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The Minister in the Sick-room;

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However, if some congregation, for reasons which seem valid enough to its membership, desires to use the basis of the *Matins* liturgy to build up a form for the chief service of the day, the following points might be considered. Opening Sentences of an appropriate nature may be used. The Confession of Sins may precede the opening Versicles. In that case it may be well to add the *Kyrie* and also the Suffrages at this point; for the *Kyrie* is best connected with the Confession, if the sacramental nature of the service is to be brought out more strongly. Following the *Venite* and the hymn, the number of psalms may be reduced to two or even to one, so that the lessons of the day may by all means be read. The Creed should follow the lessons, since it represents the confession of the congregation as connected with the lessons, preceding the Sermon. And let us by all means, give proper attention to the principles of Lutheran liturgies as stated above lest a greater confusion than ever be caused by various home-made orders of services.

P. E. KRETZMANN.

The Minister in the Sick-Room.*

Disease, that indefinable, inexplicable foe of the mind and body, has challenged the thought and faith of humanity since the beginning of time. The mysteriousness of its origin, the uncertainty of its outcome, the destructive result of its ravages—these are the factors that have led men to question the ways of God. It has driven men, through fear and apprehension, into every kind of superstitious practise, secret cults, charms and magic potions, votive offering or weary pilgrimages, in a pathetic attempt to appease angry spirits, to ward off noxious influences, or to counteract unknown evils.

With Christ's coming our whole conception of the care of the sick was utterly changed. Since then the ministry of healing has had an important place in the program of the Christian Church. In this the minister has an important part to play. In addition to directing the way to salvation and comforting the dying, he may be a help and stimulus in speeding the recovery of the patient with his cheerfulness and well-balanced optimism.

Well-directed, normal suggestions will leave new, helpful thoughts with the sick long after the minister has gone. Physicians employ suggestion habitually, usually unconsciously, but effectively. The mind influences the physical condition of every patient, no matter what his ailment. Even incurable cases are kept comfortable by simple and proper means which affect the mental processes.

* This short article from extra-Lutheran sources may be of interest.

Belief in eventual recovery affects the patient's general condition and nutrition. He eats better and sleeps better [!]; even his heart action is promoted by this hopeful and contented attitude of mind. His symptoms present themselves to him in a less exaggerated and distorted form.

The nervous system affects every structure of the body. Every tissue has a dominating nerve supply, and direct nervous control is evidenced in the circulatory apparatus — the glands, the muscles, and the bones and joints. The effect of the mind on the nervous system is proved by numerous physiological facts and by a still greater number of clinical facts.

Direct suggestion consists in the frank statement to the patient that he is improving or will get well. [The opposite statement will often be in order.] It should be made moderately, as the patient readily builds upon, and adds to, the suggestion himself. The patient may, for instance, be led to expect a change of symptoms before a sufficient time has elapsed for a change to ensue. Under these circumstances the influence of the physician, pastor, or friend and the confidence reposed in him by the patient may be shaken. Nevertheless, direct suggestion is of utmost value, especially if the friend be one whose personality is forcible and impressive.

The pastor's visit is expected and eagerly anticipated by the patient; but care should be taken that he be cool and calm. He should have presence of mind under all circumstances, using good judgment in moments of danger, excitement, or distress. A doctor of medicine brings calmness and a sense of security by his very presence. Do not stay long with the sick. One should be as deliberate in entering the sick-room as if he were going to stay all day, but after a few moments, before the patient becomes wearied (which is usually very quickly), he should go. The sick, like the aged, are hungry for personal attention and should be made to feel that they are the center of the stage. Centering the conversation on the sick will itself demand a short rather than a long visit.

There is an art in leaving properly and "retreating in good order." Not "Thank Heaven, that is over," nor "Well, I must be going," but still drag on in a gloomy manner. If it is time to go, say go and go. I believe it should be the rule and not the exception for the minister to pray in the sick-room for forgiveness of sins and renewed faith and hope.

The patient in a hospital the evening before an operation is usually in a solemn mood, especially if alone. The normal man is not afraid, but he is glad to see his pastor and take refuge in a strength not his own. During convalescence, time hangs heavy, and company is appreciated. During the time of serious illness and a few

days following an operation when patients are still weak, they are usually overvisited by friends, who unknowingly and unintentionally do them real harm.

When a minister visits a hospital, he should, if he is not acquainted with the authorities, make himself known.

The visiting rules of the hospital should be regarded. Usually a minister is allowed some latitude as to his hours of visiting; but he should let this permission come from the proper authorities and not take it for granted. It is important to report to the nurse in charge of the ward or room at every visit. Although the office may permit one to enter and give the number of the patient's ward or room, it is courteous to report to the nurse in charge before entering. In visiting a ward, speak a word to all other patients. [A general greeting.] It will please them.

When a person's days are known to be numbered, the pastor should spend more time with the patient. The conversation should be such as becometh godliness. Let faith be strengthened; let hope be in the atmosphere and trust in the prayer. It is not always best to talk of death except in extremes or at the insistence of the dying. Prayer with the dying is a very delicate ordeal [?], and no rules can be made for it.

In answer to the specific question, What should one do when visiting a person sick with a contagious disease to avoid contagion personally and prevent the carrying of contagion to others? I would say:

Wear a gauze mask over the mouth and nose, especially when visiting a patient with influenza or pneumonia.

Avoid shaking hands with the patient, nurse, or family.

Do not handle objects in the sick-room or house.

Do not eat or drink in a home where there is a contagious disease.

Insist that the patient cover the nose and mouth with a handkerchief when coughing or sneezing.

Keep at least five feet away from the patient when he is talking, as five feet is considered the minimum safety zone for spray infection during ordinary conversation; when he coughs, it is greater.

Wash your hands with soap and water (preferably running water under a faucet) just before leaving the house.

Upon arrival home hang the outer coat outdoors for an airing in the sunshine and again wash the hands.

There is much less danger of contagion in attending a funeral when death was due to a contagious disease than in the visiting of a person sick with a contagious disease.

ROBERT EARL, M. D., in *Watchman-Examiner*.