

A Hospital Visit

I had an outstanding mentor when I was a young pastor just starting out. This guy was in his 60s and he had visited hospital after hospital, patient after patient, parishioner after parishioner. To me, it was like thousands of times. I remember going to this internship and having Reverend Kerm Ridhima explain to me the ropes on how you do things. I recall that in the hospital visit, he had it down to this ministry science where he would show love and be really professional.

So in a lot of ways, I'd give Reverend Kerm Ridhima who now has gone beyond with the Lord many years ago, I give him credit for laying the DNA on how I would do a hospital visit. Over the years, I've read some books. I tweaked things a little bit. But I will tell you that Reverend Kerm Ridhima understood how to minister to people in the hospital. He started out—and I'm just from this point on I'm just going to share some of the ideas and more that I learned throughout the years.

The first thing is get prepared. Whoever is in the hospital—and this again is something very serious or something minor or it's something that is very troubling, whatever it is, pray ahead of time. Pick a scripture ahead of time. Don't go by the seat of your pants and hope that a scripture or passage just comes to you. Select passages. Sort of get them into your mind. Where are you going to take this visit? And you even think of different scenarios like if bad news happens, here's a passage. If things are really going good, here's a passage.

Over time, the preparation will be of such that you'll sort of have that preparation already sort of in your mind so the preparation won't be as time consuming later on in your ministry. But first especially giving your mind what possible passages you are going to pick. Be very careful not to pick them too long. Sometimes what happens is there's a really cool passage but it's really long. I will tell you. Stay with about six verses or less, maybe seven. Or if it's really familiar, maybe a little bit more. If you were able to memorize some of these great scriptures, great. But remember that the content is important.

For instance, let's say you memorized Psalm 23. That's fine. But let that not be the one you use in all cases because maybe the valley of the shadow of death is not something that's appropriate in that ministry context. What happens when you start memorizing passages is that you can lean on that because you think it's cool and it will come off really neat. But at the end of the day, content. What you're saying, how you're ministering with scripture is vital and important.

Now, in our own family as we have practiced home discipleship, we have memorized hundreds of passages now so I have memorized passages that are appropriate in a lot of different situations and I can call upon them. But I will not call upon them to show anybody that "Hey, look. The pastor really knows a lot of memorized passages therefore I'm going to make passages apply that really don't." But is

it neat that Pastor can memorize passages? My point is memorized passages are very appropriate. But let the content, what you're really trying to minister, let that be more important than showing off that you know memorized passages. You know what I'm saying.

Dress appropriately. In today's kind of ministry appropriate context, you don't necessarily need to wear the tie or the suit or anything like that. Wear something kind of up casual, something that's neat, clean, business-like a little bit but not necessarily something that's over the top that you're making somebody feel uncomfortable either.

Another thing is to contact people ahead of time if you're going to go there. I know that a lot of pastors in the past can just show up and then they make their visit sort of like the doctor would do and make his calls and the patient is just sitting there waiting. But more and more with how hospitals operate and there are so many factors and there's a test being done at this time. I would just advise to contact ahead of time to make sure that it works out for you.

So you arrive to the hospital. Now you're a new pastor in the area. What I would suggest is go to the chaplain's office. Ask the person sitting at the desk, especially in the day time when the chaplain's office is open, "Is there a chaplain office here, ma'am?" "Yes, there is." "Where is it? I'm a new pastor in town." When you get there, go there. Introduce yourself. There's often a badge you sign up for, you register, all of those things. Sometimes they don't have one and that's fine too. But sort of get connected.

If possible, meet the staff. Get connected to them and find out what they're about. Do they actually visit the parishioner? If they do, when? How does that actually work in a local given situation? A lot of times at the chaplain's office, they'll have maps of the facilities. You become aware of where the different elevators are in the hospital. To me, it's a great courtesy to go to the chaplain's office. Get connected. Get on each other's radar screen.

Now you're at the hospital. Go back and find the room number. Here's something to really keep in mind. Wash your hands. It's such a simple thing to do. Wash your hands. You don't want to spread anything to the parishioner. I think in general it's a courtesy out of respect for those that you're meeting with. Walk up tempo and professional. I know that's such a little thing to think about but sort of have your Bible in hand and your iPhone in hand or whatever. But just walk professionally. If you have a badge on, you come in there in the name of Christ and carry that with you.

When you get finally to the floor where the patient is at, where the parishioner is at, have the courtesy to go to the nurses' station. But here's something. Do not ask how the patient is doing. I know that we sort of get that but I'm going to talk later in the presentation about HIPAA Laws. The nurses are going to say they aren't able to disclose information because they can't. When I first started in ministry, the protocol was to check in at the nurses' station. "How is George?" and then the nurse would say,

“George is not doing so well.” It was very much the case but there are some new laws that don’t really allow that. So don’t even do that. Don’t put the nurse in that kind of a position.

