

Making Hospital Visits

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Introduction

It would be hard to over-emphasize the importance of visiting people who are in the hospital. Whether you're a relative, a friend, or visiting on behalf of a church or organization, your presence can be healing and reassuring.

Most of us are somewhat uncomfortable making hospital visits though. It's a foreign environment, people are seriously ill, we're not quite sure what we'll find when we get there, and we're afraid we won't know what to say.

This e book will help you prepare and become more comfortable, and will also help increase your effectiveness in providing a presence that is healing and reassuring.

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I acknowledge and thank Dr. Virgil Fry and Dr. Paul Riddle of Lifeline Chaplaincy, along with the patients I have visited at M.D. Anderson Cancer Center, for what they have taught me about hospital visitation.

Blessings to you as you bless others by making visits!

1. Five Things About Visiting the Hospital for Non-Hospital People

1. Wash your hands before you go into the room. And when you come back out of the room. It's for your protection and the protection of the people you're visiting as well. Don't help bugs move around.
2. Knock gently on the door before you go in. You're entering what small bit of privacy the patient has left, and announcing your arrival is the least you can do.
3. Introduce yourself and tell why you are coming in their room, "Just coming by to check on you."
4. Ask if this is a good time to visit. You may be able to tell from looking around the room that medical personnel are busy doing a procedure, but even if no one else is there, it may not be a good time from the patient's stand point.
5. Tell them you care, listen to what they have to say, don't tell your stories about hospitals, and keep your visit short (unless they want to talk and have you listen).

2. Why are you going?

Unless you've done a lot of hospital visitation, the answer to the question "Why are you going?" may not be as simple as one would think.

There are lots of possible motivations, some perhaps more noble than others.

- I want to provide support for this person/family.
- It's my duty.
- Someone expects me to.
- I need to, even if I don't want to.
- I've been told to.
- I've been asked to.
- It makes me feel good.
- I'm going to feel guilty if I don't go.
- I'm concerned.
- What if something bad happens and I haven't been there?
- I want to show my love.
- I'm doing it to serve God.

Like me, you've probably had all of these and maybe some more run through your mind as you decide to make a hospital visit. And every time you make a visit, it's probably a combination of these that provide the motivation.

You see, we need some motivation to make a hospital visit, because it's not that easy or convenient.

A hospital visit requires a special trip, often hassles (and expense) with parking, finding your way around in unfamiliar surroundings, and other physical challenges.

It takes time in an already too busy schedule.

And then there's the discomfort most of us have with being in a hospital setting. Hospitals are serious places — people are there because they're very sick. Hospitals have that sanitary look, that sanitary smell. Folks are hooked up to strange tubes and machines. People in white coats or scrubs go around doing things that you don't understand. You seem out of place, someone intruding on serious work.

And the big one, the person you're going to see is seriously sick or injured, and you don't really know what to expect or what to say when you get there.

But if you need one more bit of motivation, here's one from Jesus. Visiting the sick is one of the six actions we do that Jesus counts as if we did it for him.

Making visits to the sick are that important.

So maybe learning how to do it better, with less discomfort, is a worthy ambition.

3. What's holding you back?

Lots of things get in the way of our making hospital visits. Other than the physical challenges of time and making the trip, most have to do with our fears and emotions.

Some of these fears and emotions have to do with our own life experiences, and a visit to the hospital bringing unpleasant thoughts to the forefront of our consciousness.

For some of us, entering a hospital brings a wave of anxiety because of events we have experienced as hospital patients or with someone we love. For some of us, it's a specific hospital that brings back a flood of memories and emotions. Park Plaza here in Houston is that way for me because that's where Mom spent her last days on Earth in Hospice.

Many of our fears are about our competency to say the right thing, to be helpful and not hurtful.

Others have to do with uncertainties of being in a strange-to-us environment.

And some have to do with the unknown of what we're going to find or experience while we're there.

