# Shut-in Ministry and Hospital/Hospice Ministry[6]

**Purpose:** To help laymen offer dependable Christian fellowship, patient listening, Scripture, prayer, and connection to the congregation. Visits help supplement—not replace—the pastoral care provided by the called pastor if the congregation has one.

"*Encourage one another and build one another up*." (1 Thessalonians 5:11)

## The Heart of a Shut-In Visit[7]

A shut-in visit is not merely a social call. It is an opportunity for one member of Christ's body to remember another, listen with patience, share the comfort of God's Word, pray together, and assure the person that he or she remains part of the congregation.

## Quick Visit Pattern

1. Prepare: confirm the time, review what you know about the shut-in, and select a short devotion.
2. Arrive warmly: introduce yourself and ask how the person is doing.
3. Listen: invite memories, interests, spiritual and earthly concerns, and prayer requests.
4. Share: read Scripture; offer a brief devotion and familiar hymn when appropriate.
5. Pray: include the person's stated concerns and the promises of Christ.
6. Close: state when contact will happen again.

## Before the Visit[8]

### How often should a shut-in be visited?

- A dependable goal is at least once each month, with more or less frequent visits when circumstances, loneliness, illness, or the individual's preferences call for it. The congregation should use a schedule so no one is unintentionally overlooked.
    - Monthly is a practical minimum for regular contact.
    - Every other week may be ideal for some individuals.
    - Do not assume that a person with memory loss does not benefit because the visit may later be forgotten. The comfort received in the moment still matters.

### When is the best time to visit?

- Ask the person, family, or care facility. In general, avoid meals, therapy, bathing, medical rounds, and the evening dinner hour. The suggested times are late morning (about 9:00–11:00) or early-to-mid afternoon (about 1:30–4:00), but the individual's routine takes priority.

### Should I call ahead?

- Usually, yes—especially for a private home. At a nursing or assisted-living facility, learn the person's schedule and the facility's visitor rules. Some regular visitors may have permission simply to come, but do not assume that arrangement applies to everyone.

[6] Clement, The Shepherd's Assistants, 20–23.

[7] Clement, The Shepherd's Assistants, 21–23, 35–44.

[8] Clement, The Shepherd's Assistants, 21–23.

### How long should a visit last?

- Long enough to be present, but not so long that the person becomes tired. Many visits can be meaningful in 20–40 minutes. Watch for fatigue, discomfort, confusion, or scheduled care. A shorter visit offered faithfully is better than a long visit that overwhelms the person.

### What should I bring?

- Bring a Bible, the hymnal or familiar hymn texts, and a short devotion.
- Photos, a church bulletin, congregation news, or something connected to the person's interests can help begin conversation.
- See "May I Bring Communion?" below. Offer private Communion only if you are authorized to do so by the supervising pastor.

## During the Visit[9]

### How should I begin?

- Greet the person by name and briefly identify yourself and the congregation. Ask whether it is a good time, even if you made advance arrangements to visit. A short opening prayer can set a calm, Christian purpose for the visit, though conversation may naturally come first when the person needs to speak.

### What should we talk about?

- Begin with the person rather than a prepared speech. Ask about family, former work, hobbies, music, church memories, and current activities at the residence. People often appreciate remembering times when they were more active, and sharing things they look forward to:
    - "What kind of work did you do?"
    - "What did you enjoy doing when you were younger?"
    - "Which hymns have always meant the most to you?"
    - "What has your week been like?"
    - "What activities are being planned at the facility?"
    - "Is there something you would like the congregation or pastor to know?"
    - "What may I include in our prayer today?"

### What if the person is quiet or conversation is difficult?

- Be prepared to carry more of the conversation without turning the visit into a monologue. Use simple, concrete questions. Photos, familiar music, a bulletin, or an object connected to the person's life may help. Yes-or-no questions can be useful when speech or cognition is limited, but allow time for an answer and do not rush to fill every silence.

### What if the person wants to complain or vent?

- Listen without scolding or immediately correcting every detail. Acknowledge the hurt or frustration without joining in gossip or reinforcing bitterness. When the person is ready, gently return to what is true and comforting in God's Word. If the complaint involves abuse, neglect, self-harm, or immediate danger, follow the reporting guidance in this manual.

