FAITH PRESCRIPTIONS

Your Faith in Practice

Leader's Guide

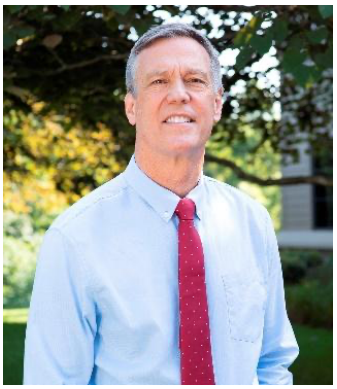
Introduction

If you are a Christian healthcare professional, then you recognize that our greatest calling is to honor the Lord in our efforts to help our fellow man. The apostle Paul instructs in Colossians 3:23, "Whatever you do, work heartily, as for the Lord and not for men" (ESV). This divine calling is most obviously an exhortation to provide excellent, compassionate care for our patients. If we recognize that our patients are more than just physical beings—that they are made in God's image and have a soul that will never die—then we will seek to communicate the love of Christ through the care we provide them.

The mission of *Faith Prescriptions* is to equip Christian healthcare professionals to communicate the love of Christ, in word and in deed, to our patients, students and colleagues. What does this look like each day as we practice? How does the love of Christ motivate us to do our very best for our patients? How can we encourage our patients to confide in us regarding their spiritual needs? How do we verbally communicate the power of the gospel with sensitivity and respect? Many healthcare professionals from across the country will be sharing what the Lord has taught them regarding these and many other pertinent topics.

This series is best undertaken by groups with two or more people. As each segment is viewed, it can be immediately followed by discussion regarding how to best understand and apply what has been presented. The brevity of the videos (15 minutes or so) means there is much more that could be said than time permits, so expect to go beyond what is taught as you chew on these topics with your colleagues. Expect your group discussions to both edify and encourage you as you experience God's continuing honoring of Jesus' prayer in John 17:21, "that they may all be one, just as you, Father, are in me, and I in you, that they also may be in us, so that the world may believe that you have sent me" (ESV). To God be the glory for what He will accomplish through your demonstration of Christ's love to your patients, students and colleagues.

William T. Griffin, DDS



William T. Griffin, DDS, has been a CMDA member for almost four decades, and he currently serves as CMDA's Vice President for Dental Ministries. He is a graduate of the University of Notre Dame, and he received his DDS degree at Virginia Commonwealth University School of Dentistry. His career in healthcare has led him to discover the strong ties between physical health and spiritual health, and over the years he has been greatly inspired by CMDA's medical outreach teaching programs, *The Saline Solution* and *Grace Prescriptions*. He may be reached at bill.griffin@cmda.org.

A Note to Our Faith Prescriptions Group Leaders,

THANK YOU for being willing to lead a group of healthcare professionals through this series. Many at CMDA have spent countless hours preparing these materials, with the unified hope they would inspire you and your colleagues to grow in the ability to communicate the love of Christ through healthcare. A few thoughts:

1. Suggest your group members preview the video in advance of your meetings, then watch it again together. This will give time for the topics presented to be considered prior to getting together, making the discussion richer.
2. There are likely more questions accompanying each episode than your group can cover. You could either select the questions you believe to be most worth addressing, or else you can perhaps allow group members to determine which questions to consider.
3. You will notice that the first and last discussion questions are identical for each episode. Please do not circumvent these general questions in favor of the others, for the following reasons:
    a. The first question is meant to uncover the points seen to be most important to each of your group members, before their attention is directed to the specific content of the following questions. Begin each session by allowing your group to focus on what they see as important.
    b. The last question could be skipped in the interest of time, but I implore you to set aside your last 10 to 15 minutes for the specific purpose of making sure your discussion is not purely theoretical. Our desire is for changed lives—not just for patients, but also for the caregivers—and this question is meant to inspire such change.
4. These videos barely scratch the surface of everything that could be said on the various topics addressed. Their primary purpose is to stimulate viewers to discuss and go beyond what is presented, so that long-lasting application can be made for each participant. That is why the discussion questions are so important.
5. Recommended Answers: Much more could be said beyond the comments contained herein regarding the discussion questions, so the hope is your groups will go well beyond what has been suggested. If you conclude that any proposed answers are actually erroneous or misleading, please submit your input to me, so the Leader's Guide can be improved for the future. Likewise, if you have additional information to suggest, I welcome your input in this regard as well.

Our prayer is the *Faith Prescriptions* series will inspire and equip you and your colleagues to walk in the footsteps of Jesus, who "…went throughout all Galilee, teaching in their synagogues and proclaiming the gospel of the kingdom and healing every disease and every affliction among the people" (Matthew 4:23, ESV).

William T. Griffin, DDS
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FAITH PRESCRIPTIONS

Your Faith in Practice

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Leader's Guide

Episode 1
Faith Prescriptions Introduction

Summary

Faith Prescriptions is the third program developed by the Christian Medical & Dental Associations to help Christian healthcare professionals to live out their faith through their practices. Similarities and differences as compared to the prior programs are considered. Also included are cameos by Dr. Bill Peel and Dr. Walt Larimore (who originated the prior programs), what to expect from this series and an overview of how the Lord can utilize healthcare professionals to plant and nurture faith in the lives of their patients.

Speaker

William T. Griffin, DDS, has been a CMDA member for over four decades, and he currently serves as CMDA's Vice President for Dental Ministries. He is a graduate of the University of Notre Dame, and he received his DDS degree at Virginia Commonwealth University School of Dentistry. His career in healthcare has led him to discover the strong ties between physical health and spiritual health, and over the years he has been greatly inspired by CMDA's medical outreach teaching programs, *The Saline Solution* and *Grace Prescriptions*. He may be reached at bill.griffin@cmda.org.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **What would it look like for you to follow Paul's example in 1 Corinthians 9:22 to "become all things to all people"? (NIV).**

   Paul was willing to suffer greatly for the sake of communicating the gospel to others, both Jews and Gentiles. See 2 Corinthians 11:24-28. He was driven by the truth of 2 Corinthians 8:9, "For you know the grace of our Lord Jesus Christ, that though he was rich, yet for your sakes he became poor, so that you through his poverty might become rich" (NIV). If we truly

want to see the love of Christ capture new hearts, then that same love will compel us to be inconvenienced for the sake of others (Philippians 2:3-4). Possible examples:

- Communicating with words that make sense to the hearer, rather than religious jargon that might be foreign or offensive to them.
- Demonstrating concern for the other person's interests, such as music, sports, movies, etc.
- Affirming talents and ideas of the other person which are praiseworthy.
- Being available to respond to the other person's acute needs.
- Seeking to love the person, rather than to "win" every discussion (1 Corinthians 8:1).

3. **Read Galatians 1:8-9 and then consider: (a) Why do you think Paul was so adamant regarding the purity of the gospel?; and (b) What are some of the essential elements of the gospel, the non-negotiables, which should not be compromised in our verbal proclamation of the Good News?**

   Paul realized the inherent offense of the gospel (1 Corinthians 1:18-25). He realized that there would be temptation to compromise the message, to soften it in order to make it more acceptable, but this would render it impotent to combat mankind's need for a Savior.

   It is quite conceivable that some in the group may have floated in Christian circles for many years yet may not have heard or truly accepted the Good News of salvation in Jesus Christ. This is one reason why this question appears early in this series, so that the heart of the Gospel can be considered in a way that may cause some to reconsider the foundation of their relationship with Christ.

   It is important to realize that every gospel presentation is woefully incomplete. Also, the content we present is affected by the available time we have. In light of these limitations, following are some key elements that could be included as we share the Good News:

   - We were created in God's image, but this image has been corrupted by our first ancestors' rebellion against God, a corruption we have inherited (Genesis 1:27, Genesis 3, Psalm 51:5, Romans 3:9-18,23, Jeremiah 17:9).
   - God is perfectly holy, He defines holiness, and even our best efforts cannot enable us to comply with the moral standards He communicates to us in the Bible (Isaiah 6:3-5, Psalm 130:3, Galatians 2:16).
   - In addition to His holiness, God is also loving and merciful. He took on human flesh in the person of Jesus Christ so we could be reconnected to Him, both in this life and for all eternity (Psalm 36:7, John 3:16, Romans 5:8, Lamentations 3:22-23).
   - Jesus is both God and man. He came to earth and lived a perfect life, then voluntarily went to the cross and received the punishment we deserve for our sins. He was then raised back to life, signifying God's acceptance of His sacrifice on our behalf (John 1:1,14, Hebrews 4:15, Romans 6:5).
   - We are called to acknowledge our sin, admit we cannot do enough to deserve God's acceptance and look to Jesus as the one who has died and risen so we might be forgiven and made righteous (Romans 6:23, Psalm 32:5, Romans 10:9-10).

- Saving faith in Jesus Christ is not just intellectual agreement with the historical facts about Him. Rather, saving faith is trusting in Jesus Christ alone for our eternal salvation (James 2:19, Hebrews 4:2, Joel 2:32).
- Although our good works will never earn God's favor or acceptance, when true faith exists there will always be an accompanying desire to serve God, and good works will result (James 2:26, Matthew 3:8).

4. What similarities exist between physical disease and spiritual disease? Between physical health and spiritual health?

ORIGIN: Spiritual disease (sin) entered the world through the first humans (Genesis 3), and when they disobeyed God all of their descendants thereafter were conceived in sin (Psalm 51:5, Jeremiah 17:9). Disease entered the world because of the first sin. As a result, all people since Adam and Eve suffer from sin and sickness, both of which cannot be defeated through mere human efforts.

ONGOING BATTLE: Consider 1 Timothy 4:8: "For physical training is of some value, but godliness has value for all things, holding promise for both the present life and the life to come" (NIV). Giving into bad diet and other failures to keep ourselves in good shape will have bad results, both physically and spiritually. Conversely, healthy habits, both physical and spiritual, can help us counteract the negative effects of sickness and sin.

ULTIMATE RESULT: Even our best efforts to stay healthy and prolong our lives on earth will eventually fail. In a similar sense, we are unable to fully submit to God's standards of holiness. For both reasons, our ultimate need is for a Savior. Through faith in Jesus Christ, we can know God's forgiveness and acceptance in this life, and we can also look forward to new bodies that will not be susceptible to disease, as well as a soul that will be incapable of sin.

5. Discuss further what Dr. Larimore meant by "a Christian who happens to be a doctor" versus "a doctor who happens to be a Christian."

