

# E - Application

## 1. Making medicine a ministry

If we are to consider medicine as a ministry, we must consider what it means to minister.

### A. *Maintaining a good attitude*

*Phil. 2:14-16:* Do all things without grumbling or disputing; so that you will prove yourselves to be blameless and innocent, children of God above reproach in the midst of a crooked and perverse generation, among whom you appear as lights in the world, holding fast the word of life, so that in the day of Christ I will have reason to glory because I did not run in vain nor toil in vain.

When we have a good attitude and do not complain, we stand out as lights in a dark world. Complaining and quest for “fairness” are the norm in our society. But God never said that life would be fair. In fact, He went as far as to say that we are blessed when the world is unfair to us (*Matt. 5:11-12*). Therefore He calls us to accept the circumstances that are beyond our control, work hard, and be thankful for all that He has given us. Besides, it is often in these times of hardship that we truly see the power of God in our lives. When we live this sort of life, people notice, and God is glorified. We need to take on this attitude in the clinic, in the hospital, and on call.

### B. *Our demeanor: extending compassion*

Christ felt compassion for people. This compassion was often his motivation for preaching, healing, and feeding the 5000 (*Matt. 14:14-21*). As healers, we are called to have compassion on our patients. As sinful human beings, we don't have an ounce of compassion in us. Therefore, it is imperative that we stay rooted in Christ, maintaining our relationship with Him, so that He can extend His compassion through us.

Before we even talk to a patient, our actions portray an image that the patient discerns. If our actions do not match our words, then our words will fall on deaf ears. What are some ways that we can communicate God's compassion through our actions?

1. Look at the chart before going into the room. You will then be able to call patients by name, address their chief complaint, and know past medical history. Because you know about them, they will feel that you care. Furthermore, you will now not be reading the charts as the patients are trying to talk to you.
2. Sit down. No matter how much time you spend in the room, sitting conveys a feeling that you are spending time with your patients and not rushing.
3. Orient yourself toward your patients and look at them while they are speaking. This body language shows them that you care about what they are saying.
4. Touch your patients. Physical contact during the physical exam conveys compassion and self-sacrifice since you are touching an “untouchable” sick person. Jesus touched lepers as He healed them (*Mark 1:40-42*).

### C. *Humbling ourselves:*

Christ commanded us to humble ourselves before Him and others. We as leaders are to take the part of servant:

*Matt. 20:26-28:* But Jesus called them to Himself and said, “You know that the rulers of the Gentiles lord it over them, and their great men exercise authority over them. It is not this way among you, but whoever wishes to become great among you shall be your servant, and whoever wishes to be first among you shall

be your slave; just as the Son of Man did not come to be served, but to serve, and to give His life a ransom for many.” (See also *Matt. 23:11-12, John 13:5-17*).

We can carry out this command in our relationships with our patients, our subordinates, and our coworkers. We should never use our position and status as reason to look down upon others or consider ourselves too important to do the most menial tasks.

*Rom. 12.3:* For through the grace given to me I say to everyone among you not to think more highly of himself than he ought to think.

Suggestions for doctors and residents:

If a nurse needs help with patients or cleaning a room, do it.

As an upper level resident, help the interns and medical students with some of their busy work if they are getting behind.

Consider letting your staff call you by your first name.

*D. Bearing our patients' burdens:*

Certainly this will mean a lot to your patients. But think what the other nurses or staff would think when they see you ministering in such a way. It could be quite a testimony to your coworkers as well as your patients.

*E. Being vulnerable:*

“The doctor is effective only when he himself is affected. ‘Only the wounded physician heals.’ But when the doctor wears his personality like a coat of armor, he has no effect.” Carl Jung

*2 Cor. 1:3-7:* Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our afflictions so that we will be able to comfort those who are in any affliction with the comfort with which we ourselves are comforted by God.

We must share ourselves with our patients. This is not easy, since our human nature tells us to be closed and therefore safe. We are taught that the doctor-patient relationship is a one-way street. However, Biblical relationships require openness on both sides. Through sharing our pain and afflictions, we minister to others in their affliction.

