parish newsletter mentions the name less often because people assume that everyone already knows. The person who is ill has to learn a new liturgy of pills, waiting rooms, and good days that cannot be trusted.

Keeping hope alive over months is not a matter of cheerful posters on the ward. It is a matter of continuing to treat the person as someone whose week still has a shape. Ask about something that is not the illness. Bring a short letter rather than a long visit if visits have become tiring. Remember anniversaries that the illness has not cancelled. Pray in a way that can be repeated, because long suffering needs prayers that do not require a special mood.

There is a temptation, in chronic illness, to make the person into a lesson. They become the one who is so brave, or the one who is an example to us all. Most people who are tired of being ill are also tired of being an example. They would like to be ordinary again. Mercy, in a long illness, often looks like allowing them that. It also looks like telling the truth when the truth is that this week

has been wretched. False brightness is a thin blanket.

Saint Faustina knew tuberculosis from the inside. She worked while she could, and then she was given the door of the convent when the heavier work was no longer possible. Her last duty was welcome. A person who can no longer do what they did is not finished with vocation. They may be beginning the part of vocation that is mostly prayer, patience, and the small kindnesses that can still be offered from a chair.

A short prayer

Christ of the long days, keep hope small enough to live in an ordinary Tuesday. Amen.

Chapter 6

The family around the bed

Those who are exhausted, angry, or afraid.

The family around the bed is often more exhausted than the person in it, because they still have to drive home, answer the telephone, and pretend at work that they are coping. They may be angry with the doctors, with each other, with God, and with the relative who has not come. Anger at a bedside is not a failure of love. It is love with nowhere to put its hands.

A visitor who only attends to the patient can miss half of the pastoral work. The daughter who has not sat down for six hours needs a chair as well. The husband who is telling the same story to every new nurse needs someone who will hear it without correcting the medical details. The brother who stands in the corridor and will not come in should not be described too quickly as uncaring. He may be afraid of crying, or of the smell, or of saying goodbye too soon.

It is not the chaplain's job to fix a family in one afternoon. It is sometimes his job to stop a family tearing itself in the name of doing the right thing. Someone wants more treatment. Someone wants less. Someone wants a priest immediately. Someone does not want any religion in the room. The way through is usually

slower than any of them would like. Ask the sick person, if they can answer, what they want. Their voice has a right to be the first voice, even when it is weak.

Food, lifts, and night rotas are spiritual works when they keep a family from collapsing. So is the sentence that sends someone home to sleep. Camillus organised hours so that no brother would be destroyed by staying too long. A modern family needs the same permission. Mercy toward the dying includes mercy toward the people who will have to live afterward.

A short prayer

Lord, have mercy on the people standing around the bed. Give them a chair, and a way to go home and sleep. Amen.

Chapter 7

The Sacrament of the Sick

Not only the last rites.

Many Catholics still hear the words last rites and think of a priest running down a corridor with oil. The picture is not always wrong. It is incomplete. The sacrament of the sick is for Christians who are seriously ill or weakened by old age. It may be repeated if the person recovers and becomes ill again, or if the illness worsens. It is not a signal that the Church has given up. It is oil on a body that belongs to God.

The name extreme unction, which means the final anointing, became common in the West only after Peter Lombard used it in the twelfth century. For a long time before that, anointing belonged more clearly to the sick as such. Then, for complicated reasons of penance and fear, the rite drifted toward the last hours. The older order of the last sacraments was confession, then anointing, and then viaticum. In the thirteenth century the widely used Franciscan books changed the order so that anointing stood next to the commendation of the soul, and viaticum was no longer the last food given. That small change in a book helped to make oil feel like a door that opens only onto death. People delayed the sacrament. Some still do.

When Paul VI revised the rite in 1972, following the Second Vatican Council, the Church tried to give the sick their sacrament back. The oil, blessed by the bishop on Holy Thursday in the West, is traced on the forehead and on the hands, with a prayer that asks for strength, peace, and healing of soul and body. The healing may be physical. It may be the deeper healing that lets a person face what is coming without despair. Both are asked for. Neither is demanded of God as if the oil were a machine.

