

# 'When you care for the sick, you care for Christ'

The spiritual care Colin MacDonald received from Catholic clergy and religious was vital for him and his family, in life and in death.

"When my father went into hospital initially, after his injury, he requested to be anointed and he received the Sacrament of the Anointing of the Sick, which was a great consolation to him and to our family," explained his daughter, Dr. Karen MacDonald.



Dr. Karen MacDonald, an emergency room physician, experienced the significant and life-giving ministry of hospital pastoral care during the sickness and death

of her father seven  
months ago.  
Courtesy photo

She recounted how her 88-year-old father, Colin, was transferred from a Catholic hospital to another health care facility in a larger community. Upon his arrival at the second hospital, “a member of the pastoral care team” came to visit him.

“He asked her directly for the Eucharist,” recalled MacDonald of her father’s interaction with the woman. “She wasn’t Catholic, so she told him that ‘a priest would come in the next few days probably and visit him,’ and then she left.”

MacDonald’s family was amazed when, within the next 15 minutes, this desire was realized. A sister from a religious community dedicated to the Eucharist arrived and brought Communion to MacDonald’s father. “I was able to receive along with my mother and my father, and we all prayed together,” MacDonald said.

*Read more from our [Fall Vocations Special Section here](#).*

“For us, it was a moment of great consolation,” she continued. “And, in retrospect, even more so, because the following morning he unexpectedly died of a cardiac arrest.”

MacDonald noted that “when someone dies unexpectedly,” families can wonder about the spiritual preparedness of their family member. “You want to know your loved one was close to Christ at the time their soul went to God,” she told Our Sunday Visitor in a phone interview.

Knowing that her father “received the Eucharist not even 24 hours before he died” and that, prior to this, he “received the Sacrament of the Anointing of the Sick” has been a lifeline for MacDonald and her family in the complexities and challenges of their grief.

She credited this knowledge with helping her get “through the first week and months” after her father’s passing. It also remains to be an anchor to the present day, which gives her hope in the midst of her grief, because these consolations were “a real experience” of “the Mercy of God.”

“It’s really a reflection, I think, of the way that God loved my father and that God loves me,” MacDonald said. “I experience it as that. And there’s a sense of peace about his death that comes about through knowing that he received those sacraments and also of being able to be present with him when he did.”

MacDonald recognizes how unique, and blessed, were the circumstances surrounding her father’s death, especially during a pandemic. This was thanks, in part, to the ministry of those in Catholic chaplaincy.

## **First-hand knowledge**

As a physician in an emergency department, MacDonald is particularly aware of, and sensitive to, the importance of ministry to the sick and dying.

“Christ is in through all of that because really, as Catholic Christians, we are called to be Christ and to see Christ in one another,” she said. “So, when you care for the sick, you care for Christ.”

MacDonald noted that “in the suffering and in the illnesses of other people you see the wounds of Christ. You see his agony and you see his crying out to the Father.”

She said that those who are suffering have a “need for community,” the sacraments and “to be surrounded by love.” MacDonald also perceives the importance of having “people who can take what people in their suffering really dish out.”

“It’s not all beauty and nice words,” she said. “There’s lots

of anger and resentment and lashing out, and families take the brunt of that sometimes. The health care workers do, too.”

One of the big stresses of the pandemic, certainly on health care workers, was the lack of family and how much that added to the suffering and isolation of their patients, acknowledged MacDonald. “We are made to live as a communion of persons; we’re not meant to be alone.”

She cited how medical staff would set up different devices and technologies to maintain contact with patients.

“But it’s still not the same as actually physically being present,” MacDonald said. “We’re called to be present to each other and, if we’re not, you can see why people think their lives aren’t worth living – if even the people that are supposed to be caring for them can’t be even present to them in their suffering.”

“You can see how that can lead to despair,” she added.

Accordingly, MacDonald suggested that the coronavirus pandemic has made chaplaincy care – which was already essential – only more so, if that’s even possible.

“It’s the kind of care we all need and deserve,” she said. “I think it’s almost a right of being cared for properly. It’s how we need to reverence the actual whole human person.”

Healthcare that’s devoid of that can be competent and functional, but it kind of misses the whole soul of the reason why they do it, said MacDonald. “It’s really an essential part of health care.”

## **No substitute for vocations**

MacDonald noted that there are facets of human suffering that “are not just physical.” “There are the spiritual, psychological and emotional crosses that people bear,” she

said.

As a result, MacDonald said that those in “pastoral care” are “in a unique position to be able to answer, and speak to, and listen to those concerns.” She also sees the ability of those in chaplaincy to discern “which sacraments people are in need of, whether that’s food for the journey [of] the Eucharist or the Sacrament of Reconciliation.”

In people’s suffering and dying they often “come to a realization of the relationships they need to reconcile with, or at least ask for forgiveness for, if reconciliation is not possible in those relationships,” said MacDonald.

They really do desire to die in a way that puts them right with God, she said. “I see that need a lot and, as a lay Catholic, there are things that I can definitely do, there are ways in which I can care for people.”

However, MacDonald said that there is a fundamental difference between her role and that of those who are “called vocationally.”

“The whole human person requires a team of people who care for them, who have their own calls and vocations,” she said. “No one of us has the ability to give all of that, and that makes sense because we’re all part of the Body of Christ.”

“It requires the whole community,” she added. “Just the presence of a religious sister and the presence of the priest, there are no substitutes for that kind of care.”

## **The role of the consecrated**

Expounding upon the role of a religious sister in hospital chaplaincy, such as the nun who visited MacDonald’s father in hospital prior to his death in February 2021, MacDonald was affirming.

“She can bring the Eucharist to others, and she can be present to listen, to pray with and to be with the sick and the suffering,” said MacDonald.

The emergency room physician noted that, through a religious sister’s very presence, she ministers “not only to the patients” but “to the people that are also caring for the sick and the dying.”

MacDonald said that this is “very essential” to “the nurses, the janitorial staff, the administration assistants, the other physicians.” They “see the example of the care” that is being provided as well as “the fruits of that.”

“That changes the whole tenor of the place,” MacDonald added. “It’s the presence of Christ in that environment.”

“That’s what all Catholics can bring to their circumstances,” said MacDonald. “But to be particularly called to bring the Eucharist to the sick, it is a beautiful vocation.”

MacDonald acknowledged that “we live in a very secular environment” where many people have had “no experience of a church community” that is loving and self-sacrificial. Accordingly, even though this witness might not be understood, it still has an impact.

“There is something disarming about that and something beautiful,” she said. “That really does make a difference.”

*Nicole Snook writes from Canada.*