



A STUDENT MANUAL

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A Training Manual For Bikur Cholim Volunteers

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INTRODUCTION

Bikkur Cholim (visiting the sick) may seem to be a voluntary act. But, it is actually the fulfillment of a mitzvah, a religious imperative incumbent upon us as Jews.

Because we are created in the image of G-d, we are compelled to act, as best we can, in G-d-emulating ways. Genesis 16, verse 1 is traditionally cited as the source for viewing Bikkur Cholim as a G-d-like act. We are told that *“The Lord appeared unto (Abraham) by the Terebinths of Mamre, as he sat in the tent door in the heat of the day,” recuperating, according, to the rabbis, from his circumcision. The Talmud draws the lesson that, “As He visited the sick, so shall you visit the sick.”*

Thus, in the performance of Bikkur Cholim, we model our actions after G-d's and actively express our respect for Him by caring for those created in His image.

Bikkur Cholim is closely tied to other key concepts of Jewish life such as:

- Chesed ve-emet -- compassion and truth
- Kol Yisrael Arevim Zeh Bazeh -- each Jew is responsible for every other Jew
- Pikuach Nefesh - the preservation of life
- Shituf Betsa-ar -- empathy
- Tikkun Olam -- repairing an imperfect world

- Rabbi Howard I. Bogot

When you visit patients in hospitals, nursing facilities or their homes, you convey the message that they are remembered not only by you as an individual, but, by the entire Jewish community that you symbolically represent.

Hospital visitors are often responsible to the Volunteer Services Department. The Director of Volunteer Services may hold an orientation meeting to familiarize new volunteers with the staff, physical layout, and routines of the hospital.

The hospital orientation may include discussion of:

- infection control
- procedures to follow in your particular assignment
- hospital fire regulations
- attitudes toward a patient's privacy
- legal standards of confidentiality

You may be required to document your visits in a hospital register. Accurate record keeping helps the hospital make informed assessments of its programs and support the designation of awards and letters of recommendation. Do not hesitate to ask questions about the rules and regulations that govern hospital life.

Your Bikkur Cholim group should meet on a regular basis. This will give you and your peers an opportunity to discuss experiences, share insights and learn from one another.

HOW TO BE A GOOD LISTENER

דבר כי שומע עבדך (שמואל א' ב:10)

Speak, for your servant is listening (Samuel 1 3:10)

It takes someone who truly knows how to listen to understand and help others. To be a good listener you need to:

- take time and focus your attention completely on the other person
- be on the same eye level
- establish and maintain eye contact
- accept and respect others for who they are
- be natural
- be patient
- be empathetic; share others' feelings or imagine how they feel

**DOs
and**

DON'Ts:

Keep your conversations centered on the patients.

Acknowledge their feelings with such statements as "It sounds like you are saying you've had a really rough time and your feelings were ignored." or "You seem angry, hurt or sad by what has happened."

Don't ask "why?" For example, instead of -- "Why aren't your children visiting you today?" -- Ask-- "Will you tell me about your children?"

Talk about yourself, your school, synagogue, or an upcoming holiday in order to draw patients into sharing their memories with you.

WHEN TO VISIT

לכל זמן ועת לכל חפץ (קהלת ב:1)

A season is set for everything, a time for every experience (Ecclesiastes 3:1)

אמר רב שישא בריה דרב אידי לא לסעור איניש קצירא לא בתלת שעי קדמייתא ולא תלת שעי בתרייתא דיומא כי היכי דלא ליסח דעתיה מן רחמי תלת שעי קדמייתא רווחא דעתיה בתרייתא תקיף חולשיה (מס' נדרים, מ.)

R. Shisha son of R. Idi said: One should not visit the sick during the first three or the last three hours (of the day), lest he thereby omit to pray for him. During the first three hours of the day his (the invalid's) illness is alleviated; in the last three hours his sickness is most virulent. Consequently, a visitor in the first three hours may think him on the road to recover, and consider prayer unnecessary; in the last three hours, on the other hand, he may feel that prayer is hopeless.

We are instructed neither to visit patients too early in the morning nor too late at night. This provides time for patients to gather strength for the day and for hospital staff to perform whatever tests or procedures are necessary.

