January|February 2012

The Lord allowed me to serve eight years as a hospital chaplain, six of those years as the Director of sixteen chaplains in six hospitals. The entire time I visited patients in a sixty bed Oncology unit. If you were to ask me for one hundred interesting anecdotes from my fifty-one years of ministry, about ninety of them would come from this service. I visited, prayed with, read Scripture to, and encouraged about twenty patients a day. Besides all this, I was often called on to serve other staff, family members, and other “significant others.”

THE UNIQUENESS OF HOSPITAL CHAPLAINCY

The role of a hospital chaplain is significantly different from a pastor’s role in visiting the sick. These differences mean that good preparation for the role includes something more than ordinary pastoral training.

First of all, you do not control the hospital. It’s extremely frustrating for some pastors to minister where you are not in charge. The chaplain’s aims are to rightly relate people to God. The hospital’s perspective is that you are there to provide comfort to the sick. Those aims do not always clash, but they clash often enough to require enormous diplomacy. The most frustrating part is that often decisions about how you will serve are made by people who are managers, accountants, or even the lawyers. Their main concern is not the spiritual condition of the patient, but the smooth and safe direction of the institution.

Then, the people you serve did not come to the hospital to “get saved.” They are not helplessly gathered against their wills to hear what you have to say. They have a right not to hear you. Or put another way, you must earn their permission to minister. And you need to do it over and over again. Every new patient you see has a right to say no to your visits. More souls are lost because the chaplain wasn’t winsome than because he wasn’t well versed in Scripture.

Also, you are confronted with every worldview under the sun. In ministering to church people, there is at least some consensus about God and the world. But the hospital chaplain might be faced with polygamists, people who do not live in reality at all, or even demonists. You find yourself needing to understand not only the structure of non-Christian thought, but the culture of it.

You will see human problems on a scale you couldn’t imagine. You visit victims of rape, assault, unfaithfulness, and every chaotic perversion of God’s good world. And you may walk from the room of a victim to the bedside of the perpetrator. You must be prepared to proclaim the solace of the Gospel to both, without making personal judgments.

In most cases, you don’t know the spiritual history of the person you’re helping. He’s not a blank tablet. He has received teaching that may be contrary to Scripture. Or in the absence of teaching, he has experiences that he invests with metaphysical meaning. Many just think as the society thinks, that goodness has a spiritual reward, but there are some who manifest faith in karma, reincarnation, and previous lives effects on this one.

On top of all this, your opportunity to intervene is limited. If you’re seeing twenty people a day, equal time for all would be twenty-four minutes for each. And with the new emphasis on shortening hospital stays, you’re unlikely to have more than one opportunity.

There is no time for theoretical theology. People are not asking academic questions. A good hospital chaplain made the mistake of answering a question from the person in “the other bed” about whether suicides go to hell. He couldn’t understand being reprimanded for
his theologically correct answer. But the patient he didn't know in “the other bed” was hiding his wrist restraints because he had attempted suicide.

Another good chaplain walked in on a conversation where a mother was being told that her two year old daughter had aggressive leukemia. The mother turned to the chaplain and cried out, “How could God do this!” The chaplain said, “God didn’t ‘do this.’ Sickness is in the world because of sin.” But the chaplain didn’t know that the woman, a Catholic, had just divorced her husband because he was engaging in homosexual acts, and her priest had told her she should stick it out. To her, the Chaplain was saying her little girl was sick because of her (the mother’s) sin of divorce. “But the chaplain couldn’t know that,” is the excuse. Yes, and it’s also the reason you don’t defend God with abstract theology when you can’t be sure how it will be understood. Nothing is abstract in the face of disaster.

**How To Minister As Hospital Chaplain**

How the patient reacts to the chaplain visitor often determines the outcome of any intervention. Women can often overcome this barrier in the short time we have to reach out. For this reason, the IFCA Board of Directors has approved a policy that would allow the IFCA Commission on Chaplains to endorse (not ordain) qualified women to serve as hospital chaplains under the spiritual headship of the IFCA church’s male spiritual leaders. These women would serve under authority of their local church, and would report to their IFCA pastor and the IFCA Commission on Chaplains. And they would have a ministry in the hospitals in situations our male IFCA chaplains could not have. For this, all of us can be grateful.

If you would like to learn more about how to serve as an IFCA endorsed hospital chaplain, contact the IFCA International Home Office or the Director of IFCA Chaplaincy Rob Meyer at chaplain@ifca.org. It’s a wonderful ministry!