Celebrating the rite with peace means explaining it before the stole goes on, if there is time. It means asking whether the person wishes to confess first. It means not performing urgency if the afternoon is calm. It means letting the family see that this is a sacrament of the living. I have watched shoulders drop in a room when a woman realises that she is not being told she will die this week. She is being told that the Church has oil for her while she is still here.

A short prayer

Blessed are You, Lord, who gave us oil for the sick. Let this sacrament be peace, not panic. Amen.

Chapter 8

Confession and Communion at the bedside

Practical and spiritual notes.

Confession at a bedside has its own rules of kindness. The curtain is not a confessional grille, so the priest must make a grille with his body and his voice. Family may need to be asked, gently, to step out. If the person cannot speak a list of sins, a general sorrow and a general absolution, given with pastoral care, can still reconcile. The Church does not require a perfect memory from a person whose memory is being taken by illness. She requires a heart that wants to come home.

I have sat with men who had not been to confession for more than fifty years. One had stayed away for sixty-five. In the language of the Gospel they were the big fish, the ones who make a net feel suddenly heavy and holy. Heaven opened in those rooms for both of us. I will never forget the quiet that came after the words of absolution, as if a window that had been shut for a lifetime had been opened onto a garden. Those hours are why a priest keeps walking the corridor even when he is tired.

Communion at the bedside is the same Christ as on Sunday, in a smaller host, often received with water, sometimes only by a fragment. Viaticum is the name we give when this Communion is

food for the last journey. The word is almost homely. In the ancient world viaticum was provisions for a road. The Church took the word and said that the road through death should not be walked hungry. If a family has been waiting for the last rites, it is worth telling them that the last Communion is, in the Church's own mind, the last sacrament properly so called, together with the prayers that commend the soul. Oil may already have been given days before. That is not a failure of timing. That is the rite working as it was restored to work.

Practical notes matter because holiness has to survive a locker and a sipping cup. Ask the nurse if the person may receive. Sit high enough that the person does not have to strain. Say the Our Father slowly. If the host cannot be swallowed safely, do not force a piety that would cause distress. A spiritual communion, made with the person in simple words, is not a second-class mercy. Christ is not prevented by a swallowing difficulty.

A short prayer

*Jesus, come under this roof as You came under the roofs of the Gospel.
Feed us and forgive us. Amen.*

Part Three

The Final Journey

Chapter 9

When death is near

Preparing the person and the family.

When death is near, the room changes temperature even if the thermostat does not. Speech becomes expensive. The person may sleep more, pick at the sheet, look toward a corner that the family cannot see. They may speak of packing, of going home, of people who have already died. These are not always confusions to be corrected. Sometimes they are the soul trying on the language of departure.

A priest learns to watch for the signs without becoming a forecaster. Breathing that changes, hands that grow cool, a sudden clarity followed by a long quiet — nurses know these better than clergy. What the Church knows is how to prepare. If anointing has not been given, this is the time. If viaticum can still be received, this is the time. If the Apostolic Pardon, the plenary indulgence granted at the point of death, can be given, this is the time. Families often have not heard of that blessing. It is one of the quiet treasures of the ritual, and it is meant for exactly this threshold.

I have been at the beds of unconscious patients who seemed to be waiting. The sacrament was given, the Apostolic Pardon was spoken, a short prayer was said — and they died almost at once, as

if they had been holding on for that moment. It reminded me of the promise attached to the nine First Fridays, that Christ would not refuse the grace of final perseverance to those who had trusted His Heart. I do not turn those rooms into a proof. I only say that I have seen people wait for the Church's last kindness, and then go in peace.

Preparing the family means telling them what they are seeing, so that ordinary dying is not mistaken for a crisis that someone is failing to stop. The commendation of the soul is already found in texts from the seventh century. The Church has been saying "go forth, Christian soul" for longer than most nations have existed.

