**Bikur Cholim – Visiting the Sick**

Gen. 17.26 – Thus Abraham and his son Ishmael were circumcised on that very day; (27) and all his household . . . were circumcised with him. (18.1) The Lord appeard to him by the terebinths of Mamre; he was sitting at the entrance of the tent as the day grew hot.

Sota 14a – The Holy Blessed One visited the sick, as it is written, “Adonai appeared to him by the terebinths of Mamre,” and so you also must visit the sick.

Shabbat 127a – There are six things, the fruit of which man eats in this world, while the principal remains for him for the world to come; that is, hospitality to wayfarers, visiting the sick meditation in prayer, early attendance at the Beit HaMidrash, rearing one’s sons to the study of Torah, and judging one’s neighbor in the scale of merit.

[“judging one’s neighbor in the scale of merit” means ascribing a favorable interpretation of his/her actions even when they look suspicious . . .]

Nedarim 40a – R. Helbo is sick. But none visited him. He rebuked them [the scholars], saying, “did it not once happen that one of R. Akiba’s disciples fell sick, and the Sages did not visit him? So R. Akiba himself entered [his house] to visit him, and because they swept and sprinkled the ground before him (R. Akiba, finding the chamber neglected, gave the necessary orders), he recovered. “My master,’ said he, ‘you have revived me!’ [Straightway] R. Akiba went forth and lectured: ‘He who does not visit the sick is like a shedder of blood.’”

When R. Dimi came, he said: He who visits the sick causes him to live, whilst he who does not causes him to die. How does he cause [this]? Shall we say the he who visits the sick prays that he may live, whilst he who does not prays that he should die?, -- “that he should die!” can you really think so? But [say thus:] He who does not visit the sick prays neither that he may live nor die. (Through the lack of his prayers, which might have been accepted, he is said to cause his death.)

Whenever Raba fell sick, on the first day he would ask that his sickness should not be made known to any one lest his fortune be impaired. (Rashi: If his illness became known, people might talk about it and thus affect his fate.) But after that, he said to them [his servants], “Go, proclaim my illness in the market place, so that whoever is my enemy may rejoice, and it is written, ‘Rejoice not when thine enemy falleth . . .’ Lest the Lord see it, and it displeases him, and he turn away his wrath from him, whilst he who loves me will pray for me.” (Prov. 24.17f)

Rab said: He who visits the sick will be delivered from the punishments of Gehenna, for it is written: “Blessed is he that considereth the poor: the Lord will deliver him in the day of evil.” (Ps. 41.2) “The poor” [dal] means none but the sick, as it is written: “He will cut me off from pining sickness [mi-dalah] (Isa. 38.12); of rom this verse: “Why art thou so poorly [dal], thou son of the King?” (II Sam. 13.4). Whilst “evil” refers to Gehenna, for it is written: “The Lord hath made all things for himself. Yea, even the wicked for the day of evil.” (Prov. 16.4) Now, if one does visit, what is his reward? [You ask] “What is his reward?” Evan as hath been said, “He will be delivered from the punishment of Gehenna!” – But what is his reward in this world? – The Lord will preserve him, and keep him alive, and he shall be blessed upon the earth; and thou wilt not deliver him unto the will of his enemies. (Ps. 41.3) “The Lord will preserve him.” – from the Evil Urge, “and keep him alive” – [saving him] from sufferings; “and he shall be blessed upon the earth.” – that all will take pride in him (literally, “all will be honored in him” – he will be a source of pride to all); and “wilt not deliver him unto the will of his enemies,” – that he may procure friends like Naaman’s, who healed his leprosy; and not chance upon friends like Rehoboam’s, who divided his kingdom.

R. Shisah 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 sick person’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 recovery, and consider prayer unnecessary; in the last three hours, on the other hand, he may feel that prayer is hopeless.

