

MINISTRY TO THOSE IN HOSPITALS

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The new federal laws relating to patient privacy absolutely prohibit nurses from giving out information even to close relatives without the patient's permission, and never over the telephone. So a minister cannot call the nursing station or even the doctor for information prior to visitation. When the family is a source of information, important facts can be misinterpreted or, in some cases, denied. As an RN in a hospital, I, of course, have more information than those outside the health care system have. This is why those of us in nursing or medical practice who are also intentionally applying spirituality in their interactions are invaluable.

Pointers for the average minister who is visiting a hospital patient and also interacting with the family.

Observe institutional protocols and policies regarding visitation, respect for privacy, and appropriate interventions. As a routine example, if the patient asks you for a drink of water, you need to be aware that they may not be allowed to take fluids because of surgery or a test. And, a patient's "intake and output" are routinely measured in hospitals. Even little things can be important. Let the nursing staff feed patients, turn them, etc.

1) Aim at "quality time" rather than "quantity time." You may have taken time out of a busy schedule to visit, only to find the patient is sedated or sleeping or trying to get some rest. Sorry, but the patient's needs come first. Also, keep prayers or pastoral counseling short and focused. Concentrate on the patient first, not on family dynamics. Keep out of family differences regarding issues such as "do not resuscitate" orders. If a family member asks you for an opinion, try to refocus them on discussing how they are feeling about the issues without saying what your opinion is. If you interject opinions, even theologically sound ones, family members might "use" you as leverage or label you an "enemy."

2) Allow the patient to express feelings, including anger, in privacy, and provide spiritual support. Keep the sharing totally confidential.

3) Simply BE a loving presence, rather than a "religious professional." Keep ego out of the way, and avoid "fix it" behaviors. As one book on spirituality in nursing puts it, we are honored to be "standing on holy ground" with another human being created in God's image.

4) Have a strong stomach – yes, it IS possible! Nurses do it daily. There may be blood or vomit or incontinence of bowel or bladder. My approach is that a patient NEVER owes anyone an apology for what they cannot control. Keep a calm facial expression or at least don't grimace.

LOVE IS ALL THAT MATTERS! Life on this plane is short, everyone is precious, and every moment is sacred. We are not ministers in order to judge others – as when an accident resulted in injuries due to the patient driving while intoxicated. Beware also of getting involved in family judgments about a patient's behavior or level of religious practice.