JUST IN TIME!

PASTORAL PRAYERS
FOR THE
HOSPITAL VISIT

Edited by
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ACKNOWLEDGMENTS

When approached about writing a collection of hospital prayers for pastoral use, I realized that, no matter what the situation, my prayers would all sound very much alike. I suspect that is true for many clergy; we have our own prayer language and poetic style. From that realization, I decided to solicit prayers for various situations from a range of experienced pastors. I am grateful to Kathy Armistead at The United Methodist Publishing House for recognizing the value in this approach.

These prayers come from a variety of sources—pastors, laity, bishops, chaplains, seminary professors, and students—representative of several ecumenical traditions. Although edited for consistency, these prayers come from the heart and experience of persons who are practiced in praying with others. I wish to express my deep gratitude to those who contributed prayers and comments to this book: Rev. Mark Adams, Bishop Edsel Ammons, Rev. Dr. E. Byron Anderson, Rev. Elizabeth Andrews, Rev. Jenny Arneson, Rev. Dr. Dori Grinenko Baker, Dr. Nancy Bedford, Rev. Tommy Blackwell, Chaplain Nancy Braund Boruch, Rev. Edgar Brady, Rev. Dr. Jack Bremer, Rev. Dr. Gennifer Benjamin Brooks, Dr. Lisa Burkhart, Rev. Jaylynn Byassee, Ms. Judith Campbell, Bishop Kenneth Carder, Rev. Jane Cheema, Rev. Michael Coffey, Mr. Ted and Ms. Jennifer Collins, Rev. Robert and Ms. Becky Crocker, Mr. Max Davis, Dr. Jane Doyle, Chaplain Betsy Eaves, Mr. Lionel Edes, Rev. Dr. John Fairless, Rev. Linda Farmer-Lewis, Rev. Dean Francis, Chaplain Kate Mezzenga Guistolise, Rev. Dr. David Handley, Rev. Mark Horst, Rev. Mary Hubbard, Rev. Sara Isbell, Ms. Eileen Mezzenga Javurek, Ms. Carolyn Keith, Rev. Yul Kwon, Rev. Dr. Steve Lobacz, Ms. Christine Martin, Rev. Lee
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I am always thankful for my partner in life and ministry, Edward Phillips, and my community of friends and family, who not only contributed to this volume but have prayed with and for me through much of my journey. I am indebted to those who taught me to pray: my parents, grandparents, wonderful Sunday School teachers and seminary professors during my formative years, and colleagues in ministry. And, of course, I have learned much from the people of the congregations and communities with whom I have prayed as pastor, colleague, and chaplain over the years: Kenton; Tennessee Extended Ministry; the First United Methodist Churches of South Bend, Indiana and Evanston, Illinois; Broadway Christian Parish of South Bend; Trumpet Call Community; and the campus communities of Lambuth University in Jackson, Tennessee, the University of Notre Dame, and Union College of Kentucky.

With the Apostle Paul, I can truly say “I do not cease to give thanks for you as I remember you in my prayers. I pray that the God of our Lord Jesus Christ, the Father of glory, may give you a spirit of wisdom and revelation as you come to know him, so that, with the eyes of your heart enlightened, you may know what is the hope to which he has called you, what are the riches of his glorious inheritance among the saints, and what is the immeasurable greatness of his power for us who believe, according to the working of his great power” (Ephesians 1:16-19).

Sara Webb Phillips
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As a seasoned pastor, I make my living with words through preaching, teaching, praying, and written reflections. I have been called upon to pray at a moment’s notice in a wide variety of settings. With such experience, one might think I would never be at a loss for words. Yet there have been times when my emotions have overwhelmed me or joy has made me speechless; at those times I have fumbled through prayers. I have held the hand of parishioners as they died, mourned with families immediately after the death of a loved one, rejoiced at the bedside as doctors relayed good news, and held the brokenhearted in my arms as they learned of tragic news. Although God’s grace is always at work in our lack, I have sometimes wished that I could have been more composed in bringing an appropriate word in the midst of difficult situations.