We who walk with Jesus find our identity in Christ, and this is to apply to every area of our lives. It is tempting to seek to derive identity from activities, attributes or assets connected with our lives—perhaps our medical capabilities, our intelligence, our appearance or our bank accounts—but the core of who we are in Christ comes to us by grace through faith (Ephesians 2:8-9). The more we embrace the love of Christ, the more we will exude the love of Christ in the care we provide (2 Corinthians 5:14).

6. Pastor Bill Peel states, "I believe that the most incredibly strategic place for the spread of the gospel worldwide is the medical workplace." Agree, disagree, comment?

There is much to support Bill Peel's contention. First, healthcare professionals are greatly respected around the world for the knowledge they have accumulated and their ability to help others. Secondly, life-threatening disease can humble even the most prideful human beings, and the Lord can use this humbling to display the need for a Savior. Thirdly, there are many

opportunities for us to pray with and for our patients, which can be a testimony to the Lord's goodness in our lives.

7. **Do you have any patients like Crystal in your practice—patients who seem to reject your attempts to show them the love of Christ? Why might they be oblivious to your efforts, and what could make them more permeable to God's love?**

   All kinds of things can harden a person against the Good News of Jesus Christ. Among the primary roadblocks are the belief that one can earn God's acceptance, along with the belief that everything seems to be going just fine without the Lord. Whatever pride or apathy might exist can be greatly disrupted by some sort of emergency beyond one's ability to control, such as a physical illness. Negative circumstances we would never pray for are the type of events God uses to open people to faith in Jesus Christ.

   As life becomes hard for a person (whether it's self-imposed or due to circumstances beyond one's control), this acute burden can result in humility, leading to a fresh willingness to consider how dependent we are on circumstances beyond our control. The hope of the cross is that God meets our weakness with the powerful love of Jesus Christ. Our efforts to communicate this love to others can be used by God to transform them into new creatures in Jesus Christ (2 Corinthians 5:17-21).

8. **What is your understanding of how God could "establish the work of (your) hands" in healthcare? Psalm 90:17)**

   This internal confirmation of the appropriateness of our labors before the Lord can arise from a belief that the Lord has equipped us with the necessary abilities required of our work, that He has enabled us to use those abilities for to benefit others and that we can honestly point to Him as the source of whatever success we might attain.

9. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. *The Case for Christ* by Lee Stroebel
2. *Mere Christianity* by C.S. Lewis
3. *A Faith Worth Sharing* by C. John Miller
4. *Telling a Better Story* by Joshua Chatraw
5. *Jesus, MD* by Dr. David Stevens
6. "Interview of a Patient" article from *Today's Christian Doctor*, Spring 2010
7. "The Saline Solution Opened My Eyes" article from *Today's Christian Doctor,* Summer 2008

FAITH PRESCRIPTIONS
Your Faith in Practice

Leader's Guide

Episode 2
The Case for Practicing Medicine Christianly – Part 1

Summary

Our identity in Christ is the foundation for our efforts to provide excellent care for our patients. Any attempt to artificially separate our faith from our professional lives will be detrimental to both our well-being and that of our patients. Our faith may make us a bit "different" from our colleagues, but this is a difference that God can use for His glory.

Speaker

Farr Curlin, MD, is the Trent Professor of Medical Humanities and Co-Director of the Theology, Medicine, and Culture Initiative (TMC) at Duke University. Dr. Curlin's ethics scholarship takes up moral questions that are raised by religion-associated differences in physicians' practices. He is an active palliative medicine physician and holds appointments in both the School of Medicine and the Divinity School, where he and colleagues offer Christian theological formation to those with vocations to healthcare.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **Dr. Curlin explains the change in terminology that has occurred in our society's reference to physicians as providers. How have you felt this distinction in your own practice? How do you react now that you've had the chance to think about it?**

   Our cultural shift towards consumerism has caused patients to view healthcare professionals as entities that exist to fulfill their every whim, rather than to help them on a path toward developing a healthy lifestyle. Another contributing factor is the unparalleled access patients have to medical information through the internet (both valid and dubious), which has lowered the public's view of the expertise healthcare professionals were once revered for having. A third factor is that those in our society who choose to deny God will then proceed logically from this incorrect assumption to conclude there is no absolute morality, which reduces the

issue of ethics to mere personal preference. As a result of these and other factors, many see healthcare professionals more as vending machines rather than as healthcare professionals.

One negative impact this change is having on our profession is the growing effort to "require" healthcare professionals to give patients what they want, even if it violates the healthcare professional's conscience regarding what is best for them. CMDA is working hard to protect our right of conscience in fulfilling our responsibilities to God and to our patients. We in healthcare would be wise to change our terminology to better reflect God's calling to serve our patients with professional judgment and integrity.

3. **If a Christian healthcare professional strives to separate their faith from their practice, how could this affect their:**

    a. **quality of care?**
    b. **tendency toward burnout?**
    c. **calling into healthcare?**

First, hopefully some will take exception to the wording of this question, because one cannot truly separate one's faith from their life, and it would be good if this impossibility is recognized.

This discussion should really revolve around how destructive it can be for an individual to try to live up to the societal pressure to separate their faith from practice, rather than to live an integrated life in which their vocation is seen as a working out of their faith in practice.

a. Quality of care: The most basic calling of the Christian who finds themself in healthcare is to do good work, laboring wholeheartedly as unto the Lord rather than unto men (Colossians 3:23). By doing so, we will adorn the gospel and earn the respect of our patients and our peers.
b. Tendency toward burnout: That said, we must not live as though we were made for only work. We must reserve time for spiritual growth, Christian community and perhaps, if we are called, marriage, parenting and ministry opportunities.
c. Calling into healthcare: For many of us, our Christian faith played a tremendous role in us choosing to go into healthcare. We must learn to lean into that calling rather than diminish its importance in our lives.

This verse acknowledges the temptation to be more influenced by the worldly forces around us than by the God within us (John 14:16-17, Galatians 4:6). The combination of God's Word and God's Spirit are given to us so that we can "…take every thought captive to obey Christ" (2 Corinthians 10:5, ESV). The call of Christ on our lives it to be central, and it is to govern all other callings and influences.

4. **Consider Romans 12:2. How might we apply this verse to the perceived "secular-sacred" dichotomy?**

Paul's exhortation to not be conformed to this world, but to instead be transformed, illustrates the fact that there is a spiritual calling to deny the influence of worldliness in every undertaking. Any effort to deny the spiritual element of our lives in any endeavor will, by default, result in a tendency toward conformity with the ungodly influences of the world. There is no spiritually neutral state in which we can operate, personally or professionally, so even our pursuits that some would describe as "secular" are to be undertaken in accordance with God's Word and by the power of the Holy Spirit. See also 1 John 4:4 and Romans 14:23.

5. **Dr. Curlin states, "Medicine is a human practice, and as a human practice is subject to distortion and corruption." What could be preventing us from realizing this?**
Those who possess a high level of knowledge are sometimes given an inflated level of respect, which can make their moral shortcomings less obvious. This dangerous tendency is referenced in 1 Corinthians 1:20-3, and it helps us to understand why scientific "advances" can be fraught with blatant immorality. We in science must be on guard with appropriate skepticism, asking not only, "Can we?" but first asking, "Should we?"

6. **How have you seen imperfections of humanity show up in your practice in a push to embrace progress?**

   As believers, we must develop discernment as we strive to navigate life as citizens of a different kingdom. Participants might raise several examples. At the time of writing for this leadership guide, the most prominent example in our day is the rapid cultural shift toward embracing complete affirmation for gender reassignment interventions as the only treatment for gender dysphoria. We must learn how to communicate our concerns about this issue, and others, with sincerity and compassion to avoid being labeled bigoted, hate filled or naïve.

7. **Dr. Curlin states, "I've talked to many Christians around the country in the past two decades in healthcare and heard them say things like, "You know, they would never allow one to do this," or "You can't do that," or "You can't say this," or "This is not allowed." And when I ask them, "Really? How do you know that?" It's few of them who have actually tried to do the things they "know" they cannot do."**

   Have you ever been reprimanded by an authority for spiritual interventions with patients? If so, what was your response?

   As with many sources of fear, anticipation can quite often be far worse than the actuality of the situation. When appropriate principles of spiritual interventions are followed—showing sensitivity and respect and asking permission from the patient—it should be a very rare occurrence when trouble results. Much more will be said about this topic in future episodes.

8. **How can we be discerning when new information or technology is introduced?**

   Our ability to evaluate the morality of rapidly changing medical technology and treatment modalities will be directly tied to our grip on the timeless wisdom provided for us in the eternal Word of God. 2 Timothy 3:17 states that the Scriptures equip us "…for every good

work" (ESV). Not all medical ethical questions are simple, but apart from the timeless wisdom of the Scriptures, we will be tossed to and fro by the constant winds of change. Isaiah 40:8 sums it up: "The grass withers, the flower fades, but the word of our God will stand forever" (ESV).

9. **Consider 1 Peter 3:15. Can you recall a time when someone saw your life and asked you for a reason for the hope that you have? What sort of actions would it take to provoke that response?**

   The call of God on our lives will always—in every society in every era—serve to create a difference between Christ-followers and those who are walking their own path. We do not have to be perfect to communicate the love of Christ through how we live our lives. As we seek to honor the Lord through our profession, others will notice the difference Christ makes—not just regarding what we do, but why we do it—and at times they will give us an opportunity to testify to the difference Jesus makes in our lives. In Acts 17:6, the early Christians were accused of turning the world upside down. May we, by God's grace, strive to do the same!

10. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. Curlin FA, Hall DE. Strangers or friends? A proposal for a new spirituality-in-medicine ethic. *J Gen Intern Med*. 2005;20(4):370-374
2. Curlin FA, Tollefsen C. Conscience and the way of medicine. *Perspect Biol Med*. 2019;62(3):560-575
3. Curlin FA, Tollefsen C. *The Way of Medicine. Ethics and the Healing Profession*. Notre Dame University Press (forthcoming 2021)

FAITH PRESCRIPTIONS
Your Faith in Practice

Leader's Guide

Episode 3
Keeping It Natural

Summary

Interactions with our patients will be richer and deeper if we let our lights shine through our practices. It is not just for the benefit of our patients; it also frees us up when we realize the gospel equips us to share God's grace with others.