Rabin said in Rab’s name: Whence do we know that the Almighty sustains the sick? From the verse: The Lord will strengthen him upon the bed of languishing (Ps. 41.4) Rabin also said in Rab’s name: Whence do we know that the Divine Presence rests above an invalid’s bed? From the verse: The Lord doth set himself upon the bed of languishing. (Ps. 41.1. This is another rendering of the same verse. Rashi suggests another interpretation; for yisa’denu, meaning “he will strength him,” read yesharenu, “he will abide with him.”) It was taught likewise: 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 the languishing.”

Nedarim 41a – Samuel said: Only a sick person who is feverish (literally, “when he is wrapped in heat”) may be visited. What does this exclude? It excludes those concerning whom it has been taught by R. Jose b. Parta in R. Eliezer’s name: One must not visit those suffering with bowel [trouble], or with eye disease, or from headaches. Now the first is well, the reasons being through embarrassment; but what is the reason for the other two? – On account of Rab Judah’s dictum, which is that “speech is injurious to the eyes and to [people suffering from] headaches.”

Nedarim 39b – R. Abba son of R. Hanina said: He who visits a sick person take away a sixtieth (Maharsha suggests that the expression one-sixtieth is a somewhat generic term used in order to indicate “a very small amount,” since in areas of halacha that amount is general considered to be negligible) of his pain/sickness. Said they to him: If so, let sixty people visit him and restore him to health? – He replied: The sixtieth is as the tenth spoken of in the school of Rabbi (Rabbi Aha explains that each subsequent visitor removes only one-sixtieth of what is left, so the illness cannot be eradicated by visitors.), and [providing that] he [the visitor] is of his affinity. (*ben gilo* – Rashi suggest that this term means someone who is the same age. Ran says that it is someone who was born under the same constellation. In Midrash Vayikra Rabba, *ben gilo* is presented a someone who “loves him like himself,” which matches the interpretation offered by the Meiri – that it refers to someone whose visit lifts the spirit of the ill person because he is so happy to see him.)

Berachot 5b – Rabbi Hiyya bar Abba fell ill and Rabbi Yochanan went in to visit him. He said to him: “Are your sufferings welcome to you?” He replied: “Neither they nor their reward.” (The implication is that there is some line of thought that if one lovingly acquiesces in his sufferings, his reward in the world to come may be very great.) He (Yochanan) said to him (Hiyya): “Give me your hand.” He gave him his hand and he raised him. (Yochanan cured him by the touch of his hand.)

Rabbi Yochanan once fell ill and Rabbi Hanina went in to visit him. He said to him: “Are your sufferings welcome to you?” He replied, “Neither they nor their reward.” He said to him, “Give me your hand.” He gave him his hand and he raised him. Why could not Rabbi Yochanan raise himself? (If he could cure Rabbi Hiyya bar Abba, why could he not cure himself?) – they replied, “The prisoner cannot free himself from jail.” (And the patient cannot cure himself . . .)

Shabbat 127a – visiting the sick is a religious duty without limit, both in terms of its requirement and in terms of its reward

Two basic reasons for visiting the sick: 1. To look after his/her needs & 2. To offer prayers on his/her behalf (Mi SheBeirach, Psalms, Birkat HaGomeil et. al)

Jewish folk tradition that, when a Jew becomes seriously ill, it may be possible to change that person’s fate by changing his/her Hebrew name. This change confuses the Angel of Death who therefore may not be able to find that Jewish soul (marked for illness or, even, death). Often the name is changed to a name with the meaning of life, health, well-being, such as Chayah, etc.

