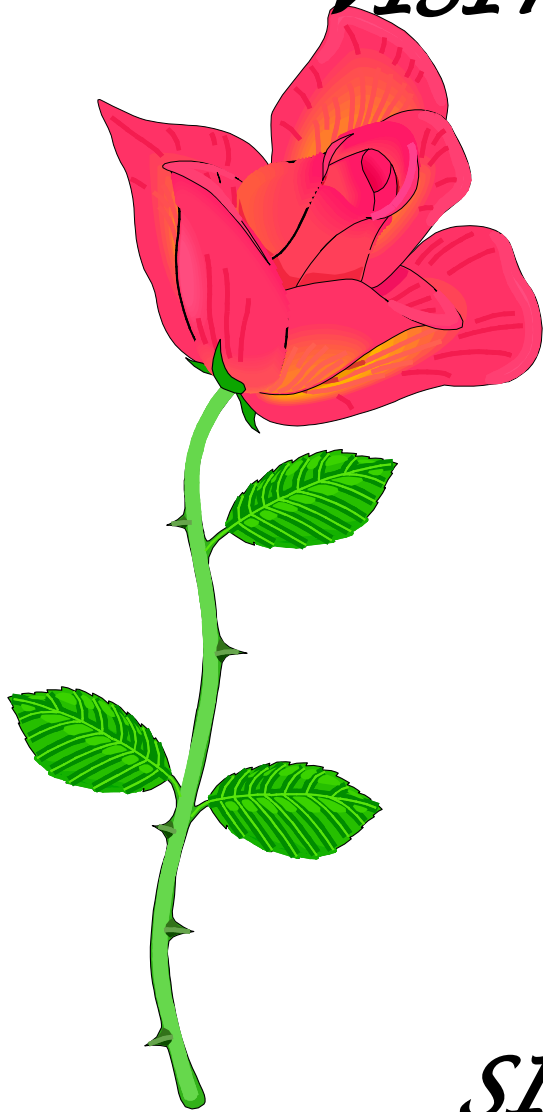


Towards Excellence in:

VISITATION



OF

THE

SICK

HEALTHCARE CHRISTIAN FELLOWSHIP INTERNATIONAL

.Towards Excellence in:

VISITATION OF THE SICK

This course has been developed by the Healthcare Christian Fellowship International (HCFI) Training Department. HCF serves healthcare workers and local congregations by equipping them to carry out their responsibilities in regard to others, especially the sick.

Purpose of the course:

To motivate and prepare participants to take their responsibility in the care of the sick through effective visitation.

During this course you will:

- * learn what is involved in visitation of the sick
 - * gain understanding of health, the Biblical view of man and how this pertains to caring for the sick
 - * gain understanding of the experience of illness and the effects and value of suffering
 - * come to understand the purpose, who should do it, and scope of visiting the sick
 - * increase your insight into the types of patients you will encounter
 - * discover how to be Christ-centred and Bible based in your approach to the sick
 - * learn principles and practices for visiting the sick adult and child
 - * learn about how to use Scripture, and pray with patients
 - * gain insight into ways of evangelism, and the place it has, in visitation of the sick
 - * learn how to evaluate your visits
 - * gain insight into possibilities of how to follow up those you have visited
 - * develop a plan to begin a visitation ministry
-

“Simon’s mother-in-law was in bed with a fever, and they told Jesus about her. So He went to her, took her hand and helped her up. The fever left her and she began to wait on them.” Mark 1:30,31 (NIV)

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STUDY 1 INTRODUCTION

Contents

Introduction to Visitation of the Sick What we understand by visitation of the sick Jesus' example and teaching

Objectives

When you have completed this study/ you will:

* know what is understood by visitation of the sick

* understand what is included in this ministry

* have gained insight into Jesus' example and teaching in relation to the sick and suffering

Nothing in life is as precious as health. Our self image is tied deeply to it. When our health is threatened by illness, we are threatened. Because of this we need and long for support, comfort and assurance. This is why we need to reach out with compassion to those who are ill. Health is also related to our spiritual life - to our salvation 3 John 2

WHO defines health as "A state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. (Www.who.int/about/definition/en/). A more contemporary definition and a Biblical definition of health will include the Spiritual, psychological and physiological well being of a person. HCFI describes health as "the complete harmonizing of every part of our being with God. man and creation which finds its ultimate expression in the state of Biblical salvation" ("Total Patient Care" HCF Training 1996).

Illness can be therefore seen as external assault or injury to the body or internal assault on the very being of the individual.

What does it mean to be sick?

What should we aim for as we visit the sick?

1. The aim of visiting the sick is **to provide care** that will prevent distress, pain or tragedy of the illness from destroying the sick person's faith in Jesus Christ as Saviour.

What do you think might be the effect of loving care and concern by relatives and Christian brothers and sisters on the following aspects of a patient's well-being?

- physical

- psychological

- spiritual

2. The aim of visiting the sick is **to help the sick person to get the right perspective.** To see that the suffering and tragedy of sickness may be endured and to strengthen his faith in the abiding care of God. Rom.8:28, 38,39; Psalm 23:4.
3. The aim is to avail ourselves **to share the burden of others** as Christ shared ours.

Give examples of a time when you identified with someone's anxiety, loneliness or pain.

How did you respond?

What effect did it have on the person you were identifying with?

4. The aim is **to come alongside the sufferer** and praying for him. Putting ourselves in his place and praying intercessory prayers.
5. The aim is to carefully listen and accept the patient. To be there for him.

What are some things which can distract you from listening to the patient?

6. The aim is **to respond practically** to the patient's needs.

What are some practical things you can do to help a patient and his family?

7. The aim is **to minister to others** around the patient.

What other people do we need to consider in our ministry of visitation to the sick?

Jesus' Example and Teaching on Ministering to the Sick

A large part of Jesus' earthly ministry was to the sick and dying. His example of caring helps us to know what our attitude should be to those we will be called upon to minister to. Besides this, He Himself bore much suffering while here on earth - physical, psychological and spiritual - so He understands the suffering patients go through. We can point them to Him to see how they can go through suffering victoriously as He did.

What He suffered

Jesus suffered immense physical, psychological and spiritual agonies. Especially in the spiritual realm, we will probably never be able to fully grasp the depth of the anguish which He endured on our behalf.

Ps. 22:1-2;6-18

Isa. 50:6

Isa. 53:3-10

Matt. 26:47-49; 74,75; 27:11-60

Jesus suffered:

- * deprivation and pain as He grew up and ministered to others
- * spiritual anguish as He was forsaken by God and given over to suffering by Him
- * rejection, despising and torture to the point of death (on the cross) by man
- * temptation, oppression and torment from evil powers that surrounded Him
- * total physical, emotional and spiritual agony and torment for our sakes. Till the very end, He continued to trust God Who brought Him into this world.

How He responded :*He Demonstrated Patience and Longsuffering*

Jesus accepted the suffering which He was called to bear with patience and longsuffering - like a lamb led to the slaughter (Isa. 53:7). He willingly carried our griefs, sorrows, and sins, though He Himself never sinned (Gal. 1:4). He would not accept measures to reduce His suffering on the cross (Matt. 27:34) but rather endured the full extent of the wrath of God on our sins till it was paid in full (John 19:28,31). Then He committed His spirit into the hands of God and died (Lk. 23:46).

He was Open and Honest

He was very clear in preparing His disciples for His coming suffering and death (Matt. 16:21). He also faced up to it Himself without hesitation (Matt. 26:46), knowing the joy that awaited Him as a result (Heb. 12:2). He realized fully what suffering awaited Him, yet He showed no sign of self pity. At the same time He was not ashamed to express His anguish as exemplified in the garden of Gethsemane (Matt. 26:36-45; Heb. 5:7).