So how do we control or overcome our fears and emotions so that we can make the visits? Here are some ideas.

1. Ask someone more experienced to go with you.
2. Stay focused on the person you're going to visit, and their needs.
3. Attend some good training. Most larger hospitals and many chaplaincies provide training opportunities.
4. Do some self-learning through reading books or articles (or blogs).
5. Just do it, as experience is a great teacher.

4. Sometimes You Should Stay Home

There may be several good reasons for staying home when you'd like to or feel like you should visit someone in the hospital. By far, however, being sick is the Number 1 reason to stay home.

One day in January, I visited four folks who were in ICU. Three of them were there because of pneumonia. Cancer patients who are undergoing chemotherapy are very susceptible to infections of all kinds. Their immune systems are compromised. That means January is a time when many end up catching a bug that for them can lead to severe pneumonia. So while it's generally unusual for me to have an ICU patient on my list, this week there were four.

I don't know where these folks picked up the bug. I just know that I don't want to be responsible for anyone catching one because I go visit him or her while I'm sick.

So, if you have a cold, a sore throat, the flu, or anything else that is catching, stay home. People in the hospital don't need the complications of these diseases in addition to the conditions they already have.

5. When God Shows Up

Interesting things happen when you make hospital visits, things that are not easily explained by skill, or preparation, or knowledge, or planning.

For no good reason, you start in the middle of the list instead of at the top, and that person says, "You showed up at just the perfect moment because..."

Without any forethought or knowledge, you ask a question or make a remark, and the person you're visiting says, "Wow, it's amazing that you said that! I've been thinking about that all day."

You sit down in the cafeteria for a quick lunch and end up striking up a conversation with someone at the next table. She pours out her heart to you about her troubles, and says, "I haven't had anyone to talk about this with."

You see, none of us are good enough to make those kinds of things happen on a regular basis. Maybe by chance something like that could happen once in a lifetime. When it happens repeatedly, you need an explanation.

Here's mine. Someone bigger, wiser, and more knowledgeable than we are has become involved.

Jesus made this seemingly outrageous claim one day: "For where two or three come together in my name, there am I with them." (Matthew 18:20)

And He is.

6. Your Presence Is What Matters

Although it's been 12 years since I spent time in the hospital with a heart attack, I remember who came to visit while I was there.

I don't remember what they said. I do remember that they were present.

The other time I was in the hospital was 25 years ago. And yes, I remember who came to visit me that time too. And no, I don't remember what they said.

Making hospital visits, providing what experts call "Pastoral Care," is about presence.

It's not about saying the right thing. Or about saying something profound. Or about having answers to difficult questions.

It's about being present with someone who's going through a difficult season, and letting your presence demonstrate your caring and love for them. And about showing the love of God for them by doing so.

Sure, you'll have a conversation. Hopefully, you'll do more listening than talking. But even if the whole visit only lasts two minutes and very little is said, your presence will be remembered long after your words are forgotten.

And if you just have to have something meaningful and profound to say while you're there, try this: "I care about you, and I wanted to come visit so you'd know."

7. Don't tell your stories

One of the reasons we like conversing with others is that we get to tell our stories. In fact, if we don't get to tell our stories because the other person monopolizes the conversation, we're unlikely to seek out that person for a conversation again.

But when you visit someone in the hospital, don't tell your stories.

Listen to their stories instead. You're there for them, not for you.

They're going to say things that trigger your stories. Your stories might be about when you were in the hospital, or your aunt was in the hospital, or about your experience with a doctor, or whatever. And they might be good stories...for another time.

These kinds of stories will not be helpful to the person you've gone to visit. In fact, they might be disturbing.

Do pay attention to what stories are brought to your consciousness, however. They help you empathize and connect to the person you're visiting. Just don't tell them.

It turns out that listening is the greatest gift we can give someone, especially when they're in the midst of a difficult season. So just ask questions, listen and be curious, and bless them.