From: *It’s a Mitzvah* by Bradley Shavit Artson (1995)

1. Upon discovering that someone is sick, send a brief card or note. (Email?)
2. Alert the sick person’s rabbi.
3. Plan to visit the sick.
4. Don’t plan on a long visit.
5. Schedule your visit appropriately.
6. Before visiting the patient, phone ahead to let him/her/family/caregiver know that you are coming.
7. Prepare for a visit carefully and thoughtfully.
8. Don’t wear perfume or after-shave lotion.
9. Don’t bring bad news.
10. Select one or two topics for discussion: perhaps an issue from the day’s newspaper, a sports event, the weekly Torah portion, a movie or book that people are talking about.
11. Bring the patient a small, practical gift.
12. Before entering the patient’s room, be sure to knock and ask for permission to enter.
13. If there are already many visitors, wait outside until a few people leave.
14. When visiting, help with concrete tasks.
15. Try to be with the patient during a meal.
16. Don’t feel you have nothing to talk about.
    1. Be alert to objects in the room that might prompt a pleasant discussion.
    2. Don’t criticize the hospital, the doctors, the food, or the medical procedures.
    3. Don’t evaluate a procedure or the veracity of a medical prognosis.
    4. Don’t defend God, religion, or nature.
    5. Don’t talk about someone who died of the same disease.
17. Don’t be afraid to sit in silence.
18. Listen.
19. Offer your hand.
20. Offer to pray with the patient (only if you are comfortable doing so)
    1. Prayer can be informal.
    2. If possible, visit before Shabbat or a holiday, and bring some item that will allow the patient to celebrate that holiday.
    3. Read a psalm together,
21. Offer to make two specifically Jewish gestures.
    1. Offer to attend a synagogue worship service and to lift up the patient’s name during a Mi SheBeirach prayer.
    2. Make a contribution to the synagogue or charitable cause in honor of the sick person.
22. Establish a va’ad bikkur cholim (committee to visit the sick).
23. Visit nursing home residents, long-time hospital patients, and elderly shut-

ins.

From *How to Be a Friend to a Friend Who’s Sick* by Letty Cottin Pogrebin (2013)

(Read this book; it’s fabulous!)

Chapter One: I Can’t Believe You Said That!

Four Grades of Illness Call For Four Types of Response

1. *With patients who are terminally ill or in continual pain, have difficulty communication, or require assistance with basic life functions such as eating and going to the toilet,* remember that the primary purpose of your presence is to make them feel comfortable and valued. Don’t talk *at* them. Don’t pressure them to talk.
2. *With people who are very sick but seem willing to talk and answer questions,* start with basic patient-oriented queries. Ask what they’re feeling and ask about their prognosis, but don’t push where you meet resistance. Patients will tell you as much as they want you to know.
3. *With people who have a congenital, permanent, or genetic condition* (which may not always be readily apparent, like Lupus or Crohn’s disease) and with those who live with visible disabilities (like paraplegia, blindness, or ALS), you need to understand and accept that they’re never “getting better” in the conventional sense of those words. Spiritual healing is possible, accommodation to their limitations is possible, a full and productive life may be possible, but their core problem is not going to disappear – and neither should their friends. Seldom do patients in this category want their condition to be the primary focus of conversation; in fact, they’re usually among the most driven seekers of normalcy. . . . Your goal should be to give them all the help and support they need without making them feel as if their problem is the most salient thing about them.
4. *With people who are ill now but expect to recover,* who *were* ill and are now convalescing, or who . . . had something scary happen to them but are intent on putting it behind them, your conversation should briefly touch on their condition – just long enough to show that you remember what they have, had, or what they’ve been through – then seamlessly move on to Other Things.

In essence, there are three things you ought to be able to say, simply and forthrightly, to someone who’s sick:

1. “Tell me what’s helpful and what’s not.”
2. “Tell me if you want to be alone and when you want company.”
3. “Tell me what to bring and when to leave.”

Ten Commandments For Conversing With a Sick Friend

1. Rejoice at their good news. Don’t minimize their bad news.
2. Treat your friends as you always did before they got sick – but never forget their changed circumstance.
3. Keep your friends’ illness and its attendant constraints in mind, but don’t treat them as if their illness is who they are.
4. Acknowledge their newfound awareness of their mortality, but don’t treat them as if they’re defective or doomed).
5. Speak to them as you always did, which means tease them, make demands on them, kid around with them, get mad if they piss you off, but indult their occasional hissy fits.
6. Start conversations about Other Things as soon as possible to help speed their journey from the morass of illness to the miracle of the ordinary.
7. Avoid self-referential comments or anecdotes.
8. Don’t assume, verify.
9. Get all your facts straight before you open your mouth.
10. Help your sick friend feel useful.
11. Don’t infantilize your sick friend.
12. Think twice before giving advice.
13. Allow patients who are terminally ill to set the conversational agenda.

