

HOSPITAL LIAISON COMMITTEE GUIDELINES – PROFESSIONAL EDITION (PART 2)

CHAPTER 3 – APPOINTMENT AND TRAINING OF PATIENT VISITATION GROUP (PVG) MEMBERS

Role and Purpose

Patient Visitation Groups (PVG) exist to ensure that hospitalized Jehovah's Witnesses—especially those far from home or transferred to major medical centers—receive emotional support, respectful communication, and help navigating their medical directives.

Qualifications

PVG members are typically elders known for compassion, stability, and confidentiality.

They must:

- demonstrate respect for patient autonomy and medical ethics
- maintain strong personal conduct and emotional maturity
- be vaccinated against COVID-19 to protect patients and themselves

Because PVGs interact closely with patients and families during vulnerable moments, members must be steady, balanced, and skilled listeners.

Appointment

The Hospital Liaison Committee (HLC) evaluates and selects prospective PVG members.

Two HLC members—preferably including the PVG coordinator—interview the candidate, confirm availability, gather contact information, and submit the data to the Hospital Information Department (HID). Appointment is formalized through an official letter.

Training

Training focuses on:

- hospital protocols and patient support etiquette
- how to assist patients without interfering with medical care
- awareness of the emotional pressures patients face during hospitalization

- handling urgent situations calmly and respectfully

Responsibilities

PVG members:

- visit hospitalized Witnesses, especially those far from home
- help communicate the patient's medical directives when needed
- provide reassurance and practical help without giving medical advice
- report relevant developments to the HLC so the case is properly supported

CHAPTER 4 – WORKING TOGETHER AS A COORDINATED TEAM

Team Structure

The HLC functions best when members cooperate transparently, communicate consistently, and share information efficiently. Although certain members may handle more administrative duties, all members contribute to the overall workflow.

HLC Meetings

The committee meets at least four times per year to review:

- cooperative physicians (additions, removals, specialty gaps)
- recent emergencies and lessons learned
- updates from Bethel or HID
- upcoming presentations to hospitals
- progress of PVG activities

These meetings typically last two hours and may allow remote attendance in exceptional circumstances.

Agenda Planning

The chairperson creates the meeting agenda after gathering input from all members.

Members may be assigned to present specific topics or lead short training segments.

Annual PVG Meeting

Once per year, the HLC holds an encouraging meeting with all PVG members. This session reviews challenges faced during the year, offers training refreshers, and strengthens the team's ability to support patients effectively.

CHAPTER 5 – ROLES INSIDE THE HLC

Chairperson

Ensures the committee remains organized, schedules meetings, prepares agendas, coordinates high-priority cases, and maintains communication with HID.

Secretary

Maintains records, handles correspondence, removes personal identifiers when closing cases, and ensures proper document-retention policies are followed.

PVG Coordinator

Oversees PVG activities, ensures new PVG members are trained, manages lodging and transport needs for families, and tracks the well-being of patients receiving support.

Senior Advisor (“Counselor”)

A long-serving member whose physical limitations prevent full participation. Advisors offer institutional memory, coach newer members, and maintain relationships with physicians.

Qualified Female Assistants

Women with medical background or related experience may assist during presentations or answer specialized questions. They do not serve as HLC members but may support public-facing activities.

This concludes PART 2. A new PDF will be generated for PART 3 upon request.

