Patient Care: How to Minister to the Sick

Part 2 of 2: Practical Advice for Ministering to Patients
with Darrell Bock, Eva Bleeker, Joe Fornear
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**Darrell Bock**

I want to share a little bit to you about how the hospital for me is a difficult place. My mother died of cancer when I was fourteen years old. She had been through a series of operations, so I think it was up to a half dozen between the time when I was eight and fourteen. The hospital was a place that I went to as a child to visit my mom, who was always in terrific pain or suffering whenever I went there.

So hospital visitations for me are very, very difficult because they bring up this – I’m telling you my narrative.

That’s alright – we’re doing a bit of an experiment here. Hospital visits are very, very difficult for me for that reason, I almost cannot walk in a hospital and not think back to that experience. The question that it raises is: what advice would you give to people who are visiting patients in the hospital? You are a chaplain you are doing this all the time, but people who are going in and they themselves wrestle with it – they’re like me. They wrestle with how to handle the hospital visit. I know that there are two types of processers, generally as people. Some people process by being absolutely quiet, you almost have to pull anything out so they go and visit and they just sit. Other people process and they feel like they’ve got to talk all the time, they feel responsible to almost entertain the patient which may or may not be good for them. So what advice do you give to people who walk in?

**Eva Bleeker**

Okay. I think I want to say two things about that, my top two things that I would say to someone who is experiencing that very normal reaction to walking into the house of suffering. One is just like you just did, to be aware of what it’s bringing up in you. Do you have horrible memories as your skin prickling as you walk in the door? And just to keep in mind that, while you are going out of love for someone else that you are having an experience at the same time going in there, and to keep that in mind, and to keep that in prayer and to be really honest with yourself about -- I might need to take care of myself after I do this because it is bringing up my worst childhood memory.
So that’s one piece. My second piece that I would say to someone who is in the room and there’s nowhere to sit except on the porta potty and there’re all these machines in there and you do not know what to do with your hands and you’re trying to think of what’s Scripture to quote or something and that all these weird pressures come up as you’re standing over someone maybe that you love, who doesn’t look normal and is in trouble in some way is to ask the patient what he wants. Do you want to talk? Would you like me to sit down? Are you sleepy? How are you feeling now? I came here to see you, I want to respect what is best for you, if you want me to stay, I’ll stay as long as I can. If you just want to know that I came by, here I am and I’ll be happy to respect what's best for you.

There is something weird that happens when those of us who are so --it is precious to us that we are ambassadors for Jesus. When we walk into the room of someone who is sick, we forget to be normal and just to make it a visit like you would visit with anyone else, we want to get the gospel there, and we want to be encouraging, but it can just feel like you’re falling down stairs as you try and love the person. I think the best intervention I know is to ask the patient. What do you need?

*Darrell Bock*

That’s great. Well, Joe, it’s been a while since you’ve been through your operations etc. But you’ve done a lot of pastoral visitation and you obviously with the ministry you do a lot of pastoral visitation. What kind of advice would you give in terms of the best way to really serve the patient which is why you visit them to begin with?

*Joe Fornear*

Yes. I totally agree with Eva. I think our tendency sometimes is to try to fix people and trying to make it all better, trying to encourage them and we might be scratching where they’re not even itching just be totally in a different realm than they’re in. Yeah, just asking them where they’re at.

*Joe Fornear*

I think to be ready to read the scriptures too. Pick out some scriptures because I always like that, just hearing the scriptures. But ask first, “Can I read some scriptures? What it is this like for you?” I mean ask open ended questions to get them to talk. You can say, “I know this is horrible, but how are you handling this? How are you coping?” Because that will bring out what their trusting in, what their plan is.
I guess resist the temptation to fix them, and to think that you’re going to come in there, and it’s going to be totally different. You walk and do your magic dust and in the evening, everything’s well. Presence is huge. Presence is huge. I think a lot of people just flat avoid for the reasons you mentioned: either bad experience or they don’t know what to say, so they just avoid it altogether. Some people who are very close to other people don’t show up because they don’t know what to do. Just show up Just be honest. Go and show up and say, “I don’t even know what to say, Can I help you? Can I pray? What is your biggest prayer request right now?” Just ask that. I mean obviously you can say, “Obviously, you want to get well. But it there a big prayer request you have? And somebody will say “Yeah you know I need these nurses to change. Something has to give with these nurses.” It could be way out of the blue.