Speaker

Patti Francis, MD, joined CMDA as a first-year medical student and has stayed involved ever since! She is in private practice in pediatrics in the San Francisco Bay Area since 1985. She has been married to Ron for more than 40 years and has two adult daughters. She loves the outdoors and working with women physicians in CMDA. Dr. Francis may be contacted at gohikingwithpatti@comcast.net.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **What does it mean from John 15:5 to "abide in Christ?" Is "abiding in Christ" necessary in order to communicate the gospel? Why or why not?**

   The one who abides in Christ would be one who looks to Jesus as their Savior and who seeks to honor Him with their life. While we cannot know with absolute certainty who does and does not belong to Christ (Matthew 25:31-46), it does appear that God can use anyone to communicate His love, regardless of their spiritual state (see Philippians 1:15-18). Nonetheless, our active faithfulness to Christ is a magnet that can attract the attention of those whom we hope to reach with the gospel. It is possible to be so results-oriented that Christ gets lost in the process. We will always be tempted to be more geared toward producing results than abiding in Christ, and this is a temptation to recognize and resist. The

fact of the matter, however, is that in actuality our efforts resulting from the overflow of abiding with Christ will also be likely to produce the best results!

3. **When might be a good time for a faith flag? For a faith story? For a faith prescription?**

   Faith Flag: There is no bad time for a faith flag. It is merely a short conversational reference to the fact that God, faith or the Bible are important to you. When one employs faith flags as a normal part of conversation, it accomplishes at least two purposes: it lets the other person know that faith is a part of who we are, and it reminds us as we speak that there is a spiritual component to everything we do in life.

   Faith Story: These are especially timely when a patient (or anyone else) references a particular problem they are facing, and it enables us to speak of how God or His Word could minister to them in their situation. For example, if a patient is grinding their teeth, it could be mentioned that this harmful habit is often associated with stress, followed by an appropriate Bible passage that deals with stress (Philippians 4:6-7, Matthew 6:25-27, etc.).

   Faith Prescription: This assignment of some sort of "homework" is most appropriate when the patient has a specific need (large or small) and at least some level of spiritual interest. In other words, faith prescriptions can be for almost anyone. Examples include the memorization of a verse or passage in the Scriptures, reading a particular book, volunteering with a local ministry, etc. They can be particularly effective when they are actually written on a prescription pad, which emphasizes their intended therapeutic benefit.

4. **Regarding Matthew 10:14, why do you believe Jesus communicated this wisdom to His followers? How does it speak to us as we seek to share the love of Christ with our patients?**

   Opposition to the gospel is not a recent happening. Jesus knew full well that many would reject His message. He wanted His followers to realize that opposition is not necessarily a sign that the messenger is out of line. This awareness will give us realistic expectations regarding our spiritual interventions with patients. We apply this wisdom with our patients by seeking to be sensitive to when we should move on, giving the Holy Spirit time to make our patient or colleague more sensitive to the beauty of the gospel. Perhaps if we are willing at times to "shake the dust off our feet," the next Christian they encounter might be able to influence them toward Christ.

5. **Do you ever pray with your staff? Why or why not?**

   Some are more able than others to engage in prayer with colleagues at work, depending upon one's practice environment and the relative composition of one's fellow healthcare workers. However, prayer with others at work is almost always possible—either on a regular schedule or sporadically as needs arise—and calling upon the Lord in a non-private way is a vivid illustration of who we look to as the ultimate Healer.

6. **Dr. Bobbie Sperry gave us some examples of non-verbal faith flags. Are these a part of your spiritual interventions? How could they be?**

   Examples could include a Bible in the waiting or treatment room, a verse or passage on the wall, a mission trip journal along with magazines for patients to read, Christian music, etc. Some might fear being offensive, and while there is certainly a level of Christian liberty in this area, one would hope we are more concerned with pleasing God than with pleasing man (Matthew 10:32-33).

7. **Dr. Karl Benzio states, "You have this incredible natural opportunity to ask them questions that nobody else can ask them." Is this an instrument in your spiritual toolbox?**

   Many can testify to how the Lord uses overwhelming circumstances, including battles with disease, to communicate our need for a Savior. The questions we ask patients can serve a dual purpose to help us better address their physical needs and to gain insight regarding how to point them to Christ. This is certainly true for both Christian and non-Christian patients.

8. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. *Experiencing God* by Henry Blackabee
2. *Practicing the Presence of God* by Brother Lawrence
3. *Winning the War in Your Mind: Change Your Thinking, Change Your Life by* Craig Groeschel

FAITH PRESCRIPTIONS
Your Faith in Practice

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Episode 4
Taking A Spiritual History

Summary

The rationale for including a spiritual history as part of the health history is explained and illustrated. The questions we ask can help us discern how to best care for our patients, while also communicating to them that we care about more than just their physical health.

Speaker

Dr. Andrew Wai is a combined internal medicine and pediatrics (Med-Peds) physician at Loma Linda University (LLU) in Southern California. He has been involved with CMDA since his first year of medical school and continues to host the LLU student group at his home. He is passionate about raising up the next generation of Christian healthcare professionals. For further information or to contact Dr. Andrew Wai, please email him at andrew.w.wai@gmail.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **Have you ever taken a spiritual history? Why or why not?**

   The hope is that at least some in the group have included spiritual questions in their health history intake and could testify to their appropriateness and their benefit to the overall care of the patient.

3. **Jesus is recorded as having asked hundreds of questions during his three years of ministry. What can questions accomplish more effectively than statements?**

Jesus employed questions in His discourse with people because He knew this was the most effective method for drawing information out of a person, perhaps even from depths they had not yet considered. Questions can also cause a person to rethink their perspective on issues, as they discover inconsistencies. A person's response is affected both in how they interpret the question and what they want to share. Our patients may come to us only interested in talking about their cholesterol, Pap smear result or dental pain, but internally they may be dealing with a heart issue that can be provoked by the right question. It lets them know you care about their answer and therefore their heart issues, not just the objective matter at hand. We need to be prepared to spend time processing and responding to their answers as we manage our practices and daily schedules.

4. **Dr. Wai states, "A spiritual history can help you make a spiritual diagnosis." How might this spiritual diagnosis affect your future spiritual interactions with the patient and also the treatment you might provide?**

   If the healthcare professional concludes the patient is a Christian, or they have an interest in spiritual things, there would likely be more openness to spiritual interventions. If they are antagonistic toward God, this could indicate a need to initially communicate the love of Christ by example, looking for an eventual opportunity to give credit to whom it is ultimately due.

   Further, as we discussed in previous episodes, spiritual health is part of our wholistic health. Many disorders that we experience have an underlying basis in our faith. Learning to participate in spiritual practices like gratitude, communal living, prayer and serving others can have beneficial effects on our quality of life. Psychology teaches us that developing any habit helps us further develop other habits. For example, if a patient can grow in spiritual habits like prayer and Bible study, that can help them develop better habits related to taking medication or eating healthy. Simply knowing more about a patient's worldview can help you relate to them across a number of life events. It will help you know how to relate to them if and when they face difficult times when their health is disrupted.

5. **What are some of the questions that could be most helpful to ask as part of a spiritual history?**

   - What keeps you going through difficult times?
   - Who is your source of strength?
   - May I ask about your faith background?
   - Do you have a spiritual or faith preference?
   - Is spirituality something that has been important to you now or in the past?
   - Are you part of a faith community?
   - How do you integrate with your faith community?
   - What can I do to help integrate your spirituality into your medical care?
   - Is there anything else I can do to encourage your faith?
   - What spiritual supports to you have in place right now?
   - May I pray for you?

6. **Which of the following questions Jesus asked are possible questions you might ask your patients?**

    - "Do you want to be healed?" (John 5:6b, ESV).

      Some patients are so resistant to our recommendations (regarding smoking, alcohol, periodontal disease, sexually transmitted diseases, rampant decay, weight loss, etc.) that we may have doubt regarding whether they really want to improve their situation. In such cases, this may be a helpful question for them to consider. Obviously, we cannot provide healing in the same way Jesus did, but this may help to jar some non-compliant people into understanding their condition.

    - "What do you want me to do for you?" (Mark 10:51a, NIV).

      We may see a patient with multiple needs and with some flexibility regarding which of those needs should be met first. Or, because of finances, a patient may not be able to afford all the treatment they need. In these situations, this could be an appropriate question. In asking it we are not necessarily agreeing to do whatever they ask, but we will at least gain the knowledge of their priorities.

    - "Can any one of you by worrying add a single hour to your life?" (Matthew 6:27, NIV).

      This is obviously a rhetorical question which does not expect an answer. However, in order for the question to not come across as condescending, one can cite its author (Jesus), giving Him the credit as the source of this obvious but often-ignored truth.

7. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. Curlin FA, Chin MH, Sellergren SA, et al. The association of physicians' religious characteristics with their attitudes and self-reported behaviors regarding religion and spirituality in the clinical encounter. Med Care. 2006;44:446–53.
2. Koenig, H.G., Perno, K. & Hamilton, T. The spiritual history in outpatient practice: attitudes and practices of health professionals in the Adventist Health System. BMC Med Educ 17, 102 (2017). https://doi.org/10.1186/s12909-017-0938-8
3. Koenig HG. Religion, spirituality, and health: the research and clinical implications. ISRN Psychiatry. 2012;2012:278730. Published 2012 Dec 16. doi:10.5402/2012/278730.
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FAITH PRESCRIPTIONS
Your Faith in Practice

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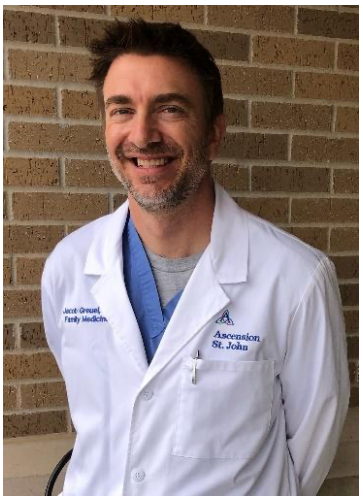
Episode 5
Spiritual Interventions

Summary

Medical evangelism is a natural overflow of who we are in Christ. We communicate to our patients the Good News with respect, sensitivity and permission, metering the dose based on where they are in their spiritual journey, thereby seeking to bring them one step closer to Jesus.