He accepted Comfort and Help

Though Jesus Himself was homeless on this earth (Matt. 8:20) He accepted the ministry and hospitality of those who loved Him (Mark 14:3, 6-9; Matt. 27:35). Before He was arrested He received the ministry of a woman who anointed Him in preparation for His burial (Mk. 14:3-8). In the face of anguish and suffering, dying and death, when His disciples failed Him, He received comfort from an angel (Lk. 22:43).

He Depended on the Father with Complete Trust

Jesus, in every aspect of His life on earth, including suffering, was completely dependent on His heavenly Father to strengthen and help Him. An example of this is in the Garden of Gethsemane when He went to His Father in prayer (Lk. 22: 41-42) so that He might be able to endure the agony He would undergo. In His humanity, if it could in some way have been found possible, He desperately would have preferred to avoid it. But at the same time He trusted His Father completely, saying, ".....yet not My will, but thine be done". In response His Father specially sent an angel to minister strength and comfort to Him.

We will never have to suffer to pay for our own, or anyone else's, sins as only Jesus - perfect Son of God and Son of Man could do that. Yet Jesus' attitude in the midst of His anguish is a shining example to us

He Learnt from His Suffering

Besides the fact that Jesus accomplished our redemption through His suffering and death on the cross, the Bible teaches us that He also learned from His suffering (Heb. 5:8 "*Although He was a Son, He learned obedience from the things which He suffered.*")

What should be our response to the desire of others to minister to us when we are sick and suffering?

STUDY 2 BACKGROUND ESSENTIALS FOR VISITATION OF THE SICK

Contents

Biblical View of Man
Suffering in Illness
The Experience of Illness
Reasons for Visiting the Sick

Objectives

At the end of this study you will have:

- * gained understanding of the Biblical view of man
 - * gained insight into different aspects of suffering
 - * gained an understanding of the causes of suffering

 - * gained insight into how God uses suffering to accomplish His purposes in our lives

 - * known how we should respond to suffering
 - * gained insight into the experience of illness
 - * understood the purpose and reasons for visiting the sick
 - * greater understanding of what is experienced during sickness
 - * gained insight into the purpose of visiting the sick
-

THE BIBLICAL VIEW OF MAN.

Having a Biblical view of man is very important if we are to show the compassion and wisdom that reflect how Jesus cared for people. The way we see the sick person determines the type of care we give to them.

a. Man is created by God.

This means he actually belongs to God (Ps. 139:13-16a)

b. He is created in God's image (Gen. 1:27)

This is the basis for his worth, not his performance or value to society, education, social status, physical appearance, usefulness, intelligence, wealth or physical development.

c. He is a relationship being (Matt. 22:37-39)

Man was created to be in relationship. As God, his Creator, in Whose image he was made, is love all his relationships must stand under the banner of God's love.

d. He is a responsible being (Rom. 14:12)

God has given us a free will to respond freely to His love, have fellowship with Him and fulfill His love plan for our lives. This freedom entails responsibility. We are responsible to God, man and creation/environment for our reactions and responses.

e. He is a Kingdom being (Matt. 6:33)

According to Gen. 1:26-28 we were given the task to rule over creation as God's stewards. Therefore we should do all that we do with our eye on our Creator King.

f. He is a sinner and is in need of salvation Rom 3:23

Due to man's fall into sin he is guilty before God, and therefore separated from Him. This constitutes spiritual death and eventually will lead to physical death as well.

g. He is loved by God.

God has a love plan for man Ps. 139:16b Jn. 10:10; Eph. 2:10.

h. Man is a covenant being

Because God loved His people He made an everlasting covenant with them to be their God and the God of their descendants.

i. He has a body, soul and spirit:

- body (5 senses, heart, bones, brain, etc.),
 - soul (will, intellect, emotions)
 - spirit (communion with God / supernatural, intuition, conscience).
- Each part of man influences the other because he is a whole.

j. Man has needs:

- Spiritual : - unhindered communion with God
 - a sensitive conscience
 - to know God's will for his life
- Psychological: - to will, think and feel like Jesus, e.g. love, trust, hope, freedom from
 fear, peace, confidence, respect, security.....
- Physical: - e.g. air, water, food, clothing, shelter, protection.....
- Needs of the whole man: - to respond to God's love plan for us
 - to fulfill God's love plan for our lives
 - to live as citizens of God's Kingdom
 - to fulfill our responsibilities towards God, man, and creation

Summary: Our real need is to be true disciples of Jesus Christ, growing increasingly more conformed to His image, living as worthy citizens of His heavenly Kingdom.

Write a few sentences about how the Biblical view of man is impacting you?

In which of the above aspects of the Biblical view of man do you need to make adjustments in your thinking? Take time now to talk to the Lord about it.

Discuss in small groups how the above points will influence the way you will see and respond to the patients and those surrounding him whom you will encounter in your visitation ministry.

SUFFERING IN ILLNESS

It is important for us to have a clear understanding of suffering if we are to minister effectively to the sick. We all know what suffering is as no one is exempt from it in this fallen world. Where we have problems, however, is in understanding the causes and purposes of suffering. What should be our response to suffering in our own lives and towards others who are going through it?

What is your understanding of the causes of suffering?

What purposes have you seen in the suffering you have experienced in your own life?

The causes of suffering

Suffering in time of illness is experienced not only by the patient but also by family, friends and others whose lives the sick person touches. Some illnesses seem so senseless. A young man in the prime of life with a bright future ahead of him - suddenly struck down by leukemia. A beautiful, deeply loved wife, marred for life in an instance in a freak gas explosion. An elderly woman longing to be with her Lord and Saviour lingers, on and on in a body racked with pain. A mother of young children gradually deteriorating and able to do increasingly less for her family and herself through the devastating effects of MS. A dedicated and compassionate missionary doctor laid up and able to do so little for the people he is serving because of the frequent fevers and debilitation of malaria. A precious grandmother, the only living relative of her three small AIDS orphaned grandchildren, gradually becoming less and less competent as Alzheimers disease takes its toll.

In these and countless other circumstances we tend to cry out "Why, why, why?" We often do not know the exact reason why God allows the particular sickness and suffering we experience

in our lives. Yet we learn that suffering is not senseless or arbitrary as we read of different accounts in the Bible.

** Original sin*

It was not until man sinned in the Garden of Eden that sorrow and suffering entered our world (Gen 3:1-24). Suffering is one of the consequences of sin. Man has brought suffering on himself through choosing to give in to the temptation of Satan. Adam's act of disobedience in eating of the forbidden fruit brought about a disastrous separation between man and God.

** Satanic attacks*

Man's original disobedience gave Satan dominion over the earth and the right to cause suffering and devastation. We see how he caused acute sorrow and suffering in Job's life even though he was a righteous man. First he took away all his possessions, including his children. Then he attacked his health with severe boils over his entire body (Job 1:1-2:10).

** Personal sin Lev. 26:15*

There are times in our lives when our own sins are the direct cause of illness and subsequent suffering. E.g. Miriam got leprosy as a result of her criticism of Moses (Num. 12:1,9-10). Herod received the worship of the people and was struck down and eaten by worms because he did not give glory to God (Acts 12:21-23).

Name some more.

** High and prolonged stress levels*

In the times we live in today, in many cultures, pressure to perform is so high that breakdowns in health from this source have become all too common. Other sources of stress are trauma, broken relationships, unresolved guilt, major changes in ones life. Often it is a combination of factors which add up to too high stress levels for the body to cope with which leads to physical, emotional and spiritual problems.

** The sins of others*

What we do has an effect on the lives of others for good or for evil. A mother who is a drug or alcohol addict and brings a baby into the world will invariably see the devastating effects of the addiction in the excruciating withdrawal symptoms her newborn child suffers. A man who is HIV positive and continues to have unprotected sex will transmit the disease no matter how innocent his partner is.