[9] Clement, The Shepherd's Assistants, 35–44.

### How do I keep the visit Christ-centered without making it feel forced?

- Let Scripture answer an expressed need. If the person is lonely, grieving, afraid, guilty, or discouraged, choose a clear passage, if possible, that gives Christ's promise rather than a long lesson. If you don't have a passage in mind, share what you know about what Scripture says.
- Keep the devotion brief, apply the Gospel personally, and avoid turning the visit into a debate.

### Should we sing a hymn?

- Offer rather than assume: "Would you like to sing or hear a hymn?" Familiar, simple hymns often work best. The person may choose a favorite. Singing can come near the end and lead naturally into prayer.
- If you don't feel comfortable singing, bring a recording to listen to. If you have a laptop or capable phone, you can find a large variety of favorite TLH hymns, in four-part harmony with on-screen lyrics, at www.youtube.com/@TheLutheranQuartet.

### How should I pray?

- Pray simply and specifically. Thank God for his mercy in Christ, include the concerns the person shared, ask for comfort and faithful care, remember family and caregivers, and close in Jesus' name. Note that suitable prayers are provided with each "Minute Meditation," referenced below.

## Scripture and Spiritual Care[10]

### Which Scripture passages are helpful?

- Choose short, familiar passages and match them to the person's needs. Read slowly and clearly. A few dependable choices include:

    - Psalm 23 — the Lord's shepherding care.
    - Psalm 46:1–3, 10–11 — refuge in trouble.
    - Isaiah 43:1–3 — the Lord has redeemed and called his people by name.
    - Matthew 11:28–30 — Christ's invitation to the weary.
    - John 10:27–30 — Christ holds his sheep securely.
    - John 14:1–6 — Christ's comfort and promised home.
    - Romans 8:31–39 — nothing separates us from God's love in Christ.
    - 2 Corinthians 4:16–18 — present affliction and eternal glory.
    - 1 Peter 5:6–7 — cast every anxiety on Him.
    - Revelation 21:1–5 — God will make all things new.

- "Minute Meditations," by CLC Pastor Walter Schaller, is an excellent resource if you would like to read a devotion and prayer. They are available at elders.clclutheran.org/shut-in.html. (See a sample at the end of this chapter.)

### May I bring Holy Communion?

- Again, bring Private Communion only in consultation with the supervising pastor.
- Communion may be given if the shut-in is a communicant member of the CLC.
- Be aware that a person's cognitive abilities may exclude them from receiving Communion if they are unable to examine themselves.
- Ask the shut-in if they would like to receive Communion from you, or wait for the supervising pastor.

[10] Clement, The Shepherd's Assistants, 38–44.

- See Appendix 3 or www.elders.clclutheran.org/shut-in.html for an Order of Service for Private Communion.
- If your church keeps a Communion registry, make an entry for the person and date.
- If you need a private Communion kit, selections are available at www.christianbook.com or www.concordiasupply.com.

### What if the person raises a serious spiritual concern?

- Listen carefully and do not pretend to have every answer. Share clear Scripture when you can, but consult the supervising pastor when the person expresses persistent guilt, despair, fear of death, doctrinal confusion, a desire for confession and absolution, questions about Communion, or a request for pastoral counsel.

## Memory Loss, Dementia, and Limited Communication

See below for a link to a Journal of Theology article called "Ministering to the Victims of Alzheimer's Disease and Their Families" written by Pastor Ted Barthels.

- *https://journaloftheology.org/jtheo_arch/jt-2001-vol-041-num-04.pdf* (or click HERE)

### How should I visit someone with dementia or significant memory loss?

- Enter the person's present situation with patience. Do not test the person's memory or repeatedly correct harmless confusion. Let the person talk and gently bring the conversation back to the present when possible.
    - Introduce yourself each time without showing frustration.
    - Use one thought or question at a time.
    - Speak slowly, warmly, and at eye level.
    - Use familiar Scripture, the Lord's Prayer, the Creed, and simple hymns.
    - Help turn pages or point to the words when the person wants to follow along.
    - Expect shorter attention spans and shorten the visit as needed.
    - Remember: even if the details are forgotten, reassurance, dignity, and Christian comfort can still be received in the moment.