Speaker



Dr. Jacob Greuel was raised in church, but as a young adult faltered until he had an encounter with God during medical school that dramatically altered the course of his life. While in family medicine residency, a faculty member led him and others through CMDA's *The Saline Solution*. Subsequently, sharing the love of Christ became paramount in his Alabama private practice. Then he and his wife realized a call beyond that practice and short-term missions to "multiply medical ministry." To that end, he completed a fellowship in obstetrics and currently serves on the faculty at In His Image Family Medicine Residency Program in Tulsa, Oklahoma. Dr. Greuel is passionate about training others to magnify the Lord, especially through the practice of medicine. He also enjoys being active in the outdoors and spending time with his wife and their four sons. Dr. Greuel can be contacted at greueljv@yahoo.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **John 1:14 says Jesus was "…full of grace and truth" (ESV), and Dr. Greuel calls us to exude these same two attributes in sharing the gospel. If our proclamation of the Good News is lacking in grace, how is it likely to be received? How about if it is lacking in truth?**

Truth Without Grace: Oftentimes, when someone thinks they are speaking truth, without grace, they are in fact communicating legalistic expectations in a harsh manner. There is a certain undeniable offensiveness inherent in the gospel (1 Corinthians 1:18, 1 Peter 2:8), and it is the concurrent communication of God's gracious love that the Holy Spirit uses to overcome this offense. See also 1 Corinthians 8:1.

Grace Without Truth: On the flip side, some genuine attempts to be gracious at the expense of truth are in fact harmful because they do not motivate a person to move from their current reality into the deeper reality offered in the gospel. See 2 Timothy 4:3.

Grace AND Truth: The correct combination, as Jesus perfectly illustrates, is grace AND truth. Also consider Colossians 4:6, "Let your speech always be gracious, seasoned with salt, so that you may know how you ought to answer each person" (ESV).

3. **In the agrarian model of evangelism, which of the following seems most natural for you: cultivating, sowing, harvesting or multiplying? Which do you find the most challenging?**

   Of course, there is no "right" answer here, but the hope is the discussion will cause people to realize we should look forward to participating in each of these roles, and also realize there will be other Christians supplementing our efforts and moving our patients toward Christ. In summary, we should be willing to be involved in each stage, but it is unlikely we will have to take a person through all of these stages by ourselves.

4. **Why are respect, sensitivity and permission so important when talking with patients regarding spiritual things?**

   There are several reasons why these three elements are important. First, our patients are all image-bearers of God, and, as such, we are to obey Jesus' admonition to treat them as we would want to be treated. Secondly, any attempt to steamroll someone with the gospel is likely to make them less open and more hostile toward the message. Thirdly, our over-zealous efforts to "convert" someone are a denial of the fact that only God can open a person's heart. Fourth, if we show respect and sensitivity to a patient and they deny us permission to address spiritual issues, the Lord can use such an incident to soften the patient's heart toward future efforts by other Christians.

5. **Dr. Katie Musser speaks of her treatment of a denture patient and how it took a year for the patient to express an interest in the Bible. What are some factors in how we treat our patients that could eventually contribute to their eventual desire to know more about what the Bible says?**

   If our treatment is excellent and compassionate, and if we have empathy for our patient's situation, and if we are raising faith flags that communicate the importance of the Bible to us, these factors can lead the patient to want to know the reason for the hope that is in us (1 Peter 3:15).

6. **Dr. Greuel stated in closing. "Medical evangelism is a natural overflow of who we are in Christ." He also describes the idea of partnering with God in what He is doing in a person. As you think about these ideas, in light of the material we've seen so far in this series, do you feel like you are coming from a place where your actions could be described this way?**

   By now, five sessions into the material, individuals in your group may be motivated to start changing the way they communicate with people in their practices. Take time to reiterate that evangelism should be a natural overflow of a person's relationship with Christ and never an obligation expected from a person who is not being transformed by their walk with Christ already. This does not mean we have to be some sort of spiritual superheroes, but it may require acknowledging our weakness and dependency on Christ in our daily lives.

   Leaders may want to consider reading 2 Corinthians 12:9, "…My grace is sufficient for you, for my power is made perfect in weakness. Therefore, I will boast all the more gladly of my weaknesses, so that the power of Christ may rest upon me" (ESV).

7. **Think of someone in your life you would like to see come to Christ. Using the ideas covered in this segment, how could you specifically help them take one step closer to Christ?**

   This could be a patient or colleague, but it does not have to be. Almost everything in this episode can be applied to all of our evangelistic efforts, and it's all theoretical until we seek to apply what we have learned to specific people. Perhaps the meeting can be ended with prayer for some of those who come to mind in response to this question.

8. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. *Your Best Life in Jesus' Easy Yoke* by Bill Gaultiere, PhD
2. *The Saving Life of Christ* by Major W. Ian Thomas
3. *Don't Waste Your Life* by John Piper
4. *I Once Was Lost* by Don Everts and Doug Schaupp

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Episode 6
Staying On Schedule

Summary

Time waits for no man or woman—even healthcare professionals—and staying on schedule is one of the biggest challenges healthcare professionals face. Our desire to honor the Lord through spiritual interventions with our patients requires both efficiency and sensitivity to the Holy Spirit. Faith encounters with our patients need not be lengthy, and when extended spiritual opportunities present themselves, there are practical ways for us to work out the details.

Speaker

Dr Selina Lin is a private practice physician in Katy, Texas (suburb of Houston). She is on the CMDA Houston Council. She is a board member of the mission sending agency Interserve. She has been a member of CMDA since medical school. She plays the violin and enjoys meeting and discipling medical and pre-med students. For more information or to contact Dr. Selina Lin, email her at selina.lin77@gmail.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **Early in the video, Dr. Lin said that if she is focused on controlling the schedule, the schedule controls her. Do you feel controlled and constrained by your schedule on a daily basis?**

   This may be a good time to address what a lot of participants have been thinking throughout other videos, but perhaps they haven't been saying out loud. For many healthcare professionals, they feel the pressure to see patients and stay on schedule, but perhaps we need

to learn to be more spontaneously prayerful and sensitive to what God might want to be doing in our day.

3. **See Psalm 39:4-5. How could this passage relate to how you view your daily patient schedule?**

   The relatively short, temporal nature of our days on earth can open us up to the importance of contemplating God's eternal work in the hearts of our patients. While we cannot ignore the importance of respecting the demands of our schedule, we are to be on guard against becoming a slave to its authority.

4. **Have you experienced times when you felt prompted by the Spirit to minister to your patients? What does ministry look like in your context?**

   Hopefully, participants will have examples, like some of Dr. Lin's experiences when they felt prompted to minister to patients. This brings up an interesting point that hasn't been clearly addressed directly in this study up to this point. We've touched on it, but ministering to patients can take several forms:

5. **What are some regular, ongoing elements of good patient care that do not require additional time, but can set the stage for spiritual interventions with your patients?**

   - Practice good healthcare.
   - Have a warm, compassionate bedside manner.
   - Refrain from any form of arrogance, obscenity, neglect or disrespect.
   - Be in proximity to the poor, the frail, the sick out of a heartfelt awareness that Jesus would choose to be in proximity to the same kinds of people.
   - Provide non-verbal evidence of faith, send up faith flags and offer faith stories at appropriate times.

6. **What are some examples of unplanned, further steps of ministry that may require time beyond one's normal schedule?**

   - Ask thoughtful questions, particularly addressing "gateway" topics like anxiety, depression, unhealthy immoral choices, mortality, parenting, changes in stage of life, promotions, healings or turbulent times in society.
   - Offer to pray for a patient.
   - Invite a patient to church or a ministry event in your community.
   - Share your testimony with a patient.
   - Share the gospel with a patient giving a defense for the hope that you have (i.e. 1 Peter 3:15: what comes first?).
   - Ministering to people is not about "getting to the sale," but relating to them in a loving way that seeks their deepest good.

7. **When circumstances create the potential for an extended spiritual conversation with a patient, what factors should be considered before determining how to proceed?**

- Am I the best person to respond to this situation?
- Do I have the time to deal with it appropriately?
- Should I consider rescheduling the patient, or talk with them now?

The group may come up with other answers, as well.

8. **Dr. Krystal Mattox speaks of having a Spiritual Care Referral Network. Do you have others, either inside or outside of your practice setting, to whom you can refer patients for spiritual care? If so, to whom can you refer patients for their spiritual needs? Whom might you want to add?**

   Possibilities include local pastors, counseling ministries, other team members, patients who have been through similar situations, etc. Those within the practice environment are most readily accessible, but sometimes a patient is best served by someone outside the office, to whom a referral can be made.

9. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. *Tyranny of the Urgent by* Charles Hummel
2. *Margin by* Richard Swenson

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Episode 7
Praying With and For Our Patients

Summary

If we believe in the power of prayer, and if we pray regularly, there are excellent reasons to continue this wonderful habit into our patient interactions. The Lord can work through prayer in healthcare to bless both the patient and the caregiver. Various aspects of praying with and for patients are considered including why, when, how to and how to document, along with some delightful examples.

Speaker

Mike Chupp, MD, FACS, is a board certified general surgeon and a Fellow of the American College of Surgeons who spent most of his clinical career as a missionary general and orthopedic surgeon at Tenwek Hospital in Southwest Kenya. He also enjoyed nearly seven years of private practice as a surgeon partner of Southwestern Medical Clinic, a large Christian multispecialty practice in Berrien County, Michigan. In 2016, Mike joined the executive leadership team of CMDA as the Executive Vice President, joining then CEO Dr. David Stevens. The CMDA Board of Trustees appointed Dr. Chupp to be Dr. Stevens' successor and CEO of CMDA in late 2018, a position he has held since September 2019.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **Are you currently praying with or for your patients? If so, under what circumstances does this usually happen?**

Some have regular times when they offer to pray for their patients, such as at their first appointment, before surgery, after washing one's hands in preparation for treatment (Dr. Chupp's example), etc. In addition, episodic opportunities also arise, such as being related to a hard diagnosis, an upcoming medical test or perhaps a crisis not related to medical care. Hopefully, participants will offer personal examples from their patient interactions.

3. **What are some of the ways God works through our prayers for our patients?**

   Dr. Chupp's four items:

   - Prayer demonstrates that we care.
   - Prayer humbles us.
   - Prayer can relieve anxiety (the patient's AND the doctor's).
   - Praying with patients paves the way for future spiritual interactions.

4. **How can clinicians appropriately pray with patients without offending them or violating ethical standards?**

   - P — Prepare your heart for the opportunities
   - R — Respectfully
   - A — Ask prior to praying for someone
   - Y— Yield to the wishes of the patient

   We need to respectfully ask the patient if they would be agreeable to us praying for them, and then yield to their response. Of course, they cannot stop us from praying for them, but we would just refrain from doing so out loud.

5. **What are potential responses from patients or family members when you respectfully offer to pray?**

   The hope with this discussion would be that if we respect our patients, their response to our offer to pray is far more likely to be positive than negative. Also, even if it is negative, this can be a "pebble in their shoe" to cause them to reconsider their rejection of our spiritual intervention.

