

February 7, 1959

Whom Should Hospital
Chaplain See Each Day?

ST. LOUIS--(BP)--The chaplain's relationship to patients in the hospital was subject of a case study during the meeting of the Southern Baptist Hospital Chaplains' Association here.

The hospital chaplain can't see every patient admitted to the hospital, so how does he select those whom he should visit?

According to the discussion at the association's meeting, these are some of the factors in choosing those to visit:

- (1) Patients whose names are given the chaplain by doctors, nurses, or others on the hospital staff as needing spiritual counseling;
- (2) Patients who do not have a local pastor;
- (3) Patients who have emotional problems apparently inter-related to their physical illness;
- (4) Patients listed on the critical-illness bulletin issued each day (in cases where the patient can not be seen, the chaplain often counsels with the patient's family);
- (5) Patients whom the chaplain has seen before, and who, in his opinion, should be re-visited.

E. A. (Gus) Verdery, chaplain of Georgia Baptist Hospital, Atlanta, was elected president. President-elect, who customarily becomes president next year, is J. Don Corley of Arkansas Baptist Hospital, Little Rock.

D. A. Brabham of Southern Baptist Hospital, New Orleans, was elected vice-president and Charles D. McKnight of Baptist Memorial Hospital, Memphis, secretary.

Verdery succeeded Everett Barnard of North Carolina Baptist Hospital, Winston-Salem.

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Consensus: Baptists
Need More Hospitals

ST. LOUIS--(BP)--The consensus of opinion among Baptist hospital administrators is that Southern Baptists should operate more hospitals.

This feeling was evident at sessions of the Southwide Baptist Hospital Association here, attended by administrators of Southern Baptist-related hospitals.

The association includes administrators of hospitals operated by the Southern Baptist Convention directly, by affiliated state Baptist conventions, by associations of Baptist churches, and by community Baptist groups not directly and formally related to a church or denominational agency.

The administrators apparently felt, however, that new hospitals should be established along lines of recommended policy---that is, that new hospitals are the responsibility of state and local Baptists rather than the Southern Baptist Convention directly.

Reasons why new hospitals are needed generally were given as these:

1. Population growth and the need for increasing medical services means that more hospitals, whether denominationally-affiliated or not, must be built.
2. Baptists have a duty to render medical service to the poor in keeping

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with Christ's teachings.

3. Baptists need to train dedicated young people in a Baptist setting in fields related to medicine (medicine itself, nursing, hospital laboratory operation, **therapy** etc.). These young people are needed both in Baptist and non-Baptist hospitals.

4. Religious groups can operate better hospitals for the people than can people themselves through government or other auspices.

5. Healing and Christianity are inseparable. The Baptist hospital can prove that man has access to the power of God.

6. Through the service of a Baptist hospital, its patients and the residents of the hospital community will see the compassion of Christ and the denomination.

John Gilbreath of Arkansas Baptist Hospital, Little Rock, was elected president-elect of the association. This **means** that normally he will become president next year.

Freeman May of Baptist Hospital, Alexandria, La., came into office of president for the year ahead.

Emmett Johnson, assistant administrator of Baptist Memorial Hospital, Jacksonville, Fla., is the association's secretary and treasurer.