

## **HELPFUL VISITATION GUIDELINES**



## **The Golden Rule in Visitation:**

**“Do to others as you would have them do to you.”**

These guiding principles apply to people who are frail and ill. These people may be in hospitals, nursing homes as well as with people who are frail and sick at home. These guidelines are presented as principles we wish to observe. Some guidelines will include directives stating what we should not do.

### **1. Attitude & Personal Preparation:**

**Be positive, avoid negatives.** Bring poise and mental ease. Be relaxed but confident. If we are concerned, nervous or anxious, we don't want to 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 we have doubts about what is happening - think carefully about what we will say, how we will respond and even more, how our words will be received. If we have heard some bad news, and it appears that the person either does not know the news or does not bring it up, we need to be extra sensitive.

At times a person is very discouraged, having just heard some difficult 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 people 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).

We want to avoid carrying our own worries, problems, frictions, tension and crises into a sick person's room. Our attitude will be perceived by the patient and her/his family. A calming presence is necessary.

### **Visitor's Health:**

Do not make hospital calls or visit frail people when we have a cold or the flu. If we believe we must make a visit but have a minor cold – then we need to follow deliberate steps such as have no physical contact and wear a mask. We need to ask ourselves, "What would make the necessity of visiting so great that we visited while fighting a cold?"

## **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.

It is also best to wash your hands as often as possible in other public settings such as in church.

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 when visiting a patient where precautions are posted. There are specific instructions for gowning up and removing gear.

## **Scent Free:**

Sick and shut-in people are extremely sensitive to perfumes, colognes, and after shaves. **No scents** make **good sense**. The hospital asks all people to respect their scent-free environment, and this includes many flowers.

## **2. Planning:**

Think ahead of the various stages in our visit. We also want to keep in mind that we are the guests and our goal is to do what is best for the person we visit. This means we will want to place ourselves in the place of the person we are visiting and attempt to visualize what this person might desire in a visit. As we seek to see through the eyes and feel with the heart of the person we will begin to understand what an encouraging and helpful visit will look like.

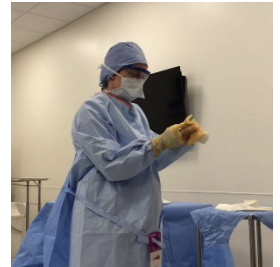
Ask at the information desk which bed the patient is in so you can go directly to the right person. If the hospital room has four beds - as in some hospitals, the beds are numbered clockwise beginning to the left of the door. So, if the patient is in bed # 2, this is the 2<sup>nd</sup> bed on the left, usually the one against the window. Know which bed the person we 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 this as a request for privacy. Knocking may wake a sleeping patient. If a curtain or door is closed always check with the nurses before entering.

### 3. Entering:

Be sensitive when a door is closed. In a care home we will want to knock and then quietly enter the room. In a hospital knocking is not wise because a patient may be sleeping. Check in with the staff. If there is any notice regarding not having visitors, then we need to contact the medical staff with our questions. We cannot go against the medical staff. A pastoral call may be needed, but at certain times it may be impossible. We must honour the directions of the medical staff and the patient's wishes. The door may be closed for medical reasons or because some people prefer to have their doors closed all the time.

At times there will be a notice by the door saying that we cannot enter the room without specific items such as - a gown, gloves, possibly a mask. We need to comply with the directives that are posted. These items may be uncomfortable, but we need to comply with the medical directives. Check with the staff.



### 4. 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. Approach the hospital staff in a pleasant manner, requesting a chair if none is available in a room. Nurses will help with this.

Never sit or lean on the patient's bed. If there is no chair near the bed the patient may suggest that you sit on the bed. Avoid jarring or bumping the bed. If possible, we should never remain standing as we visit. We should do all we can to get a chair (or chairs if we are visiting as a couple) so that we can visit on the patient's level. Please, don't look down at the patient. 😞 It is helpful to place ourselves in the position of the patient and ask ourselves, "Where would I want a visitor to be during a visit – sitting near me in a chair, holding my hand, or standing above me at the foot of the bed, looking down at me." The one exception may be when a group is visiting one person, particularly if the person is in a critical condition, such as in a Cardiac Care Unit. Again, we want to be sensitive as we gather around a person.