### What if the person says something that is not accurate?

- Correct only when safety or an important decision is involved. For harmless inaccuracies, avoid arguing. Acknowledge the feeling behind the words and redirect gently: "That sounds important to you. Today I came to sit with you and read one of your favorite psalms."

### What if hearing or vision is limited?

- Face the person, reduce background noise, speak clearly without shouting, and make sure hearing aids or glasses are available if staff can assist. Use large print and strong contrast. Describe what you are doing before touching, moving a chair, or handing over an object.

## Boundaries, Safety, and Confidentiality[11]

### What information should remain confidential?

Treat personal, medical, family, and spiritual details with care. Share only what is necessary with the supervising pastor. Do not repeat stories as conversation material, post about the visit, or share photos without clear permission. Never promise absolute secrecy when safety or mandatory reporting may be involved.

### What boundaries should a visitor keep?

Be warm without becoming the person's sole source of support. Do not manage money, borrow or lend funds, accept significant gifts, sign documents, give medical or legal advice, transport the person without approval, or make promises on behalf of the church. Follow the congregation's safeguarding policy, including any two-person or check-in requirements.

### What if the person appears sick or the facility has restrictions?

Follow posted infection-control rules and staff instructions. Reschedule when you are ill. Ask before bringing food, flowers, or gifts because of allergies, diets, oxygen use, or facility rules. In an urgent medical situation, alert staff or call emergency services first; then notify the pastor or coordinator.

### What concerns should be reported promptly?

Contact the supervising pastor when you observe a marked decline, repeated falls, severe loneliness, spiritual distress, a request for Communion or pastoral counsel, inability to obtain necessities, concerning caregiver behavior, or a major change in residence. Follow civil law and church policy for suspected abuse, neglect, exploitation, self-harm, or immediate danger.

## After the Visit[12]

### What should I record?

- Record useful ministry information: date, whether Scripture/prayer/hymn were included, requested follow-up, and any concern that must reach the supervising pastor.

### How should I end the visit?

- Watch the time, ask whether there is anything else to include in prayer, and close warmly. If possible, give a realistic expectation for the next contact: "I plan to visit again next month," or "I will ask Pastor _____ to call on you." Do not promise what you cannot control.

### How can additional helpers be supported and trained?

- If you have another volunteer for this work, accompany him or her for the first visits. Give them a copy of this section of the manual. Training should include listening, dementia awareness, confidentiality, emergency response, and the congregation's Communion and safeguarding practices.

[11] Clement, The Shepherd's Assistants, 35–44.

[12] Clement, The Shepherd's Assistants, 21–23, 35–44.

## One-Page Visit Checklist

### Before

☐ Confirm the time and location.

☐ Review the person's needs, interests, and previous follow-up.

☐ Choose a short devotion or Scripture passage, a prayer, and possible hymn.

☐ Know whom to contact if a concern arises.

☐ Do not visit if you are ill.

### During

☐ Ask whether it is still a good time.

☐ Listen more than you speak.

☐ Include the person's interests and memories.

☐ Share Scripture and the Gospel.

☐ Offer a familiar hymn if appropriate.

☐ Ask for prayer requests and pray together.

☐ Watch for fatigue, discomfort, or care interruptions.

### After

☐ Record the visit in the approved system.

☐ Relay pastoral, practical, or safety concerns promptly.

☐ Complete any promised follow-up.

☐ Schedule or communicate the next contact.

**Remember,** your task is not to solve every problem. Be present, listen patiently, bring the comfort of God's Word, and connect the person with the supervising pastor.

## Sample 30-Minute Visit

**0–5 minutes | Welcome**

Greeting, settling in, and a simple question about the week

**5–15 minutes | Conversation**

Memories, family, interests, current activities, and concerns

**15–23 minutes | Scripture**

A short reading and a brief Gospel-centered application

**23–27 minutes | Hymn**

One familiar stanza or listening together, if desired

**27–30 minutes | Prayer and close**

Specific prayer, confirm follow-up, and a warm farewell