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"Suffering in Communion With Christ: Sacraments, Dying Faithfully, and End of Life Care

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In his autobiography *The Gift of Peace,* Joseph Cardinal Bernardin recounts his losing battle with pancreatic cancer. Like many patients, Bernardin finds himself thrown into the world of medicine. One Friday, he knows himself to be a perfectly healthy 67 year-old man, one of the most powerful prelates in the U.S.; a week later, he finds himself waking up post-op in a cancer hospital. In recounting his journey from first symptoms to surgery, he tells a relatively typical story – the operation is scheduled for early in the morning, he is nervous but attended by friends, the doctor is running late, the procedure goes well, and so on. But he observes:

> I spent only one night in the intensive care unit. Then they brought me back to my own room, where I experienced the discomforts one normally encounters after going through extensive surgery. I wanted to pray, but the physical discomfort was overwhelming. I remember saying to the friends that visited me "Pray while you're well, because if you wait until you're sick you might not be able to do it." They looked at me, astonished. I said, "I'm in so much discomfort that I can't focus on prayer. My faith is still present. There is nothing wrong with my faith, but in terms of prayer, I'm just too preoccupied with pain. I'm going to remember that I must pray when I am well!"[1]

His friends are astonished, because they know the Cardinal to be a man of prayer. The *Gift of Peace* opens with a section in which he recounts how, at the age of 45 and already an archbishop, his priest-comrades take him to task for neglecting his own prayer life, a chastisement he marks as a turning point in his life. From this moment on, he begins to devote the first hour of his day to prayer. Twenty years later, when he is diagnosed with pancreatic cancer, his daily prayer has come to shape his life in significant ways. Yet now, in the throes of post-operative pain, the pain of what will

[1] Joseph Cardinal Bernardin, *The Gift of Peace* (Chicago: Loyola Press, 1997), pp. 67-8.

prove to be a terminal illness, he discovers that prayer comes only with difficulty, even to one well-practiced in prayer!

I open with this story for two reasons. First, those who are interested in one shape of faithful dying and end-of-life care will find few better exemplars than Cardinal Bernardin.[2] His story certainly is one of what dying faithfully might look like. As importantly, throughout his illness, he remained a priest as well – Cardinal Archbishop of Chicago, one of the largest Catholic dioceses in the U.S. – as well as a figure of national stature.[3] Thus, as we will see, his story is equally a story about one way to faithfully care for the dying.

I also open with this story because in this chapter, I intend to to reflect on the sacraments as a way of sustaining faith in times of suffering and death. In particular, this chapter seeks to trace connections between sacramental practices and faithful dying as well as faithful end-of-life care. Bernardin's story, I believe, illustrates the shape of these connections in a clear and powerful way. Yet, as his observations on prayer above suggest, his story may well confound how we normally think about the relationships between sacramental practices and end-of-life care. A major argument of this chapter will be, to paraphrase the Cardinal: *participate in the sacraments while you're well, because if you wait until you're sick, it might be too late.*

The power and importance of sacramental practices lies, in other words, not solely or primarily in their utilization in the immediate context of end-of-life care. Rather, I will

[2] Elsewhere I have argued that Bernardin's story provides a model for re-thinking bioethics as christoform. See "Love Your Enemies: Toward a Christoform Bioethic," in *Gathered for the Journey: Moral Theology in Catholic Perspective*, eds. David Matzko McCarthy and M. Therese Lysaught (Grand Rapids, MI: Eerdmans, 2007), pp. 307-328.

[3] Notably, the title of his third chapter is "Priest First, Patient Second." He clearly intended to witness – first in his life, then through *The Gift of Peace*– not only to his diocese but to the larger Catholic community, and the larger non-Catholic community, to the possibilities for a different way of thinking about and approaching dying.

argue that the power and importance of sacramental practices for end-of-life care lies in the ongoing, lifelong immersion of Christians in these practices in the context of the Church. Sacramental practices serve to form congregations and worshippers – in an ongoing, continuous, recursive way – to be the body of Christ in the world, in their living, their working, and their dying. And it is only in this way, that they can begin to make sense within the context of medical care.

Rethinking Sacraments and Health

Before turning to the question of sacraments and the end-of-life, let us begin with the question of the relationship between sacraments and health or healing. In April 2006, Herbert Benson, et al., published a study on the therapeutic effects of intercessory prayer in cardiac bypass patients, a study that made the front page of the *New York Times*. [4] Confounding previous studies, Benson and his colleagues found that patients who were prayed for, and who *knew* they were being prayed for, had *worse* outcomes than patients who were not being prayed for. Prayer, it seems, might be *bad* for one's health, or at least for one's heart.

One could reach this conclusion, I would submit, without the benefit of any multicenter, randomized clinical trial. For all one needs to do is to look back over the past 2,000 years of Christian history. Here—in a retrospective rather than prospective analysis—we could single out a group of over 10,000 people (a good enough sample size for statistical analysis, if we could gather the right comparison and control group) who themselves participated almost continuously, non-stop in sacramental practices. These

[4] Herbert Benson, et al., "Study of the Therapeutic Effects of Intercessory Prayer (STEP) in Cardiac Bypass Patients: A Multicenter Randomized Clinical Trial of Uncertainty and Certainty of Receiving Intercessory Prayer," *American Heart Journal* 151, no. 4 (April 2006): 934-942.

study subjects prayed, worshipped, confessed their sins, and immersed themselves in the Eucharist to a degree far beyond their contemporaries. Yet time and again, as we read the stories of their lives, we find them racked with the most awful diseases. They die young. In fact, it seems quite often that their morbidity and mortality is (not in every instance but statistically speaking) far worse than the average, everyday Christian.

This group is, of course, the saints.[5] If one were going to look for a relationship between sacramental practices and health, the saints would be the place to start. But what one finds there confounds. Consider, for example, St. Francis. Granted, he did not eat well, and he adopted a rather extreme lifestyle, but bracketing that, he certainly was devoted to the Eucharist and assiduous in prayer. What is more, after praying for weeks at a point when his health was not so good, not only did he not get healed—he got the stigmata! While that might not be *entirely* a health issue, it certainly was physically burdensome. And he, one who got so close to Christ that even during his life people began to refer to him as *alter Christi*, another Christ—he meets the end of his life ends at a relatively young age (45), blind, with dropsy and a variety of other ailments.