A short prayer

Holy Mary, Mother of God, pray for us sinners, now and at the hour of our death. Amen.

Chapter 10

The last hours

Silence, short prayers, the presence of love.

The last hours are not a performance. They are a vigil. What helps most is almost always smaller than what people think they should be doing. Silence helps. A wet mouth cared for by a nurse helps. A hand that does not squeeze too hard helps. The name of the person, said now and then so that they know they have not become a body already, helps. Short prayers help more than long ones. The Our Father. The Hail Mary. Jesus, I trust in You. A decade of the Chaplet, said quietly enough that it does not become a concert.

Camillus wanted a crucifix, holy water, the book, and a candle. A modern ward will accept a small crucifix and will look sideways at a candle. Holy water can still be used with a light hand. The point was never the inventory. The point was that the dying person should not be left to the last struggle without the signs of the Church.

I have sat with families in intensive care while a machine was still working, and I have prayed with them before the machine was switched off. I have also cried with them when it was switched off. There is no useful sentence for that minute. There is only

presence, and the name of Jesus, and the honesty of tears. Love, in these hours, may look like allowing one relative to speak and another to be silent. Hearing is often the last sense to go. Say nothing by the bed that you would not say if the person's eyes were open. Say the things that need to be said: thank you, forgive me, I forgive you, I love you. The Church's prayers assume that these human sentences belong next to the official ones.

A short prayer

Jesus, I trust in You. Stay with us in this last quiet. Amen.

Chapter 11

After death — the first moments

Care in the immediate aftermath.

The first minutes after a death have a strange cleanliness. The machines, if they were there, stop arguing. The nurse does a small set of tasks that look ordinary and are not. The family stands in a new kind of not knowing. Someone will ask what happens now, meaning both the paperwork and the rest of life.

A priest's work in those minutes is mostly not to rush the room toward arrangements. A short prayer for the dead is enough at first. The commendation can be finished if it was begun. A blessing of the body, simple, without a homily, tells the family that this body is still owed honour. Then there will be questions about the undertaker, the funeral, the house keys, the relative who is on a motorway. Help with the next concrete step is mercy. A speech about the meaning of death can usually wait until tomorrow.

Some families want to wash the body or to sit for an hour. Where the hospital allows it, that wish should be protected. Some families need to leave the room almost at once. That wish should be protected too. Grief does not come in one authorised shape. I have learned not to fill the first silence with the parish diary. I have also learned to say, clearly, that I am sorry, and to use the person's

name. The name is already beginning to change tense in the mouths of the living. Saying it with care is one of the first works of mourning.

A short prayer

Eternal rest grant unto them, O Lord, and let perpetual light shine upon them. May they rest in peace. Amen.

Chapter 12

Funerals and the days that follow

Beginning to grieve with faith.

A funeral is not a concert in honour of the dead, and it is not a second medical report. It is the Church doing for this person what she does for all her children: carrying them to the altar, telling the truth about death and resurrection, and putting their name into the prayers of the living. Families who have never planned a funeral are often afraid of getting it wrong. A priest can lower that fear by offering a clear, small set of choices rather than an endless menu.

The days that follow the funeral are quieter and, for many people, harder. The house is too large. Sundays arrive without a reason to put on a good coat. This is where parish mercy either continues or reveals that it was only shaped like an event. A message in the third week, a Mass offered without being asked, a visit that does not require the bereaved person to act as host — these are the works that belong to the long tail of a death.

Grieving with faith does not mean pretending that the person is not gone. The Church's own prayers admit the loss. They also refuse to let the loss be the last word. A family can be helped to keep both halves: tears, and the Creed. If they can only manage

tears for now, we should not hurry them toward the Creed as if grief were a lack of doctrine. The women at the tomb brought spices before they brought a theology.

A short prayer

*Lord, walk with this family in the weeks when the house is too large.
Amen.*

Part Four

Mercy and Hope

Chapter 13

Divine Mercy at the bedside

What Faustina still says to a ward.