8. Asking Permission, Giving Respect

You lose a lot of important things when you're a hospital patient.

Privacy: People are in and out of your room day and night. In fact, some studies show that an average patient has people come into their room 20 times a day. You have to tell about everything, including your bathroom habits.

Modesty: Hospital gowns are not made for modesty. They're made for the convenience of the medical staff. They do a good job of making you want to stay in bed and out of the hallways.

Control: From the moment you check in until the moment you get out of the wheel chair into your car after discharge, people are telling you what to do. And that's on top of realizing you're not in control because of the disease that has put you there in the first place.

So when you go to visit someone who's in the hospital, it makes a huge difference when you go out of your way to give her or him some of what has been lost back.

Knock on the door.

Ask if this is a good time to visit.

Introduce yourself unless you know the person well, and introduce yourself to others who may be in the room.

Ask if it's okay to sit down.

Sit or kneel by the bed so you're not towering over the person you're visiting.

Keep your questions general instead of probing for specifics (they'll tell you what they want you to know).

Excuse yourself if medical personnel come in to do a procedure that might compromise the patient's privacy or modesty.

Ask if the patient would like to pray.

Ask what he or she would like to pray about.

These may seem like just common courtesies, but in fact, they are great, thoughtful gifts that you can give to patients.

You're showing them respect.

9. How long should my visit be?

When I started making hospital visits, Paul Riddle who is Director of Spiritual Care for Lifeline Chaplaincy here in Houston, told me something that has stuck with me.

Chaplains generally make one of two mistakes. Either their visit is too long, or their visit is too short.

Sometimes your mistake is painfully obvious.

A colleague told me of a time when she was visiting a patient and in the middle of the conversation he got up, pulled down the window blind, and announced he was going to sleep now. He was more than ready for the visit to be over.

Sometimes a patient gives you a clue. “I’d like for you to pray for me now.” That’s usually polite shorthand for “Please pray and leave.”

Figuring out how long to visit with a patient is tricky, even when you’re trying to be very attentive to making that judgment.

I can’t tell you how many times a visit with a patient started awkwardly and I was sure it was about done when all at once they opened up and initiated a deep, much needed conversation that lasted an extended time. I’ve learned to give the patient a little time to warm up in case they have something on their heart they’d like to talk about.

Otherwise, I’m afraid I’ll make the “Too Short” mistake, and leave them before they have had the opportunity to talk about things that are important to them.

It’s just as important, though, not to stay too long. For patients in serious condition, the visit may be taxing. For people you really make a connection with, it’s easy to want to stay and continue the conversation. So it’s important to make a judgment call and seek some feedback from them about when to end the visit.

“I’ve been enjoying our visit, but it may be time to bring it to a close. Is there anything else you’d like to talk about before I go?”

Or,

“I’d be happy to pray with you in a few minutes if you’d like that. What would you like to pray about today?”

These statements and questions signal that you’re sensitive to the fact that it may be about time to end the visit, but you’re giving the patient an opportunity to extend it if they have some additional things they’d like to put on the table.

So how long should your visit be? Just long enough to meet the need of the person you are going to see at that moment in time.

10. Follow the Patient's Lead

Sister Alice Potts, who established chaplaincy at M.D. Anderson Cancer Center and mentored so many who followed, taught the principle of following the patient's lead.

Following the patient's lead is a simple but powerful principle. Your goal is to meet the patient where she or he is at that moment in time.

- Enter the patient's room with a clear mind and neutral emotions.
- Take your cues from the patient.
 - Match the patient's mood. If he is quiet and subdued, be quiet and subdued. If she is angry, join her anger. If he is cheerful, be cheerful.
 - Match the patient's speech pattern. If she is talking quickly and animatedly, you talk quickly and animatedly. If he is speaking slowly and without much expression, do the same.

Why follow the patient's lead? You follow because the visit is about the patient. And it's about making a connection with them and making them feel that you have really listened to them, that you empathized with them.