Or consider St. Therese of Lisieux, "the greatest saint of modern times" as she has been proclaimed, and a doctor of the church. This Carmelite, whose autobiography glows with love for the Eucharist and whose life was a constant prayer, died of tuberculosis at the age of 24. Similarly there is St. Bernadette Soubirous, blessed with visions of the Holy Mother, whose digging unearthed Lourdes, the most visited site for healing pilgrimages in the world. She suffered from the most painful form of tuberculosis—tuberculosis of the bone—for years before dying. More recently we

[5] Per the non-authoritative website Catholic Online, "There are over 10,000 named saints and beati from history, the Roman Martyology and Orthodox sources, but no definitive "head count" (http://www.catholic.org/saints/faq.php).

watched John Paul II, not yet a saint but whose canonization is not far off, during his decades-long battle with Parkinson's. In a slight variation on the theme, there are those like Blessed Damien of Molokai, who, after serving lepers in Hawaii for thirty years contracted the disease himself. Or we have Cardinal Bernardin, who after a life of immersion in prayer and the sacraments, finds himself struck not only by one of the most malignant and fast moving forms of cancer, but also by extraordinarily painful spinal stenosis.

This litany could continue, but I think even this short list makes it clear: one cannot draw a direct, positive correlation between sacramental practices and health. If we could, these people—of all!—would have lived to be as old as Methuselah without a pain or a creak. But this is not the case. In fact, the hagiographic record—not unlike the Benson study—at least suggests that there might rather be an inverse relationship between the two. And that is significant. For the saints help us get past an instrumental view of sacramental practices, the assumption, that is, that the sacraments are or should be oriented toward some outcome external to the liturgy itself. The data they provide suggests that perhaps a different dynamic is at work.

Instrumental Sacramentality

Before unpacking this alternative dynamic, let me say a few words about what I mean by an "instrumental" view of the sacraments. Let me begin by describing one standard way of talking about the relationship between a sacramental practice and healing. I take as my example the sacrament of anointing of the sick and problems one finds particularly (though not exclusively) in the literature from my own Roman Catholic

tradition. Here the link between sacraments, healing, and health—if there is one—should be most apparent. But if one reads most of (the little) that has been written about the practice, one runs almost immediately into a perplexity. From Peter Lombard in the twelfth century to some of the most recent post-Vatican II publications, there has been no little consternation about the "proper effects" of the sacrament. Is the "effect" of the sacrament physical or spiritual? Is it "primarily" one or the other?

Many pages of ink have been spilt wrestling with this question. And the source of the consternation is the fact that, well, the sacrament of anointing does not always seem to "work." In other words, people get anointed, and they do not get better, and often they die. (Wouldn't it be interesting to do a Benson-like study on the sacrament of anointing; what would we do if we discovered higher rates of morbidity and mortality among those anointed? Would we stop anointing people?) But, if anointing is a sacrament—a visible means of invisible grace—it must have some "effect." Therefore, the tradition has finessed the question: since there must always be an effect, but we cannot always see it, the "primary" effect—the one that happens every time without question—must be spiritual; anointing provides "spiritual healing" or cleansing of the remnants of sin or preparation of the soul for the final journey, or something in that genre. Physical healing has become a "secondary" effect—one cannot say physical healing is *not* an effect of the sacrament, but this outcome is determined by whether or not physical healing will serve to further the work of God in the world, so one cannot always count on it.

Implicit in this way of thinking about the anointing of the sick are a number of problematic assumptions about grace, sacraments, and the Christian life, assumptions that plague how we think about the range of liturgical practices. First, it is premised on an

extraordinarily individualistic account of the sacraments. Sacraments here are actions of God (grace) directed at and effective in and for particular individuals. Individuals are the primary—and sometimes only—beneficiary of the sacramental action. When the sacrament has done its particularly delimited work on the individual, it is finished—the vector from God to the recipient is unidirectional and terminal, ending in an indelible mark or some predictable therapeutic intervention on the soul of the recipient.

Consequently, the view of grace operative here is almost 'medicinal.' Sacraments dispense discrete 'dosages' of grace, quanta that have particular benefits for the soul of the recipient depending on which intervention is being done (baptism, reconciliation, Eucharist, anointing), analogous to the ways medicinal interventions benefit the body of the patient.

This individualistic model generates a mechanistic yet spiritualized account of how grace operates in the world. In other words, one can more or less precisely trace out the mechanism by which grace operates (i.e., God, through particular materiality, formed by the right words, said by the right person, results in a particular change in the soul of the recipient), but the operation of grace is largely (if not entirely) restricted to the spiritual plane, which itself is located either in some ethereal transcendence or the ultimately private space, the individual soul (and/or somehow connects the two).

In other words, despite all protestations to the contrary, this approach to sacramental practices presumes and reinforces a dualistic conception of the human person, an unbridgeable bifurcation between soul and body. While problematic for a whole host of reasons, for our purposes, such dualism is problematic for what it says and

does about God. It presumes that God can or would choose to act on our souls without touching our bodies, or that God does not or *cannot* really affect our bodies.

This particular problem within Catholic sacramental theology is often reinforced by a general philosophy of pastoral care – at least as it has developed over the past twenty years, particularly within hospice and end-of-life care. While pastoral care is often celebrated among Christians as keeping the "spiritual" dimension alive within modern medicine, it tends rather to relativize Christianity (and all religious traditions). In my experience with hospice and hospital care, the chaplain members of the interdisciplinary care team are the only members that are *optional*; if patients are not interested in addressing the spiritual dimensions of their illness or dying process, they are not required to do so. Imagine a patient trying to forego interaction with the physician, nurse, or social worker in the same way! This ambiguous space of "spirituality" within medicine and even hospice has led to at best a "generic", customized (almost commodified or consumerist) approach to religious practice.[6] Any and all religious or spiritual practices are deemed equivalent in the medical context because they express the patient's own particular, individual spiritual preferences.