## 5. 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.

## 6. Listening:

**Listen, listen, listen** - lectures can wait. Might I say, even Bible verses and prayers can wait until we have listened and felt the person's pain – even though we will never fully feel the depth of a person's pain. Nor should we ever say, "I know how you feel." 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 a positive conclusion. If a person senses we can remain with him in his pain - this may say several profound things.

**First**, it assures the person that we believe David's words, "Even though I walk through the valley of the shadow of death, you, God, are with me." (Psalm 23:4) In other words, it assures the person we believe God can handle their deepest despair.

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

1<sup>st</sup> We have not listened to the person. We are not taking her/him seriously. 2<sup>nd</sup> We do not believe God can help us where it really matters - in the valleys.

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**.

Saying a prayer or giving a Bible verse **before** we have understood the pain of a person is a way of **not** expressing care. A better way is to listen to a person's deep hurts, desires, and wishes. As we listen, reflect on what God might want us to say to a person and on what Bible promise is the more appropriate. At times I have thought of using a specific verse, but after listening to a person, I sensed God was directing me to another verse. In fact we might do best by simply listening, attempting to feel with the person, and assuring the person that we will



walk with them – and not include a Bible verse simply for our need to say a Bible verse.

The opposite of listening is to impose our thoughts on a person. There may be times we will not agree with a patient. But, we should never argue with this person. The purpose of an argument is to win over one's opponent; not to give insight or encouragement. When we disagree, we then need to let it go at that. The patient does not need to know that we disagree. Will it help the patient when we argue with him and try to persuade him to take our view? Again, our purpose is to listen, to support, and to walk with.

## **7. Family Relations:**

Our goal is to work together with a person's family and other care providers, including the medical staff. Family members need our love and care as well as the patient in the hospital or who is weak at home. 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, at least in our perception, it is not our role to evaluate the medical people.

If the family has provided a guest book to sign, please do so. Hereby we assure the family of our care. Add a few comments, include a telephone number if this is appropriate.

## **8. Be Helpful:**

Another aspect of relating to a family is, whenever possible, 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 we can't provide the necessary help, try to find a way to provide the help needed.

## **9. Relationship with medical staff:**

We want to do our best to be able to support the medical staff as they care for a person. This means we should never set the patient over against the physician, nursing staff, hospital or nursing home. We may sense our person is angry or disappointed at the medical people.

How should we respond to his/her anger?

We need to be clear of our role. Our role is certainly not to evaluate the medical people. We do not know all the facts. And even if we did, what would it help? It may be easy to take sides. Certainly we must feel with and validate the patient's emotions. But, this does not mean we should agree, or disagree, with them.

The following may be what is actually happening when a person is angry with a doctor or the medical people. The person may have received some difficult news - maybe about a terminal illness. As a result, the person feels they need someone to blame because the news is very devastating. The best option is to feel with the person, walk with him, listen to his feelings and assure him you are present in the difficult valley.

Never let any unresolved feelings we may have with medical staff cloud what is happening. When a person shares anger or frustration, never say, "Well, let me tell you about what happened to me when I was in the hospital." Never tell about an unfortunate situation we have heard about another person. Stay with the person in front of us - and don't shift the focus on to ourselves - or give stories about other people.

## **10. Literature:**

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

**1<sup>st</sup> For family members:** literature assures family members that we have visited. The literature can also be read by them and give them comfort.

**2<sup>nd</sup> For the patient:** At times the patient will forget that we have 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 guest book, if one is available.

## **11. Length of Visit**

Be brief. The longest normal 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?

The length of each visit will depend on each specific situation. Be flexible! Be open to the Holy Spirit's moving and be sensitive to how God is leading you. When we have planned a short visit God may surprise and bless us as we listen to the person's heart and share from our lives with care.

A related item is this: It is helpful to know how much time we will set aside for visiting. For example, when we begin three hospital visits we may plan for 30 minutes - ten minutes each. But, when we visit the first person we learn that 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 at another time.

## **12. 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 primary purpose of sharing information is to express our care and compassion. The secondary purpose of information is to communicate. 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.

Think through the purpose of the questions:

- 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?

- Am I able to share what I know? (re: privacy)
- Why do I want to share the information I know? Do I want to prove how much I know?
- How will I share this information?
- Will my information support and 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 the situation is. 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 need 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!**

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