

## How to visit the sick

By: Neville Kirkwood

Hospital visitation is exacting: it demands concentration and often is physically, spiritually, and emotionally draining. Often it can appear unrewarding. Such times are compensated for by those fulfilling, positive, traumatic ministrations to distraught, frightened hurting patients or relatives.

### **Resist the temptation to:**

- **Set a program.** Consider the circumstances of each patient. Their needs, physical and spiritual, will require different touches. Those who set agendas are more preoccupied with self-achievement than with the welfare of the patient or family.
- **Be embarrassed by silence.** There are many situations when silence is so necessary for the patient. They may not be able to concentrate through debilitation, tiredness, drug effects, or sheer pain and discomfort. Your silent presence on such occasions is the most appropriate form of care. The patient may also be distracted with an already overcrowded mind, or may choose not to share intimate details or thoughts with you.
- **Become the focus.** A minister or an official visitor has a special status and position. Resist the impulse to talk about personal experiences or become the star of the visit. The patient's needs and circumstances need to be the focus.
- **Outtalk the patient.** Hospital visits are a time to listen - not to monopolize the conversation.
- **Compare patients.** Don't liken this patient's symptoms to anyone else's. It is easy to think that talking about a more dire diagnosis will make this patient feel better and soothe fears. The danger is that you do not have the full medical facts of both cases to justify making comparisons. And it is unethical to use the case without that person's permission.
- **Provide solutions.** You are a visitor, not a counselor or a doctor. Even when a patient is seeking comfort, help, and advice, the best you can do is to be a facilitator so that he/she can sort matters out himself/herself with a little guidance.
- **Organize the patient.** Enfeebled by illness, the patient often presents a picture of helplessness. Fixing the flowers, fluffing the pillows, etc., may look helpful, but sends a subtle message that the visitor is in control. While the feeling of doing something worthwhile is exhilarating, it is the *visitor* who gets the high. The patient may not be up to being fussed over, and may resent it. Encouraging him/her to do something for himself/herself is often more helpful.

- **Take over the role of the relatives.** You don't have to become an indispensable figure to the patient. Let family take on the chores of paying bills or mowing lawns of the patient.
- **Disseminate knowledge.** Often personal information is shared in a sickroom. But this information should not be shared outside of that room unless you have the permission of the patient and the relatives.
- **Stay too long.** Don't let your visit become a further endurance trial for the patient.
- **Hide behind the scriptures.** Some visitors use scriptures to avoid the unanswerable questions of life and death. Use scriptures in a natural way, but don't neglect eye-to-eye communication. Be honest and admit it when you don't have an answer.

**Neville Kirkwood** is an author, lecturer, and preacher. He has served in cross-cultural missions in India for 17 years and as a hospital chaplain in Australia for 18 years. He earned his D.Min. at the San Francisco Theological Seminary. He is also the author of *A Hospital Handbook on Multiculturalism and Religion*.