Such an approach cannot help but deform Christian sacramental practices. Not only does it abstract them from their proper theological context, namely, the ecclesial community or the church, thereby rendering them largely unintelligible. More problematically, they become located within the modern dualist and empiricist assumptions that shape medicine, a view of the world in which medicine – because it deals with the quantifiable – can make claims to knowing the truth and being effective,

[6] I thank Andrew Lustig for this way of phrasing it. See his "Prescribing Prayer?" *Commonweal*, April 23, 2004, p. 7.

while faith – being entirely subjective, personal – cannot. We accept a Cartesian view of the world that neatly divides science and religion into two opposing camps, and locates the "real" objective world and "real" objective healing squarely on the side of "science." Medicine is given – by Christians no less than non-Christians – enormous power and normative status because of the illusion that it can exhibit mastery and control over all disease. When it comes to healing and health care, medicine sets the agenda, defines the terms, creates the spaces, licenses the personnel, holds the authority. Medicine is deemed scientific, objective, effective and provides descriptions of "reality" into which "faith perspectives" must fit themselves. Faith perspectives must accommodate themselves to modern medicine if they are to gain permission to operate within its jurisdiction.

In this way, Christian healing practices have become defined relative to the world of modern medicine. Theologians are permitted to make a space for faith within that reality – to open up conversations on "spirituality," to work on the virtues of the physician, to get some spiritual assessment questions included on an ethics consult form, or make a space for religious practices within the hospital setting. But when Christian practices are "inserted" into such a context, they risk being reduced to "health technologies"[7] – truthful if they produce a clinically measurable benefit, but since they often do not "work" (especially in the hospice context), then they become simply a means of comfort, rituals that provide "meaning," or it is suggested that they "heal" metaphorically, effecting their changes on the spiritual side of the divide.

To be clear, I have no wish to deny that individuals benefit from sacraments or that that God can work through sacramental practices even in the least ideal of contexts.

[7] Again, Lustig, p. 7

But if we are to even begin to understand the witness of the saints, or if we wish to understand how, exactly, practices like the sacraments might make a crucial difference for care at the end of life, we must push beyond this sort of instrumentality. For not only does such an account render the sacraments increasingly random and the saints increasingly odd; the theological account required for an instrumental account of the sacraments evacuates grace of its real power. It compartmentalizes the work of God in the world, cordoning it off to the "spiritual" plane and minimizing how grace—God's ongoing action—might effect concrete, real change in the world.

Ecclesial Sacramentality

As a corrective to this instrumental sacramentality, let me propose what we might call an ecclesial account of sacramentality. For liturgical practices are just that—ecclesial. As the *Constitution on the Sacred Liturgy* from the Second Vatican Council notes, liturgical actions embody and intend the Church *as a whole*:

> Liturgical services are not private functions but are celebrations of the Church ...Therefore, liturgical services pertain to the whole Body of the Church. They manifest it and have effects upon it.[8]

In other words, liturgical practices concern, not first and foremost individuals, but rather the church.

This offers two important correctives to the sacramental theology outlined above. First, it recognizes that sacramental practices do indeed work on, in, and through "bodies"—but the primary body through which they work is the body of Christ, the Church. It is only as our bodies, the bodies of Christians, become part of the Church and

[8] Vatican II, Constitution on the Sacred Liturgy (*Sacrosanctum Concilium*), no. 23. This can be accessed via the Vatican website: http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19631204_sacrosanctum-concilium_en.html

its practices that the sacraments come to work on, in and through individual bodies as well. For sacraments, or liturgical practices more generally, are actions that constitute and sustain the church itself. They are not, as often described, rites of passage marking important milestones and transitions in the lives of individuals, or ritualizations of liminal experiences by which individuals negotiate "meaning."[9] Rather, they are actions intended to make the church (baptism), renew the church (eucharist), heal breaches within the church (reconciliation), structure the life-together of the church (marriage, orders), and so on. Liturgical practices, sacraments, pertain primarily to the church.

Not only do sacramental practices have effects on the Body of Christ; as the Council noted, they "manifest it." For liturgical celebrations are nothing less than Christ's own offer of praise, adoration, and thanksgiving to the Father. As sacraments, as actions of grace in the world, liturgical practices are acts of the Trinitarian God, acts in which the three Persons continue their ongoing, eternal perichoretic dance. Insofar as we participate in the body of Christ, we become able—through and with Christ—to participate in the life of the Trinity, to adore and praise God with him. Sacramental actions are thus not about discrete dosages of grace that temporarily restore the state of an individual soul. Sacramental practices are expressions of adoration and love for God. They are, in short, worship. The sacrament of anointing, to return to my earlier example, is not an instrumental intervention designed to invoke the thurmaturgic power of God to heal a sick person. The sacrament of anointing as a liturgical practice is an act of worship—of praise, adoration, and an explosion of love for the God who first loved us. As an act of Christ's body, the sacrament of anointing must always reflect Christ's work, which was to relentlessly, unceasingly point to and draw us to the Father.

[9] Such an account is more indebted to ritual studies than to theology.

It is for this reason that the centerpoint of Christian worship is the Eucharist. It is from the Eucharist that all liturgical practices gain their intelligibility. It is from the Eucharist, that they gain their shape. And it is toward the Eucharist that they move us. Each time we come together for worship, we stand again and again at the foot of the cross. And it is the body on the cross, this incarnate Jesus crucified, that teaches us who we were meant to be. Too often, Christians mistakenly identify some human character trait as the 'image' of God in us—for example, our reason or free will or creativity. The early church theologian and bishop Athanasius, however, reminds us that the true 'image of God' is Jesus Christ. To be the 'image' of God is to be like Christ, he who "suffered death on the cross."

Liturgical practices, then, serve to shape us (corporately and individually) into become the body of Christ. Paul Wadell, a Roman Catholic theologian, reminds us that although we have learned to approach the liturgy as something safe and comfortable and constantly reassuring, we ought rather to understand it as something terribly dangerous.[10] We risk becoming the bread of life whom we eat—we risk becoming the body of this Christ who lived and ministered in a particular way, and who was crucified and died for us. For in partaking of Christ's broken body and poured out blood, we are changed—as Augustine and Aquinas held—into Christ.[11] We become a new creature.

This is not to suggest, of course, that this is automatic—that if we go to Mass, go through the motions of sacramental practices, we will be transformed. Clearly not. If,

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[10] Paul Wadell, *Becoming Friends: Worship, Justice, and the Practices of the Christian Life* (Grand Rapids, MI: Brazos Press, 2002), p. 16.