**Eva Bleeker**

I want out of the hospital. The one I had was, “I want to be out tomorrow.”

**Joe Fornear**

Or then they may be struggling with some family member who’s not even there, not even a part of the-- or it’s just somebody who’s giving them a hard time about the whole experience somehow.

**Darrell Bock**

Let me flip the question, what is the worst thing you can do? What are things not to do that you see people do regularly where you go, “Oh man If you only knew that you are not being helpful…”

**Eva Bleeker**

I think anytime a person goes in with a really solid plan and is determined to execute it, no matter what signs they might get to the contrary, that is poor patient care because that puts the visitor whether it’s the chaplain or not, that puts that person into the center of experience. And so if we could be brave enough to let the patient direct what is happening, then the patient gets what they need. But if I am just determined to – whatever-- do something good at the wrong time, go down the “Roman Road” or something, when that’s not what that person needs, then that’s damaging and it is disrespectful to what is happening in the room for that patient, for the person who has a power of wellness to exact a plan on a person who is experiencing the illness. It’s out of balance.

**Joe Fornear**

I’d also say saying, “I can really relate to you, what you are going through” when you’ve never had that experience…

**Eva Bleeker**

Yes. That is the terrible thing.
Darrell Bock: I’ll trade you for an experience to be named later.

Joe Fornear: I once had an experience with a female patient. She was really hurting. She was describing something the procedure that she had, but it was female-related. And I had lot of really painful things. I was just trying to say, “I’ve been there. I’ve had a lot of pain.” I could tell I really offended her because she was saying, “You haven’t had what I just had,” because it was a female-related procedure she had. Even though, I had horrible pains and horrible things they were doing to me, I think it’s wise not to say, “Oh, I can really relate to what you’re experiencing.” And some people don’t understand” staging.

Darrell Bock: Let’s talk about what that is.

Joe Fornear: Okay, staging is when people say, “Oh, I’ve had melanoma,” but they only had stage one, which is a skin lesion they had removed so that can be offensive when somebody says that to you when you’re at stage four where you are about to die. Then somebody said, “I had melanoma, we’re buddies…” And it’s like, really? That is not a given. I will come back to it, you got anything there, and I cannot remember what I was going to say.

Eva Bleeker: Connected to what are you saying Joe, anytime we put the focus on ourselves as the visitor who is in there, it might be like that. “Well, my uncle had what you have.” You are trying to build the bridge, but it creates this awkwardness and kind of disrespect for the person who is in the bed.

Darrell Bock: It’s interesting because you would think, the person who is offering that is doing so really out of a desire --they are really groping for a connection and they fumble in the process.

Joe Fornear: Oh and I had people tell me, “I know somebody who had melanoma, they died last year. “

Darrell Bock: Yeah. Gee, thanks,

Joe Fornear: Yeah, thanks for sharing that. Don’t do that either.
Darrell Bock

This is actually one of the reasons for doing the podcast. Let’s talk about what advice you would give either to pastoral staffs or to people in churches to make going to the hospital doable because a lot of people it is intimidating. They do not know how to do it or they say, “Well the pastor supposed to do that, the hospital has chaplains to do that.” They don’t realize that one of real acts of grace that they can perform for someone is as a friend to go, be there and say, “I am with you, I am here for you.”

Let us talk about the church side first; how churches help people to get there? I don’t know if I’ve ever heard a sermon, for example, on patient care. For all the pastoral visits I’ve had, “Pray for so-and-so and so-and so,” and “We visited her in the hospital…” I hear that all the time. But I don’t know if I’ve ever heard a sermon in thirty plus years of being in the church, that actually talked to people in the pews about how they can minister to people who are hurting on their own homes. Or even a Sunday school class. I know that when I told people, Oh, we’re going to do a podcast.” “Oh what are you doing to do it on?” “Patient care.” It was like “What? Why would you do that?” Well, you do it because people do get sick. They go to the hospital; they need to be ministered to. Why should we leave the ministering only to the people who they’re maybe meeting for the first time because they happen to be in a hospital? What advice would you give to people to encourage them to get out of their comfort zones, if you will?