Saint Faustina was told to pray for the dying because they have most need of trust and have it the least. That line, from her Diary, is one of the most accurate pastoral sentences I know. A dying person is often too tired for the trust they used to have. The Church lends them ours.

The Chaplet said at a bedside is not a charm. It is the offering of Christ's Passion for a particular soul. Jesus told Faustina that when the Chaplet is said in the presence of the dying, He would stand between the Father and that person not as the just Judge but as the Merciful Saviour. Families who have never read the Diary can still use the beads. A decade is enough if a decade is all the room can hold. The promise is not a reason to neglect Confession and viaticum. It is a companion to them.

The Hour of Mercy at three o'clock has a special fitness in a hospital, because hospitals already live by the clock. A visitor who cannot stay for a long prayer can still keep the brief instant Jesus allowed: a remembrance of the Passion, a request for mercy on the dying of this ward. I have said that prayer in car parks and in lifts. The lift is not too secular. The Passion was public. The image of

Mercy, if a family wishes it, can sit where the person can see it without turning their head. The signature under it is the whole spirituality of a deathbed in a few words. Jesus, I trust in You. Jezu, ufam Tobie.

A short prayer

Merciful Jesus, stand between the dying and despair. Jezu, ufam Tobie.

Chapter 14

The mystery of suffering

Not easy answers.

Christians are often asked to explain suffering as if it were a sum that must come out neatly. The Gospel does not give us that sum. It gives us a Person who did not avoid the bed of pain and who did not tell the dying thief a theory. He told him a promise.

A Christian way of looking at suffering begins with honesty. This is bad. This hurts. This is not what God made the world for. Illness is not a compliment paid to the holy. It is a wound in creation. From there we may speak, carefully, of Christ being close, of the possibility that love can be offered even here, of the strange way a ward can become a place of truth. We should not tell a person that God wanted this for them as a lesson. We may tell them that God will not waste it, which is a different sentence.

The saints are not useful if we use them to shame the sick. Faustina wrote that suffering is a great grace, and she also coughed blood. Camillus served the plague and remained a man with a bad leg. Their lives say that grace and pain can sit in the same chair. They do not say that pain is graceful. If we keep that distinction, we will do less harm. Mystery, in this sense, is not fog. It is the admission that we do not stand above the bed with a diagram. We

stand beside it, with oil, with bread, with a name, and with the hope that the story is larger than the part we can see.

A short prayer

Christ of the Cross, we do not ask You for a diagram. We ask You to stay. Amen.

Chapter 15

What the sick have taught me

Gratitude and lessons received.

The sick have taught me to sit down. They have taught me that a visit of eight minutes, done without hurry, is better than a visit of forty minutes in which I am already in the next room in my head. They have taught me that people will forgive a clumsy prayer and will not forgive being treated as a case.

They have taught me that faith at the end of life is often smaller and stronger than faith in the middle. Smaller, because the sentences fall away. Stronger, because what remains has been tested. A man who can only say Jesus, and who says it as if the name were a handrail, has become a teacher without intending to.

I have seen Jesus many times in the eyes of sick and suffering patients. I do not mean a vision that would stand up in a tribunal. I mean the look that makes a priest want to say, quietly, I am privileged to serve You, Lord. That sentence has come to my lips more often in a ward than at an altar. It is the only honest answer I have when the room is heavy and I am still allowed to be there.

I once sat in a hospice room with a man whose abdomen was larger than a balloon. We spoke openly about what would happen after death. He did not want poetry. He wanted a priest who

would not dodge the question. Within twenty-four hours he was gone. I am glad we used the time we had for the real subject, and not for the weather.

On burns wards the smell of burned skin asks you to leave before you have begun. Sometimes there is almost no unburned place left on which to put the oil. You anoint what can be anointed, and you trust that Christ is not limited to a patch of skin. The nurses and the paramedics on those corridors are quiet heroes. We do not thank them enough. They stay when the smell and the sight would send most of us back to the car.