6. **Dr. Sherry-Ann Brown states, "Anything that happens in a visit ought to be documented. So, I might write, 'Prayer is important to this patient, prayer was offered and received and seemed to bring her comfort.'" Do you document prayer in a patient's chart? Why or why not?**

   Healthcare professionals might be afraid of recording their opportunities to pray with patients, perhaps due to fear that spiritual interventions would be seen as unnecessary or offensive. However, if we offer prayer with sensitivity and respect, asking permission, then the burden of proof is on the one who denies the appropriateness of action. Many studies have confirmed the therapeutic benefit of spiritual interventions, and we have both God and empirical evidence on our side when we pray with and for patients (see item #3 below under

Additional Resources). Documenting this action in the chart is a step toward making our notes more complete, and it just might influence other healthcare professionals to go and do likewise.

7. **What steps could you take to make prayer for your patients a more regular occurrence?**

   Schedule times to pray for them, perhaps at the beginning of the day (as does Dr. Tim Allen in Milwaukee, Wisconsin), or perhaps at the end of the day on the way home from work. Also, perhaps enlist another healthcare professional in your office to be available to pray with patients, especially when time is tight.

8. **Dr. Malieka Johnson speaks of how the Lord can relieve anxiety through prayer (Philippians 4:6-7). What are some reasons why prayer can be so effective in relieving anxiety?**

   Prayer reminds us that the ultimate outcomes are in the hands of the Lord, and it relieves us of the false pressure to control all outcomes. Prayer can also enable patients to recognize the hand of the Lord in their lives, controlling all circumstances for the good of His people. In addition, the Lord can work supernaturally through prayer in ways beyond our ability to fully understand.

9. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. Curlin, FA, Sellergren, SA, Lantos, JD, et al. Physicians' Observations and Interpretations of the Influence of Religion and Spirituality on Health. Archives of Internal Medicine. 2007(Apr);167(7):649-654.
2. Berlinger, N. Quoted in: O'Reilly, KB. When a patient visit includes a request for prayer. AMA News, June 11, 2012.
3. Koenig, HG. Religion, Spirituality, and Health: The Research and Clinical Implications. ISRN Psychiatry. 2012, Article ID 278730.

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Episode 8
Sharing The Good News

Summary

Jesus calls us to confess him before men in Matthew 10:32, and at times this can be an intimidating responsibility. What is the basis for our apprehensions, and how can the power of the gospel transform both us and our patients? This session demonstrates how our fears can give way to a greater recognition of God's grace in our lives, turning this responsibility into a privilege.

Speaker

Dr. Cathie Scarbrough is a faculty physician with the Gadsden Regional Medical Center Family Medicine Residency Program in Gadsden, Alabama. Her interests include women's health, whole-person medicine and global health. She has been a member of CMDA since medical school and enjoys teaching family medicine overseas. In her spare time, she likes gardening, baking and hanging out with her French bulldog, Stella. For further information or to contact Dr. Cathie Scarbrough, please email her at cpscarbrough@gmail.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **What are some of your own reservations about sharing the gospel with patients? Are you personally comfortable with sharing? Why or why not?**

   Hopefully at least two truths will come across in this discussion. First, God made each of us with different strengths and weaknesses. It is expected that some will be fonder of evangelistic opportunities than others. God has different purposes for each of us (1 Corinthians 12:12-20). But secondly, if we belong to Christ, there should be a natural desire

to see others share in the blessings of the gospel, accompanied by a desire to play some sort of role to help bring this about (1 Peter 3:15, Matthew 10:32-33).

3. **Read Luke 9:2. What was the dual mission Jesus sent His disciples to do? How does this concept apply to our practices today?**

   Jesus sent out His disciples to proclaim the kingdom of God and to heal. This dual command shows the strong connection between physical and spiritual health. Although God gave these followers special powers to heal, He has also given us special powers to heal. If we recognize how our healing abilities are from the Lord, then we will seek to point to Him in our efforts.

4. **Dr. Scarbrough stated, "Fear is not dispelled, it doesn't go away, by having a storehouse of answers…fear is dispelled by having a right attitude toward the Lord." Why does our knowledge of apologetics (a defense of the faith) not dispel fear? If this is true, then why study apologetics?**

   Studying the Christian faith is sort of like the development of science—the more we know, the more we realize we do not know. We can twist ourselves in knots contemplating all of those obscure questions that non-Christian "could" ask but almost never do. Our biggest initial challenge in sharing the gospel is not being able to answer every conceivable question, but it is, as Dr. Scarbrough states, "opening our mouth."

   The fact that we will never know it all, the fact that we will not be able to put all of the pieces together on this earth, is not justification to continue in unnecessary ignorance. There are indeed times when a non-Christian could have an intellectual roadblock to faith, and our ability to provide an alternative perspective might, humanly speaking, open up the person to the possibility that the gospel just might be true. But perhaps the biggest advantage of studying apologetics is that the more we study Christianity—its foundations and its implications—the more confident we can become that Jesus really is who He claimed to be, "…the way and the truth and the life" (John 14:6a, NIV). As our confidence grows, our desire to share God's love will grow along with it.

5. **What are some of the components of "a right attitude toward the Lord" that can help to dispel our fear?**

   A right attitude toward the Lord creates a "confident humility"—confident in the fact that God has gifted us and equipped us to be His ambassadors (2 Corinthians 5:20) and that He is constantly calling people to faith (John 4:35-38), yet in humility realizing only God can change the human heart, raising the dead to new life (Ephesians 2:1-5). It can also be said that the communication of the gospel is most natural when it represents an overflow of God's work in our lives; so the more our eyes are open to His grace, the more natural our spiritual interventions will be.

6. **Why is it important to bring Scripture into our presentations?**

   We know the Bible is not just a reference book on the Christian faith, it is actually God's Word (2 Timothy 3:16-17, Isaiah 40:8, etc.). It is alive and active, able to judge the thoughts

and intentions of the heart (Hebrews 4:12). Furthermore, although personal experience has its place in sharing the love of Christ with others, the truth of the Scriptures represents a "third party," which can convict others in a powerful, transcendent way.

7. **Dentist/physician Dr. Linda Huong shares how a dental office manager came to Christ through her willingness to share personal protective equipment (PPE) with their office during the COVID-19 pandemic. Were any of you pointed to Jesus by the unexpected kindness and generosity of those motivated by His love?**

   It seems that almost every Christian can point to others in their lives—friends, family members or even total strangers—whose walk with Christ demonstrated a kindness that strongly affected them. In fact, the kindness of those belonging to Christ probably contributes more to the growth of God's kingdom than our ability to answer all of those obscure questions we think we need to master. Jesus summed it up perfectly in John 13:35: "By this everyone will know that you are my disciples, if you love one another" (NIV). Hopefully group members will be inspired by the love they have been shown to go and do likewise.

8. **As a student, you just returned to the call room and report that your patient was agreeable and happy to accept prayer prior to their surgery planned later today. Your upper-level resident looks at you and says, "Why did you do that? We have chaplains that come around for that kind of stuff." How would you respond?**

   One would hope that the discussion will totally obliterate the mentality that praying is for "professionals." Secondly, hopefully it will be recognized that this is not primarily a roadblock, it is an opportunity to begin sharing the love of Christ with the upper-level resident, perhaps with a response such as, "What better way is there to let her know that I really care for her and want her to do well?"

9. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. Lennox, J. C. (2018). Have No Fear. Leyland: 10Publishing.
2. Stevens, MD, David (Host). (2014, October). Witnessing in Practice, an interview with Randall P. Owen, MD, MS, FACS [Audio podcast]. Retrieved from https://cmda.org/christian-doctors-digest-october-2014/.
3. Rudd, G. (2017). Potential Reactions. Grace Prescriptions, pp. 99-100.
4. Williams, P. (2016). Intentional: Evangelism That Takes People to Jesus. Leyland: 10Publishing.
5. Tice, R. (2015). Honest Evangelism: How to Talk About Jesus Even When it is Tough. Croydon: The Good Book Company.
6. Prime, D. (2011). This Way to Life: Discovering Life to the Full. Leyland: 10Publishing.
7. Hummel, C. (1994). Tyranny of the Urgent. Downers Grove: InterVarsity Press.

FAITH PRESCRIPTIONS
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Episode 9
Will Our Patients Listen?

Summary

Our ability to care for our patients, both physically and spiritually, will greatly depend upon our ability to truly empathize with their difficulties and struggles. Every person is made in the image of God, and we have opportunities to communicate this truth to our patients in a powerful way. If they recognize our care for their physical condition, they will be more likely to consider what we say regarding what only the Great Physician can do for them.

Speaker

Dr. Francis Nuthalapaty is a maternal-fetal medicine physician and Obstetrics and Gynecology Residency Program Director at the Northeast Georgia Medical Center in Gainesville, Georgia. He became a committed Christ follower during his fellowship and is sensitive to the power of the gospel in training environments. He and his wife Elizabeth have three children. For further information or to contact Dr. Nuthalapaty, email him at fsn@nuthalapaty.net.

Discussion Questions

1. **What from this video inspired, edified, or challenged you?**

2. **Dr. Nuthalapaty's experience growing up, despite being in a Christian home, left him confused that the way to be right with God was through right performance. Are there any lingering conceptions of faith and practice that remain from your upbringing that affect your view of the gospel today? Do you have examples of how you have moved past incomplete views in the past?**

Some participants may, like Francis in his fellowship, just now be coming to a realization that they have carried an insufficient view of God and the gospel that needs to be revitalized. Perhaps all this talk about sharing the gospel with others has prompted participants to understand the gospel more fully. Take some time to talk with your group about how their understanding of the gospel has grown, so you can all have a better understanding of where people may be coming from.

3. **How did Dr. Nuthalapaty's recognition of mankind being "fearfully and wonderfully made" influence how he communicated physical imperfections to his patients?**

   Recognizing the hand of God in a person's life enables us to recognize that an "abnormality" is not an accident, not a random cruel event. Rather, it illustrates the fact that God makes everyone different, with different strengths and weaknesses, and our calling is to seek His purposes in whatever He sovereignly sends our way.

4. **Has there been a situation in your own life that devastated you, as occurred in the lives of Dr. and Mrs. Nuthalapaty, but now enables you to better empathize with your patients and minister to them? (See Romans 8:18-25, Romans 12:15 and 2 Corinthians 1:3-5.)**

   One of God's purposes in calling and enabling us to live through hard circumstances is so we can minister to others with similar challenges. Whatever difficulties we have encountered can be used for God's glory, if we look for His grace toward us and are willing to communicate that grace to others.