Eva Bleeker

That’s a great question. I am going to do the intimidating thing of talking about the gospels with Darrell Bock. But I think something that gives me courage when falter in my role at my hospital, is that Jesus has said [that] when you visit the sick, you are visiting me. That is a great framework to have in mind as a believer walking into a place, especially if you don’t have the benefit of a relationship with the person who you are going to visit. You are doing this for the Lord in a way that he framed it up that way.
There’s so many interesting things that pass through my mind when I look at my patient as my Lord. Like, when I see them die, it reminds me that he did that too. But back to your question, I think a really practical thing for church ministers -- professional or lay -- who are going to visit someone is to go in pairs, because then you can lean on each other. And if one of you freaks out and cannot think of anything to say or ask, then maybe the other person can carry it along for a little while. And then you have this lovely little community representing the church where probably the patient worships. You might just end up having a little church service right there in the room. And it does take a lot of pressure off because some of the disorientation that happens when a person who is not used to going into the hospital is just getting to the room is a stressful experience. You have to figure out where you can park, not going to get towed, and how much was that going to cost me just I have to leave my car here. And you go into a place that you cannot orient yourself to the outside. There’s no windows. The passageways are long and daunting. Everyone who is in there is under stress anyway, so I think people who are perceptive to that kind of stress in their environment can feel it right away when they walk into a hospital that this is an intense place, so just having somebody there to do it together is helpful.

**Darrell Bock**

You’ve already made an assumption, which I am trying not to make, and that is- I made a decision: I am going. I guess part of what was I intending in my question –maybe I should challenge Joe with this since he’s been a pastor and is engaged in this issue at the same, so he understands the bridge. How do you encourage people to be willing? I mean, you did what the Jesus’ example, push in that direction. What about the fact that we never talk about this from the pulpit?

**Joe Fornear**

It is a great question. I think when you started asking the question, the Matthew 28:36 popped into my mind. “I was sick and you visited me.” It just shows you that Jesus knew we were going to under-value visiting the sick. And so that’s why he said when you do it, you are visiting me. So he’s trying to elevate it in our minds that is a good thing to do and a powerful thing to do.
So I think part of it is just preaching the Word as it written and to focus on the things that he is focusing on. To have more people doing it -- the staff -- because a lot of times and this is really true; a lot of times when people are sick, the higher up the person is in the church, the more -- they want the higher ups, they really do. If you just send somebody who’s in a Sunday school,

**Darrell Bock**

Or the Kindergarten pastor.

**Joe Fornear**

They might tend not to like that, so they want to see the staff. They could see staff and other people too. If the staff has that vision to… and it wouldn’t take much to organize people to go and visit the people, to have the life groups, the community groups really taking on to make sure they’re visiting, and make that part of training on how to care for one another, it’s just one another. I think it should be in it, and Eva will come and talk to the group, your Sunday school or whatever. I will too and to really… It’s a big thing to Jesus. It is really ripe fruit. People are really either open to the gospel for the first time or they are really open to the ministry. When you come and you’re sharing the Word and you are praying, and it is so rewarding. A lot of people will say to me, “How do you do that --seeing sick people?” I walk away, and it is so rewarding to me to minister to somebody. I mean I feel fed like Jesus did when talking to the Samaritan woman, “I got food you know nothing of.” I feel that when I walk away. It builds me up. Doing this is a lot easier than pasturing was for me. I just started out. Way easier!

