

New report asserts common cup is safe

Dipping can increase bacteria count in cup

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Anglicans who choose to dip their bread into the common cup during the eucharist may believe they avoid sharing whatever bacteria fellow parishioners who sipped from the chalice left behind.

That is a common misconception held by some who worry about catching colds, flu or something even worse by drinking from the cup. In fact, some styles of dipping - which is common in Episcopalian churches in the United States and becoming increasingly widespread in Canadian parishes - may even increase rather than reduce the threat of infection, says a new report, Eucharistic Practice and the Risk of Infection.

Parishioners dipping their bread into the cup are coming into contact with the same bacteria as those who drink from it, and they often leave behind a good deal of their own from handling the bread before dipping.

The report by Sault Ste. Marie cardiologist David Gould was to be distributed across Canada by Anglican bishops. Dr. Gould was asked to update the report he initially wrote in 1987 for the church's faith, worship and ministry committee, of which he is a member.

Back then, the focus was on dealing with people's fear of catching AIDS from the common cup. In fact, a person with AIDS who may have a highly depressed immune system, has much more to fear from his fellow parishioners than the reverse.

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The first thing to realize, according to Dr. Gould's report, is that it appears to be remarkably difficult to contract any illness by sipping from the chalice. If that were not the case, one would expect regular reports of one disease or another rifling through a congregation. "In some 2,000 years of the practice, there's no episode that's ever been suggested to be due to the cup," Dr. Gould said in an interview.

Similarly, priests, who tend to drink more wine from the cup than anyone else in the congregation, would be calling in sick with one illness or another all the time. The research suggests the opposite is true.

"No episode of disease attributable to the common cup has ever been reported," Dr. Gould writes. "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."

Dr. Gould notes in his paper that exposure to a single virus or bacterium does not result in infection. Rather, for each disease there is a minimum number of the agent (generally in the millions) that must be transmitted before infection can occur. Experimental evidence shows that wiping the chalice with the purificator (the white linen cloth), reduces the bacterial count by 90 per cent.

"Our defences against stray bacteria are immense and can only be overwhelmed by very large numbers of the infective agents," Dr. Gould writes. "Each infective agent has its own virulence, and each individual has his/her own 'host factors' which determine that person's susceptibility to infection. The interaction of the two determines the risk of infection for the individual."

Thus, people with active AIDS or who are on chemotherapy, are far more prone to infection with small amounts of bacteria. "Those people conceivably could be at risk," Dr. Gould said. "But we have no proof that anyone has ever contracted anything that way."

Other churches, notably the Roman Catholic and Lutheran churches, have also researched the issue extensively and found no problem, he said.