5. **See 2 Corinthians 12:7-10. What does this verse tell us about how God will use our sufferings, weaknesses and imperfections? Why are healthcare professionals hesitant to be vulnerable with patients?**

   Paul's "thorn in the flesh" was an instrument in his life to keep him humble. Rather than discouraging him, the eventual result was that it more clearly showed him God's power through his weakness. Perhaps healthcare professionals are hesitant to express vulnerability with their patients because they want their patients to have confidence in them and in the care they provide, and this is not necessarily bad. However, in whom do we want our patients to ultimately trust? If we subtly communicate to our patients that we don't need God, then why should they listen to us when we seek to point them to Him? It's like the parent who takes their child to church but doesn't go with them.

6. **Dental assistant Harriette Forry illustrates in her video clip the "team" approach to spiritual care for patients, that the love shown by one team member could open the door for a different team member to point patients to Christ. Do you have Christian teammates at your workplace? How can you support each other in communicating the love of Christ to your patients? (See John 17:20-21.)**

   It is a tremendous blessing to have fellow healthcare workers who look to Christ to work alongside you in the proclamation of the gospel, for multiple reasons. First, we are

encouraged and inspired by each other's boldness and willingness to step out in faith. Secondly, our mutual efforts present a unified testimony to our patients. Recognize in John 17:20-21 that Jesus called His followers to unity "…that the world may believe that thou hast sent me" (KJV). In other words, so that more would recognize Jesus as the Messiah. Did God answer Jesus' prayer? See Acts 2:42-47. Is God still answering Jesus' prayer?

7. Dr. Matt Montgomery shares the following reflection: "I've found that both Christian patients and non-Christian patients are anxious to hear what I have to say once I can display to them God's love in person."

a. Are most of your spiritual patient discussions with Christians or non-Christians?

We cannot know for sure which patients are walking with Jesus and which are not, but at least we can often determine through faith flags and conversation if they are comfortable discussing spiritual things. Our efforts to share God's love should certainly not be limited to one group or the other; both situations are great opportunities to encourage one another and build each other up (1 Thess 5:11).

b. What are some similarities and differences regarding these discussions?

With the patient who is comfortable discussing spiritual matters and who is somewhat familiar with the Bible's teachings, interaction can be more scripture-filled and meaty. Alternatively, for the patient less familiar with the things of God it might be wiser to spend more time establishing a relationship through secular conversation, all the while looking for an opportunity to interject whatever biblical truth might speak to the person based on their current situation. As Dr. Jacob Greuel says in episode 5, "meter the dose."

8. Dr. Krystal Mattox exhorts us towards "caring about our patients enough to know what's going on in their life."

a. What makes this hard?

Finding out what's going on in a patient's life (more than just their healthcare concerns) takes time, and time can be a precious commodity on a busy day. Also, some patients may not want to share details about their lives, although this seems rare – in most cases patients are honored when their doctor takes a personal interest in them.

b. What makes this valuable?

Showing an interest in a patient's life beyond their physical health will demonstrate to them that you are motivated by more than just medical procedures, more than just a paycheck, and it could cause them to wonder why you seem to care more than many others in healthcare. Secondly, the more you learn about their life, the better able you are to speak into their lives with wisdom from the Bible, and the more able you will be to pray specifically for their personal concerns.

9. What is one take-home item from today's session that you hope to implement?

Additional Resources

1. *The Practical Art of Spiritual Conversation* by Schultz, James Harrison and Rogers, David

FAITH PRESCRIPTIONS
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Episode 10
Considerations For The Medically Underserved

Summary

When it comes to material wealth, it has been said that what we humans strive for is "just a little more." But in the Lord's economy material wealth can often be a roadblock to true faith and can create snares that entangle and preoccupy us. Conversely, Jesus showed great compassion for the poor, the oppressed and the physically challenged, and He calls us to do likewise. Both we and each of our patients suffer from a poverty of spirit, and the Gospel fills our accounts like nothing else can.

Speakers

Drs. David and Janet Kim are physicians, co-founders and the CEO and Chief Medical Officer, respectively, of Beacon Christian Community Health Center (www.beaconcchc.com), which strives to live out the gospel daily serving a medically underserved community in Staten Island in New York City. David and Janet have been involved for many years with teaching and mentoring students and residents in New York City and beyond, most recently with the health center's teaching ministry, www.Beacon360.org. They have been blessed with four incredible children. For further information about Beacon's work or to contact Drs. David and Janet, please email them at either davidk@beaconcchc.com (David) or janetk@beaconcchc.com (Janet).

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **What does it mean to be "poor?" How do we as Christians move past politically-motivated divisions in gospel-centered compassion?**

   If we understand "poor" to refer only to a lack of material possessions, we will think all solutions involve improving someone's financial situation. Sociologists and Scripture affirm

that financial poverty is not the only form of poverty. We know that humans, across cultures, are bereft of wholeness as it relates to finances, relationships, faith, health, you name it. As Christians, we have the opportunity to see everyone as potentially poor in spirit in order to minister to their needs. Certainly, the Bible demonstrates God's particular affection for "the poor" who are financially destitute and calls Christians to minister to them in ways that are direct and indirect. Matt Chandler, when preaching on the Sermon on the Mount, connects ministry to the poor not to an obligation, but to an opportunity for worship by saying "There is an ethical component to worship that is tied to being pure of heart, and what we see here is mercy is compassion extended to others as an ethical practice of worship to God." May we begin to see our service to the poor as a worshipful event God is present within.

3. **Dr. Daisey Dowell states, "… all of us in healthcare have been called to serve those who are without resources." What are some of the many ways we can do this?**

   We can work either full-time or part-time in clinics designed to treat the poor, we can provide treatment in a private practice setting and we could even decide to live among those we seek to serve (as Jesus did when He came to earth to show His love to us). We could also be involved in international care through either short term or long-term service. In addition to all of the above, we can provide funds to support care for the needy. It is hoped that this question will provide more than just an intellectual exercise; that it will actually inspire group members to seek God's will for showing His love to the underprivileged around us.

4. **How can Philippians 2:3-11 help us in our attitude toward the underserved?**

   Being in healthcare can create in us an air of perceived superiority, especially toward those who are of lesser means. The clearest and most powerful illustration of care for the needy is found in the incarnation, that Jesus would give up heaven itself for us. We will never have to stoop as low as He did to rescue us. In fact, we have no right to stoop to care for the needy, as we are all the same height at the foot of the cross. The love of Christ is to control us (2 Corinthians 5:14) in our treatment of our patients, especially those esteemed least by the world (Matthew 25:40).

5. **Consider Jesus' words in Matthew 19:24: "…it is easier for a camel to go through the eye of a needle than for a rich person to enter the kingdom of God" (ESV). How does that verse resonate with you? How do you live as a disciple of Jesus despite the financial opportunity your place as a healthcare professional affords you in our society?**

   Entire libraries could be filled with analysis of Jesus' view of wealth and poverty. It is important to note that Jesus' response to individual's wealth was not consistent in the Gospels. Prominent examples such as Zaccheus and the Rich Young Ruler stand out as those whose wealth was a roadblock to faith, but others such as Joseph of Arimathea financially supported the disciples during Jesus' time on earth. One reason why Jesus says it is hard for a rich man to enter the kingdom of God is that wealth can be blinding and binding. It can lead some to be bound by the trappings of their possessions, to trust in them for security or even to worship them as a functional savior (Mark 4:18-19, Matthew 6:24). To avoid this blindness, those who have wealth must develop the practice of seeing themselves as stewards

of this otherwise dangerous resource, learning to walk with the Spirit to wield this tool for kingdom purposes.

6. **In response to the difficult plight of the Jews who had survived the exile, Nehemiah 1:4 says, "When I heard these things, I sat down and wept. For some days I mourned and fasted and prayed before the God of heaven" (NIV). What circumstances in your life have caused your compassion for others to grow? How could you live out that compassion for the benefit of others and the glory of God?**

   Possible answers include international mission trips, working in clinics for the needy, perhaps growing up with limited material means, etc. The hope is that this discussion will enable participants to realize we ALL have a role to play in helping the least of these (Matthew 25:40). Many of us just need to take some intentional steps to put ourselves in proximity to the poor. It may be helpful to prompt participants to think of their next best step to put themselves in positions where they can be challenged to feel and grow in compassion as an ethical act of worship.

7. **How does your faith shape how you think about your work? About the "poor?"**

   Among other things, our faith should inspire a humility that is contra-mundum, since the world will tend to put us on pedestals because of what we have achieved. Our ultimate illustration is Jesus (Philippians 2:3-8, 2 Corinthians 8:9). Because all we have received is ultimately by the grace of God, and because at least to some extent we realize our spiritual poverty, this should help to maintain our attitude of service to all we meet, including those whom the world esteems least. Jesus told us how to be great in His kingdom, and it is through service to others (Mark 10:43).

8. **Dr. Kathryn White says that caring for those in poverty is "… just loving my neighbor…when I care for someone in poverty, they have something to teach me." What have you been taught by the "neighbors" for whom you have cared?**

   Dr. White speaks of her patients demonstrating a resilience through their ability to stand firm in the face of challenges that we can only imagine. One cannot build strong muscles without subjecting them to heavy weights, and in a similar fashion those whose faith has been tested will demonstrate a faith that can inspire and equip us to better serve our Lord, who bore the heaviest burden of all.

9. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. www.beaconcchc.com
2. www.beacon360.org
3. Matt Chandler, Sermon on the Mount: https://www.tvcresources.net/resource-library/sermons/character-and-influence/

FAITH PRESCRIPTIONS
Your Faith in Practice

Leader's Guide

Episode 11
Training Segment for Medical and Dental Students

Summary

The very best time for a healthcare professional to begin integrating spiritual interventions into patient care is during their initial training. Even during their training years, students can begin communicating their faith by praying with patients and taking a spiritual history, as well as various other ways. The development of a healthcare professional's capacity to meet a patient's physical needs should ideally be accompanied by training to address spiritual needs as well.

Speaker

Dr. Cathie Scarbrough is a faculty physician with the Gadsden Regional Medical Center Family Medicine Residency Program in Gadsden, Alabama. Her interests include women's health, whole-person medicine and global health. She has been a member of CMDA since medical school, and she enjoys teaching family medicine overseas. In her spare time, she likes gardening, baking and hanging out with her French bulldog, Stella. For further information or to contact Dr. Cathie Scarbrough, please email her at cpscarbrough@gmail.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **As a student or resident, have you had the opportunity to interact with a patient on a spiritual level (take a spiritual history, discuss a faith flag, offer or share prayer, etc.)? How did it go? Would you do anything differently next time?**

It can be a bit intimidating as a student taking spiritual histories and praying with patients. However, as one begins to make the spiritual history a regular part of the Social History as part of a History & Physical, it becomes a routine event. Eventually it can become even easier to ask the spiritual history questions than the sexual history questions that one sometimes has to ask. Although most patients are open to answering the questions, some are not—and with those, one can simply move on to the next questions in the social history.