If, instead of following her lead, you impose your own mood, whether intentionally or not, you'll fail to connect, and she won't feel listened to. You will not have met her where she is.

The principle also suggests that if the patient's mood or manner of speaking changes during the visit, that yours change as well. It becomes the ebb and flow of being in sync with another human being.

Following the patient's lead is about being fully present with them where they are during the time you are with him or her. And that is a most precious gift for sure.

11. Follow the Hospital Rules

Hospitals have lots of rules. They tell you about hygiene and safety, where you can and cannot go, when you can visit, what you need to do before you enter a room, what information you are allowed to know or share about a patient, and all sorts of other things.

While you may not always understand the why behind a rule, it is important that we follow them. Nearly all of the rules are to protect you, the patient, or the hospital and staff. Besides, we're guests there, and we want to remain welcome.

Here are some major rules that you're likely to encounter in any hospital:

1. Always wash your hands just before and just after leaving a room. In most cases, using the alcohol gel will suffice, but on some occasions, you'll be instructed to use a special soap and water. This practice is to prevent the spread of infections within the hospital, a significant problem.
2. Sometimes you may be required to wear protective clothing: masks, gloves, gowns, shoe covers, or even caps, depending on the patient's condition. This is either to protect you, protect the patient, and/or to prevent the spread of infection. Signs will be clearly posted, and if you have questions, the medical staff will be happy to help you.

3. Some units in hospitals have restricted visiting hours, particularly Intensive Care Units. Call ahead if you're uncertain. These will also generally restrict the number of people who may visit at once.

4. Some patients have visitor restrictions, either due to their own wishes or imposed by the hospital because of their conditions. Honor these, and if in doubt, check with the patient's nurse.

5. Patient privacy is a huge issue for hospitals and for us as visitors. HIPAA, the federal Health Information Privacy rule, strictly limits what information may be shared about a patient. The hospital staff can provide only very limited information. That's okay, because you really don't need to know any details about a patient's condition to make an effective visit. And, by the way, you should not talk about the patient's condition either. We'll deal with that next.

12. Patient Privacy and Confidentiality are Important

The privacy and confidentiality of the people we visit in the hospital are important.

Those of us who make hospital visits as employees or volunteers of a hospital are well aware of HIPAA, the federal health information privacy rule. Patient information, except what is required for treatment, may not be shared. If we're not affiliated with a hospital, as lay chaplains, church leaders, or family and friends, we still need to be aware of HIPAA.

The good news is that we really don't need any of the information protected by HIPAA to make effective hospital visits. Even if we don't know the person we're going to visit, all we really need to know is their name and room number. We don't need to know why they're there, who their doctor is, how they're being treated, how they're doing, or any other such information. We're making a visit to show them that we care about them as a person, and why they're there is incidental.

But whether or not our visits to patients are bound by HIPAA, we need to respect the privacy and confidentiality of what we learn when visiting a hospital patient. The person we're visiting has a right to expect that what we see and talk about during the visit is confidential and will not be passed on to others.

Unless the person asks you to share something, or unless you obtain permission from them to share certain information, you shouldn't do so.

This includes something as simple as putting them on a prayer list or putting information in a church bulletin. Some folks just don't want others to know about their illness or what they're struggling with.

It also includes talking to others about the person. We're often tempted to do so because it's interesting, maybe even dramatic, and because we have "inside" scoop to divulge because we've been there.

So, if there are things that come up during a visit that you think it might be beneficial to share with someone else, make it your practice to ask permission first. "Would it be okay if I put this in our prayer email, or in our bulletin?" "Would it be okay if I shared what's going on with Dick or Jane?"

Maintaining your integrity as a person who can be trusted with sensitive information is big.

13. Don't Give Advice!

Giving advice is a hard habit to break.