*F. Addressing more than just physical needs.*

Remember the biopsychosociospiritual model, which is based on the Biblical concept of shalom, or wholeness. Here are some examples of how you can practice medicine in a more holistic way:

*The History: The ministry of listening*

1. Admission and new patient H&P's: Expand the social history. Ask about employment, marriage, children. Ask what religion, denomination, and church they belong to. Ask them if religion is an important part of their lives. Ask if they pray and read the Bible regularly. Ask them what gives them purpose, hope, and peace.
2. New Ob exam: Again, expand the social history. Psychological and spiritual aspects can be added. Find out how the patient and her partner feel about the pregnancy. What are their hopes for a family?

- Bridge into spiritual questions, such as whether she is going to church, and if she is praying for the baby and the pregnancy. Find out the father's spiritual beliefs and his spiritual leadership in her life.
3. Well-child visits: After the typical questions such as sleeping and eating habits, inquire about the home structure. What kind of family support does the child have? Is there a father in the house? Are the parents married? How is the couple adapting to a new child? What type of discipline do the parents plan to use? Ask if the family is going to church, if they pray together, and if they read the Bible or Bible stories to the child.
  4. Routine visits: Inquire how the patient has been doing. If they just mention the chief complaint, then after you have discussed that, ask them how things are going in their work, or with their family.

Write down pertinent information such as place and type of employment, and the names of the spouse and children. Ask and write down what hobbies they enjoy. This helps in future visits to establish a stronger bond.

You should already know whether the patient goes to church from the initial history. Ask how church is going, whether they are growing spiritually. Write that down. Ask if they are praying and reading the Bible, and if they are getting much fellowship. Ask them if these practices are fulfilling their spiritual needs.

Ask if there is anything for which they would like prayer. Write it down. Offer to pray right then.

### *G. Assessment and Plan: The ministry of proclaiming*

Based on the above history, you can get a good idea about a patient's social, psychological, and spiritual health. We may have little direct impact on social aspects, but we can certainly work to heal psychological and spiritual illness. Often these changes then improve the social situation as well.

In terms of a spiritual assessment, you could even write a separate problem in the problem list, marked "*Spiritual*," and make a quick comment on where the patient currently is and what you might plan to help him or her grow in that area. Comment on any counseling you rendered and whether you prayed with the patient. Specific spiritual counseling might include:

1. Adults:
  - a. Share the gospel if appropriate, encourage involvement in a local church or group of believers, encourage time reading the Bible and in prayer.
  - b. Carry a list of verses applying to a variety of situations, and write down one or two applicable verses, maybe on a prescription pad.
  - c. Keep a list of good Christian books to recommend according to the particular need.
  - d. Recommend a particular book in the Bible, such as one of the Gospels for a nonbeliever.
  - e. Give out tracts or Bibles to nonbelievers.
2. Ob visits:
  - a. For the sake of time, the first visit doesn't have to include everything. For example, you can get the history and maybe get a quick ultrasound on the first visit. Then on the next visit do the pelvic exam and blood work.
  - b. Give out a Christian book about pregnancy on the first visit.
  - c. Pray with the patient about the pregnancy.
  - d. Encourage the patient spiritually.
3. Well-baby visits:
  - a. Advise the parents to pray and read the Bible to their child.
  - b. Discuss with them about the need for the child to develop a strong moral code.
  - c. Give out Christian parenting books such as *Baby Wise*.
  - d. Recommend Christian videos such as *Veggie Tales* instead of regular TV.

Certain circumstances may warrant sharing the Gospel. Since different patients are in different places spiritually, the particular method in which you share the Gospel will vary. Furthermore, it does not have to all occur during one visit. An example given by William Fay in his book “Share Jesus without Fear” includes the following questions and appropriate responses:

1. Do you have any spiritual belief?
2. To you, who is Jesus?
3. Do you think there is a heaven or hell?
4. If you died, where would you go? If heaven, why?
5. If you knew your beliefs were wrong, would you want to know?