However, for those patients who DO engage, whether in the positive or negative, it has led to many deep conversations on life and purpose and our source of hope and strength in times of illness, etc. These are questions we all will grapple with one day as humans, and we have a unique privilege to speak into these issues with our patients. As we do so, it is important we point them to the source of our hope and strength, Jesus Christ.

3. **What are some of your own reservations about sharing with patients? Are you personally comfortable with sharing? Why or why not?**

   The more one engages in spiritual interventions with patients, the more natural it will become. However, at certain points everyone will get into a time crunch with clinic schedules and the busyness of the day, which can affect the time available to address spiritual patient concerns. It is easy to get caught up in watching the clock and trying to stay on schedule. Building in longer appointment times can help, as this can create some "cushion" for when one patient may need more attention.

   One thing that makes it harder to share with patients is if spiritual issues have not been addressed from the beginning. If there is no spiritual interaction with a patient for a couple of years and then an occasion for a spiritual intervention arises, it will be more awkward to address it "out of the blue" than if there had been prior spiritual exchanges along the way. For this reason, it is good to begin right at the beginning with a spiritual history, to set the tone for future spiritual opportunities all along a patient's journey and not just when something bad arises.

4. **Liz Flaherty began a student Bible study at the University of Minnesota. What are some ways God could work through a Bible study at your school? How might you go about starting one or making it better?**

   Starting a study is just a matter of finding an available space and announcing the study to your classmates, perhaps with a partner for wisdom and support. God could work as He did in Liz's group—by helping you to discover the Christians in your class, and also by introducing students unfamiliar with the Bible to its amazing contents. If you have a study, inviting others is a great way to make the study better, along with praying for the Lord's work in the lives of all who attend. Perhaps the group could also benefit from inviting a Christian faculty member or local healthcare professional to speak to the group.

5. **1 Peter 3:15 – Dr. Scarbrough discussed providing hope to our patients. According to Peter, how can we do that?**

   Our ability to clearly communicate the gospel and our testimony of what Jesus has done in our lives can provide a living hope that we can share with those who are not yet believers. Being able to articulate clearly and succinctly who Jesus is and the message of the gospel are critical to giving hope to our patients and colleagues.

6. **Dr. Edmund Thomas speaks of being invited to a Bible study during dental school, then going on a mission trip where he "heard that same gospel message preached by a completely different set of people." Has God used multiple sources to confirm the truth of the gospel in your life? Perhaps there is a seeker in your life, waiting for a confirmation from someone like you!**

   It is very rare for a person to come to Christ in their first exposure to the gospel. Rather, people tend to make multiple steps toward embracing Christ. We should seek to inspire others to move them closer to Christ, allowing the Holy Spirit to guide and direct their journey.

7. **James 5:16 – James emphasizes prayer having a place in our healing. How do you think prayer can benefit our patients?**

   Prayer demonstrates a care and concern for others in one of the deepest ways possible. God can work through prayer to bring about healing, either by using us or perhaps by healing supernaturally without our help. It shows that we take seriously the pain of others, and it helps focus our patients' hearts on God. In addition, praying with our patients is a sign to the patient that we recognize our own human limitations and the call to acknowledge God as the ultimate healer. As we point to the Lord, this may redirect a patient's attention from their own efforts to the incomparable work of Jesus Christ.

8. **As a student, you just returned to the call room and report that your patient was agreeable and happy to accept prayer prior to their surgery planned later today. Your upper-level resident looks at you and says, "Why did you do that? We have chaplains who come around for that kind of stuff." How would you respond?**

   One answer might be, "Well, yes, the chaplain is available, and s/he has been consulted. But I wanted to make sure that the patient's needs were met prior to them going to surgery."

9. **Dr. Farr Curlin calls students to "be light and salt" (Matthew 5:13-14). In the world of healthcare, what are some ways you can do this, even as a student?**

   Excellent, compassionate care for patients with an attitude of humility, combined with verbal acknowledgements of the importance of the Lord in your life, are a powerful combination in proclaiming the Good News of what Jesus has done, and continues to do, for us.

10. **Matthew 9:35-38 – What does Jesus ask His disciples to pray for? How can you answer that call from Jesus?**

    Jesus asks His disciples to pray for workers for His harvest. He is looking for people who care about the eternal souls of people around them and can communicate that care and concern through their words and through their lives. Our allegiance to Christ should produce a concurrent focus on being about His work of drawing all people to Him (John 12:32).

11. **What is one take-home item from today's session that you hope to implement?**

    Things to Consider:

    - In a survey of 1,591 patients at the Mayo Clinic, 70 percent of hospitalized patients wanted to see a chaplain, but only 43 percent were visited by a chaplain.
    - The Mayo Clinic rate of inpatients actually seen by chaplains is over double the national rate, which is only 20 percent.
    - Spiritual needs are widespread among medical patients. When these needs are not addressed by the medical team, the patient's quality of life and satisfaction with care is reduced and healthcare costs double or triple, at least toward the end of life.
    - Furthermore, randomized clinical trials show that when physicians conduct a spiritual assessment, the result is a better doctor-patient relationship, better compliance with visits, lower depression and greater functional well-being.

    References:

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    - Kristeller et al. (2005). Oncologist Assisted Spiritual Intervention Study (OASIS): Patient acceptability and initial evidence of effects. International Journal of Psychiatry in Medicine 35:329–347
    - Huguelet et al. (2011). A randomized trial of spiritual assessment of outpatients with schizophrenia: patients' and clinicians' experience. Psychiatric Services 62(1):79-86

Additional Resources

1. Healthcare Education and the Christian Faith. (1999, May 1). Retrieved from CMDA Position Statements: https://cmda.org/wp-content/uploads/2018/04/Healthcare-Education-with-References.pdf
2. Sharing Faith in Practice. (1997, May 9). Retrieved from CMDA Position Statements: https://cmda.org/wp-content/uploads/2018/04/Sharing-Faith-in-Practice-with-References.pdf

3. Koenig, H. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. ISRN Psychiatry, Article ID 278730.
4. Koenig, H. G. (2007). Spirituality in Patient Care. Why, How, When, and What. Second Edition. West Conshohocken: Templeton Press.
5. Larimore W. Spiritual Assessment in Clinical Care. Part 1—The Basics. Today's Christian Doctor 2015(Spring):46(1):22-26.
6. Larimore W. Spiritual Assessment in Clinical Care. Part 2—The LORD's LAP. Today's Christian Doctor. 2015(Fall):46(3):26-29.
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FAITH PRESCRIPTIONS
Your Faith in Practice

Leader's Guide

Episode 12
Good News For The LGBTQ Culture

Summary

Many of us find it difficult to address spiritual issues with patients whose lifestyles are significantly different from our own. Jesus is a powerful example for us in His willingness to leave the comforts of heaven behind, in order to rescue us from our inappropriate lifestyle. We have far more in common with the LGBTQ community than we might first realize. Everyone struggles with identity issues, and our ability to share the Good News of Jesus Christ with others is directly related to finding our identity in Christ.

Speaker

Dr. Jennifer Kang is an obstetrician-gynecologist in Redding, California, where she owns a faith-centered private practice. She has a passion to care for the medical and spiritual needs of her patients by creating a space where they can readily encounter the love of God. She enjoys sharing that passion through medical education and speaking. She also leads a non-profit organization, Selah Health International, whose mission is to connect Christian healthcare workers with projects that promote the health and well-being of women and children. She and her husband Nick are dedicated to raising their own four young children to know and live the love of Christ. For further information or to contact Dr. Jennifer Kang, you can email her at jennifer.kang@selahwomenshealth.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **What fears come up when you think about sharing good news with LGBTQ patients? What have you learned about the love of God that would help you with these fears?**

A common fear in this regard seems to be one of rejection. Some worry that if we talk about identity or spiritual things with our LGBTQ patients, they will immediately reject us or ridicule our faith. And perhaps they might. But we can bravely reach out, remembering the One who was rejected and yet did not let fear lead Him away from love. Just remember to share good news. "It's not ok to be gay," is not going to be received as good news. "It is ok to be on a journey discovering your identity, and Jesus accepts you where you are and will love you all the way," is much better news.

Another common fear is that it will become our responsibility to answer every challenge or question about our faith beliefs from our LGBTQ patients. We fear they will mock our answers or become hostile with assumptions about our judgment of them. It is so reassuring to know Jesus already knew this very real fear several thousand years ago and specifically reassured us with this promise: "Now when they bring you before the synagogues and the officials and the authorities, do not worry about how or what you are to speak in your defense, or what you are to say; for the Holy Spirit will teach you in that very hour what you ought to say" (Luke 12:11-12, NASB).

It is actually the whole purpose of Christ to break down hostilities and reconcile all people to Himself and to each other. "But now in Christ Jesus you who previously were far away have been brought near by the blood of Christ. For He Himself is our peace, who made both groups into one and broke down the barrier of the dividing wall" (Ephesians 2:13-14, NASB). If the intention of His love is alive and working in us, we should expect to encounter the hostilities that keep people separated from God. But just as His love melted our own hostility toward Christ, He will do it again for those He brings to us. What if God specifically orchestrated for a particular person to encounter you because He is chasing their heart, and He trusts the work of His love in you enough to have you be His face….

3. **Carefully read over John 4:7-26. What can we learn about dealing with marginalized and rejected people from Jesus? How can we specifically imitate Him?**

Some of the points in this passage about Jesus and the woman: He broke across the cultural barriers of that day to even talk to this woman. He humbled Himself and asked her to help Him. He was compassionate as He spoke truth to this woman. He was willing to offer her something she really needed. And though He never condoned her sin, He gave her reason for hope that was greater than her sin.

4. **How can we notice things to affirm in people around us? For motivation, check out Philippians 4:8. How can we practice this with LGBTQ patients?**

Affirmation requires that you really see someone. It takes a little time, a few questions and some listening. But if you listen, you will hear clues about what they care about, what they hope for, what they're working for. And every time you see or hear something that is good, that is beautiful, that is true—these are the opportunities to affirm and to encourage. "…whatever is true, whatever is honorable, whatever is right, whatever is

pure, whatever is lovely, whatever is commendable, if there is any excellence and if anything worthy of praise, think about these things" (Philippians 4:8, NASB). Affirmation is the glue of human connection. It helps me to trust that you want to know me and that I could be safe to be known.

