

ELEVEN HELPFUL THINGS
in Hospital Visitation

The Golden Rules in Hospital Visitation
“Do to others as you would have them do to you.”

1. Medical Information & Terminology:

It is helpful to know some basic medical terminology. Sharing about the medical condition in an informed and sensitive manner builds a relationship between the visitor, the patient and care givers such as family members. Use lay terms instead of technical terms. Information should be accurate and understood by all concerned.

The secondary purpose of information is to communicate. However, the primary purpose is to express our care and compassion. Therefore, if what we know and communicate does not express our love then we do not need to know it nor tell it to others. The patient needs to know that we love them when we discuss medical information.

Regarding information we want to ask,

Why do I want to know the medical details of a person?

Will knowing the medical condition help me care and express Jesus' love to this person?

Should I share what I know?

Why do I want to share the information I know? Do I want to share how much I know?

How will I share this information?

Will my information support, encourage a person - be this the patient , another family member or a friend?"

Frequently a patient will come right out and say, "Unless I (the patient) or another person (who will be identified) say what is happening, **do not** say what is happening!"

It does not matter whether we know what is really the case. If we are told not to tell other people, we have no choice but to be quiet.

Also - be very careful when you share medical information with others, even to pastors.

A word to pastors and other people who are sharing information **publically** - *the information needs to be accurate and understood by those who hear it. However - even if it is accurate, what caring benefit is there in communicating specific medical data?* We need to think of **who** will hear and then **communicate** the information further. Will those listening really comprehend what is said? What will they do with what they heard?

Conversations are between two people in the moment. We always needs to maintain elements of confidentiality and trust. What I share with you may not be what I want to share with another person - and certainly do not want you to share with another person.

- ⊗ The “Negative Golden Rule” applies here - **never communicate about others what you would not want communicated about you** - if you were in their place.
- ⊕ The “Golden Rule” is - **only communicate about others what you would want communicated about you!**

2. Length of Visit

Be brief. The longest hospital call should be no more than fifteen minutes, usually much less. A pre-operative call will sometimes be briefer than a convalescent call - that is one after surgery.

Observe the patient, be sensitive to the patient’s condition.

Is the patient alert or is the patient weak and sleepy?

However, the length of each visit will depend on each specific situation. Be flexible!

Be open to the Holy Spirit’s moving - when we have planned a short visit God may surprise and bless us as we share our lives and care, as well as listen to a person’s heart.

A related item is this: It is helpful to know how much time you will set aside for visiting. For example, when you begin three hospital visits you may plan for 30 minutes - ten minutes each. But, when you visit the first person a family member has specific needs or wants to share a burden and that visit takes 30 minutes. The best decision may be to make the other two visits on another time.

3. Family Relations:

The family members need our love and care as well as the patient in the hospital does. Render assistance to the patient’s family as appropriate.

Comforting words, expressions of confidence in the physicians, the hospital and God’s healing power and presence will express God’s love.

Do not criticize the medical staff either to the patient or to the family. For one thing, we do not have all the information. Even if we have correct information, it is not our role to evaluate the medical people.

If the family has provided a guest book to sign, please do so. Hereby you will assure the family of your care. Please add a few comments - include your telephone if this is appropriate.

4. Literature:

Leave helpful literature - something easily read in bed. Sick people are unusually receptive. The church office has comforting scriptural cards and books with poems and Bible verses. Leaving literature is beneficial for two other reasons besides their encouraging words:

1st For family members: literature assures them that we visited and the literature can also be read by them and thereby give them comfort.

2nd For the patient: At times the patient will forget that we visited. Literature is a gentle way to remind the patient and his/her family of our visit. In this regard it is helpful to sign our names and give the date and time of our visit on a card or a book, if one is available.

The office will have encouraging and inspiring literature. These are some:

1. The Bible League: 53 pages of poems and Bible verses
 - Hope in the Mist of Grief
 - Hope in the Midst of Illness
 - Hope in the Midst of Life's Pain
2. Elaine Reeder - 73 page book of poems
 - To You With Heartfelt Condolences, Compassionate Words to Heal Heartache,
 - God Cares for You
 - Someone Cares
3. Inspiring Prayer - Finding Space in Life to pray

As pastor of care, I am always looking for helpful literature. If you know about caring literature or a reading, please let me know. Or if you have a poem that you want printed and made available, I'd like to help with this.

5. Be Helpful:

If we can, offer to do a needed errand. Render any helpful service we can give the patient or the patient's family.

We live in a mobile society, and younger family members often live many miles away from aging parents and cannot do simple tasks that are needed. What may be a small task for us may be next to impossible for a frail person. If you can't provide the necessary help, try to get someone else to help.