** Neglect*

Whether neglect is intentional, unintentional or due to ignorance, people can become ill or injured even to the point of death. Neglect can be of self or others. Eg. kwashiorkor in children where proper food is either unavailable or withheld for a variety of reasons; anorexia; neglect of symptoms such as abdominal pain which could lead to the rupture of an infected appendix.

** Lack of faith*

The Bible clearly teaches that sometimes people suffer needlessly due to lack of faith - either the sick person's or the one trying to help him. E.g. Failure to deliver a boy of evil spirits (Matt. 17:14-15,19-20).

** Accidents*

Accidents, whether due to human error, inattention, neglect, breakdown of machinery or vehicles can result in untold suffering. An example in Scripture of suffering caused by an accident is that of Mephibosheth, the son of Jonathan who was dropped by his nurse in her hurry to escape after Jonathans death, leaving the boy crippled in both feet (2Sam. 4:4).

** Natural disasters*

Hurricanes, typhoons, mud slides, floods, earthquakes have left countless people injured or dead.

** Wars and conflicts*

Conflict between peoples and nations have resulted in death and injury, torture, malnutrition and disease over the whole course of history. No one is exempt from suffering in one way or another when they are in a war situation.

** God's judgement*

God is the Judge of all the earth and will at times punish those who do evil
E.g. The great flood of Gen. 7; death of firstborn in Egypt, Exod. 12:12; judgement of David when he sinned with Bathsheba, 2 Sam. 11:4-5; 12:1-19; judgement on Gog with plague, bloodshed and natural disasters Ezek. 38:22.

Why would judging people as to the cause of their illness not be helpful to us as we try to help them?

Give an example of a time when you or another person expressed judgement of someone who suffered.

*What was the result?

*Take time now to ask God to forgive you for any wrong attitudes you may have had towards those who are suffering.

How God uses suffering

As Christians we are continually in a battle against the evil one. Christ has already won the war through His death on the cross and His resurrection. However, the devil is still in this world and so are we. Until Christ comes back to establish the new heaven and the new earth we will continue to have daily skirmishes with our archenemy, who seeks to separate us from the love of God in Christ Jesus. However, God's grace through Christ's death on the cross is sufficient for us to be victorious in every attack of the enemy. Christ lives in us and His victory is ours.

* *He disciplines us* to produce righteousness, so that we may share God's holiness. Heb. 12:5-11

* *He tests our faith* so that we develop perseverance. James 1:2-4

* *He refines and strengthens our faith* so that we come forth as gold. 1 Pet. 1:6-7

* *He keeps us from pride* (subduing the flesh) and in an attitude of humility and dependence on God so that we bring glory to Him. 2 Cor. 12:7-10

* *He helps us to understand what others are going through* so that we may be able to comfort them with the same comfort that we ourselves have received 2 Cor. 1:3-4

* *He enables us to bring Him the glory* that is due to His worthy name 1 Pet. 1:7

Our response to suffering

Through our response to suffering we should seek to bring glory to our Lord Jesus Who paid the supreme price to win us back from the dominion of Satan, death and hell.

Christ Jesus, in the midst of His suffering was able to say to His Father, "Thy will be done." We need to follow His example when we are going through the pain of our suffering. By His grace - not in our own strength, but in His, we too will be able to glorify Him with our right response.

However, at this time in our history, possibly more than at any other time, the tendency is to sidestep suffering as much as possible. We go to extreme lengths to avoid it, even taking steps such as abortion, euthanasia or suicide to get away from responsibilities we don't want, or pain, disability or loneliness we think we can't face.

As visitors of the sick we need to think of more than our response to *personal* suffering. We also need to make sure that we have a Christ-like response to the suffering of others. Can we put ourselves in the shoes of another, to feel his pain, understand his weakness, and sense why he is responding as he is? Or do we demonstrate a judgmental attitude as Job's friends did in his afflictions? Can we submit our personal feelings to the Lord for correction in order to help a person come to an understanding of the love and compassion of Jesus in the midst of his situation?

We are Christ's representatives as we visit patients and their loved ones. As such we need to hear from Him just as Jesus heard from His Father day by day and moment by moment to receive instruction. Sincere, fervent, Spirit-led prayer, from hearts filled with love and compassion, is the key to successful ministry to the sick and suffering. God will direct us in what our attitude and our practical response should be if our hearts are in tune with His.

THE EXPERIENCE OF ILLNESS:

Illness is experienced in different ways by different individuals. One may be very fearful, while another may be full of faith and good courage. One may be stoic while another may be self-pitying. In one person's experience many people may be affected, while in another only a few, but those very deeply.

What it Means to be Sick?

Every part of a person's life - physical, emotional, spiritual, social - is affected by sickness. Others associated with the patient are also affected by it.

Tell the person next to you about a time when you were ill either at home or in hospital.
* Describe what the experience was like for you.

* What are some of the things you would have liked done for you, brought to you, or be told to you?

It disrupts the routine of living

- Separation from familiar surroundings
Routine of work

Guilt of not being able to work

- Separation from family
- Disruption of normal life and activities

It is financially costly

- It affects the earning capacity
Diminished income

The patient may be the chief bread winner in the family

- The cost of the illness on the family
 - Lack of or insufficient medical aid coverage
 - Increased costs due to the illness or hospitalization

What effect can this financial drain have if the patient is the bread winner for the family?

It is a family affair

- The overwhelming needs of the sick person

- The effect of the illness on the family members

How might a marriage be affected by the illness of one of the family members - especially if it is prolonged or incurable? (Discuss in small groups)

How might the illness of a child affect other children in the family?

It infantilises

How can illness infantilise the patient?

- Feeling of being helpless and loss of independence
- Loss of identity

It strips away privacy

A hospital is not a private place. The patient has to undress himself, or is undressed by someone who is often younger than himself. Similarly, he is exposed for procedures and examinations. Beds are close together and screens thin. He has to share a room, bathroom, divulge personal things about himself. His body is invaded.

What reaction or response have you observed in a patient under these circumstances?

It isolates

Illness is a lonely experience in many ways. We have to go through it by ourselves. No one can go through it for us. Sometimes people do not understand the illness or the reactions of the patient and therefore avoid him. He is in a strange place and separated from loved ones and friends for long periods at a time. He may be blamed by others for carelessness, for bringing harm to himself, or for lack of faith and so feel misunderstood or rejected. He can also become extremely self-centred and in so doing shut others out.

In what type of situations might a patient feel he is blamed for carelessness or bringing harm to himself?

It brings an awareness of death

Illness is a reminder of our mortality as our self-sufficiency is threatened. With time to think about his life, the patient often begins to reflect on what will happen to him if he dies. He frequently feels extremely vulnerable in such a time - even with minor illness.

How would you, at the point where you are now, handle a situation where a patient expresses his fear of death?

REASONS FOR VISITING THE SICK

Visiting the sick is not something we do just because we think it is a good idea. There are important reasons why the Christian community should be involved on this ministry. It may be that we visit as a pastor or member of a local congregation, as a member of a group of Christian healthcare workers, or as a hospital chaplain. Together we will make a difference to the sick as they go through varying degrees of suffering.

To follow the example of Jesus Christ

Jesus had compassion for those who were ill and troubled in spirit. In Mark 1:23-32 we see a variety of people whom Jesus ministered to in the course of a day.

The early church followed Jesus example in caring for the sick. There are numerous instances given in the book of Acts. (Examples: Acts 3:2-8 a man crippled from birth; 5:15-16 many healed as Peter's shadow fell on them; 9:17-18 Saul's eyes healed; 40 Tabitha raised from the dead) In James 5:13-15 we are exhorted along with the early church to continue this ministry. God is a God of mercy and compassion. He does not forget us in our suffering and he wants us also to extend His mercy and compassion to others.