DOs and

DON'Ts:

Some patients have many visitors, so plan your visit for a quiet time when the patient can enjoy a maximum of attention with a minimum of confusion.

Before visiting someone who is very ill, ask the family or nursing staff if there are any restrictions on visitors, or if they have any suggestions on how to handle your visit.

Don't visit patients immediately after they have become ill; they might interpret your visit as meaning they have a more serious illness than they actually do.

Most hospitals screen visitors and limit the number allowed at anyone time. Bikkur Cholim experts advise new visitors to register with the hospital chaplain or the Office of Volunteer Services.

HOW TO BEHAVE DURING A VISIT

תורם אל הדרך הטובה אשר ילכו בה (דברי הימים ב' ו:27)

Show them the proper way in which they are to walk (Chronicles II 6:27)

"A visitor came to see a sick man and asked him what ailed him. After the sick man told him, the visitor said: "Oh, my father died of the same disease." The sick man became extremely distressed, but the visitor said, "Don't worry, I'll pray to G-d to heal you." To which the sick man answered: "And when you pray, add that I may be spared visits from any stupid people."

-Path of Good Men: Ethical Stories and Sayings, Klagsbrun, p.222.

הנכנס לבקר את החולה לא ישב לא על נבי מטה ולא על נבי ספסל ולא על נבי כסא אלא מתעטף ויושב ע"נ קרקע מפני שהשכינה שרויה למעלה ממתתו של חולה שנא' ה' יסעדנו על ערש דוי

(מס' נדרים, מ.)

He who visits the sick must not sit upon the bed, or on a stool or a chair, but must (reverently) robe himself and sit upon the ground, because the Divine Presence rests above an invalid's bed, as it is written. The Lord doth set himself upon the bed of languishing.

As a Bikkur Cholim visitor your behavior reflects on you, your school, teachers, Bikkur Cholim coordinator and fellow students. Therefore you want to be considerate, respectful, sensitive and non-judgmental.

DOs

and

DON'Ts:

Sit on a chair next to the bed so that you are at eye level with the patient and can converse in a relaxed manner. Do not sit on the bed.

Knock on the patient's door before entering; do not make a sudden appearance.

Enter the room with a cheerful smile. Say hello to all the patients in the room; don't slight any who are not Jewish.

Introduce yourself as a Bikkur Cholim visitor and tell patients the name of your school.

Wait to enter a patient's room if there are other visitors, if the patient is getting a test, or appears embarrassed by your presence.

Don't wake up a sleeping patient. When possible, return before leaving the hospital.

Don't shake hands.

Don't take money or give money to patients.

Make certain any books you bring are not too heavy in weight or content; a patient's attention span may be shorter than normal.

Don't stare at a patient's scar or other disfigurement.

Be helpful. If an item of apparel comes off the patient, offer to help put it back on. With the patient's permission, fluff or re-position pillows or straighten blankets. If a patient asks for something to eat or drink or for help getting in or out of bed, first check with the hospital staff.

Leave when patients appear sleepy or excessively irritable.

Wish patients a quick and complete recovery and ask if there is anything you can do for them or their family.

Don't report bad news, or raise upsetting subjects.

Don't quiz patients about their illnesses. If they want to share this information with you/ they will.

Keep all information you learn about patients confidential.

Keep your opinions of medical staff to yourself.

If a patient asks you for medical advice, respond with "That would be a good question to ask the doctor (or nurse, or social worker)."

Be non-judgmental with patients who have different levels of religious belief and observance from you.

Inform professional staff (chaplain, homemaker, visiting nurse, social workers) if you see that a patient has unmet needs.

Report any changes you observe in a patient's physical or mental state to the medical staff.

If a patient needs a nurse, hand him/her the call button.

Don't take it personally if a patient is cranky or abusive.

Don't make promises you cannot keep.

Don't overstay your visit and tire patients out.

HOW TO HELP PATIENTS WHO ARE DEPRESSED

וראך ושמח בלבו (שמות ד:14)

He will be happy to see you... (Exodus 4:14)

When people are ill or disabled, they commonly experience a variety of emotions. For example, the loss of independence results in feelings of self-doubt, and helplessness. Patients who fear losing their independence can become anxious, overly demanding, withdrawn or depressed. They can fear being institutionalized and abandoned by family and friends.

