

## VISITING THE SICK

(Note: This article was written by Captain Albert Abel, Executive Officer of Goodfellow Air Force Base Hospital in San Angelo, Texas. Captain Abel has been in the service for some time and is well experienced. This article was given in form of a talk by Captain Abel at the weekly luncheon of men of this area who are members of the Church. He kindly consented to allow me to have it published in the Firm Foundation. Bro. Abel is a faithful member of the Colorado and Jackson St. Church of Christ,--Douglass Rohre, minister.)

Since hospital visitation is an essential part of the healing ministry of all Christians, its methodology deserves a great deal of study. Illness is a frustrating experience, and the sick individual is therefore more likely to be sensitive, irritable, hostile, suspicious and anxious than when in a state of health. In view of this fact the following simple rules, although they are mostly of a mechanical nature should not be taken lightly as a guide to hospital visitation.

1. It is a good policy in general, not to go into any room where the door is closed without first finding out something of the circumstances that exist behind that door. The nurse will be glad to furnish any necessary information, and the patient's family also may be helpful in this regard. Especially in the case of the critically ill patient, the visitor should get as much information as possible before seeing the patient.

2. Be very careful to note "No Visiting" and "Isolation" signs hanging on the door. The "Isolation" sign denotes the fact that the patient has a communicable disease. These patients suffer from severe loneliness because they are not allowed any visitors. His spiritual needs are likely to be even greater than those of other patients, but the visitor should abide strictly by the regulations for precaution. The nurse will gladly help with supplying a mask and gown.

3. Look to see if the light is on over the patient's door and, if it is, do not enter at all until the nurse has taken care of the patient's needs. Even if the light is out and the door partly ajar, knock gently before entering the room. This is a simple rule, but many visitors carelessly overlook it at one time or another.

4. Do not touch the patient's bed. Watch for cords on the floor, apparatus such as a rack for holding intravenous fluid, and especially the crank handy on the foot of the bed.

5. Size up the entire situation at a glance during the process of entering the room. By this means alone one can determine to some extent what course the visit will take. Giving no indication of surveying the room, the visitor can notice the position of the patient in the bed, evidences of previous visitors (cards and flowers), special hospital equipment, and other indications of the patient's condition and outlook. If the patient is receiving intravenous infusions of blood or glucose, one's approach would not be the same as if the individual were sitting in a chair enjoying the last stages of convalescence.



6. Always let the patient take the lead in shaking hands. If the hand is extended, one should certainly take it, but should handle it gently, returning the pressure with like strength. This is no time to show one's athletic prowess.

7. Upon entering the room take a position, whether standing or sitting, in line with the patient's vision, so that the patient is not required to move around in the bed. If the patient is lying flat and the bed is not elevated, it is better to stand in a relaxed position. Stand at the side of the bed, since the height of a hospital bed makes it almost impossible for the patient to look one in the face without turning sideways.

8. Beware of letting the visit become a pathological conference. In other words, don't make a habit of sharing your own hospital experience or that of another with the patient. This is in reality "getting in bed with the patient." Many people seek to give consolation by telling the patient of someone else down the hall who is in a much worse condition. Even if the patient in question has only athlete's foot, while the person down the hall has had a leg amputated, he still has his painful itching and derives very little consolation from the knowledge of his neighbor's ill fortune.

9. Do not carry emotional "germs" from one patient to another. When one has listened to or dealt with any highly charged emotional situation, it is time well spent to delay a few minutes before going to visit the next patient. But it is even more helpful to spend a few moments in prayer between visits.

10. Do not reveal negative emotional reactions through the voice, countenance, or manner. Often the patient will want to show the visitor his wound or a bottle of gallstones. Sometimes the patient may be in pitiful condition, or the odor in the room may be so disagreeable as to make the visit an unpleasant task. Remember that the patient, if conscious, is humiliated about his own condition and aware of the burden he is placing upon others.

11. Do not make the visit too long. Early visits to postoperative patients may last only a minute. The visitor may never let the patient speak, but simply says, "I just wanted to look in and let you know I am thinking about you. I will see you when you are feeling better." Visits involving counseling sessions when the patient definitely wants to talk, should rarely exceed 45 minutes.

12. Don't whisper or speak in low tones to a nurse, to a member of the family, or to anyone else in the sickroom or near it, if there is the slightest chance that the patient will see you or hear you. Even though the patient is in a coma, the same rule applies.

13. As a general rule, the visitor should leave thwn the patient's meal is delivered to his room. Often the patient is more interested in talking than eating at the moment and will insist that the visitor remain longer. But his attitude toward the visitor may change enormously 15 minutes later while he is attempting to eat cold meat. Food and sleep are important factors in the recovery of a sick person, and visits should not interfere with either.