6. Washing & Cleanliness:

It is always necessary to wash our hands both before entering a hospital room as well as between visiting various rooms. Be thorough. We transmit more germs with our hands than in any other way. Use the disinfectants available in the hospital hallways.

Also - it is best to wash our hands as often as possible in our settings such as in church. And, when a patient has a special notice requiring us to use gloves, a mask, and a gown, this has to be taken seriously.

Always check in at the nurses' station if visiting a patient with precautions. There are specific instructions for gowning up and removing gear.

7. Attitude:

Be positive, avoid negatives. Bring poise and mental ease. Be relaxed but confident. If we are concerned, nervous or anxious, do not display it.

The policy of openness and transparency is not always helpful. Even Asaph was wise when he knew it was best not to express his doubts and concerns. - Psalm 73:15

If you have doubts about what is happening - think carefully about what you will say and how you will respond.

If you have heard some bad news, and it appears that the person either does not know the news or does not bring it up, you need to be extra sensitive.

At times a patient is very discouraged, having just heard some bad news. This is not the time to apply Paul's words, "*Rejoice in the Lord always. I will say it again: Rejoice!*" and "*Give thanks in all circumstances.*" (Philippians 4:4; 1 Thessalonians 5:18) Only after we genuinely "*mourn with those who mourn*" do we have any right to ask them to follow Paul's words about bringing our requests to God. (Romans 12:15; Philippians 4:5-7) When people are discouraged, they don't need a lecture (Job certainly didn't).

Listen, listen, listen - lectures can wait.

We are coming as care givers who walk along side people - holding them up in love.

The person may feel a lot of regret - realizing they may be coming to the end of life with concerns and burdens. We will be tempted to come in with solutions. We need to hesitate with answers - until we have heard and deeply felt the pain.

A good policy is this - when a person expresses a deep pain, or regret, or other intense emotions - do not attempt to move the meeting to positive conclusion in that meeting. If a person feels you can remain with him in his pain - this says several profound things.

First, it assures the person that you believe David's words, "Even though I walk through the valley of the shadow of death, you, God, are with me." In other words, it assures the person you believe God can handle the deepest despair that he has.

Second, when we quickly shift the focus to a Bible promise, this usually means two things:

1st We have not listened to the person. We are not taking him/her seriously.

2nd We do not believe God can help us where it really matters - in the valleys.

8. Taking the Leadership:

In so far as we can, direct the conversation; point it toward important things and not mere trivialities. We have initiated the visit. Therefore, seek to lead in such a manner that God's love and grace will be received.

9. Visiting position:

When we enter a hospital room - quickly observe the patient. This will help decide on what side of the bed we should be. Never face the patient in a way that will embarrass her/him. Is the patient leaning to one side? If so, this is the side we will want to be at.

Try to be on the **same level** as the patient. Find a chair and place it as close as possible to the person so we are on the person's level. Take the effort to get a chair even if the visit is extremely short. In a mild manner, approach the hospital staff, requesting a chair if none is available in a room. Nurses will always help with this. ☹ Please, don't look down at the patient.

10. Planning:

Think ahead of the various stages in our visit. Have in mind possible Bible verses to read.

Ask at the information desk which bed the patient is in so you can go directly to the right person. If the hospital room has four beds - as in some hospitals, the beds are numbered clockwise beginning to the left of the door. So, if the patient is in bed # 2, this is the 2nd bed on the left, usually the one against the window. In our new Abbotsford Hospital some rooms have two beds. Know which bed the person you are visiting is in before we enter.

If we visit as a husband and wife team and are visiting a woman, then the wife needs to enter the room first.

Also, if the door is shut, respect the sign of privacy. Knocking may wake a sleeping patient. If a curtain or door is closed always check with the nurses before entering.

11. Listening:

Job's three friends are known for their lack of comfort and judgmental spirit. However, for seven days they felt his pain. *"When they saw him from a distance, they could hardly recognize him; they began to weep aloud, and they tore their robes and sprinkled dust on their heads. Then they sat on the ground with him for seven days and seven nights. **No one said a word to him, because they saw how great his suffering was.**"* - Job 2:12,13

We share the right to offer words of comfort only after we fully listen to a person's pain.

This means we will **suspend judgment** and **quick advice**.

Also - saying a prayer or giving a Bible verse **before** we feel with a person is a way of **not** expressing care. A better way is to listen to a person's deep hurts, desires, wishes. As we listen, reflect on what God might want us to say to a person and reflect on what Bible promise is the more appropriate. At times I have thought of using a specific verse, but after listening to a person, knew God was directing to another verse.

- Pastor Walter Wiens, Pastor of Care Ministries, Clearbrook MB Church