To ease the loneliness of sick people

In their loneliness the sick are sometimes surrounded by a wall of isolation. Jesus also experienced extreme loneliness on the cross when He felt utterly forsaken by His Father. Yet He could reach out to others in the midst of it all. He reached out to His mother and John, and to the thief on the cross next to Him. Loneliness was part of the suffering He was required to go through on our behalf. But as a result He understands by experience what the lonely are going through. And because of the way He handled it He is an example for those who suffer in a similar way.



What causes patients to isolate themselves in their loneliness?

Why do some people avoid their sick relative?



What is the effect of this neglect on the patient?



What are some things you could do to break through a patient's barriers of loneliness?

The following Scriptures give us God's promises for those who are lonely. Ps. 9:10; 23:4; 145:18; Isa. 43:2

The elderly in particular often experience prolonged loneliness, especially if they are hospitalized or in a nursing home. So often they are no longer seen for the person they are, but as 'that difficult old man' or, 'dodderly old woman'. Their past lives as productive men and women in society are forgotten or unknown, and few take the time to hear their stories.

As we take time to listen to the lonely, we will have many opportunities of helping them to feel the nearness of people who care - but even more important, the nearness of the Lord, Who never leaves them or forsakes them.

To sustain and enhance cooperation for life

When circumstances of a patient become too overwhelming for him to bear, the will to live is sometimes lost. Then the hospital visitor has the opportunity of helping the patient to see hope in his situation, and to regain the courage to fight the illness. The active cooperation of the patient with the best medical help that can be provided is an important ingredient in the struggle to regain and maintain health.

Name two or three circumstances which may result in the patient losing the will to live.

What are three things you could do as a visitor, to help restore the will to live and to fight the illness?

To give a listening ear

Just to give a listening ear to the patient helps him to feel someone cares and is trying to understand. When we listen we should give our full attention to the person. This can be communicated by eye contact, by appropriate responses or clarifying questions in the right places.

√ What has been of help to you in the past to enable you to listen attentively to a person?

To bring comfort and encouragement

Often a patient is so subjective in his illness, or is so overwhelmed by the unexpectedness, tragedy, or suffering that he cannot see any light in his situation to encourage himself. We need to be careful that we don't give cliches or pat answers when trying to comfort or encourage someone. Instead pray and ask the Lord to give a special word for each patient.

√ What are some cliches that someone has used with you when in difficulty, or what cliches have you heard others using in trying to encourage someone? (Share with your neighbour)

√ What was your response, or what response did you note in the person to whom the pat answer or cliché was spoken? (Share with your neighbour)

To help run errands

In our personal experiences with illness or in our observation of others in crisis situations we have no doubt seen the love and concern of others expressed through practical assistance given. Both the patient and his family, and the one who renders the assistance benefit from this. The giver is blessed in his giving and the recipients are relieved from tasks they often have little time or energy to do.

√ * When would it be appropriate to give assistance in running practical errands for a family who has someone ill?
* When would it be inappropriate?

To share the Gospel of Jesus Christ

Many sick people we will visit do not know Christ Jesus as their Lord and Saviour. Yet the time when they are ill is often the time when they are most aware of the fragility of life and their lack

of preparation for life after death. They may be extremely fearful of dying even if their illness is relatively minor because they do not know what lies ahead for them. This may be the time when they would be most grateful for someone to help them to come to the place where they are assured of salvation. We need to learn to make a spiritual diagnosis so that we will understand where the person stands in his relationship with Jesus Christ.

The following two questions will help us to understand the person's relationship with Christ and his understanding of the Gospel:

First Diagnostic Question: *"Have you come to a place in your spiritual experience where you know for certain that you have eternal life?"*

Second Diagnostic Question: *"Suppose you were to stand before God tonight, and He were to ask you, 'Why should I let you into My heaven?' What would you say?"*

To earn the right to ask these questions:

- * Put the person at ease with a non-threatening introductory conversation. You could include some questions about how he is feeling, his family and how they feel about him being hospitalized or ill, how long he has been in hospital and so forth.
- * Establish trust, eg, by your listening caring attitude, eye contact, following through on what you say you will do, admitting mistakes and apologizing.
- * Ask if they would like to talk about spiritual things. Then proceed if permission is granted.



What might be the result of asking these questions abruptly, insensitively or prematurely?

Note: It is advisable to familiarize ourselves with a Gospel presentation and a Gospel outline. To enable us to share the Gospel clearly and effectively. Memorizing key Scripture verses is invaluable. Following are a couple of examples which you can use:

See Addendum A for "An Example of a Gospel Presentation" at the end of this course.

See Addendum B for a "Gospel Outline" at the end of this course.

To represent Christ

We are ambassadors for Christ wherever we go, including when we visit the sick. Our lifestyle, our manner of speaking, our attitudes, words and actions should all reflect the presence of Christ in us. Often our Christlike behaviour will speak much more than our words.

The following verses give some attitudes that a faithful ambassador for Christ will demonstrate in his life?

2 Cor. 5:20; Rom. 12:10; Rom. 15:1



Take time now to consider and pray about your attitude towards being an ambassador for Christ in your ministry to the sick. Thank God for the ways He has helped you. Confess any areas where you have not fulfilled your ministry according to God's Word and ask Him to help you change.

STUDY 3 THE PRACTICE OF VISITATION OF THE SICK

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Objectives

At the end of this study you would have:

- * gained clarity on where visitation can be carried out
 - * understood who can visit the sick
 - * received insight into the types of patients you will be visiting
 - * examined your attitude in connection with visiting the sick
 - * understood how to prepare yourself for the visit
 - * gained insight into how to visit the sick practically
 - * understood how to evaluate the visit in relation to the patient, staff and family, and yourself
 - * gained clarity on how to do follow-up
 - * understood how to conclude a visit
 - * gained insight into how to visit effectively with sick children
-

Where Visitation of The Sick Can Be Carried Out

Wherever the sick are, there we may be called upon to go and visit. Jesus went into homes, the temple, the fields and wilderness, to towns and to villages. He went to the rich and the poor, the influential and the outcasts. He went to men, women and children.

It may be that you are given a specific institution or area to minister in. You may be the only visitor or you may be part of a team in the area where you are assigned. There will also be times when you visit in other places in an unofficial capacity.

We may be called upon to visit patients in hospitals, psychiatric institutions, nursing homes, hospices, other special care centres or private homes. Each one will have its own code of conduct which we have to come to know so that we may continue to be welcomed as visitors to the sick.

Where are you currently carrying out your visitation ministry, or where do you anticipate ministering to the sick through visitation?

Who Should Visit the Sick

Perhaps you have wondered if you really qualify to be a visitor to the sick. You may have felt that you should but had doubts about whether you could do it or not. Others may have been urging you to get involved but for various reasons you have been hesitating. We want to look at what the Bible tells us in relation to these questions.

All Christians

In Matt. 25:31-46 Jesus teaches that we will be judged in part on whether we visited the sick or not. He said that as we do this for others we are doing it to Him. No one is exempt from the duty of visiting someone who is sick when the occasion arises (vs 36,43).

What value does Jesus put on visiting the sick? (Read Matt. 25:36 and 43 again).

Visiting the sick is important because we are all members of the Body of Christ. As Christ is the Head and we, God's children, are His Body, when we care for one another we are caring for Christ. Just as in a physical body all the parts care for and suffer with the part that is sick, so in the spiritual Body a healthy response to sickness in one of its members is to suffer with and care for that member.