[11] Paul Wadell, "What Do All Those Masses Do for Us? Reflections on the Christian Moral Life and the Eucharist," in *Living No Longer for Ourselves: Liturgy and Justice in the Nineties*, eds. Kathleen Hughes and Mark R. Francis (Collegeville, MN: The Liturgical Press, 1991), p. 167. See also St. Thomas Aquinas, *Summa Theologiae*, III.79.3.

however, we enter into sacraments as worship, if through sacramental practices we open ourselves in adoration to God and dwell in God's presence, it will be hard to remain unchanged. As we listen to God's Word in the Scripture, we learn again and again to see our lives and the world within God's story, learning to see and judge the world as God does—which is most often the opposite of how we are inclined to see it. We train our bodies to live as he lived—to pass peace, to keep silence and listen attentively to God, to give abundantly of our gifts. We are formed in the habit of being receptive to God's action in the world, of pointing always to God. We come to know the fullest vision of "the good life," or God's life with us, standing at the gates of heaven—as Alexander Schmemman describes the liturgy—never forgetting that the shape of the Christian life this side of the gate is the cross.

One might say that through liturgy, the church comes to be a place that embodies a different 'politics,' a different way of living together. The New Testament provides different images of this life together—in the Acts of the Apostles, for example, or in Paul's somewhat cryptic insights into how life within the body of Christ (and the kingdom of God) ought to operate with different rules than those that govern the world—that at least within the space of the body of Christ, the last shall be first, we should forgive seventy times seven, and so on.

Again, such formation is not automatic. As long as sacramental practices are seen as individual-centered therapy for the soul, without regard for their practical, material, corporate nature, they will be limited in their ability to do their work. But all is not lost. Lots of seed will fall on rocky, thorny, shallow soil. But where God's gift of worship falls upon rich dirt, both congregations and congregants will find themselves increasingly

formed as the ongoing, public incarnation of the body of Christ in the world. To this, both Benedict XVI and Joseph Cardinal Bernardin attest.

"Go in Peace to Love and Serve the Lord"

For it is in this public incarnation that sacramental practices can begin to meet healing and the end-of-life. In his first encyclical, entitled *God is Love (Deus Caritas Est*), Pope Benedict XVI states this pointedly:

> Faith, worship, and ethos are interwoven as a single reality which takes shape in our encounter with God's *agape*. Here the usual contraposition between worship and ethics simply falls apart. "Worship" itself, Eucharistic communion, includes the reality both of being loved and of loving others in turn. A Eucharist which does not pass over into the concrete practice of love is intrinsically fragmented.[12]

Worship, in other words, enables the church to act as the body of Christ in the world. The love celebrated in worship—God's love for us and our return of that love in thanksgiving and adoration—necessarily spills out beyond the time and space of liturgy itself. Receiving the gift of God's love in sacramental practices, we carry it into the world in our everyday lives. The Orthodox refer to this as "the liturgy after the liturgy," to signal that worship does not end (nor do we cease being church) when we leave the building. If it does, something has gone wrong. As Benedict notes: "A Eucharist which does not pass over into the concrete practice of love is intrinsically fragmented."

For the church lives as a 'new creation' not for its own sake, but—following Christ—for the sake of the world. We carry God's love—*caritas*—into the world because we believe that God's redemption is real, that it is possible for God's politics—the politics we meet and learn in the liturgy—to become equally as tangible, obvious,

[12] Benedict XVI, *Deus caritas est* (*God is Love*), §14. The encyclical can be accessed online at: http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20051225_deus-caritas-est_en.html.

incarnate, and experienced in our day-to-day lives. God has made not only *us* for God's self, to echo Augustine, but has made all of reality for this beatific end. God longs for all of the world to rest in him.

Worship—where we meet and are given the gift of this *caritas* by God—becomes the place and time from which God works to transform the world. Aquinas noted that *caritas*, charity, is the *shape* of the Christian life.[13] Although we too often use the word "charity" to refer to donations of money, or even the uncompensated dollars spent by not-for-profit health care institutions in providing health care in their communities, for Aquinas and the Christian tradition, the word means, rather, love. *To be a person of charity is to be a person who loves.* In particular, the word intends the kind of love manifested by God—not just a love that gives but a love that gives all, that creates *ex nihilo*, that gives abundantly, a love that by giving the self "empties" one of one's self. This is the love we see displayed in the life of Christ from the incarnation to the cross. In theological language, this love is called *kenotic*.

As we meet this love in the Eucharist and the sacraments, we are—by grace—transformed (act by act by act) into the image of Christ so that we, too, can incarnate that kenotic love in the world. God's love—*caritas*, charity—is to become the shape of our lives. This is a love that gives not money or things but rather a love exemplified in solidarity, in face-to-face personal interaction. Thus, Christian charity is less about giving money than it is about *being with* others, spending time with them, especially the poor, the sick, the enemy, the dying. As Stanley Hauerwas and Sam Wells have noted,

[13] St. Thomas Aquinas, *Summa Theologiae*, II-II.23.8.

"Christian witness will continue to be identified not by those to whom Christians give money but by those with whom Christians take time to eat."[14]

The End of a Sacramental Life: The Witness of Joseph Cardinal Bernardin

It is these very sensibilities that shape **Joseph Cardinal Bernardin's work in** *The Gift of Peace*. Here we see how sacramental practices have the power to transform those who worship into the image of Christ, to carry on Christ's work in the world. Bodies so formed cannot help but be bodies that approach the end of life differently, for the center of the gospels is the story of dying faithfully. We might say that sacramental practices – by shaping Christians in a different politics – enables the church to embody in the world a different politics of dying. In simply doing this, it can make possible the inbreaking of God's powerful, life-changing, world-changing grace. Bernardin is one who, through lifelong immersion in sacramental practices, embodies in his very body kenotic *caritas* and who therefore practices a different politics of the end-of-life.

Prayer and Sacramental Practice

As mentioned earlier, Bernardin opens *The Gift of Peace* with a reflection on how he learned to make daily prayer a priority. This is no idle introduction: he returns to this story in the middle of his narration of his battle with cancer. As an insanely busy Cardinal Archbishop, he promises God and himself that he will "give the first hour of each day to prayer."[15] Such prayer could, of course, take many forms. Bernardin's

[14] Stanley Hauerwas and Sam Wells, *The Blackwell Companion to Christian Ethics* (New York: Blackwell, 2004), p. 42.
[15] Bernardin, *The Gift of Peace*, p. 97.

choice – the Liturgy of the Hours and the Rosary – reflects his ecclesial and Christocentric convictions. The first, as the prayer of the Church, connects him daily "with all the people, especially clerics and religious, who are reciting or praying the Liturgy of the Hours throughout the world."[16] The second, through the Joyful, Sorrowful, and Glorious Mysteries, connects his prayer and consciousness to the Paschal Mystery celebrated daily in the Archdiocese in the Eucharist. His prayer connects him daily to the gospel stories and the cross.