When they give you the information of where the parishioner is, go over there. Knock gently on the door. As you’re entering, identify yourself. Gentle knock. “Hi! It’s Pastor Henry. I’m here to see you.” Don’t yell. Just sort of positive, coming in there to meet the people, meet the person in the room. So now you’re in the room. Instead of saying, “How are you?” or making some comment about “You’re not looking so good.” Those are some of the things that just kind of come out of our mouth. Instead, just say, “It’s Pastor Henry. I’m glad to see you.” or “Hi, George. I’m here to visit a little bit.”

Now the reason that you want to stay away from “How are you” and so forth, well, on one level, that’s nice. In some people that you visit to, that sort of communicates a little bit of a negative nowadays. Or they really don’t want to talk about how they are. If you say, “Hi. I’m glad to see you” or “I just want to come here a little bit,” they’re going to tell you what they want you to hear right at this point in the hospital and they’re not going to feel like sort of put on the spot. That’s really the key issue. Don’t put anybody on the spot. People take that hospital experience in all different ways.

In your mind, the visit should last between five and fifteen minutes. You say, “Only fifteen minutes maximum or five minutes?” That’s right. People are not feeling that great. But they feel excited about you coming. That’s nice. But at a certain point, they’re tired or they’re in this position and they don’t want to get talking a lot about. Now when I say five to fifteen minutes, there are exceptions. If the parishioner you’re talking to wants to talk more and the vibration is really clear that they want to talk more, fine. Longer than fifteen minutes.

But I’ve even thought that the vibration of more than fifteen minutes was okay and I stayed longer. Sometimes I got feedback that “Boy, he wouldn’t leave.” And I thought for sure they want to talk longer and they were talking. But they sort of gave the vibration “Oh, stay, Pastor. Stay, Pastor.” but inside, “I can’t wait until the pastor leaves” after fifteen minutes. Now, somebody can say, “Well, people are that ungrateful?” No, they are sick or they’re hurting. They’re tired. They love that you come. They love that you pray. But just keep in mind that five to fifteen minute time frame.

When you’re in the room, be encouraging but stay away from the answer pastor. Stay away from “God did this.” Instead, listen more than talk if the patient even wants to talk. Now what you’ll find is that a loved one will be in the room as well and you’re ministering to the person maybe in bed. And that person in bed is just sort of watching everything. The spouse or a child or a friend is there. Usually, it’s the spouse. A lot of times, that’s the time the spouse will really be talking about how George is. “Well, he had this test. He had this test.” All these other things and George is sort of just listening. Just listen.

Here’s something to do. When the patient is present, don’t talk about them as if they were not there. That’s one of the things. Really pay attention to that. Because let’s say somebody had a car

accident and they're supposedly in a coma. Sometimes you'll see like there's issues of maybe frustration. Why was he driving so fast? The spouse or parishioner or various people will often talk as if the person is not there. They're in a coma. One of the things that over the years I'll maybe whisper to the spouse or the person there, "Hey, let's walk outside." It's not a reprimand. It's saying, "We don't know what George is thinking or hearing right now because his coma is all over. Let's be positive in his presence and what not."

Again, that's a sensitive area. Maybe the relationship with the parishioner is that you can't really talk like that. So then just don't be party. Maybe the parishioner will talk as if the person is there and then somehow create that positive balance just assuming that the patient even if the patient is in a coma can hear you. I think that's a general rule of thumb. In general, don't talk about the patient as if they were not there.

Ask the patient or the family the plan of treatment. Do not ask the nurse—I mentioned that earlier—or the doctor because basically they're not going to be willing to share that. In some countries and other places where you're hearing this, you may not even have the United States they called them HIPAA Laws. You have a whole different protocol and I acknowledge and definitely keep your local protocol in mind.

So now you're visiting. The visit is winding down. As that visit is winding down, announce seven, eight, ten minutes, or fourteen minutes, announce that you picked a Bible passage. The one thing I always do is I'll say stuff like "George, I picked a Bible passage." Or if George is sort of groggy, Elizabeth his wife, "I picked a Bible passage. I would like to read this unless you have one that you'd like me to read instead." Sometimes they'll say, "Pastor, will you read Psalm 34?" "Beautiful!" So you turn to Psalm 34 and read that passage. "This is George's one of his favorite passages. I know it would be so encouraging to him." Whatever you researched, whatever, just do Psalm 34. There's that sensitivity you're listening to how to minister best.

After you're read the Bible passage, you don't need to comment on it or say, "Did you know this verse 4 and verse 4 said, 'If you lean on the Lord...'" No. You don't need to do it. Let the passage be as it is. If somebody in the room wants to comment, great. But after the comments are done, then announce that you'd like to pray or maybe you'll have oil with. And depending on your tradition or background—I'm going to talk about this in a little bit too about bringing an elder or a deacon along or an associate pastor. Whatever sort of is your local convention, then pray.