In the workplace, we're often rewarded for having answers and suggestions. In our interpersonal relationships, many of us feel that our value is being able to help people figure out what they need to do. And, in some of us, a codependency gene rises up and we think it's our job to fix folks by telling them what they should do.

But when you make hospital visits, don't give advice.

Don't use phrases that begin:

- "If I were you I'd ..."
- "What you should do is ..."
- "What you need is..."
- "If you'd only ... then ..."
- "I know a ... who can ..."

If the person you visit expresses frustration with the medical staff, listen to their frustration, and maybe ask if patient advocacy is being helpful in resolving the issues. Don't suggest that she change doctors or add to her frustration by chiming in with your opinions on the medical staff's performance.

If he mentions problems with insurance or housing or parking, listen and make him feel heard. Sometimes patients like to talk about these kinds of things as a way of getting rid of frustration with everything else that's going

on as well, and just being heard is enough. If, however, it seems that the issues need further attention, you might ask if they are working with their hospital social worker, and how that's going.

You see, it's not our role to take on their problems and suggest solutions. Hospital patients have a whole team of people who have the expertise to help them with medical issues, problems with the service they're getting, and even with their needs for help with insurance companies, temporary housing, and paying for parking.

What they need from you and me as we visit them in the hospital is simply our caring presence, and a willingness to listen.

14. Don't Make Promises

I'm not sure why we feel like we need to make promises when we visit people in the hospital. But generally we do, at least until we get some experience under our belts.

Maybe it's because we want to do something nice for them. Or maybe it's because we want to give them something to look forward to. Possibly, it's because we want to help. Perhaps it's because we really plan to do whatever it is that we promise.

And just maybe it's because our minds shift us to doing something because it's easier to deal with than being with someone going through a tough time.

For whatever reason, promises seem to want to slip out. "I'll be back to visit you." "I'll call and we'll have lunch when you get out." "I'll ... whatever."

It's so easy to make a promise. "I'll find you a sleep mask and get it to you" is one I made one time. The lady was having a hard time sleeping because she'd lost her sleep mask, and I wanted to help. Only later did it dawn on me that finding a sleep mask meant a special trip to a store, and getting the mask to her meant arranging for someone to deliver it in order for me to keep my promise.

I did get the mask to her, keeping my promise, but I learned a couple of important things from that experience:

1. Even simple promises to someone in the hospital are easy to make, but can get hard to fulfill. I need to stop and think long and hard before making a promise and be sure that I have the energy and resources and opportunity to fulfill it before I make it.
2. While getting her the mask was a nice thing to do, it didn't make me more effective in providing pastoral care, because I'd stepped out of the role of being with into the role of doing for. Spiritual care (or pastoral care), at its core, is being with a person who is going through a difficult season. When that's done well, it requires all of our energy and focus. When we mix doing with being, it detracts from both our energy and focus, and we run the risk of being less effective.

I've now accepted the wisdom of my mentors, and accepted the guiding principle, "Don't make promises." And do you know what? I then recognized that patients are not expecting you to do stuff for them. The gifts of presence and caring are more than sufficient.

15. Basic Listening Skills

Becoming a good listener is a life-long quest. It requires effort, focus, and mastery of skills. All of us can become better listeners if we work at it.

Listening in a way so that we really comprehend what the other person is trying to communicate and so that they feel heard is challenging. There are lots of reasons for that:

- The words actually spoken reveal only a small part of the message.
- The tone in which they are spoken and the body language with which they are spoken including the facial expressions actually convey most of the message.
- All of us tend to only communicate partial messages in conversation. Getting the rest of the message requires questioning, clarification, and other conversational interchanges.
- Actual communication is taking place on multiple levels. If we're just tuned in to the surface level, we miss the most important part of what's being said.

Here are five basic listening skills that will carry you a long way.

1. Rapport Building is establishing an emotional connection of trust at the outset of a conversation. Smiling, maintaining eye contact, and synchronizing your body language and pace of your speech to the other person help enhance rapport.