Although some might see these prayer forms as repetitive or rote, Bernardin makes clear how such a practice is at the same time deeply personal. Through this practice he comes to identify those elements of his own character that most inhibit him from becoming conformed to Christ. His major struggle he names "letting go," and he acknowledges that learning to do so has been a lifelong discipline:

> Letting go is never easy. I have prayed and struggled constantly to be able to let go of things more willingly, to be free of everything that keeps the Lord from finding greater hospitality in my soul or interferes with my surrender to what God asks of me…But there is something in us humans that makes us want to hold onto ourselves and everything and everybody familiar to us. My daily prayer is that I can open wide the doors of my heart to Jesus and his expectations of me. I have desperately wanted to open the door of my soul as Zacchaeus opened the door of his house. Only in that way can the Lord take over my life completely. Yet many times in the past I have only let him come in part of the way. I talked with him but seemed afraid to let him take over.[17]

Why this fear? Because, he acknowledges, he is a man of power. He writes this book as the leader of one of the largest archdioceses in the country, as a major public figure and a man of national reputation. He notes that he wanted to succeed and to be acknowledged

[16] Ibid., p. 98.

[17] Ibid., pp. 7-8.

as a person who had succeeded; he wanted to control things, to make them come out 'right'; he feared that God's will might be different than his, and that following God's will rather than this own might lead to criticism; that following God's will might lead to sacrifices he didn't want to make; or perhaps it was simply pride.[18]

Bernardin's honest confessions here may well resonate with many who work in health care. Not only can the urgency of the work – saving lives, attending to suffering – make it difficult to make a practice like prayer part of one's daily life. It seems a luxurious indulgence or (perhaps) not the best use of limited time and resources. As Bernardin's story unfolds, however, we see that this seemingly 'useless' practice proves essential for his ability to do the work God has given him to do. Not only does it shape the way he sees the world, enabling him daily to locate his work and the events of his life within the contexts of the gospels and paschal mystery; it also forms him, over time, to be one who with his body lives and acts as Christ. It forms him to be one who particularly in the face of crisis, consciously remains receptive to God's presence and continually points toward God.

Most importantly, we see how this lifelong immersion in sacramental practices enables him to embody God's *caritas* kenotically. As he tells the story:

> God speaks very gently to us when he invites us to make more room for him in our lives. The tension that arises comes not from him but from me as I struggle to find out *how* to offer him fuller hospitality and then to *do* it wholeheartedly. The Lord is clear about what he wants, but it is really difficult to let go of myself and my work and trust him completely. The first step of letting go, of course, is linked with my *emptying* myself of everything – the plans I consider the largest as well as the distractions I judge the smallest – so that the Lord can really take over.[19]

[18] Ibid., pp. 8-9.

[19] Ibid., pp. 15-16, emphasis in original. As he continues, he cites Phillipians 2: 6-8 to make clear that what he means by "emptying oneself" is Christic kenosis.

His sacramental practice of prayer, in other words, enables him to act as the body of Christ in the world, to embody a very different politics, especially in the face of the end-of-life.

Kenotic *Caritas*: Forgiveness and Reconciliation

This different politics becomes apparent in the first chapter of *The Gift of Peace* where Bernardin narrates his experience of being falsely accused of sexually abusing a seminarian.[20] I will not rehearse the details of this part of the story here (and I would encourage all to read it), but a few key elements are important. As with crisis situations in medicine, the accusation came out of nowhere and was devastating. His world was, in many ways, turned upside down. The accusation struck at one of the key centers of his identity—his chastity. As Cardinal Archbishop of Chicago, the news meant that instantly millions of people knew this charge and most likely believed it to be true. He was startled, devastated, angry, bewildered at who could possibly launch such a false charge against him, and he was deeply humiliated. "As never before" he notes, "I felt the presence of evil."[21] Here a destructive power was at work, bearing down on him, threatening everything he held valuable—his life's work, his deepest convictions, his personal reputation, his position as Cardinal of Chicago.

Yet at the same time he felt equally sustained by the conviction "The truth will set you free" (John 8:32)." He knew almost tangibly the presence of the God he had come

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[20] Given that *The Gift of Peace* is such a short book, Bernardin clearly sees this story and the story of his battle with cancer as linked. Those interested primarily in questions at the end of life would do well not to skip or skim over this part of the narrative.

[21] Bernardin, *The Gift of Peace*, p. 23.

increasingly to know in prayer. And the habit of prayer he had learned through ordinary days and years now becomes crucial. Before facing hordes of reporters the day after the accusation becomes public, he prays the rosary early in the morning, meditating on the Sorrowful Mysteries, and later spends an hour by himself in prayer and meditation. While he feels very much akin to Jesus' aloneness in the garden during his own Agony, he equally knows that it is God's grace, strength and presence that enables him to face the reporters, to stand calmly in the face of evil, and to speak the truth in love and peaceableness.

Moreover, from the beginning, he finds himself overwhelmed with a sense of compassion for his accuser. A few days after the filing of the charges, he notes "I felt a genuine impulse to pray with and comfort him."[22] He almost immediately writes a letter to the man, asking if he might visit him to pray with him. The man's lawyers never deliver the letter. The case eventually unravels on its own, and the charges are eventually dropped as the "evidence" proves to be fabricated. Bernardin could have simply rejoiced in his vindication, or he could have brought counter-charges for defamation of character. But this is not the road he chooses. Rather, eleven months after the suit was dropped, he again tried to contact his accuser. This time he was successful. In the end, he meets with him and—beyond what would be wildly imaginable—was reconciled with him.