If you don't ask all of the questions in one visit, write in the chart which questions you asked and what the response was. Then in a subsequent visit, continue where you left off.

#### *H. Time*

Incorporating a more holistic approach to healthcare, listening, being compassionate; these all take time. And a busy doctor just does not have that time. Are these all hopeless dreams? How can we spend the time necessary to better take care of our patients? Some ideas for doctors:

1. Limit the number of patients seen in a day. Many doctors fall into the trap of increasing their patient volume because of the allure of more money. True, we need to make a living, but how much is enough? Do you have to make \$120,000 per year? Have you not lived on a much lower salary right in the past? Some people do have loans to pay off, but even so, they should be able to get by on 2/3 to 3/4 of what they could make in the interest of time with patients. *Time equals ministry.*
2. Let the nurses and secretaries take care of all the busy work. Let them fill out paperwork for labs and consults. Let them look for and label medicine samples. Delegating leads to more time with your patients.

These ideas do not apply as well to health care providers who work for someone else. In these cases, the employer has a quota of patients to fill, and so he or she does not have the luxury of cutting back on numbers of patients. This reality is especially true in fields like nursing, where there are often personnel shortages, and hospitals want to staff as few nurses as possible for monetary reasons. In these cases, there are several options:

1. Work for a like-minded Christian physician practice that encourages spiritual interaction with patients. Christian Medical and Dental Associations (CMDA) may be helpful in such a pursuit.
2. The only meaningful time you may have to spend with your patients is on your off-time. I know it is very difficult when you are tired after a long day's work to stay even longer in order to minister healing. As can be seen in this verse, physical healing was considered to be intimately connected with spiritual healing.

#### *I. Too much to do?*

Don't think that you have to carry out everything that we have discussed in every patient encounter. CMDA holds a seminar called *Saline Solution* in which they present a method of ministry to patients based on a concept called “faith flags.” In any given patient encounter, the health care provider raises a few of these flags, as he or she mentions faith-related words such as God, prayer, or church. Then the provider gives the patient freedom to respond to such flags. As a relationship builds with the patient, the provider can share more and more of the gospel. In this way, he or she can minister to the patient slowly, in a non-threatening way, taking little extra time in a busy practice.

## 2. Challenging the current health care model

As the health care crisis continues in America, Christian health care professionals should lead any changes that need to occur. Most of the changes that we have discussed have been within the context of the current medical system. But in that system we will continue to face problems such as too little time for ministry and working for people who discourage our ministry. So why not think about some more radical changes, perhaps bringing us full-circle back to the type of ministry that the early church engaged in. Here are some thoughts along those lines:

*A. If we consider ourselves ministers of healing, should we charge money for our services?*

We have to earn a living somehow. How about raising support, as missionaries and parachurch workers do?

*B. Should we place ourselves under the authority of the church?*

Physical healing used to be a ministry of the church. Why not reintegrate health care and spiritual health? Join the staff of a church. You would thus have great freedom to spend more time with patients either in the setting of a clinic or through house calls. You would also be able to minister in a much more holistic manner to your patients.

In closing, consider the following quote, written 450 years ago:

“It becomes every person who purposes to give himself to the care of others, seriously to consider the four following things: First, that he must one day give an account to the Supreme Judge of all the lives entrusted to his care. Second, that all his skill and knowledge and energy, as they have been given him by God, so they should be exercised for His glory and the good of mankind, and not for mere gain or ambition. Third, and not more beautifully than truly, let him reflect that he has undertaken the care of no mean creature; for, in order that he may estimate the value, the greatness of the human race, the only begotten Son of God became himself a man, and thus ennobled it with His divine dignity, and far more than this, died to redeem it. And fourth, that the doctor being himself a mortal human being, should be diligent and tender in relieving his suffering patients, inasmuch as he himself must one day be a like sufferer.” Thomas Sydenham (1624-1689), English physician, scientist, and author. He differentiated between scarlet fever and measles, described chorea and gout, and introduced the use of cinchona bark to treat malaria.