I also bring the patient’s perspective; a tragic accident, several surgeries, and time at the bedside of my critically ill child have deepened my understanding of suffering. I know firsthand the experience of struggling with pain, being out of control, hoping against hope, and praising, doubting, being angry, and pleading with God. The prayers that were offered for me and for my family during these times brought much comfort in the middle of chaos, and returned my thoughts to the One who formed me and loves me through this journey of human life.

This small volume of hospital prayers is an effort to place into a pastor’s or lay visitor’s hands a resource for praying in a variety of situations for which one may not be sure of how or what to pray. It also can serve as a catalyst for more varied prayer and for ways to offer comfort at the bedside. This book provides models
to help patients offer their own prayers. There are suggestions for singing together as well.

Although this volume is designed to be carried into the hospital and its table of contents offers easy reference to prayers for particular situations, I suggest that you spend some time going through the prayers, either devotionally or in focused preparation. All of us in pastoral leadership will be called upon unexpectedly at times. Unless one is a chaplain in the hospital with resources readily at hand, having already reflected on these models will aid us in our ability to be present and focused upon the person and families in need. I also commend to your reading the wealth of prayer books and denominational worship resources that include prayers for the sick and dying.

A few notes about these prayers. First, prayers of this nature are always particular—for a unique person in a unique situation. They are not printed here in the abstract “O God, I pray for (Name’s) healing in (his/her) pain,” which can be awkward to read, but rather use a name and the appropriate pronouns. Just be careful, should you use these prayers directly at the bedside, to insert the correct name! Of course, the more personally you can speak to situations from your knowledge of them, the more meaningful your prayer may be to them. Including persons in the room at the time of the prayer (family members, friends, caregivers) would also be appropriate.

Second, I have offered a variety of names for God. Most of them are interchangeable with any prayer. Not only does this remind us of the innumerable ways to express who God is, but may provide an image of the Holy One that gives added strength to the patient. I also often ask patients how they address God, and then use their own prayer language to add familiarity and comfort.

Third, Scripture passages are included as a way to preface the prayer. Selections are taken from the New Revised Standard Version, with Psalm 23 also listed in the King James Version because of its poetry and familiarity for many older persons. I have maintained the integrity of the translation but want pastors to know that I am sensitive to the numerous male pronouns and images for God. I have tried to select passages that minimize these
references; I tend to rephrase the reading for particular situations (i.e., a woman raped by her father may need to hear a different term for God than “Father” at that moment of distress). Our awareness of the need to grapple with this sensitivity is, in itself, a healing of the wounds in the church. Remember though, that the hospital bedside is not a time to make a theological point. Knowing parishioners will help guide the language of prayer.

Four, these prayers reflect a sense of hope for healing, while at the same time realistically addressing the serious nature of many of the situations. Healing can come in many forms, and our prayers should always reflect God’s ability to work in a variety of ways. Sometimes, when I was certain patients would not live through the night, not only did they survive, they actually recovered enough to go home. “What god is so great as our God? You are the God who works wonders” (Psalm 77:13b-14a).

Over the years I have gained some pastoral wisdom through the privilege of being with persons through their hospital experience. Some of the basic learnings are:

**When to Visit**

The best times to visit patients are late morning before lunch, early afternoon right after lunch, and late afternoon. Tests, therapies, and procedures are usually completed or not yet begun around those times. Early morning visits do not allow time for the patient to have bathed and could be awkward or embarrassing for them. Sometimes my schedule has not permitted a visit until later in the evening. For many patients, that is a lonely time of the day when activity has slowed down, family has left, and it is too early for the later dose of pain medication or sleeping pill. Some deeply spiritual conversations have been exchanged in those quiet moments.

**Access to Critical Care Patients**

Intensive Care patients have very limited visit times but hospital staff often make exceptions for clergy who stop by briefly to pray. Wearing a clergy collar or a hospital name badge (most hospitals provide them for local clergy) can provide more access as well.
How Long to Visit

Brief visits are always in order. Remember that the patient is there for treatment and/or recovery, even when it is a happy circumstance.