I am not a hero of these rooms. I am a priest who still gets the ward wrong, who still talks when he should listen, who still feels relief when a difficult visit is over. The people in the beds have been patient with that. If there is any wisdom in this book, it was borrowed from them.

A short prayer

Thank You for the people who let me sit down. Keep me humble enough to keep learning. Amen.

Chapter 16

For those who care

Looking after yourself.

People who care for the sick disappear in small ways. They skip meals. They stop going to their own doctor. They become sharp at home because they have been gentle all day in a ward. Priests do this. Nurses do this. Daughters do this. The Church is not well served by carers who have nothing left but the husk of a vocation.

Looking after yourself is not a modern slogan pasted onto the Gospel. Camillus organised hours so that the vigil could last. He knew that a brother who never left the bed would soon be useless at the bed. Sleep is a creaturely duty. So is a walk, a meal that is not eaten standing, a conversation that is not about the ward, and, for a priest, a confession of his own.

If you are reading this in the third year of looking after someone at home, you may need more than a paragraph. You may need other people to take a Sunday. You may need to say that you are not coping. That sentence is not a betrayal of the person you love. It is one of the ways you remain able to love them.

A short rule, if a rule helps. Once a day, do one ordinary thing that belongs only to you, even if it is only tea in a chair that is not beside a bed. Once a week, tell one true sentence about how you

are to someone who can hear it. Once a month, receive the mercy you spend your life handing to others. The fountain does not open only in one direction.

A short prayer

Lord, give me a chair that is not a bedside, and the grace to sit in it without guilt. Amen.

Further pages

Older teachers of the bedside

The soldier who organised the hours

Camillus de Lellis was a soldier with a bad wound in his leg before he was a saint of hospitals. That detail is worth keeping, because it means he knew a bed from the inside. When he organised care in the hospitals of Rome, he put spiritual nurses in the wards whose first work was to prepare the sick for confession, communion, and oil, and to stay with those who were dying. He wrote to a brother in Milan that the sacraments should not be left until late. Let them confess and receive communion at once, he said, and so with the holy oil and the commendation of the soul.

He also ordered a practical mercy that still startles people who think the past was only grim. If the dying went on for a long time, the brothers were to take turns of an hour, so that no one was destroyed by the vigil and no dying person was left alone. They were to hold a crucifix, holy water, the book of commendation, and a candle. A modern hospital will smile at the candle. It should not smile at the turn-taking. Burnout is not a new invention. Camillus built a rota because love without a rota becomes abandonment later.

John of God, in Spain, wrote into his constitutions that when a patient was in danger of death a chaplain or a brother must remain at the side, guiding the person gently, not tiring them, encouraging the name of Jesus. Gentle is a word we do not always associate with the sixteenth century. It is there in the rule. A bedside voice

should be low enough that the sick do not have to spend strength on listening.

A few facts that change the word oil

A few facts that change the way a family hears the word oil. In the early centuries the oil of the sick could be blessed not only by bishops but, in some places, by lay people known for holiness, and even by women. Saint Monegund and Saint Radegund are remembered as blessing oil that was later used for the sick. The West slowly reserved the blessing to the bishop, and Holy Thursday became the ordinary day for that blessing. The East kept a stronger role for priests in consecrating the oil. Neither history makes the sacrament less holy. Both histories tell us that the Church has argued, for a long time, about how close ordinary Christians may come to the care of the sick.

Viaticum means provisions for the road. Before the Middle Ages pushed anointing to the last place, the last sacrament was food. A journey was not to be walked hungry. When a priest today is delayed by traffic and arrives after a death, the Church does not pretend that he can give viaticum to a corpse. He can still pray. He can still honour the body. He can still care for the family. The hunger of the dying is why we try not to be late. It is also why we should not wait for a cinematic last hour before we offer Communion in the weeks of decline.

The Apostolic Pardon is a plenary indulgence offered to the dying, using the authority of the Church. Many families have never heard of it. It is not a replacement for a life of mercy. It is a

last door held open, and it belongs in the same quiet toolbox as oil and a wet cloth for the mouth.