Those with a Compassionate Heart

Jesus, in His compassion, reached out to the sick time and again. We are to follow in His steps. If we feel we do not have the compassion it takes to minister to the sick we can pray and ask the Lord to give us His heart for them.

How can we develop a compassionate heart? 2 Cor. 1:

Those with a Burden to do Visitation Ministry

Sometimes God calls us to a special ministry to the sick by giving us a particular burden for them. Jesus Himself had this burden and a large part of His ministry was specifically to the sick. It may be that you have this God-given burden yourself. If so, you may feel you need to spend much more time in sick visitation than the people who feel led to visit only on special occasions when God lays it on their hearts.

Share briefly why you are taking this course on "Visitation to the Sick" - especially in relation to how you feel the Lord is leading you in this ministry.

Types of Patients We Will Encounter

There is no limit to the types of patients we may encounter. We will encounter Christians and non Christians; people from all kinds of religious and cultural backgrounds. The rich, the middle class and the poor will be amongst them. There will be men, women, teenagers and children. There will be those who rejoice in the birth of a new baby, and those who sorrow as they watch a loved one dying. Some will be acutely ill, some confused or unconscious; others will have long-term, chronic conditions. Amongst those we visit will be those who have emotional or psychiatric problems. We will encounter geriatric patients. Some will be dearly loved by their families and friends; others will be rejected and abandoned. Some patients we will meet only once, others will come back again and again. Each group and individual has their own needs.

Which type of patient do you feel most prepared to visit? Why?

Which type of patient do you feel you least prepared to visit? Why?

How you feel about visiting children.

While we are going to spend the majority of our time ministering to patients, the care-givers and relatives and friends of patients must not be forgotten. Jesus ministered lovingly and compassionately to Mary and Martha when their brother Lazarus died.

How do you feel about ministering to caregivers, relatives and friends of the patients you will visit?

How to Conduct A Visit

The practical side of visiting the sick.

Jesus came to people with compassion, mercy and love, with wisdom and discernment, with a distinct sense of justice, with a clear knowledge of His Father's leading and guidance, and in the power of the Holy Spirit. He must always be the model we hold up before us. Yet the circumstances under which Jesus ministered were, in certain aspects, quite different from those we are confronted with today. Therefore we need to look at how we can translate the example of Jesus into today's context.

Our Attitude

Come as concerned friends. There are many patients whose friends never come to visit. Others may receive some but those who come may have difficulty relating meaningfully with the patient in his time of illness. We have an opportunity, as ambassadors for Christ, to visit meaningfully with our friends.

Come as a representative of the family. You may have a relative in hospital or ill at home. The special love of a family member will do much for the recovery or comfort of the patient. Perhaps he needs someone to be a mediator between him and some other member of the family. If we can bring about reconciliation we will be ministers of healing for more than just the sick person.

Come as someone who wants to understand, give support and encouragement.

Be sensitive to the fears and anxieties, the hopes and joys, as well as the pain and discomfort of the sick person. Keep in mind that pain can be emotional and spiritual as well as physical.

Prayerfully reflect on the attitude you have had in the past toward your sick friends, relatives, church members and others. Do you need to make adjustments? If so in what way?

Our Preparation

Know something about the person you are going to visit.

You can find out some details from his pastor, other relatives, friends, the nurse in charge of his ward or the one who is caring for him. If you are working through the pastoral care department

in your institution they may already have some information about the patient you are going to visit. Some questions you have might only be answered by the patient himself.

What are some things you might want to know about a patient you are going to visit for the first time?

How can you make preparation spiritually for yourself and the patient you are going to visit?

At the Hospital

Hospitals, nursing homes, rehabilitation centres and hospices have their own needs, rules and regulations which we need to be sensitive to. Sometimes we are unfamiliar with the institution we are visiting. It is good to familiarize ourselves with the territory and the people who work there so that we can minister as sensitively, efficiently and effectively as possible.

The following are some things we can do to facilitate this:

- * Find out when visiting hours are and come during those times or get permission to come at another time
- * Know the floor, ward number and room number of the person you are visiting

- * Introduce yourself to the nursing personnel, state the reason for your visit, build positive relationships with them by your consideration and respect
- * Ask relevant questions about the patient's condition without prying
- * Ask whether there are patients without visitors who may enjoy a visit
- * Pray for the patient as you walk towards his room
- * Pray for yourself as an instrument of God's compassion and peace.

What can you accomplish by introducing yourself to the nursing personnel?

In the Room

Once we have entered the patient's room we may begin our actual visit.

At the bedside

As we come in we should make careful mental observations. Notice the following without drawing undue attention to the fact that you are doing so:

- * The state of the bed:
 - Is it tidy or untidy? What can this tell you?
- * Articles on the bedside: Are there flowers, cards, a Bible, magazines? Don't jump to conclusions - ask questions, but realize that what you observe may give some indication as to things you could ask about.
- * The appearance of the patient: Note the patient's physical appearance (tidy, unkempt, flushed, weak, pale), his emotional state (sad, angry, at peace), body language, expression, attitudes
- * Other: Are there other visitors, is the patient lonely? Is she tired from all the visitors? Does anyone know she is ill?

Be sensitive to the circumstances of the patient. There could be various reasons why a particular time is unsuitable for visiting. For example, immediately after surgery, when he is in the middle of a treatment, while a doctor is with him, or when he does not feel up to a visit.

When it is right to visit: Introduce yourself and clarify your role if he does not know you. Include your name, whom you represent if you are part of a team or organization (e.g. a member of the visitation team of your church, a member of your HCF group) and what the purpose of your visit is.

Write out a brief introduction of yourself as you might give it to a patient. Share with the group.

As you continue your visit:

- * Ask questions to encourage the patient to talk about his state of health. What is he experiencing in relation to his illness, e.g. "How are things going for you today?" "What kind of night did you have?" "Are you having much pain today?"
- * Find out his needs and what you can do for the patient. E.g. "What can I do to help?" Some needs you may not be able to address yourself, or you may be able to refer him to someone else, or help him make contact with the right person.
- * Be sensitive to the fears, hope, joy and anxieties of the patient. Respond appropriately. Do not ignore what you see registered on the patient's face or in his eyes. E.g. You seem to be anxious today. Is there something worrying you? Or "You seem very happy today. Has something special happened?"
- * Pray with the patient.

Who should initiate prayer for the patient?

What should you pray for?

Some guidelines for praying with a patient:

- ~ Respect the rights and privacy of the patient
- ~ Ask whether he would like you to pray - aloud or silently
 - at the bedside or somewhere else
- ~ Pray for the patient and his family members (if he has a family)
- ~ Involve the family members if they are present and would like to be involved
- ~ Do not give the impression that you want to take over the responsibility for the prayer life of others. Involve those who are ready for involvement.
- ~ Let the patient know God hears all those who come to Him
- ~ Ask the patient to be specific in his prayer requests
- ~ Pray in simple terms so that the patient understands and agrees with your prayer - also so that he does not feel threatened in his attempt to pray.
- * Use Scripture appropriately. Scripture should be used in the conversation naturally according to what you are speaking about or the things the patient is sharing. Paraphrasing a verse or story to integrate it into the patient's situation is helpful. However, the patient may prefer that you read it from the Bible.
- * Give a Scripture prescription.
Write out on a card, a verse which relates to their situation. Write it big and clear enough for them to read from their bedside table. You could decorate it to make it more pleasing to the eye.

Think of a Scripture prescriptions relating to the following problems patients face:

- + Anxiety and fear
- + loneliness
- + financial strain
- + pain
- + doubts about God

- * Leave some literature for the patient to read. First read it to make sure it is relevant to him and appropriate for his age.
- * Maintain confidentiality. This is very important as it helps you establish trust.
- * Don't handle the patient's notes or any ward equipment.
- * Be willing to listen to the patient:
 - ~ Listening means:
 - to sit and give comfort, *E.g. Job 2:11-13*
 - it means being there for the patient.
 - ~ It helps us to establish contact. Our concern and care is communicated as we listen.