2. Paraphrase is saying back to the speaker in your own words what you heard the speaker say. Paraphrase helps you be sure that what you heard is what the speaker meant to say, and it conveys to the speaker that you're really interested. It's the "What I heard you say was..." tool.

3. Asking productive questions invites the person to provide information they would like to share, helps fill in missing information, and check out possible distortions. Curiosity is your biggest asset here. It's also one of the primary ways we show the person that we're interested in them.

4. Behavior description (body movement, physical changes, or tone of voice, as well as actual verbal quotes) helps you distinguish between what you are inferring and what the person is saying. For example, if someone says "I'm fine," but they're tearing up as they say it, saying "I heard you say that you're fine, but your tears suggest that there may be more going on," provides an opportunity to go deeper by giving them permission to speak freely.

5. Perception check is a way of testing your perception (guess) about what you believe the speaker is feeling. Making a perception check lets the speaker know that you are sensitive to their inner emotional condition. Since you're just guessing, always phrase your statement tentatively. "I'm guessing that based on what you've told me that you're feeling pretty discouraged. Is that close?"

16. Listen Carefully to Stories

All of us tell stories.

What's interesting is why, out of the tens of thousands of stories we each have stored in our brains, we choose to tell a specific story at a point in time.

We don't even think about it. We don't do an intentional search of all the stories to find just the right one. Something someone says or something we smell or something we're doing or something we're experiencing triggers bringing the story to consciousness. So we tell it.

The interesting thing is that we tell the story because it has something to do with what's going on in our life right now.

When you're visiting with someone and they begin telling you stories, listen to them carefully. If you take the story literally, you'll probably miss what the person is really telling you.

Here are a couple of examples.

1. An elderly man was hospitalized who was suffering from advanced cancer. He told a visitor a story about an old tree in his back yard that was rotting from the inside out, and that he just didn't know what to do with it. If you as the listener took that story literally, you might want to suggest he engage a tree expert to help him. But if you were listening for the story behind the story, you might ask the man if he perhaps was talking actually talking about his

situation, and not about the tree. (This story is from the book cited below)

2. An older woman tells relatives a story about her youth, when her great uncle lost his mind and her parents had to build a cage around his bed to keep him from wandering off. If you accepted the story at face value, you might just respond by saying, "I'm glad we have facilities now for helping families deal with relatives with dementia." But if you knew that the woman telling the story was suffering from short-term memory loss, as her relative you might more appropriately respond, "I know you're having some memory problems. Is it possible you're telling me this story because you're afraid of what may happen to you?" (This story is from my personal experience.)

The person telling the story hasn't thought about why they're telling it. If you have a sufficient relationship with a person telling a story like this, and if you think you have some insight into why they might be telling it, and you're comfortable doing so, you might help them consider what's behind the story. Doing so can be helpful to the person in processing what's happening in his life, and can make him feel truly listened to.

To learn more about story listening, I recommend the book *Listening and Caring Skills in Ministry: A Guide for Pastors, Counselors, and Small Groups* by John Savage. The book also covers listening from a broader perspective, so it will be a valuable addition to your library.

17. Praying with a Patient

I am convinced that praying is the most important thing I do.

I've lived long enough, been through enough life experiences, to understand that I'm not in control. Further, I've learned that I'm helpless to fix all the things that are broken, that are wrong, in this life.

But through prayer, I can connect to the One who is in control and who has the ability to fix broken things: broken bodies, broken hearts, broken relationships, broken whatever.

Prayer is simply the way I deal with life, whether its joys or its disappointments or its unfairness.

So when I visit people in the hospital, I love to pray with them, to bring their desires that have become my desires to the God who cares and who can do something about them.

But before I do, I ask two questions.

1. "Would it be okay if I prayed with you?" You see, not everyone is comfortable praying, or it may just not be the right time, or they may not feel well enough at the moment. I want to give them the opportunity to say no if that's their desire, and if they do, I honor it.