Here, in other words, the Eucharist spills over into a concrete practice of love. Out of compassion and a self-empyting love, Bernardin seeks out a face-to-face meeting with his accuser, with his enemy, in order that they might be reconciled. Through his person, Bernardin embodies Christ to this man, Steven Cook, a man we soon discover is

[22] Ibid., p. 25.

dying.[23] And the reality of Christoform love made real in this encounter leads them to celebrate the sacraments. Bernardin brings to this encounter two gifts, gifts of Christ's presence,[24] gifts he is not sure will be well received:

> I hesitated for a moment after that, unsure of how he would react to the gift I removed from my briefcase. I told him that I would not press the issue but I did want to show him two items I had brought with me. 'Steven,' I said, 'I have brought you something, a Bible that I have inscribed to you. But I do understand, and I won't be offended if you don't want to accept it.' Steven took the Bible in quivering hands, pressed it to his heart as tears welled up in his eyes. I then took a hundred-year-old chalice out of my case. 'Steven, this is a gift from a man I don't even know. He asked me to use it to say Mass for you some day.' 'Please,' Steven responded tearfully, 'let's celebrate Mass now.'[25]

Together with their friends, they celebrate Mass and the anointing of the sick. Certainly, the rites were personally meaningful to the parties involved. But Bernardin's story equally makes clear that, more importantly, they renewed the Church. They renewed the relationship between two members of the Church, as the Cardinal notes:

> Then [during the anointing] I said a few words: "In every family there are times when there is hurt, anger, or alienation. But we cannot run away from our family. We have only one family and so, after every falling out, we must make every effort to be reconciled. So, too, the Church is our spiritual family. Once we become a member, we may be hurt or become alienated, but it is still our family. Since there is no other, we must work at reconciliation."[26]

Bernardin and Cook become friends, such that six months later, when Bernardin is diagnosed with pancreatic cancer, one of the first letters he receives is from his former accuser. And through this encounter, Cook, who has long been alienated from the Church, returns to the Church and remains so until the end of his life eight months later.

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[23] Steven Cook suffered from AIDS, which in 1993, before the invention of antiretrovirals, means he is a man with a terminal illness. Bernardin learns this in the course of this experience. Thus, in his reaching out to Cook, he knows he is also caring for the dying.

[24] These gifts are, indeed, the gift of Christ – the Word (scripture) and the Word (body and blood).

[25] Ibid., pp. 38-39. Just prior to the offering of these gifts, Cook declines Bernardin's office to celebrate Mass together.

[26] Ibid., pp 39-40.

Bernardin makes clear that it was only by becoming open to the presence and grace of God in his life, an openness given by God and cultivated through the practice of prayer, that he was enabled to embody a different politics. Through the practice of prayer, Bernardin learns to love God and to let go of the God of self-love. He developed the virtues necessary to be able to love one who is clearly his enemy, the person who he states has inflicted upon him the most damage, in the most vicious manner, that he has ever experienced. What does such love look like? It is nonviolent—the Cardinal made clear to his advisers and attorneys at the outset of the crisis that there will be no scorched-earth countersuit to beat the enemy down. It is compassionate—it feels the pain of the other, even of the enemy. It is reconciling—it seeks not to obliterate the enemy but to overcome the enmity between them through reconciliation. It reaches out to the enemy, in order to both create community with the enemy and to do the work of God's love in the world.

To this extent, it is Christoform—Bernardin makes clear that such is the nature of Christian love, rooted in the person of Jesus. Through his practice of prayer, tied in to the larger sacramental life of the Church, he has come to know Jesus as a fully human person, one who both experienced pain and suffering and yet "transformed human suffering into something greater: an ability to walk with the afflicted and to empty himself so that his loving Father could work more fully through him."[27] And it is this Jesus that he meets through his practice of prayer that increasingly becomes the One who shapes his life.

[27] Ibid., p. 46.

Kenotic Caritas: Dying Faithfully

This experience becomes the prelude to the final chapter of his story, the story of his struggle with terminal pancreatic cancer complicated by painful spinal stenosis, osteoporosis, and curvature of the spine. In his narrative, we watch as he uses the tools of medicine to resist the growth of cancer in his body. We watch as he wins a short-lived remission, and then how the cancer returns with renewed virulence. But importantly, the autobiography of his illness is not primarily about his illness—it is instead about what it means to die faithfully. In the interest of space, I will point to four key aspects of his story.

First, Bernardin is very conscious about "dying publicly" (the subtitle of one of the last sections of the book). When his cancer returns and he realizes that his situation is now terminal he tells the media that: "probably the most important thing I could do for the people of the Archdiocese – and everyone of goodwill – would be the way I prepare for death." [28] This witness is not solely individual; he knows well that as Cardinal Archbishop, he represents the Church. In his actions, he embodies its truth, its convictions, its politics. And he knows that the Church's approach to dying is different. For example, while acknowledging the centrality of the notion of confidentiality within contemporary medicine, from the start he waives his right to this; he asks his medical staff to not only *not* keep his condition confidential but in fact to hold a press conference! His corporate, ecclesial sense of the Church as members of one another means that "they have a right to know, and I have an obligation to tell them."[29] Further, he notes, he needs their prayers. This is a pattern he continues throughout: "My decision to discuss my

[28] Ibid., p.136.

[29] Ibid., p. 63.

cancer openly and honestly has sent a message that when we are ill, we need not close in on ourselves or remove ourselves from others. Instead, it is during these times when we need people the most."[30]

Second, rather than drawing inward, as illness tends to make us do, Bernardin, shaped by a lifelong immersion in Christoformative practices, does the opposite: he begins a new ministry – to cancer patients. It starts out seemingly accidentally. While he is in the hospital recovering from his surgery, he begins to walk the halls of the hospital (part of his therapy). He visits the other patients on his floor. By the time he leaves the hospital, he discovers that God has given him a new ministry: "following my first round of chemotherapy and radiation treatments, I told my advisors that I now had a new priority in my ministry: spending time with the sick and the troubled."[31] In the fifteen months before his death, he finds himself regularly corresponding with, visiting, and praying for more than 700 people! As importantly, they pray for him.

But of course, this was no accident – formed through a lifetime of prayer and sacramental immersion, visiting the sick on his hallway comes 'naturally.' Opening himself up to these and others becomes the most 'obvious' thing to do. It is his own sense that without his formation the preceding twenty years he would have been no different than others who experience illness: "it draws you inside yourself. When we are ill, we tend to focus on our own pain and suffering. We may feel sorry for ourselves or become depressed."[32] It is not that he does not feel these things, but rather, they are

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[30] Ibid., p. 94.

[31] Ibid., p. 89.

[32] Ibid., p. 71.

located within a larger context of embodying Christ even in the face of his own illness and suffering. He continues this ministry until his death.