A week of small practices

If you are new to this work, a week of small practices may help more than a theory.

Monday. Practise the first minute. Knock. Name yourself. Ask if it is a good time. Sit down.

Tuesday. Practise not saying the sentence you always say. Replace it with I am sorry this is happening, or with nothing.

Wednesday. Pray the Chaplet once for the dying of your town, by name if you know names.

Thursday. If you are a priest, look at the oil stock and the rite card before you are called. If you are not, ask your parish how a sick person asks for anointing, so that you are not guessing in a corridor.

Friday. Remember a carer. Send one message that does not ask them to report on the patient.

Saturday. If you have a visit to make, make it before you are too tired to be kind. A tired visit can wait until morning if the person is stable.

Sunday. Receive something yourself. Mass, a walk, a meal. The week will ask again.

Short prayers in Polish

Short prayers in Polish, for houses that still pray that way.

Jezu, ufam Tobie. Jezu, miłosierny, bądź przy tym łóżku. Matko Boża z Lourdes, przyczyn się za N. Dobry Jezu, a nasz Panie, daj jej wieczne spoczywanie. Wieczny odpoczynek racz jej dać, Panie, a światłość wiekuista niechaj jej świeci. Niech odpoczywa w pokoju. Amen.

Ojcze nasz, któryś jest w niebie... Zdrowaś Maryjo, łaskiś pełna... Chwała Ojcu i Synowi, i Duchowi Świętemu...

Na godzinę trzecią. W godzinie Twojej śmierci, Jezu, otworzyło się miłosierdzie. Dla Jego bolesnej męki, miej miłosierdzie dla nas i dla całego świata.

Rooms I have sat in

Scenes from parish and hospital life

The following rooms are written so that a reader who has never been a chaplain can feel the air, and so that a reader who has been one will recognise the weather. Names and small details have been held back, because a bedside is not a stage.

A man in a side room had asked not to see a priest. His daughter telephoned anyway. I stood in the corridor and said I would not come in unless he agreed. After twenty minutes he agreed to five minutes. We spoke about the garden he could not water. He did not want a prayer. I asked if I could say one sentence in the corridor after I left. He shrugged. A week later he asked for oil. The first visit had not been wasted. It had been a porch.

A woman who had not been to Mass for years wanted Communion and was afraid of the questions. I asked her whether she was sorry for the distance, and whether she wanted to come home. She said yes to both. That was the confession. The host was very small. She cried as if she had been given a house.

There was a bay so full of family that I could hardly see the bed. On it lay an old woman in agony. Around her, people were on their telephones. The dying was happening in the middle of the room and the room had not noticed. I asked if I might pray for her. A few voices said no. I did not argue. I went back to the car

and prayed for her on the way out of the hospital. That afternoon taught me that a priest can be refused, and that the refusal does not cancel the duty to pray. It only changes the place.

A night nurse closed the curtain around us without being asked and stood with her back to the gap so that Confession could happen in a four-bed bay. She was not a Catholic. She understood the work. I have never written her name down. I still thank God for her back.

A boy wanted the teddy anointed. The mother looked at me with a face that said please do not make this a theological problem. I blessed the teddy and anointed the child. Theology can stretch that far.

After a death I once started to speak about arrangements too soon. The widow looked at me as if I had begun to move furniture in a church. I stopped. We stood. The clock in the ward was loud. That clock taught me more than a course.

A carer at home had not slept in a proper bed for months. I told her to go upstairs for an hour while I sat with her husband. She looked guilty. I said that Camillus invented shifts for a reason. She went. When she came down she had washed her face. That was a sacrament I cannot find in the ritual book.

And then there were the long confessions. Men who had carried fifty-five years, and one who had carried sixty-five, without

speaking a sin aloud. When the words finally came, the room felt larger. I do not use those hours as trophies. I keep them the way you keep a letter you should not show anyone. Heaven opened. That is all I am allowed to say, and it is already enough.