~ As we listen, we learn to 'feel' with the person. We hear the anguish, confusion, anger, pain - the way they are trying to argue away the situation, without giving in to the temptation to correct, change, inform, teach or do anything.

~ As we listen, we distinguish between facts and meaning. Facts are the "what has happened to me" information. Meaning is how what has happened is making me feel or how it is affecting me. What a person says often has an underlying meaning which we need to discern. Reflective listening can help us. This is where we say something like: "I understand you to say...." and then say what you are hearing not only with your physical ears but with your heart.

What are some benefits of sincere and careful listening?

How to End the Visit

We need to be sensitive to the patient's special needs during his illness. He may tire easily as illness saps energy. Therefore visits should not be prolonged.

Let the patient know whether you will visit again. Ask what he would like you to do or bring for him when you come next time. Briefly pray with him before you leave if you haven't prayed earlier.



Write an example of a conversation to end a visit.

Follow Up of Patients Visited

It is important to continue to visit patients as often as you are able. This communicates ongoing care and concern and therefore gives them confidence in you.

If you plan to follow up a hospital patient when he goes home, be sure you check with him if he is willing for this. If he is, get his address and telephone number, as well as directions, if necessary.

What to do in a follow up visit:

- *Greet the patient positively
- * ask how he has been progressing since you saw him last; about tests, treatment or surgery he may have had; about his family
- * sensitively bring up any spiritual issues that came up last time
- * allow him to ask questions, give opinions and insights
- * pray with him and for him
- * include any family in the conversation and prayer
- * ask what you can do or bring for them on your next visit
- * leave appropriate literature / Bible or Bible portion with the patient with his consent
- * before the patient leaves hospital, if he does not attend a church but wants to do so, suggest a good church in his area. Ask him if he would like a visit from the pastor or someone on the church's visitation team. Then, if possible alert the pastor of the church of the patient and request that a visit be made.

How will you know whether you have fulfilled the intended purpose of visiting a particular patient.

Evaluation of the Visit

Why Evaluation:

* It assists us to understand the patient: what he is going through; how he is communicating; what the physical, psychological and spiritual needs are and to what extent we can address these.

What to evaluate:

- * The ward or home situation
- * how your visit was received by the staff or family
- * psychological or spiritual needs that need to be addressed at some point
- * special social family needs for which assistance is required, and what needs to be done to address these.

Self Evaluation

- * how you experienced the visit
- * difficulties you encountered
- * your reactions to the patients situation, e.g. smells, looks, pain - and whether you were able to handle them satisfactorily
- * where you excelled and where you need to grow or improve
- * your dependance on God - whether you spent sufficient time with Him in preparation for your visit, were aware and communicating with Him during the course of the visit; brought needs to the Lord together with the patient.

This kind of evaluation is important in deciding what you will need to do in follow up visits. The following are some questions you can ask yourself to conduct an evaluation.

Concerning the patient and his situation:

- * What is the patient experiencing?
- * How does he feel about it?
- * What is he willing to talk about / avoid?
- * What 'spiritual' issues are identified through the situation?
- * What should be given careful attention on the next visit?
- * What special need of the family /parent should be attended to?

Concerning the Staff / Family:

- * What was the response of the staff to my visit - cooperation, suspicion, animosity, gratitude, apathy?
- * Did they feel free to discuss the needs of the patient with you?
- * Were there any obvious or "hinted at" spiritual needs amongst them?
- * Is there any other issue that needs to be addressed in relation to them?

Perhaps you have already identified some areas of weakness in yourself in connection with visiting the sick. Write down the area where you need to improve; what steps you are going to take to help you rectify the situation and when you will start.

THE SICK CHILD

The sick child also goes through suffering when he is in hospital, but often has much less understanding than an adult of what is happening and why. He suffers physically, emotionally and spiritually. Much can be done for a child to help him through the crisis of illness with the least amount of trauma. Yet many times children are neglected when it comes to ministry by hospital visitors. If care is not taken to be sensitive to the needs of the child the result can be traumatization which can have an effect even into his adult life. In some cases there is a clear change in personality from the time of hospitalization.



What are some emotions the sick child might feel when he is hospitalized?

What are some emotions which might be experienced by his parents?

Neglect of the sick Child

The sick child may often be neglected by those who visit the sick for the following reasons:

- * they are not seen as important
- * they are often seen as not having the same degree of feelings as adults
- * visitors may not have an understanding of the effect of suffering on a child
- * some visitors may not have an understanding of how to relate to or minister to a sick child.

How to be of Help to the Sick Child

The visitor to the sick child needs to know:

- * that every child feels deeply on a physical, spiritual and psychological level.
- * the child is not a little adult, but a child at his own level of development.
- * something about the characteristics of the different stages of child development and how these affect his view of sickness, suffering, dying and death. This has been dealt with in the HCFI workbook, "Biblical Spiritual Care of the Dying", an invaluable tool for those who have a ministry of visiting the sick.

What your Visit can Bring to the Sick Child

- * *company, love, attention* and comfort.

The child often feels lonely in hospital. The love of his family and friends is missing. He is probably one of many children requiring attention on the ward he is in and therefore doesn't get as much as he needs. Smaller children need to be held or appropriately touched as an expression of love and care.

- * *someone to talk to*

The child needs to be able to express how he feels physically, emotionally and spiritually. He needs to be able to ask questions, and to tell about what he experiences. Often a child will express himself in play and in make belief more easily than in words. We need to earn their trust before they can be free with us.

- * *understanding*

Never belittle a child for his fears and questions. Try to understand his situation from his point of view. Encourage him by praising him for positive things you see in him even if something he does or says may not be so pleasant or positive. Gently correct wrong thinking. Often a simple story will help to get your point across.

- * *something for him to do*

He is often bored in hospital or even at home if he has been confined to bed for some time. A new toy, book or game appropriate for his age will be welcome. Play a game with him, read to him, enter into his world to give him some extra pleasure in a difficult time.

- * *explanation and reassurance*

When a child has fears and questions about frightfully unfamiliar things that are happening to him or going on around him he needs reassurance. He will need to be assured that he is not sick because he has done something wrong. He may need explanation about sounds, sights and smells that baffle him. He may need reassurance about his fears of mutilation - especially if he is to have surgery; about abandonment; and about dying and death.

- * *The love of Jesus*

Children are spiritually very receptive and perceptive. They can understand spiritual things quite easily if simply explained. They need to receive Jesus as their Saviour and Lord. They need to be assured of His love, His Presence, His power and His care. Once they have a relationship with the Lord they sense His presence very near to them. They often sense Him talking to them and tell Him everything that is on their hearts.

- * *Support to parents/siblings*

As the parents and siblings are a part of the child's life, it is important that we should minister to them. In doing so, the sick child will benefit indirectly.

Developing a trust relationship with a sick child is very important if we are to minister successfully to his spiritual needs.



How can you develop a trust relationship with a child?

Visiting the sick child

Children need visitors as much as adults do. Besides the physical distress and discomfort of their illness, they also suffer from loneliness and homesickness. They miss their parents and brothers and sisters, their pets, their home and their friends. Often they do not receive the number of visitors an adult would - sometimes because of hospital rules, sometimes because people don't think how important it is.

Children have differing needs and expectations of visitors according to their age group. They also need to be approached differently. Often they are shy of strangers and a trust relationship has to be carefully built - even with teenagers.