Where to Sit

Never sit on the bed when the patient is in it, even if invited to do so. Not only is it unprofessional, a slight shift of position may be painful for the patient.

Patient Requests

Use good judgment if a patient asks you for assistance. Offering candy that is out of reach or providing an arm to get out of bed may be counter to recommendations of doctors or nurses. You can always offer to get hospital staff for the person’s aid.

Flowers

Although altar flowers are often given to persons in the hospital, always make sure your patient can tolerate the particular variety. Carnations are almost always safe; roses and other fragrant flowers can trigger allergies. (The strong scent of lilies can be nauseating or even make one think of a funeral parlor!) The person may also enjoy a bulletin of the service from which the flowers came.

Respect Privacy

Respect the need for privacy, should doctors or therapists be conversing with the patient when you enter the room. Often, however, particularly for older persons, the patient and medical personnel are pleased to have another pair of ears to hear and help explain to the patient, and perhaps to family later on, what is being discussed.

Out-of-town Family

If you become aware that an out-of-town family member is going to visit, you may wish to try to be at the hospital to meet them. This not only lets them know the church is responding to
the needs of their loved one, but also establishes a relationship, should there be critical needs in the future.

**Leave a Card or Note**

Always leave a business card or a note indicating that you have stopped by. For those patients who cannot communicate or who might forget your visit, a brief note—about the time you visited or what the person mentioned to you—is helpful for family members. On a few occasions, I was the last visitor with whom a patient communicated before death. It was a comfort for loved ones to know their family member shared prayer before loss of consciousness or death.

**Uncommunicative Patients**

Remember that persons who appear uncommunicative can often hear, so be careful of words and tone of voice around the patient. Encouraging persons to squeeze a hand or blink as a response to questions, or to offer “Amen” to a prayer, enables two-way communication. I have been with persons who have not spoken for days, who, during prayer, have begun to mouth the Lord’s Prayer with me, or sing out on a familiar hymn.

**The Power of Touch**

There is much comfort in human touch. With increased cultural sensitivity about entering another’s personal space, I recommend that one ask permission before taking a hand, or laying a hand on a shoulder or brow. Not only does it respect the patient’s body, it offers them a degree of control in an environment where sometimes little choice remains, and also highlights the intentionality of personal connection. If given permission, I hold the hand of a patient for prayer, and also invite family members to do so around the bedside. I may also lay a hand on the brow of a person confined to bed, as a parting touch. Be careful that the patient is not in an awkward position with IVs, or has to strain to hold a hand or turn a head in order to see you.
**Rituals and Worship Practices**

Do not overlook the rituals and worship practices of the church. Many churches are reclaiming the rites of anointing and recognizing the value of more frequent participation in the sacrament of Holy Communion. I encourage you to purchase a vial of oil (available at many Christian bookstores and herbal shops) and to obtain a traveling Communion kit. These sacred actions carry a power all their own. Brief rituals for anointing with oil and offering Communion at the bedside are included in chapter 6.

In the same way, reading Scripture can help express the wide range of human emotions. An appropriate Scripture passage begins each selection; additional suggestions are included in chapter 4.

I frequently offer to sing a favorite hymn. The lyrics of some hymns, appropriate to share in a variety of situations, can be found in chapter 3.

I almost always end a prayer by leading into the Lord's Prayer. Several prayers in this book reflect this approach.

**In the Name of Christ**

Finally, prayer is what we offer because we come in the name of Christ, as representatives of Christ's body the church. Sometimes it may seem awkward to offer a prayer with a doctor there, or as attendants come to get a surgery patient. Most often, I find that the patient is appreciative of prayer at these moments, and that hospital personnel are usually pleased to join in the circle of prayer or are willing to wait respectfully. The few times I have been embarrassed or rushed, and left without offering a prayer, I have felt I let the person down and missed extending the church’s ministry to them. Providing prayers of grace and peace is, of course, our basic purpose for visiting patients; we are ambassadors from the congregation on behalf of no one less than Jesus Christ himself.