A letter to the reader

Dear reader, I do not know whose bed you are walking toward. I know that you would like to get the visit right, and that right is a heavy word. Sit down if you can. Say the name. Do not be afraid of a short prayer. Come back if you said you would.

The Church has been in rooms like this for a very long time. You are not the first to feel unready. You will not be the last. Mercy is already in the room before you open the door. Your task is only to notice it, and to stay long enough that the person in the bed is not left alone with the clock.

May Our Lady of Lourdes keep you company. May the dying be given trust when they have it least. And may you be given, at the end of the day, a chair of your own.

Bedside prayers

For a first visit. Lord Jesus, You went into the houses of the sick. Go into this room ahead of me. Teach me when to speak and when to be still. Let this person know that they have not fallen out of Your Church. Amen.

For someone who has just heard hard news. God of the living, the words are still new and heavy. Hold this person when explanations do not help. Give us the next hour only. Jesus, I trust in You.

For anointing. Lord, You told Your apostles to anoint the sick with oil. Let this oil be strength, not a signal of despair. Heal what can be healed. Hold what cannot. Amen.

For the dying. Go forth, Christian soul, in the name of God the Father who made you, in the name of Jesus Christ who redeemed you, in the name of the Holy Spirit who was poured out upon you. May you have rest this day in peace, and your dwelling in holy Zion.

Jesus, I trust in You. Jezu, ufam Tobie. Jezu, ufam Tobie. Jezu, ufam Tobie.

For a family after a death. Lord, receive N. whom we have loved. Be close to those who have to walk out of this room and begin the ordinary day without them. Give us the next kind task, and the courage to do it. Amen.

A nurse's prayer, or a carer's. Christ of the wards, keep my hands kind when I am tired. Let me see a person, not only a task. When I go home, let me go home. Amen.

Suggested short readings

From Scripture, to be read slowly. Psalm 23. The Lord is my shepherd. Psalm 27. The Lord is my light and my salvation. Psalm 63. O God, you are my God, for you I long.

Matthew 11:28–30. Come to me, all who labour. Mark 5:21–43. The child is not dead but asleep. Luke 23:39–43. Today you will be with me in Paradise.

John 11:1–44. Lazarus, come out. John 14:1–6. Do not let your hearts be troubled. Romans 8:31–39. Nothing can separate us. 2 Corinthians 4:16–18.

Though our outer nature is wasting away. James 5:13–16. Is anyone among you sick. From the Diary of Saint Faustina, said without a sermon.

When they say this chaplet in the presence of the dying, I will stand between My Father and the dying person, not as the just Judge but as the Merciful Saviour. (1541) Pray as much as you can for the dying. By your prayers obtain for them trust in My mercy, because they have most need of trust, and have it the least.

(1777) Jesus, I trust in You.

Acknowledgements

The history of anointing, viaticum, and the commendation of the soul follows the Church's liturgical sources and the public work of historians of the rite. The name extreme unction is Peter Lombard's, from the twelfth century. The change in the order of the last sacraments owes much to the Franciscan books of the thirteenth century.

The restoration of the name anointing of the sick belongs to the Second Vatican Council and to the rite revised under Paul VI in 1972. Saint Camillus de Lellis and Saint John of God remain the teachers of anyone who sits beside a bed. Saint Faustina's Diary is quoted from the standard English numbering.

The rooms in this book are composite rooms from parish and hospital life in South Wales. They are offered with thanks to the people who allowed a priest to sit down, and to the nurses who knew when to close a curtain.

A word of thanks

These pages were written for rooms where a chair has to be enough. If they have helped you to sit down, and if you are able to leave a small gift, it will be received with gratitude. It will help the pastoral work of a small parish in South Wales, including the visits that do not appear in any newsletter.

Please do so only if you wish, and only if you can. There is no charge for reading. If you can help, I will be grateful.

Printing tip

This book is designed in A5 format. For best results print double-sided on A5 paper (or print 2 pages per A4 sheet and cut or fold). Recommended paper: 80–100 gsm for a pleasant reading feel.