

## PHYSICAL HOSPITALIZATION AND THE CHURCH FAMILY

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1. Always call the hospital first, to save yourself time: hospital routines (x-rays, tests), meals, dismissal, etc., are helpful to know. Call the church office, indicate your plan to visit, coordinate with the ministers
2. If it is possible, stop at a nurse's station to make sure it's alright to walk in (nurses can help us avoid awkward entries during baths, examinations, disrobing, etc). If patient is asleep, ask if it is appropriate to wake them, or leave a note. How much "company" have they had?
3. Make visits brief; patients tell us that 10-15 minutes are best. Ask the patient if this is a good moment to come in; be aware that right after surgery patients are either heavily sedated (and therefore will not remember much), or in great discomfort and needing no long visit
4. Avoid spending much time talking about yourself--even if encouraged; you have come to focus on the patient. Spend your time on the issues at hand: are they concerned about medical news they have just received? Are they waiting for information (has a doctor been by, or nurse)? Avoid "shop talk," the superficial conversations about weather, sports, and other non-essentials.
5. Avoid describing someone else's "similar" problem--unless it's a brief comment that encourages (people don't need to hear gory stories about someone else's struggle with the same disease). They are already anxious.
6. Don't say "I know just how you feel," or "I understand" unless you really do; such words will otherwise sound unreal. Be honest: "I can't begin to imagine your distress--but I hope you know that I care."
7. Respond to feelings by recognizing them--not avoiding them, or trying to argue them away. If someone is angry at God, let them be angry (God does not need our protection; God has survived many a psalmist's anger); receive it: "I can tell that you are very upset, and angry at God for what is happening. Please know that God understands your anger and pain."
8. If you know a church member is in the hospital, always make sure the church office knows it, too (don't assume someone else called).
9. Try to avoid touching the bed (any jarring or movement can disturb or hurt); if possible, stand next to the bed, in a position that makes it easier for the patient to see your face (not facing a window, and so they don't have to strain a neck to look up to you); it will also help you leave without long visits (if five friends come by that day, and each stays thirty minutes, a sick person was asked that day to talk with people for two and a half hours....).
10. If you are comfortable voicing a prayer, ask the person if there is anything they would like for you to pray about; they may mention the one thing they are most anxious about, so make sure you pay attention. Don't pray too long: focus on the need, remember what has just happened, and what is about to happen, and the separation from family the patient feels.
11. If Scripture is appropriate, ask the patient what particular portion of scripture they would like for you to read--it may tell you more about what they are thinking, going through, or struggling with. If they have no preference, make sure you choose wisely from the many encouraging portions of the Bible. You may even find out if their Bible is there--and read from it.

Remember: "minor" surgery is only minor if you are not having it yourself.

As you leave: "Is there anything I can do for you before I go?"