**Joe Fornear**

Interesting. In our church, what we have done is elders would visit our staff or visit -- we even have the deacon and deacon teams that are set up to visit and so that people are seeing some of the same people they would have seen if they are going to church on Sunday. They feel more connected to more than just a pastor. They feel connected to the Body, and so that’s ends up being very, very helpful in thinking through how to encourage people. And then I do find that once people begin to do it and they say, “I can do this. This is possible. That can work.” And since you cited the gospels to me, I want to raise another angle on things to talk about and reflect on.
We sometimes wrestle with: there is so much in the gospels where you see Jesus ministering to the sick. And of course what we’re drawn to when we read the stories is the fact that there is a miracle or healing taking place. So some people say, “Well I can’t go and heal someone, so what is the point?” But really, part of the point of the way Jesus is ministering is he was ministering compassion to people. He was ministering care. He was showing that what he was preaching was also reflected by what he was doing in ministering to people and then in reaching out and helping them in a way that he could.

This is to take your picture of when I am ministering someone, it’s like ministering to the Lord. The other half of it is this is also ministering like the Lord, that you are offering your care and compassion. You are giving of yourself to someone who’s in a situation of need, and you are modeling some the very values that your church talks about from week to week.

I find that the real challenge to face sometimes is in more mundane things of life in whether our faith and what we do in church ever enters those areas. We end up talking about how do you view your work from nine to five. That is a pretty mundane area for a lot of people; they detach what they do from nine to five from what they’re doing in church. Or if they bring it in, it’s just kind of a backpack they have that they throw on and draw out of every now and then, rather than thinking about how that actually works.

I think this is another area where the same kind of thing applies. People go into the hospital, and then it’s like okay, well we’ll give that to the professionals to do. They know how to do it. They do it on a regular basis. They’re used to it. Whatever the myriad of reasons might be. Really, part of our hope in doing this is to encourage people that — no, don’t just leave it to the professionals. Sometimes the most meaningful visits for a person are the people who do come and show they care by their presence. And sometimes -- the ones I always like [are] when you walk in and they go, “Well, I never expected you to come to visit me.” I do not know if I know how take that when I walk in the door. But there is something real about that surprise that tells you about people that we’ve almost conditioned ourselves not to expect very much in this area. Let’s talk about how people get in contact with your ministry.

**Joe Fornear**

Okay. Mystronghold.org is our website. We are stronghold ministry – it’s singular. There is a plural one; they’re weight lifters.
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Darrell Bock  So if you see barbells, you know you hit the wrong site.

Joe Fornear  Exactly, that is right. And the women are way bigger than me. You won’t confuse it. You’ll know if you hit that site. Send us an email with your patient’s name and address, and we will send them books. I think books are huge for us because books can go, like even when you visit somebody, if you give them a book of some sort, it stays with them and they can pick it up, or somebody can read it to them. You can have a long-lasting ministry. Churches can do this too: get books that they can give to patients and people who are sick. We really encourage that and I’ve seen that really work well for myself when I was in the hospital. I had Streams in the Desert right by my side all the time just to get me through. There’s some great books out there that you can get somebody and give it to them and really tie them into the Lord. By the way, Steven Ministries’ really good with training too. Steven Ministries, a lot of churches have that. That is a great ministry. They’ll train people.

Darrell Bock  That is actually the program that our church developed it’s stuff from.

Joe Fornear  They do some really good work and train you on how to go visit somebody. They’re really good.

Darrell Bock  And Eva, you’re a chaplain but let me ask you this question: If someone is interested in the chaplaincy, how do they think about going there?

Eva Bleeker  That is a good question because I did not think about it before I ended up there. I…

Darrell Bock  You fell into the chaplaincy?

Eva Bleeker  I fell. I felt like I was falling. [Laughter] I think people who are discovering maybe they are in a traditional pastorate and they are not happy while they are sitting in their study, preparing a sermon, but they can’t wait to get out and shepherd their people, that might be a kind of calling to chaplaincy. Honestly, I think that any person who is gifted pastorally can benefit from a little exposure to chaplaincy because it forces you to face your fears. It forces you to face your fears, and then you can feel freer and more confident in your ministry following.
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**Darrell Bock**  Did you get any formal chaplaincy training?