But even on the prayer, keep the prayer to the point. Keep the prayer focused. You don't need to pray for national security in the prayer. Keep very much the material of the prayer that which you've heard in the visit to the parishioner. After that, exit with a smile. You might want to leave a card and say,

“If there’s anything you need, just give a call.” Many times I’ve seen pastors leave booklets or encouraging tracks. Talk with the family and ask if there’s anything the church can do.

A lot of times, a spouse or family member will exit with you and you can bring that up. “Is there anything we can do to help?” When you leave the hospital, go back to the place that you washed your hands and wash your hands again because a hospital is a place of various bugs and bacteria and stuff like that. So you want to just wash your hands because you’re also leaving that space and going to your family or to your church situation.

On return visits, really kind of determine basically on sort of the expectation of each person how often to visit. Some people want that one visit. Some people want a visit that’s four days later. Really sort of get a sense of each family. It’s very appropriate that when you think as you’re leaving about the return visit to call a family member and ask and say, “I’m so glad that I could come here.” A lot of times, I’ll call a day or two later. “I enjoyed seeing George. Can I come back at this time? What’s your read on the situation?” And they will tell you exactly what would be appropriate ministry.

Hospital visits are great training opportunities. Many times I will take an elder or deacon to a hospital training. One thing I will do I will not expect them to take the ball a lot and many times they don’t know what to do. They’re just watching you. Here’s what’s really cool. In the car, try to go together. Pick them up. Explain what you just learned in this presentation to that elder or deacon.

As the elder and deacon get into their position and they’re operating, it becomes more and more appropriate to—let’s say you visit once and then you say to the wife or husband, “Elder Brian would like to come visit again sometime. Is it okay?” And then they’ll say, “Oh, we’d love to see Brian” or something or other. But now in a sense you brought them along, you’re training them, and what you’ve done is you’ve spread pastoral care and ministry to other people. Also to if you see a young person that’s a pastor candidate, lead that young pastor like Reverend Kerm Ridhima did with me years and years ago.

Now, a couple of situations that sometimes arise in a hospital call. There will be family meetings, things like should we take this dear one off life support? On family meetings, oftentimes you’ll be invited to participate. The key issue in family meetings is don’t convince them to do what they don’t really want to do on that issue. A person convinced against their will will remain unconvinced still. If they ask for your opinion, you can say, “Look, I’m just praying that God will give you that wisdom.” What are all the pros and cons of somebody’s decisions? Help clarify the facts. But at the end of the day, really it’s the family’s decision because you wouldn’t want to force a decision that you think and then later on they’ll come back and say, “You know, we really didn’t want to do that but the pastor sort of forced us to do it.”

The next thing or situation is really check out your local HIPAA Laws. If you're not in America, you won't even know what HIPAA Laws mean. But each country has certain privacy laws about patients and about pastors and you really want to sort of get to know some of those so you can effectively minister mercy and love to the families understanding HIPAA Laws or the local laws.

Also sometimes what you'll get have visitors from church and they're all waiting. If an accident's occurs or something real quick occurs and you have a close knit church and then everybody from church is in the waiting room. It almost becomes like a fellowship-a-rama where everybody from church is in the waiting room and they'll stay there for long periods of time and it's done in the name of loving that family. As a pastor, try to help people see to home and pray. They're really not needed to be there. Now I know some people will go, "Oh, but, Pastor, if they want to be there. They show their love and support."

Believe it or not, it puts a lot of strain on the family who's loved one is there because now people have to eat. I have seen this happen and I have seen the stress caused upon a family when a whole group of people are there. Now, am I saying never come and show support. No. I'm not saying never do it. I'm just saying as a pastor and leader, sort of keep the expectations on the family low and sort of help your parishioners honor those expectations as well as the hospital staff. I remember one time we had like forty people in the waiting room in ICU and it became a problem because these people were in there loving the parishioner which is fine.

But they're not just on their knees praying the whole time. You've got teenagers. They're laughing up a storm because they have some funny joke and this happening. And here in this waiting room are other people who are struggling right now because their loved ones are in ICU and then we have this rowdy church group who their love is there to the one parishioner that comes from our church but it creates problems with the room. So as general, as a pastor, you want to sort of watch groups from church.

Also too, sometimes some of these hospital experiences become longer deals and watch for the health of the spouse and the need of the family. It's more important I believe to mobilize your church behind the scenes to bring a meal to babysit a child or things to sort of keep the family in a sustainable place when their loved one is receiving medical attention.

There you have it. Again, I wish you well. Don't worry about hospital calls. Follow these principles. They will really help you. If you get an opportunity, read up some more on it. But you're going to do fine as you love and sincerely minister in the name of Christ.