It is my prayer that this book will be useful to you as you seek to serve God's people who experience time in a hospital. Whether they move toward physical and emotional healing or
their healing comes in the world beyond this one, may you be a faithful conduit of God’s healing love and grace. As Ephesians 6:18 says, “Pray in the Spirit at all times in every prayer and supplication. To that end keep alert and always persevere in supplication for all the saints.” May it be so with all who serve God through hospital prayer ministry.
1. Facing Surgery

**Scripture**

The Lord is my shepherd, I shall not want. / He makes me lie down in green pastures; he leads me beside still waters; / he restores my soul. He leads me in right paths for his name’s sake. / Even though I walk through the darkest valley, I fear no evil; for you are with me; your rod and your staff—they comfort me. / You prepare a table before me in the presence of my enemies; you anoint my head with oil; my cup overflows. / Surely goodness and mercy shall follow me all the days of my life, and I shall dwell in the house of the Lord my whole life long. (Psalm 23)

**Prayer**

Gracious God, we come this morning asking that you continue to bring your comforting presence to Ann and all who care for her. As she faces surgery this morning, we ask that you calm any
fears and anxieties she may be experiencing. Bring to her a sense of your ever-present spirit and of your hope, that she might experience wholeness and fullness of life.

Carefully guide the surgeon’s hands, eyes, ears, and heart that your healing touch might be felt through the doctor’s skill. Be also with the surgical team and the hospital staff that will care for Ann in the days ahead that they might be instruments of your mercy.

Sustain her husband, Robert, and her children, Stacie and Connie, and all who love and care for her, that they may trust in the presence of your steadfast love and be upheld by the prayers of our congregation.

Bring your Holy Spirit upon Ann and embrace her in a circle of hope, courage, and community. Bind us one to another that together we may live toward fullness of life. All this we ask in the name of Jesus, the great healer of us all, who taught us to pray: “Our Father who art in heaven...” Amen.

2. After Successful Surgery

Scripture

You who live in the shelter of the Most High, who abide in the shadow of the Almighty, / will say to the LORD, “My refuge and my fortress; my God, in whom I trust.” / For he will deliver you from the snare of the fowler and from the deadly pestilence; / he will cover you with his pinions, and under his wings you will find refuge. (Psalm 91:1-4a)

Prayer

God of glory and might, we thank you for your healing power at work within Charles’s body. We are grateful for the skill of the surgeon and all who assisted to bring this child of yours through surgery. We are relieved that the prognosis looks good, and that he will soon be active again.

We pray now for good rest, for quality care from the hospital staff, and the loving attention of Charles’s family in the coming days of recovery. For all the blessings you give us, we praise you.
For all the trials we experience, we ask your grace and mercy. For it is in Jesus’ name we pray. Amen.

3. After Surgery That Was Not Successful

Scripture

One thing I asked of the LORD, that will I seek after: to live in the house of the LORD all the days of my life… / For he will hide me in his shelter in the day of trouble; [God] will conceal me under the cover of his tent; he will set me high on a rock. / Now my head is lifted up above my enemies all around me… / Hear, O LORD, when I cry aloud, be gracious to me and answer me! / Do not hide your face from me. (Psalm 27:4-7, 9a)

Prayer

Almighty and Loving God, we thank you for all the blessings with which you have graced us this day—for love of family and friends, beauty found in the world, the comfort of home, times of productive work, and for the gift of life itself. I lift up Henry in this moment. We are grateful for the doctors and nurses who have tended him and brought him through this surgery. We are anxious about the outcome, and trust that your presence will guide him as he walks this lonesome valley. Do not hide your face from him, but keep him near, granting healing and strength in the coming days. Ground Henry’s faith deep in your house forever, for we pray as Jesus taught us: Our Father…

4. Anticipating Bad News

Scripture

We have not ceased praying for you and asking that you may be filled with the knowledge of God's will in all spiritual wisdom and understanding, so that you may lead lives worthy of the Lord… May you be made strong with all the strength that comes from his glorious power, and may you be prepared to