**Eva Bleeker**  Yes, yes.

**Darrell Bock**  How did you go about doing that?

**Eva Bleeker**  Well, I graduated from DTS in 2008, and I could not find a job. Interestingly, I was trying to raise support for a different kind of ministry, when Lehman Brothers failed, that same season that you were getting yours going. Mine didn’t go as well as Joe’s. I found chaplaincy on the internet. My growing up experiences were in such rural parts of the country that I had never heard of a professional chaplain. I was not aware the there was even pastoral care provided by hospitals. To me there’s just priests and pastors that visit people from their churches.

So I was in this seeking phase and hoping to use my education somehow or another. I found a website listing a job for Baylor University Medical Center and Oncology and it told me that the requirement was four units of Clinical Pastoral Education. I had never heard of that before, but I did do a residency in Pastoral Care at Baylor, a one-year residency and I’ve remained there. That is an experience that I wish that every seminarian would have because any of us who pass through this institution and come out on the other side with the DTS stamp. We will have opportunities to do patient care. It will come to our doorsteps.

**Darrell Bock**  That is true. Any seminary, probably in any seminary.

Eva Bleeker: Certainly, yes, yes. I lift that up because it was such a surprise to me, to discover myself in a place where I was the helper and the minister in incredibly complicated and heart breaking situations. And then to discover that I could do it. I did not see it coming, and yet that is where the Lord very gently walked me by the hand. I wish everyone, every believer could have a chance to test themselves in that kind of setting, because once that we have seen that God never abandons us when we the minister, we are terrified of what we are seeing and our eyes are filled up with images that are terrifying. But then we experience God’s faithfulness under that kind of stress and seeing that kind of sadness. It creates such a powerful dependence on him that it casts out fear.
Darrell Bock: If I’m doing the math right, so you have been doing this for four or five years?

Eva Bleeker: Exactly.

Darrell Bock: Okay. And all Baylor?

Eva Bleeker: All at Baylor. It’s my only hospital.

Darrell Bock: Very good. Wow. Well, Joe, as you think about what it is that we’ve talked about, is there anything that we have not raised or mentioned that you we should in relationship to patient care?

Joe Fornear: Yeah, there’s one more thing. I get this question a lot. Maybe you have too, Eva, but it is how you transition from talking to somebody about them getting well to bringing up the gospel because oftentimes you want to make sure that someone knows the Lord before they go if they are going to go. One of the things I just say this because sometimes the person’s need is not always their felt need what they are talking about right then, but we know what the real need and their ultimate need is to have Jesus in their life.

So what I’d like to say is that I hope that the Lord hears our prayer that we just prayed for you for healing and that you’re around of 20 or 30 more years, whatever. Ultimately, we all have to die; we are all going to stand before God. When that happens to you, like I said I hope it’s in 20 years, 30 years, but when it happens would you be ready? What are you going to tell God when you stand before him? Why should he let you into heaven? That is my transition into that. I get that question a lot and so I thought I’d throw that out as a good way. It works for me with people to transitioning to talking about [it]. Because you don’t want say, “Hey, you know you might die. I need to tell you something bad.” You want to say, “I want you to live and we are all going to die eventually.”
Darrell Bock

You are actually getting them to think through what that moment could be like. It does raise an interesting question because I sometimes take that question and play with it a little bit in the sense of on the one hand, the gospel is about being able to spend eternity with God and we think about that as something that is out there. The other half of the equation is that having God with us now is also important. To have him with us now even in the midst of what we are going through can be important. Sometimes, I think, in thinking about the future of what gospel is and what the gospel prevent us from experiencing if you want to think that way, we forget also what gospel does bring to us. And it brings us an ability to go through the shadow of death in a way that would hard to do otherwise, so that’s a helpful thought.

Well, I really do appreciate you all coming in and taking the time to talk to us about patient care. Hopefully we’ve been caring in how we about discussing it. You had been patient with me in dealing with the topic and dealing with my own anxiety so that’s a topic. I hope that what people have heard is the value of good patient care. You can do it, that is something that is capable of being done, and that when it is done with sensitivity, it can really meet a deep personal need, and help lift a person up who is in a very difficult position by giving a sense of you are there to grab them by their hand and walk with them through whatever it is that God is taking them through. Thank you all very much.