Some signs of severe depression are:

- loss of appetite
- sleeplessness or excessive sleep
- agitation, anxiety
- feelings of hopelessness and/or helplessness
- loss of self-esteem
- change in personality
- loss of religious faith
- nightmares

DOs and

DON'Ts:

Don't minimize, or laugh off, patients' fears even if they see exaggerated or irrational.

Listen sympathetically to patients express their fears and frustrations, anger and bitterness; this in itself/ aids in the healing process.

Allow patients to vent negative feelings and doubts, and then repeat them back in a thoughtful and friendly manner; this helps patients evaluate these feelings, put them in perspective, and hopefully, reduce their anxiety and depression.

VISITING ELDERLY IN NURSING HOMES

בישישים חכמה ימים תבונה (איוב י"ב:12)

There is wisdom in the aged and understanding in the long-lived (Job 12:12)

Often it is not of their own will that elderly people live in nursing homes. They may be there because they can no longer live independently and have no family to take care of them. There may also be health or financial reasons for living in a custodial facility. In any case, residents can feel disoriented in their new surroundings. While all their needs -- food, shelter, medical care, recreation -- are met, many are lonely and bored. Even though the atmosphere in nursing homes is generally quiet and serene, residents can suffer a great deal of stress because they feel a lack of purpose in their lives. Stress is compounded when they suffer from visual, hearing or physical disabilities.

DOs

and

DON'Ts:

Show proper respect; address residents as Mr. or Mrs.

Offer to help residents write letters or to read aloud from a book or magazine.

Play board or card games with them.

Take them for walks, even if its just down the corridor.

Draw them into a conversation about themselves; look around the room for family photographs or for items, such as books or music; that are clues to their interests.

Ask them to tell you about their family and personal histories; start by gathering facts -- date and place of birth...full name...nicknames... their names...childhood memories and school experiences; ask what their neighborhoods were like when they were young... how technology changed their lives... what they did for fun.

Ask the Director of Recreation if you can entertain a group, teach a craft, or give a talk on something of interest to you, e.g., a recent trip, to Israel perhaps.

Anticipate and be understanding of residents' mood swings.

Be patient; you may hear the same stories over and over again.

VISITING HOSPITALIZED CHILDREN

אין העולם מתקיים אלא בשביל הבל תינוקות של בית רבן (מס' שבת, קיט):

The world endure solely for the sake of the breath of school children. (Shabbath 119b)

The Land of Counterpane

When I was sick and lay a-bed
I had two pillows at my head,
And all my toys beside me lay
To keep me happy all the day.

And sometimes for an hour or so
I watched my leaden soldiers go,
With different uniforms and drills,
Among the bedclothes, through the hills;

All up and down among the sheets'
Or brought my trees and houses out,
And planted cities all about.
I was the giant great and still
That sits upon the pillow-hill,
And sees before him, dale and plain,
The pleasant land counterpane.

- Robert Louis Stevenson

The poet remembers that when he was a child and sick in bed, he passed the time in creative make-believe. He played with toys on top of his "counterpane," that is, his quilt. Stevenson is playing on the words "pane," and "pain." In countering his pain through play, we see how therapeutic a child's imaginative mind can be.

A hospital is a scary place for young children. They are surrounded by strangers doing all kinds of unpleasant things to them. They can feel overwhelmed, helpless, and angry. When they don't understand what's happening to them, they may even feel guilty of having done something very bad to be punished in this way.

**DOs
and**

DON'Ts:

Don't take rejection personally.

Approach children slowly; don't push your attention, rather give them time to accept, and develop trust in you.

Use age-appropriate toys to engage young children in make-believe play.

Reading stories together or doing jigsaw puzzles may be more appropriate than playing competitive games; young children can attach symbolic meaning to their winning or losing a game -- (winning is interpreted as getting better; losing as getting worse).

Children need diversion; but if a child wants to talk about his illness, listen patiently and do not give him unrealistic reassurances.

Establish a separation routine and plan your good-byes carefully, so that before you have to leave, tell him, "In ten minutes I will have to leave, but I'll be back on Thursday. What would you like to do until I go?" If you can give the child a calendar, mark your visits on it for him. An ongoing activity that you continue from week to week, such as reading a book, helps the child accept your leaving.

