

Eucharistic Practice and the Risk of Infection

Fear of communicable diseases may cause some people to take special measures or even keep them from receiving from the cup altogether. Whether these fears are actually merited depends on a number of factors.

What is the risk?

Were there any significant risk to the eucharistic practices of the Anglican church for so many centuries it would seem likely that the evidence would reflect an increased risk for Anglican priests, who have been performing the ablutions for centuries. In fact the opposite is true. Nor do priests appear to have been regularly stricken with any communicable disease that could be traced to the chalice in all that time. Additionally, no episode of disease attributable to the common cup has ever been reported. Thus for the average communicant it would seem that the risk of drinking from the common cup is probably less than the risk of air-borne infection in using a common building.

Intinction

Intinction (dipping the bread in the wine) is in use in many Episcopal Church parishes and is increasingly being suggested in Canadian Churches as well. There is, however, real concern that many of the modes of intinction used in parishes do not diminish the threat of infection, and some may actually increase it. Hands, children's and adult's, are at least as likely to be a source of infection (often more so) as lips. Retention of the wafer in the hand of the recipient then intincting it means that the wafer, now contaminated by the hand of the recipient, is placed in the wine thus spreading the infection to it. The use of an intinction chalice would make no difference in this instance.

A further consideration with the practice of intinction is that it is only feasible when wafers are used. More and more churches are starting to recognize the sacramental value of the one loaf of bread that is then divided for distribution. Intinction would not be a tenable option in these circumstances.

Conclusion

While Anglicans have asserted since the Reformation that receiving both bread and wine is normal for our church, it must be recognized that many would find themselves able to accept the doctrine of concomitance: the doctrine that either part of the Sacrament by itself mediates the fullness of the Sacrament. Although the doctrine was promulgated in the thirteenth century, it would also appear to have been accepted in the primitive church particularly in the case of communion of the dying and of infants.

Therefore it would seem that communion in only one kind (the bread) is the best option for those fearful of the cup both from the standpoint of preventing the spread of infection, and from the theological perspective. Nor should there be any discouragement directed to those who choose to do so. In fact, priests should periodically instruct the people "If you have the 'flu, a cold, or a cold sore, please don't drink from the cup or dip the wafer into it." This should be done either through the bulletin or verbally at regular intervals. An action, which might be suggested for communicants receiving the bread only, is to take or touch the base of the chalice as they normally would, but simply not sip from it. The words of administration should be used, even when wine is not consumed. Some communicants might prefer to cross their hands over their chest as a sign to administrators to pass them by.

It must be stressed however that the present use of the common cup is normative for Anglican churches, follows the practice of the universal church from its beginnings until well into the middle ages, and poses no real hazard to health in normal circumstances.