2. If they indicate they would like to pray, I ask what they'd like to pray for. You see, my guess from our conversation might not be accurate. Plus, there are often

things that are weighing on them that may not have come up that they'd like to include.

Then, if they've agreed, and after I understand what they'd like included, I word a prayer that includes to the best of my ability what we've talked about. That's the most common style of prayer from my faith tradition, and the one most of the folks I visit are most comfortable with.

You might choose to handle praying with a patient differently depending on your faith tradition and your level of comfort. Sometimes simply praying the Lord's Prayer together is perfect. Many love the beautiful prayers from The Book of Common Prayer or another book of prayers.

But regardless of how you handle it, praying with someone you visit in the hospital is often the most powerful part of your visit, the time when you feel most connected, the time when most healing occurs. And that just seems right.

18. Including the Family

It's easy to focus on the patient when you're making a hospital visit. After all, that's the reason you went in the first place.

But it's critically important to also focus part of your time and attention on family members who might be present during your visit.

Start by taking the time to introduce yourself to them, shake hands, and understand how they're related to the patient.

Then as you're conversing with the patient, involve the other family members in your conversation by making frequent eye contact with them and perhaps asking them an occasional question.

I nearly always inquire about how the family members are doing, about how they're dealing with what's going on. I also generally try to inquire about whether they're getting enough rest and taking care of themselves. Sometimes I even try to catch them when they're out of the room so they can talk freely.

This isn't just to be nice.

- Family members who are providing care for someone in the hospital are under a lot of stress, often much more than the patients themselves. Often they're sleeping in a chair in the room with the patient (if you can call that sleeping). They may

be eating off the patient's tray, or grabbing something quick from the hospital cafeteria.

- And on top of that, the family members are the ones who are generally managing all of the information and details about the patient's care, being an advocate for the patient with the hospital staff, and in many cases having to make decisions about that care. In fact, someone who is in the hospital without a family member or friend to manage all the stuff and to be an advocate for them is in for a difficult time.

So as you're ministering and showing love to a hospital patient, make it a point to do the same with their family members and friends who are attending them.

They, and you, will be blessed as a result.

19. People Sleeping in Chairs and Cars

It may not surprise you that a lot of hospital patients' family members spend the night in the patient's room.

Most of the time, this means sleeping on a chair-bed, a device that's not usually very comfortable as either a chair or a bed. Some hospitals are more thoughtful in design, and have a built in couch/bed that's actually quite comfortable. Still others provide no accommodation for family members.

Family members spend the night in patients' rooms or in waiting rooms for several reasons. The most common are:

- They feel the need and/or the patient feels the need for them to be there. I still remember quite well trying to rig some arrangement of chairs in the NICU waiting room while my wife was there after surgery, and failing pretty miserably. It was important to her and to me that I was close during that critical time.
- If folks are from out of town, they may not be able to afford the cost of hotel accommodations. I frequently visit with patients who've spent weeks in the hospital, and a spouse or parent or adult child has spent every night in their room. While sometimes they cite the desire to be there, they often talk about the cost of a hotel.

What may surprise you, though, is how many people sleep in their cars because they don't have the money for lodging. I occasionally observe it in the medical center

garages, and know that people sleeping in their cars is fairly widespread.

Family members sacrificing comfort to be with family in the hospital is a fact of life, as are people sleeping in cars so their family member can be at a major medical center for treatment.

Hospital social workers are the folks that can help with the situations where people can't afford housing or parking. Organizations such as Compassionate Touch, a part of Lifeline Chaplaincy, supply funds through the hospital social work departments to take care of some of these needs.

When you find out about these situations, you don't have to take responsibility for fixing it, although if you're a relative or close friend or church leader you may. You can just ask if they've visited with the social worker about their needs. And you might check on organizations in your area that provide this kind of assistance and give them a hand.

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