

# **Chaplains offer tips for hospital visitation\_90604**

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## **Chaplains offer tips for hospital visitation**

**By John Hall**

*Texas Baptist Communications*

BELTON—Keeping people's needs at the forefront of ministry can make hospital visits more comfortable for patients and ministers, two veteran Texas Baptist chaplains insist.

When people are in the hospital, the situation creates serious concern for patients and their families, said Bobby Smith, director of the Baptist General Convention of Texas chaplaincy relations office. They usually are in quite a bit of pain and always facing uncertainty.

Knowing this, ministers should keep visits short, typically about 10 minutes, Smith said. Patients do not have the strength to talk for long periods and probably do not want to catch up on old times. They have more important events occurring.

"They just want to know that you care enough to come," said Smith, a longtime hospital chaplain.

When visiting patients, it helps to treat the hospital room like their home, said Joe Perez, director of pastoral services for Valley Baptist Health

System in Harlingen.

Knock before entering and check to make sure the person is fully covered, he advised.

Ministers need to identify themselves and take a seat in a chair next to the bed as conversation begins, Smith said. The move helps people know who is visiting them and initiate a connection at eye level.

From there, the visit is in the hands of the patient, Smith continued.

Ministers are there to ask open questions and let patients take the conversation wherever they want, he observed.

Ministers need to resist the urge to preach, Perez said.

Words cannot correct physical issues. God can, but that is his choice, Perez said.

A minister never should promise that God will heal if the person has enough faith. That is a theological error, he insisted.

“The more it hurts, the fewer words we need to use,” added Perez, a member of the BGCT Chaplaincy Endorsement Board.

Church leaders are to embody Christ's love, Smith continued.

If ministers listen to each patient, they will know the needs of each person, he said. Allowing people to speak about their concerns can be therapeutic.

“I've always found that when I come in with an agenda, I always stifle what God has going on,” Smith said.

Perez described hospital visitation as a ministry of “presence.” The minister is there to “go where they go” along their spiritual journey.

At the end of the meeting, ministers should promise an ongoing ministry, Smith said. There, the relationship will continue to grow.

If a minister feels the need to know about a person's condition prior to entering the room, he or she has two options—the family and the nursing station. A pastor can glean information from a person's family about the situation. That process also can open other avenues of ministry.

It is important for the minister to build relationships with nurses, doctors and staff. This will facilitate a better ministry for patients and their families, as well as possible ministry to hospital personnel, Smith added.

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