Thirdly, his sacramental formation leads him to a new understanding of death. The final chapter in his story he entitles "Befriending Death." As the phrase suggests, he comes to regard "death not as an enemy or threat but as a friend."[33] The reorientation is first suggested to him by his friend Henri Nouwen, who learned it during his ministry among persons with disabilities when he lived in the Daybreak Community of L'Arche. Nouwen reminds him of something he has long known intellectually but of which he has lost sight through the exhausting regimen of radiation treatments:

> It's very simple. If you have fear and anxiety and you talk to a friend, then those fears and anxieties are minimized and could even disappear. If you see them as an enemy, then you go into a state of denial and try to get as far away as possible from them. People of faith who believe that death is the transition from this life to eternal life, should see death as a friend.[34]

Nouwen's insight resonates with Bernardin's life, shaped as it was by practices of "letting go" and giving God Lordship over his life; of practicing forgiveness; of ministering to

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[33] Ibid., p. 126.

[34] Ibid., pp. 127-128. In learning to love our enemies, do they necessarily remain such, namely *enemies*? The gospel does not promise that if we love our enemies, such enmity will disappear. In fact, it seems to promise that habits of loving one's enemies may well multiply them or lead to crucifixion or martyrdom. Alternatively, Pope Benedict XVI, in his most recent encyclical suggests that Christians might see death as a gift: "Perhaps many people reject the faith today simply because they do not find the prospect of eternal life attractive. What they desire is not eternal life at all, but this present life, for which faith in eternal life seems something of an impediment. To continue living for ever —endlessly—appears more like a curse than a gift. Death, admittedly, one would wish to postpone for as long as possible. But to live always, without end—this, all things considered, can only be monotonous and ultimately unbearable. This is precisely the point made, for example, by Saint Ambrose, one of the Church Fathers, in the funeral discourse for his deceased brother Satyrus: "Death was not part of nature; it became part of nature. God did not decree death from the beginning; he prescribed it as a remedy. Human life, because of sin ... began to experience the burden of wretchedness in unremitting labour and unbearable sorrow. There had to be a limit to its evils; death had to restore what life had forfeited. Without the assistance of grace, immortality is more of a burden than a blessing". A little earlier, Ambrose had said: "Death is, then, no cause for mourning, for it is the cause of mankind's salvation" (*Spe Salvi*, no. 10. See: http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20071130_spe-salvi_en.html).

others who were sick and dying. Liberation from the tyranny of suffering and death, reconciliation with death, and learning to love the enemy death to the point of calling it "friend" are for Bernardin the fruits of a worshipful life lived amidst the community of the broken. This he believes is "God's special gift to us all: the gift of peace. When we are at peace, we find the freedom to be most fully who we are, even in the worst of times…We empty ourselves so that God may more fully work within us. And we become instruments in the hands of the Lord."[35]

Such peace, of course, is the peace of Christ. Even though he comes to refer to death as his friend, he continues to understand his journey as one that enters into Christ's passion. As he moves into the final phase of his illness he notes, "the cross has become my constant companion."[36] As such, Bernardin's re-reading of death is clearly Christoform – shaped by a Christ-like self-emptying, death, and resurrection. The love he gains for this enemy death is Christian love—*agape*, God's love for us—which is embodied most completely on the Cross. Here and elsewhere, loving one's enemies means forgiveness of the real injuries, pain, and suffering they cause us. It means being reconciled to the presence and reality of the other. It means foregoing the fantasy that we "win" by eliminating or defeating them with violence. It might mean that we are rightly to "resist" their attempts to have power over us, to govern our lives with fear, to determine our actions.[37]

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[35] Ibid., p. 153.

[36] Ibid., p. 129.

[37] In many ways, it ought not be surprising that Bernardin was able to embody such a counter-intuitive approach to death. For importantly, he was also first-order Franciscan oblate. This distinctive attitude of peace and reconciliation in the face of death finds a new form in the work of St. Francis of Assisi. St. Francis, that most popular saint of all times, is particularly noted for his deep devotion to Jesus and how closely his life conformed to that of Christ in the gospels. Francis is often referred to as "alter Christi"—

Finally, as with his reconciliation with Steven Cook, the sacraments become part of his ministry to cancer patients and sustain the Church as his life comes to an end. Meeting face-to-face with so many people with cancer, the sacrament of anointing becomes almost a constant rhythm in the final part of the book. When he receives his final diagnosis, he is in the middle of three weekly communal anointing services that he had scheduled. He emphasizes how powerful he finds it to receive "this sacrament in the company of so many members of this local church."[38] He presides over the second, and now is himself anointed as well as being one who anoints others. One letter he receives after that service (which is included in the book) indicates that, like Steven Cook, the sacrament drew to the Church yet another man who had fallen away.

His deeply sacramental sensibilities become evident not only in these events but also in his choice to close the book by returning to sermons he preached during the Masses surrounding his installation as Archbishop and Cardinal in 1982. When he knows he has only a short time to live, one way he begins to bring closure to his life and his

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"another Christ." Two years before his own death, St. Francis retreated to a mountaintop hermitage in La Verna, Italy, where, in the course of months, of intense prayer, he received the stigmata, the marks of Jesus' passion in his hands, feet, and sides. The pain of the stigmata was compounded over the next two years by additional painful conditions, including blindness. And yet he continued to be filled with joy, his enthusiasm bursting forth now in one of his most classic prayers, *The Canticle of Brother Sun*. Here, as Francis praises the Trinitarian God in each element of God's magnificent creation, he culminates with death: "Praised be you, my Lord, through our Sister Bodily Death, from whom no living man can escape." Francis greets death, in other words, not only as a friend but as a sister, and what is more, as that through which God can be praised. Thus, via Francis and others, the Christian tradition both acknowledges the reality of death—that it is, indeed, the greatest of human enemies—but at the same time, from the beginning and at many points thereafter, the tradition witnesses that the distinctive Christian response is to approach it by saying "Peace be with you"; "Praise you Lord, for our sister bodily death."

This Franciscan attitude pervaded Bernardin's life. It is reported that when Bernardin, as Cardinal Archbishop of Chicago, faced what he knew would be a particularly difficult or contentious meeting, he would open the meeting with St. Francis's classic peace prayer that begins "Lord, make me an instrument of your peace…." It is also not coincidental that the last initiative he started was the Catholic Common Ground Initiative designed to try to foster reconciliation among the increasingly polarized factions in the Catholic Church.

[38] Bernardin, *The Gift of Peace*, p. 131.

work is by celebrating Mass with his fellow priests. In Italy, in Chicago, he gathers with his brothers to celebrate the paschal mystery, to enter into it during a time of pain, suffering, illness, and sorrow but by so doing to witness to our conviction that it is Christ, not us, that makes and sustains the Church.