10)Don’t pressure them to “keep up the fight” or practice “positive thinking.”

Chapter Two: How To Give Good Visits

1. Ask the patient to be honest with you and all their friends and express their druthers, whether its zero visitors, certain hours of the day when friends are welcome, a limited number of people allowed in the room at once, or a time limit for each visit.
2. Be honest with yourself about your attitude toward the visit.
3. Think through your role in the visit.
4. Don’t visit if you can’t abide silence.
5. Be prepared to respond without flinching to whatever scene or circumstances greet you during your visit.
6. Be sensitive to your friend’s losses.
7. Talk honestly with your children about the demands illness make on friendship and how important it is to visit people who want company.

Twenty Rules for Good Behavior While Visiting the Sick, Suffering, Injured, or Disabled

1. Call ahead to ask about the patient’s condition. Make sure they want visitors. Ask what time would be most convenient for you to come.
2. Check with a family member or nurse before entering the patient’s room. Knock first; don’t barge in.
3. Don’t visit if you have a cold, cough, rash, or anything the patient might catch from you.
4. Respect the hospital’s rules.
5. Don’t expect your sick friends to look their best.
6. If they’re asleep when you arrive, don’t wake them.
7. Try not to stare.
8. Respect the patient’s privacy, property, and belongings.
9. Don’t stand or sit too close or too far from the patient.

10) Don’t talk too much, too loud, or too soft.

11) Don’t whisper to the nurse or attendant as if there’s something to hide.

12) Don’t chew gum.

13) Be odor sensitive. (About yourself . . .) Visitors shouldn’t wear cloying

perfumes or aftershave lotions or reek from cigarette or cigar smoke. Have

a mint if you’ve recently eaten onions, garlic, or blues chees. Even coffee

breath can make a sick person nauseated.

14) Ask about their condition, but don’t subject them to the third degree.

15) Don’t go into your health history or cite someone else’s prior experience

with the disease.

16) Keep the spotlight on the patient until they’re ready to talk about Other

Things.

17) Unless they’re notable chatty and keep insisting you stay, your visit to a

Patient’s hospital room shouldn’t last more than twenty minutes, five or

less if they’re in pain or yawning a lot. Home visits should be similarly brief

unless you’re doing chores for the patient around the house.

18) Let patients talk about death if they want to, but don’t you be the one to

bring it up.

19) Do not greet the sick person morosely.

20) Strength and weakness are both good, and each has its place. When we

are ill, our mo0ds shift with pain, medicine, diagnoses, and whim. Do not

flaunt your own strength or health. Don’t stand above the bed. Sit at eye

level. Sick and well are not superior or inferior, just sick and well.

Chapter Three: The Perfect Present

Ten Tips for Good Giving

1. Don’t stand there waiting for the patient to unwrap your present; let them do it in their own good time – unless it’s food, in which case, tell them what you’ve brought and ask where they want you to put it: counter, cabinet, or fridge.
2. Don’t expect them to taste your homemade chowder this minute.
3. Check their allergies in advance . . .
4. Don’t bring food in a dish or container that you want returned.
5. Don’t pressure them to eat, use, wear, comment on, or rave about what you’ve given them.
6. Steer clear of self-help books.
7. Don’t give a tome the size of a car battery to a friend who’s too frail to hold a porcelain teacup. Consider and audio book and earphones.
8. Don’t regift the book your uncle gave you for Christmas, even if its jacket is pristine and its spine uncracked, until you’ve read its jacket copy and a couple of online reviews and made absolutely sure there’s nothing within its covers that your friend might find weird, offensive, or hurtful.
9. When giving a book, match the forma to the friend. . . . Give traditionalists the real thing and get the tech-savvy a gift certificate so they can download an electronic book of their choice.