Visiting a child you know from the church or community

If you know the child or his family you can come as a family friend. He will certainly be less shy with a friend. When you go to him you go to give love and attention. Let him know you understand his loneliness and that he misses home and all that is connected with it. You can bring him God's Word through stories. A children's Bible is very effective as it often has pictures the child can identify with. You can also bring individual pictures and tell the Bible stories or truths they illustrate. Sometimes puzzles which have a picture about a story or truth in the Bible can be helpful in comforting, encouraging and entertaining the child.

We do need to be careful not to bring sick children things which are detrimental to their health. It may seem very innocent to bring the child sweets or other goodies, but we should check with the nurse who is looking after the child whether he may have them or not. For example, if a child has diabetes sweets could be dangerous for his health. Some other illnesses also have special dietary restrictions. Stuffed toys can also be harmful in cases of allergy. To be safe, check with the staff before you give the child anything.

Praying with sick children

Children, from babies to teenagers, can be prayed for at the bedside or elsewhere. God's power for their situations is available as it is for anyone. The Bible says, "*Let the little children come to me.*" (Matt. 19:14). Jesus loved and also healed children and young people when He was on this earth. In prayer we can bring the little ones to Him also today. But we must do so sensitively - not being demanding, but expressing our full trust in God that He sees the needs of the particular child we are praying for and that He has the wisdom and power to know how to deal with the situation.

As we pray for the child we should not forget the parents and the other siblings. God's love and power is there for them too and we can connect them with Him in prayer. Listen and be alert to the leading of the Holy Spirit as you pray for the needs of the child and his family to enable you to pray according to God's will. Trust that He will lead you.

Ministering to children in a group setting

For children who are well enough, group activities can be fun and encouraging. They enjoy doing things in a group - especially those who are past infancy and the toddler stage. One thing that has been effective in many places has been holding a regular "Sunday School". It may not necessarily be held on a Sunday and should probably have a different name but would have a similar purpose.

You need to take the following into consideration:

- * Who will you involve?
- * What would be the most suitable time, especially considering ward routines?
- * How long should a group session last? Sick children tire more quickly than those who are well.
- * What would be the most suitable venue? Consider that some children may come in their beds, in wheelchairs, or with equipment
- * The necessity of getting permission from the appropriate authorities. This would likely include hospital and ward authorities, as well as the parents of the child.
- * The need for flexibility. Each child has his own limitations and needs to be considered. Some may have to leave during the session. For others nurses may have to come in and out to see to their needs
- * Adults accompanying the children. You can help them to feel part of the group and make it meaningful to them. Asking them to read something you have included in your programme, encouraging them to encourage their children to participate, asking them to pray (but checking with them beforehand) could be some ways to include them. Referring to them in your stories to stress a point can be helpful for both the parent and the child, e.g. "Jenny's mom doesn't forget her or stop loving her when she is sick. God loves us even more than our moms and dads ever could. So God hasn't forgotten you or stopped loving you either".

Children have a great capacity for understanding spiritual truths - much greater than adults often give them credit for. They understand much about God and His love and care for them when the truth of the Bible is shared with them. They may, however, get wrong concepts if we use cliches or words and concepts which they misunderstand. Asking questions, watching reactions, seeing what they draw in pictures, and how they act out what they have heard in play, can provide clues of misunderstood concepts and give opportunity for correction.

What would you call your group so that it would be attractive to sick children?

What activities would you include in a programme such as this?

Caring for families of children

The family of the sick child needs special support during the time of his illness. Parents may not have the amount or quality of time to give the other siblings that they usually had. Therefore, the visitor could help with their care. This also gives time for the parents to visit the sick child more frequently. Sometimes keeping up with household chores becomes difficult and they would appreciate help with cleaning, grocery shopping or other errands. The best way to proceed is to ask if you can do a specific task which you see needs to be done. People often hesitate to ask favours - even from close friends or relatives.

The family needs psychological and spiritual encouragement at a time such as this. Let the love of Christ shine through your life at all times, thereby practising the presence of God. Bring encouragement. Listen to their concerns. Respond to expressed concerns (open and hinted at). Read (or quote) relevant Scripture to them (preferably in their own language), and pray with them. If there are those amongst the family members who do not know Christ as Saviour and Lord, look for opportunities to share the Gospel.

What can you accomplish by ministering to the family according to the above teaching?

Practical Assignment

Develop a strategy plan for how you are actually going to begin visitation of the sick. Be sure to share it with someone to whom you are accountable.

Consider the following:

- * Where do you want to carry it out
- * Who will you go under, or will you be independent. If you will go under the sponsorship of a church, chaplaincy, hospital visitation ministry, an HCF group, as a group of Christian hospital staff, or some other organization, what arrangements will you need to make with them
- * When do you intend to begin
- * From whom will you seek permission and what steps will you take to obtain it
- * What other preparations do you need to make, eg literature: Bibles, Scripture portions, tracts, spiritual prescriptions.

Congratulations! You have completed the “Visitation of the Sick” course. May God richly bless you and use you to be an encouragement and strength to each patient you visit in your ministry in the future.

Addendum A: Example of a Gospel Presentation

Steps to Peace With God

In all of life there is nothing more wonderful than discovering peace with God.

Step 1 TO THIS DISCOVERY IS REALIZING GOD'S PLAN - PEACE AND LIFE

God loves you and wants you to experience peace and life - abundant and eternal.

The Bible says.....

"..... we have peace with God through our Lord Jesus Christ." Rom. 5:1

"For God so loved the world, that He gave His only begotten Son, that whoever believes in Him shall not perish, but have eternal life." John 3:16

"..... I came that they may have life, and have it abundantly." John 10:10

Since God planned for us to have peace and the abundant life right now, why are most people not having this experience?

Step 2 IS ACKNOWLEDGING MAN'S PROBLEM - SEPARATION

God created man in His own image and gave him an abundant life. He did not make him as a robot to automatically love and obey Him, but gave him a will and freedom off choice.

Man chose to disobey God and go his own willful way. Man still makes this choice today. This results in separation from God.

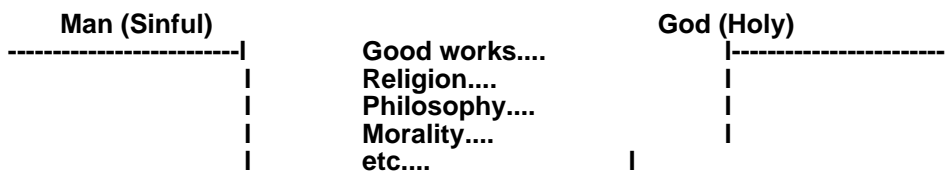


The Bible says.....

"For all have sinned and fall short of the glory of God." Romans 3:23

"For the wages of sin is death, but the free gift of God is eternal life in Christ Jesus our Lord." Rom. 6:23

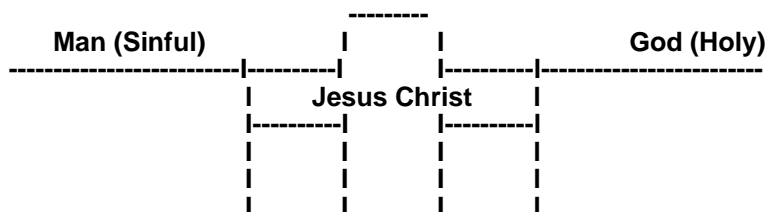
Man through the ages has tried to bridge this gap in many ways without success.....



There is only one remedy for this problem of separation.

Step 3 IS RECOGNIZING GOD'S REMEDY - THE CROSS

Jesus Christ is the only answer to this problem of separation. When Jesus Christ died on the cross and rose from the grave, He paid the penalty for our sin and bridged the gap from GOD to man.



The Bible says.....