Conclusion: Suffering *in Communion with* the Lord

Bernardin makes clear that those who follow the Lord will, like all human persons, know pain and suffering. But, he argues "there is a decisive difference between our pain as disciples and that experienced by those who are *not* the Lord's disciples. The difference stems from the fact that, as disciples, we suffer *in communion with* the Lord. And that makes all the difference in the world!"[39] Correlatively, there will – or ought – to be a decisive difference between how Christians, formed through lifelong participation in sacramental practices, approach the end of their lives and end-of-life care. For we are all called to be saints.

We are all called, in other words, to immerse ourselves daily in the sacramental life of the Church in order that kenotic *caritas* becomes the shape of our lives. We are called, through the sacramental life of the Church, to become Christoform in our caregiving and our dying. As we enter ever more deeply and unceasingly into the worship of the Triune God, we risk becoming ever more transformed into the image of the crucified Christ. The question is not "what role can the sacraments play in end of life care" but rather "how do the sacraments shape our lives now, day-to-day, that they may transform Christian approaches to the end of life?"

[39] Ibid., pp. 46-47, emphasis in original.

I submit that those so formed may well find, as Bernardin did, how necessary such sacramental formation is for the very ability to do their work and to do it faithfully. Indeed, it may lead them to transform not only their day-to-day work but their very discipline.[40] Bernardin's story illustrates the seemingly ironic truth that the more we become immersed in Christ, the more unique (in many ways) our own form of discipleship will take. Those who care for the dying may well ask themselves "with whom do we eat?" "with whom do we meet face-to-face?" Those who are dying might learn to see themselves not (solely) as patients but in fact as persons called to a new ministry. As Bernardin remarks: "I came to believe in a new way that the Lord would walk with me through this journey of illness that would take me from a former way of life into a new manner of living."[41] Not all dying persons are positioned, as Bernardin was, to minister to over seven hundred cancer patients. But it may well be that dying faithfully, in the image of Christ, might mean finding the particular way in which each person might embody kenotic *caritas* at the end of their own life.[42]

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[40] Those who know the story of Dame Cecily Saunders will know how critical such a sacramental infrastructure was to her ability to conceive of what became the hospice movement. She marks her inspiration for developing the hospice movement to her meditation on psalm 37. She sought to design St. Christopher's Hospice with the chapel in the center of the building so that visually, structurally, and infrastructurally, the Eucharist would be at the center of their lives and work together and "Christ's victory over pain and death" could "radiate out from the Chapel into every part of the corporate life." The centrality of the Eucharist is further indicated in a letter she wrote early after the opening of St. Christopher's. She notes: "today we are having our first Communion service, with two patients down from the ward in their beds, so we have really gone straight on with the important things" (David Clark, *Cicely Saunders – Founder of the Hospice Movement: Selected Letters*, 1959-1999 (New York: Oxford University Press, 1995), p. 122.)

[41] Bernardin, *The Gift of Peace*, p. 109.

[42] Such an idea has a long history in the Christian tradition. Before the Enlightenment and the development of modern medicine, when the sick were tended to in the contexts of monasteries and religious hospices, the sick were understood to be Christ himself and were to be approached as such by the monks and sisters who tended them. At the same time, those who were sick were understood to have the responsibility, as images of Christ, to pray for their caregivers and for those whose financial resources supported the monasteries. See Gunter Risse, *Mending Bodies, Saving Souls* (New York: Oxford University Press, 1999), Chs. 2 and 3.

Certainly, this account of sacraments and end-of-life care does not mean to dismiss the use of the sacraments for those who have been away from the church, or for those whose lives have not been shaped in Christoform. God's grace will always abound. But as in the case of Steven Cook, I hope Bernardin's story suggests how the "clinical" use of the sacraments, especially in end-of-life contexts, ought rightly be understood. Rather than medicinal or miraculous interventions-of-last-resort, the sacraments are rightly celebrated in those contexts where the embodied action of Christ-bearers has made real the inbreaking of Christ's presence into the world. And at all times, sacraments must be understood as actions whose fundamental purposes are Christological – the building up of the body of Christ, the Church, and the ongoing formation of those who worship as embodied images of Christ.

Nor, clearly, does a sacramental approach to end-of-life care minimize the important role of medicine. Bernardin's story, however, illustrates what it means to approach medicine under the aegis of faith rather than approaching the sacraments as an instrument of medical care. Throughout, Bernardin is entirely positive about the fruits and usefulness of medicine as well as the professionalism and faithfulness of the medical staff that cares for him. He makes use of the tools of modern medicine as befits Christian commitment to life. When he is diagnosed he undergoes surgery, chemotherapy, and radiation. He dutifully makes all his follow-up appointments. He schedules surgery for his back. When his cancer returns, he again begins chemotherapy and radiation. But when he realizes that the cancer is advancing, he discontinues treatment, cancels the surgery, and prepares to die.

Yet his participation in medicine becomes an opportunity to live differently within the world of medicine – to witness, for example, how odd the notion of confidentiality should sound within the body of Christ. It equally becomes an opportunity to locate medicine within the larger context of faith. His own hospital appointments become a chance to begin and continue a new ministry; his own illness becomes an opportunity to witness to his faith in Christ. Medicine becomes a vehicle for advancing the gospel. And the grace of his witness affects even the medical staff. He recounts what is clearly for him one of the most powerful moments in his own story. Just weeks before his death, Loyola Medical Center (where he had been receiving care) dedicated a new cancer center in his honor. He is able to attend this event, though he is greatly fatigued. Apart from the public festivities, he offers some impromptu remarks to the medical staff, thanking them for the wonderful care they had provided to him. Being who he is, he gives them his blessing: "and then I was very moved as all of them raised their hands and voices to bless me."[43]

Blessing, reconciliation, worship, ministry, care for the sick, care for the dying, love, joy and the gift of peace – these are just some of the ways, in this one story, that the sacraments not only sustained faith in the context of suffering and pain. These are the ways that one sacramentally-formed son of the Church made God's transformative power real in Chicago, real in medicine, real in the world through his care for the terminally ill and, indeed, his own dying. May we follow his example, as well as those of the saints, and immerse ourselves in the sacraments, that we might becoming increasingly christoform and, in the context of end-of-life care, become vehicles through which God's redemptive presence is made real in the world.

[43] Bernardin, *The Gift of Peace*, p. 145.