THE ROLE OF PRAYER IN BIKKUR CHOLIM

שומע תפלה, עדיך כל בשר יבואו (תהלים סה:3)

All mankind comes to You, You who hears prayer (Psalms 65:3)

Traditionally, prayer is an integral part of a Bikkur Cholim visit; it comforts the sick by instilling a hope for Divine compassion and intervention.

Jewish sources cite specific prayers to be offered at the bedside of the sick. The Shulchan Aruch prescribes prayers to be recited both with and for the patient, thus emphasizing the efficacy of prayer inwardly for the patient and outwardly toward G-d. According to Rabbi Isserles, prayers recited in the patient's presence may be in any language, while, to enhance their power, those said in the patient's absence ought to be in Hebrew. The connection of the patient to the entire Jewish community is emphasized by including the prayer, "*May G-d have compassion upon you among the sick of Israel.*" Similar, or more complex recitation of prayers and Psalms, is also acceptable. However, even the simple "*May G-d grant you a refuah shlemah (full recovery)*" or even merely saying "*shalom*" imparts concern and caring.

The efficacy of prayer in a Bikkur Cholim context has certainly been emphasized and expounded upon in traditional sources. For example, in the Talmud Tractate Shabbat (12a.b), we are told that:

"When Rabbi Judah visited the sick, he said, 'May the Almighty have compassion upon you and upon the sick of Israel.' Rabbi Yose said, 'May the Almighty have compassion upon you in the midst of the sick of Israel'... Sometimes Rabbi Elazar would say, 'The Almighty visits you in peace.' At other times he said, 'The Almighty remember you in peace.'"

Many siddurim contain special prayers to be recited when visiting the sick.

Contemporary writers also speak eloquently of the efficacy of prayer.

Prayer is one of the ways a person avails himself of the great spiritual resources of religion. What is prayer? Prayer is the magic wand that opens the gates of Heaven to mortal beings. Prayer is the golden chain that unites a person with his spiritual past in an everlasting bond. Prayer is a song whose silent melody has inspired man to conquer the world and reach for the stars. Prayer can endow man with these potent powers because prayer implies that there is someone to pray to, someone to turn to. Prayer means that man has not been left all alone in a distant and cold universe. Sickness often makes a person feel unwanted and alone. When sickness clutches at an individual and squeezes the joy of living out of him, prayer can give him the strength and the will to fight back.

-Rabbi I. Fred Hollander (Nursing World, 6/55)

As is true with any aspect of Bikkur Cholim, the true mitzvah lies not in the recitation of prayer alone, but in the degree to which it is in tune with the patient's needs.

**DOs
and**

DON'Ts:

Offers to recite prayers with patients; do not impose prayer on them.

Be prepared to respect a patient's rejection; it may reflect a longstanding lack of religious involvement, or may be a temporary expression of anger at being sick -- in which case you may be able to re-open the issue at a later time.

If patients are receptive, offer to bring them ritual objects, e.g., a tallis, tefillin, holiday items, such as an etrog and lulav for Succoth, shalah manot at Purim, and matzah on Passover. Ritual objects can help patients connect or, as the case may be reconnect, to The Jewish cycle of festivals and their messages of hope.

HOW TO TELL IF YOU ARE TOO INVOLVED WITH PATIENTS

- You are unable to get a patient off your mind
- You are distracted at home and find yourself wanting to talk about the patient a lot of the time
- You find yourself saying "that could be me," often followed by increased attempts to convince yourself that the patient will get well.

WHAT TO DO ABOUT IT IF YOU ARE

- Take some time off -- skip a visit or two.
- Accept the fact that you may have reached your limit and need to stop
- Discuss your feelings with your Chug Bikkur Cholim leader and peers

SELF - TEST

ASK YOURSELF: HOW AM I DOING?

- Do I make patients feel at ease so they can talk freely?
- Do I spend more time listening than talking?
- Do I minimize conversation about myself?
- Do I act in belief that patients have a right to their feelings?
- Do I respect patients' right to privacy and keep information about them confidential?
- Is my bedside manner warm and friendly, calm and unhurried, and neither overly cheerful nor too serious?
- Do I avoid cliché statements such as "keep your chin up?"
- Do I know if I am too involved with a patient?