10)When visiting someone in the hospital, choose a gift that’s small and light enough for them to take home without hiring a U-Haul.

Chapter Four: Two Degrees of Separation, One Degree of Need

Ten Ways to Help Someone Whose Friend or Loved One is Sick

1. Give them your frequent flyer miles.
2. Babysit for their kids.
3. Take over their personal communications.
4. Create a web page for your friend.
5. Burn a CD for your friend.
6. Stock their larder.
7. Feed them.
8. Suggest they keep a journal or take an oral history of their loved one.
9. Call regularly.

10)Offer, but don’t impose, your company.

Recommended Reading: Nonfiction

*The Etiquette of illness: What To Say When You Can’t Find the Words* by Susan Halpern (Bloomsbury, 2004)

*Passages in Caregiving: Turning Chaos into Confidence* by Gail Sheehy (Harper Paperback, 2011)

*Share the Care: How to Organize a Group to Care for Someone Who is Seriously Ill* by Cappy Capossella and Sheila Warnock (order at wee.sharethecare.org)

*Do Good: 201 Ways to Lend a Hand* by Marcy Silverman and Cindy Sacks (Andrews McMeel Publishing, 2009)

*The End of Your Life Book Club* by Will Schwalbe (Knopf, 2012)

*Help Me Live: 20 Things People with Cancer Want You to Know* by Lori Hope (Celestial Arts, Revised, 2011)

*The Council of Dads: A Story of Family, Friendship and Learning How to Live* by Bruce Feiler (Harper Perennial, 2010)

*All Gone -- A Memoir of My Mother’s Dementia, With Refreshments* by Alex Witchel (Riverhead Books, 2012)

*My Breast* by Joyce Wadler (Pocket Books, 1997)

Recommended Reading: Fiction

*Talk Before Sleep* by Elizabeth Berg (Ballantine Paperback, 2006)

*Crossing to Safety* by Wallace Stegner (Modern Library paperback, 2002)

Online Resources

**CaringBridge**. [www.caringbridge.org](http://www.caringbridge.org) Online tool for networking, information, and communication between and among friends of the patient.

**CarePages**. [www.CarePages.com](http://www.CarePages.com) Referrals, discussion forums, and free patient blogs connect friends and family during a health challenge.

**Share the Care**. [www.sharethecare.org](http://www.sharethecare.org) Offers step-by-step instruction to help organize a nurturing group of supportive friends and other partners committed to caring for someone who is ill, disabled, recuperating from a serious injury or elderly and in need of assistance.

**Diva Living with AIDS**. [www.raelewisthornton.com](http://www.raelewisthornton.com) Rae Lewish Thornton, a motivational speaker and writer, chronicles her experiences with full-blown AIDS on her blog.

**Funny You Don’t Look Sick: An Autobiography of Illness**. [http://susanabod.com/funny-you-don’t-look-sick-an-autobiography-of-illness](http://susanabod.com/funny-you-don't-look-sick-an-autobiography-of-illness) Documentary film by and about Susan Abod that shows what it’s like to live with Chronic Fatigue Syndrome.

**Get Free Stuff**. [www.breastcancerfreebies.com](http://www.breastcancerfreebies.com) Wigs, hats, make-up, housecleaning, transportation, and more.

**27 Ways to Comfort a Sick Friend.** <http://cms.carepages.com/CaPages/en/ArticlesTips/HelpfulTips/BetterYou/comfort_sick_friend.html>

**A Sampling of Illness Blog Posts on WikiHow**. [www.wikihow.com/Help-a-Really-Sick-Friend-or-Relative](http://www.wikihow.com/Help-a-Really-Sick-Friend-or-Relative)