“But God demonstrates His own love toward us, in that while we were yet sinners, Christ died for us.” Rom. 5:8

“Jesus said to him, “I am the way, and the truth, and the life; no one comes to the Father but through Me.” John 14:6

“For by grace you have been saved through faith; and that not of yourselves, it is the gift of God; not as a result of works, so that no one may boast.” Eph. 2:8,9

God has provided the ONLY way Man must make the choice....

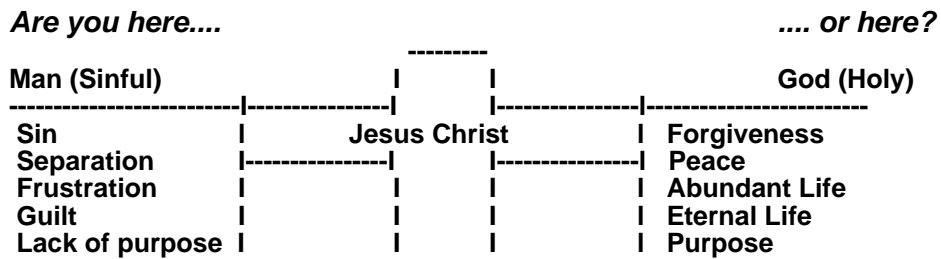
Step 4 is MAN'S RESPONSE - RECEIVE CHRIST

We must trust Christ and receive Him by personal invitation.

The Bible says....

“Behold, I stand at the door and knock; if anyone hears My voice and opens the door, I will come in to him and will dine with him, and he with Me.” Rev. 3:20

“But as many as received Him, to them He gave the right to become children of God, even to those who believe in His name.” John 1:12



Is there any good reason why you cannot receive Jesus Christ right now?

What you must do:

1. Admit your need (I am a sinner)
2. Be willing to turn from your sins (repent)
3. Believe that Jesus Christ died for you (on the cross)
4. Through prayer invite Jesus Christ to come in and control your life (receive Him as Saviour and Lord)

What to pray:

Dear Father,
 I know that I am a sinner and need your forgiveness. I believe that Christ died for my sin. I am willing to turn from my sins. I now invite Jesus Christ to come into my heart and life as my personal Saviour. I am willing, by God's grace, to follow and obey Christ as the Lord of my life.

God's Assurance - His Word

Did you pray this prayer?

The Bible says.....

“For ‘whoever will call on the name of the Lord will be saved’.” Rom. 10:13

Did you sincerely ask Jesus Christ to come into your life? Where is He right now? What do you have?

The Bible says:

“He who has the Son has the life; he who does not have the Son of God does not have the life. These things I have written to you who believe in the name of the Son of God, so that you may know that you have eternal life.” 1 John 5:12,13

This is just the beginning of a wonderful new life in Christ. To deepen your relationship with Him you should:

1. Read your Bible every day to get to know Christ better.
2. Talk to God in prayer every day.
3. Tell others about Christ.
4. Worship, fellowship, and serve with other Christians in a church where Christ is preached
5. Grow spiritually through personal and group Bible Study.
6. As Christ's representative in a needy world, demonstrate your new life by your love and concern for others.

(Adapted from “Steps to Peace with God”, Kibera Outreach, Nairobi, Kenya)

Addendum B

Gospel Outline

Gospel Outline: as given in Evangelism Explosion by D. James Kennedy:

Point	Scriptures to memorize
i) Grace	
- Heaven and eternal life is a free gift	Rom. 6:23
- It cannot be earned or deserved	Eph. 2:8-9
- Eternal life is an abundant life, starting here and now, which lasts forever.	John 10:10
ii) Man	
- Is a sinner	Rom. 3:23; Isa. 64:6
- Cannot save himself	James 2:10
- Does not automatically have eternal life	
iii) God	
- Loves us and is merciful - therefore does not want to punish us	Jer. 31:3
- Is just, therefore must punish sin	Ezek. 33:11
- In His infinite wisdom He solved this dilemma by sending His Son into the world.	Ex. 34:7b; Heb. 9:27
iv) Jesus Christ	
- Who He is - the infinite God-man	John 1:1,14
- What He did - He died in our place to pay for our sins and purchase eternal life and a place in heaven for us which He offers as a free gift.	Isa. 53:5-6
v) Repentance	
- To admit and confess sin	I John 1:8-10
- To turn away from sin and my own way	Prov. 28:13
- To turn to God to obey and follow Him	Acts 3:19; 26:20
vi) Faith	
- What it is not - mere intellectual assent	James 2:19
- What it is	- temporal faith*
	- trusting in Jesus Christ alone for salvation
	Eph. 2:8-9; John 3:16
	Acts 16:31

** Temporal faith is faith for believing God for things that have temporary value. Example: Praying and believing God to give you a safe journey somewhere.*

Addendum C

How to Conduct a Ward or Hospital Service

Ward and hospital services are conducted in healthcare facilities in many parts of the world.

Purpose

To glorify God by bringing the Gospel of Jesus Christ to patients and staff for the comfort of believers and the conversion of unbelievers.

Areas to consider when planning and preparing:

- a. Plan for a hospital setting - not a church service - e.g. you would NEVER take an offering; volume level has to be kept low so as not to unduly disturb those who are sick; keep the length short to avoid wearying the patients (no longer than ½ hour)
- b. Permission. Get permission from Hospital authorities. It is helpful to have a senior staff member who is a Christian, approach the appropriate authorities. However do not be put off if you do not have a person like that to represent you
- c. A leader should be appointed who goes to remind the ward staff of the times and build relationships. Maintain relationships with staff. Do not take them for granted. Be kind and considerate
- d. Who the Target Group is. The people we are reaching are the patients and staff. You may also have some visitors in attendance
- e. What to emphasize in the message. Preach Jesus Christ and Him crucified - not a denomination, no matter what their religious background or your own denomination
- f. The vocabulary we use. Be careful about using Christian terminology that may not be understood by non-Christians - e.g. regeneration, saved, born again, redeemed
- g. Translation. Where more than one language is commonly used in the ward or hospital translation should be arranged beforehand to avoid confusion and people missing the message
- h. What time the service should be. It should be after the main care of the patients has been completed by the nurses, doctors, etc. Get permission and plan with the person in charge of the ward or department for the time, venue (if not on the ward) and any special considerations to keep in mind. Saturdays or Sundays are often days of preference for a service of this kind
- i. The size and role of the team. If you are covering several wards divide into groups of 3-4 people. Appoint people for each part of the service, e.g. leading, giving a testimony, preaching, singing, praying.

Conducting the service

Example of order for a service

- * Welcome, and introduction. Give the names of team members and whom you represent, e.g. hospital staff, a group such as HCF. A visitation Team fromChurch. Tell what is going to happen
- * Purpose of the service, e.g. to bring comfort and help to those gathered through the message of Jesus Christ
- * Song / hymn
- * Testimony
- * Prayer, Bible reading, and message based on the reading - Christ centered
- * Invitation to respond (e.g. requests for help with personal questions or for prayer)
- * Prayer
- * Concluding remarks/ blessing
- * Visit patients individually at the bedside. Encourage, comfort, share Scripture and pray according to needs. Leave appropriate literature, Scripture portions with the person you have spoken with.

Notes: * Where services can be conducted, or at least organized, by hospital personnel and on an interdenominational basis, they are generally better received by patients and find better acceptance with hospital authorities.

- * Be flexible: Conditions on the ward are often not as we expect them. Make allowances.
- * Be alert to readiness to receive Christ and be sure you have people on your team who are able to help a person receive Christ.
- * Be careful not to frighten people with talk about death in relation to your Gospel presentation. They may think you have some inside information that they are going to die soon.
- * Depend on the Lord and His Holy Spirit for guidance at all times.

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