5. **Read Proverbs 15:1. What reminder does this verse give us in dealing with angry people? Give some examples of "soft" or "gentle" words.**

   Soft words would be more than tone of voice. It would be words to communicate compassion, acceptance and value, since all people are created in the image of God. Not letting emotions get "hooked" by other people's anger is key. The Holy Spirit helps us do that.

6. **How can we communicate comfort to patients when they express psychological or emotional pain? What phrases or stories can we use to tangibly give comfort to LGBTQ patients?**

   First, it is important to learn to recognize when comfort is what is needed. Sometimes that way people act when they are afraid, grieving or feeling rejected doesn't initially reflect that emotional state. Sometimes they project anger or rejection instead, when what they really crave is comfort and understanding. The Holy Spirit sees through all of us. "… the Spirit searches all things, even the depths of God. For who among people knows the thoughts of a person except the spirit of the person that is in him? So also the thoughts of God no one knows, except the Spirit of God" (1 Corinthians 2:10-11, NASB).

   Certainly, the practice of comfort is learned best from the ultimate Comforter "…who comforts us in all our affliction 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" (2 Corinthians 1:4, NASB). When I recognize that comfort is needed, I pay attention to the Holy Spirit within me guiding me toward thoughts and stories I can share. It is the sharing of our stories that can help to bring comfort and belonging.

   I also internally ask the Holy Spirit to share with me God's thoughts toward the person I'm with. Sometimes I will open this with, "Would you mind if I tell you some thoughts I've just had about you? Sometimes God whispers things to me about people. Would you like to know what He thinks of you today?" Most people don't turn me down, whether out of true interest or just politeness, but I have watched so many have the most profound experiences with the love of God when I bravely share what I sense. In that moment, when a person hears what God thinks about them, no matter how simple, the God-space deep inside them finds its comfort.

7. **Read Ephesians 1:3-14. What does Paul list here as aspects of our identity in Christ? How has God taught you about your identity, and how could you share your story about that?**

Many words here: chosen, adoption as sons, grace freely bestowed, forgiveness, inheritance, redemption, sealed by the Holy Spirit. When the Lord convicts us of our need for forgiveness—which happens on a regular basis in the life of one walking with Jesus—we are reminded of the firm and sure promises of God's Word, including those in this passage. Our identity in Christ frees us from the limitations of our sin and enables us to walk triumphantly with Jesus our brother.

8. **What aspects or attributes of Jesus would you want your LGBTQ patients to experience in their interactions with you?**

   Jesus seemed to be forever offending the religious and self-righteous people of His day, but somehow His demeanor, His words and His love seemed to be an irresistible draw to the poor, the physically and socially desperate and the ones known as "sinners" of His day. He commented on this specifically in the story of His calling of Matthew that Mark records:

   "And it happened that He was reclining at the table in his house, and many tax collectors and sinners were dining with Jesus and His disciples; for there were many of them, and they were following Him. When the scribes of the Pharisees saw that He was eating with the sinners and tax collectors, they said to His disciples, 'Why is He eating with tax collectors and sinners?' And hearing this, Jesus said to them, 'It is not those who are healthy who need a physician, but those who are sick; I did not come to call the righteous, but sinners'" (Mark 2:15-17, NASB).

   The experiences people had with Jesus kept drawing more to Him. He was direct and sometimes even offensive in His language about what the kingdom of God was really like, and yet somehow His deep acceptance of them also challenged their paradigms and kept them coming back for more. He did not appear to have discomfort in the presence of their errors and failures. This incredible balance of unshakable confidence in what is real and true paired with unmatched and compassionate approval of the value and beauty of all people … this is the wonder of Jesus I most would want to have experienced from me. This real Jesus is such an uncommon experience that none of us can really deny the draw. We find ourselves so intrigued by the experience of Him that gradually we find ourselves following Him. He is able to transform us along the way until we can experience reality as He made it.

9. **When we deal with patients who have experienced great pain, how can the following verses help us? Lamentations 3:22-23 and 2 Corinthians 1:3-4. Give some specific examples of how we can show compassion and comfort.**

   God is faithful, compassionate and love in every situation, even when we cannot understand what God might be doing.

   God uses pain in our lives to give us a platform to minister to and comfort others.

10. How has God taught you about your identity, and how could you tell your story about that?

Every person, as they grow through life, can look back and realize how their views of themselves and their place and purpose in the world change and evolve over time. However, sometimes it takes a real depth of humility to admit the insecurity of this process and to expose the imperfections of your own discovery process. We often have ideals about ourselves that we are still unable to quite deliver on. We so easily entangle our sense of identity in what we are doing, or what we are hoping to do, or what we are striving to achieve, rather than who we were created to *be*. It is sometimes hard for us to see that who we are, right here and right now, even now brings pleasure and joy to our Creator who formed us for *Him.* Some of the most profound moments of realization of my life have come as I became aware that He delighted in me in spite of me. That I was a walking and breathing representation of some amazing aspect of Him, mirrored into this reality in a way that only I can do. I discover this identity more and more as I look intently into who He is. Because I was created to reflect this unique attribute of Him, I can only really find it *in Him*. The more I realize this mystery, then the more I don't want to create and defend my own identity. I am most satisfied when I find the identity He handcrafted *for* me.

You can engage someone easily in a conversation about identity by reflecting on all the different ways you've seen yourself or dreamed yourself to be over the years, from the 5-year-old superhero to the teenage homecoming queen, to the devoted faithful parent who never misses a soccer game. You can appreciate so much about a person by learning about what things in their life shaped their view of themselves. Sometimes you are able to comment on the beautiful threads throughout their life that seem to run together into patterns expressing the true depth of who they are.

11. Colin Smothers references the fact that some think of God as a "cosmic kill-joy." Does this thought ever enter your mind? How do you seek to combat it?

Even as we walk with Christ, we will on a regular basis run into biblical commands that run contrary to our desires. This is clear evidence that we do indeed need a Savior—not just for forgiveness, but also for the kind of heart change that makes us more like the One who died and rose on our behalf. The Scriptures of the Old and New Testament are filled with illustrations of our calling to submit our will to God's will, as well as plenty of positive and negative examples. In fact, Jesus took on the punishment we deserve, so that we would become holy (2 Corinthians 5:21). God also empowers us through His love for us to love others (1 John 4:19).

12. What is one take-home item from today's session that you hope to implement?

Additional Resources

1. Williams, Ken. (2021). The Journey Out: How I Followed Jesus Away From Gay. Destiny Image.
2. Woning, Elizabeth. Loving Lesbians: Experiencing The Love of God For Gay People. Audio recording.
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FAITH PRESCRIPTIONS
Your Faith in Practice

Leader's Guide

Episode 13
Addiction and The Good News

Summary

Addiction treatment can be one of the most trying aspects of healthcare. The temporary euphoria of a drug-induced high can make one oblivious to the long-term damage that is occurring. Yet, so often it is through weakness that people come to know, or grow in, their relationship with Christ. God can use our efforts to unleash the power of the gospel in the lives of our patients.

Speaker

Timothy Allen, MD, and his wife Nikki Allen, MD, view themselves as missionaries to Cudahy, Wisconsin, an economically depressed suburb of Milwaukee. They run an independent clinic that provides general medical, addiction and psychiatric care focusing on those whom society often ignores. As part of their ministry, they are involved in a church plant that currently meets in their waiting room on Sunday mornings. He and his wife have been involved with CMDA since medical school, have been married since 2000 and have four children and one grandchild. For further information or to contact Dr. Tim, email him at timothyallenmd@gmail.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **Jesus said that our patients will know we are followers of Christ by our love in John 13:34-35. What might that love look like to patients battling drug addiction?**

   Showing love is more than words. It is ascribing value to their lives without any shame or blame, not treating them differently than other patients. It includes showing empathy

toward them (Romans 12:15) by entering into their successes and their frustrations. Our love for our patients generates from God's love for us, even if they choose not to deal with their addiction (1 John 4:7-8, 19).

3. **Dr. Allen makes the point that patients who are addicted (and other patients as well) need to feel that they have value as human beings. How could Genesis 1:26 and Ephesians 2:10 be used to help patients know they have value?**

   Genesis 1:26 – Patients need to understand that they have been made in God's image and therefore have great value in God's eyes and our eyes. Their value is inherent in their personhood and cannot be destroyed or even lessened by their shortcomings.

   Ephesians 2:10 – We have value as well because God has created us as a "masterpiece" (literal meaning of the word "workmanship") and with the purpose of doing good works for others in our world. His use of us to accomplish His purposes is a verification that we are indeed created in His image, no matter how tarnished that image can get at times.

4. **How can we help people with addiction find something better? See Romans 6:21, Ephesians 4:22-24a and Galatians 5:19-22.**

   - Romans 6:21 – Recognition of the futility of one's current actions can be a great first step toward changing the course of one's life. The gospel turns regret into repentance (2 Corinthians 7:10), enabling us to experience the forgiveness and compassion that can set us free from slavery to sin (John 8:32, 2 Corinthians 5:17).

   - Ephesians 4:22-24a – We cannot merely say no to those things that offend God; instead, we must replace them with something better. These verses describe what we "put off" and what we "put on."

   - Galatians 5:19-22 – Paul contrasts the deeds of the flesh with the fruit of the Spirit. The Holy Spirit can empower us to overcome temptations that would otherwise overwhelm our fleshly weakness to sin.

5. **Dr. Allen notes that patients who have a spiritual transformation are those most likely to overcome an addiction (92 percent success rate). How might Romans 8:1-2, Romans 5:1-2 and 1 Corinthians 6:19-20 be useful in talking to patients about their relationship with God?**

   - Romans 8:1-2 – In Christ we have no condemnation, shame or blame (common in addicted persons).

   - Romans 5:1-2 – We can find grace and peace to deal with our addictions only in Christ.

- 1 Corinthians 6:19-20 – When we accept Christ, He indwells us and we can know His presence with us each day to face struggles in our lives.

6. **Do you have any underlying biases against treating addiction that could interfere with showing God's love with those who struggle? Drs. Karl Benzio and Val Tramonte speak of the fact that we all struggle in various ways. How can this fact equip us to deal with any underlying biases against caring for our addiction patients?**

   We have less empathy for those struggling with sins toward which we are not tempted. If we haven't had to fight the substance abuse battle, we need the reminder from Drs. Karl Benzio and Val Tramonte that everyone struggles against addictions of various sorts. Only the power of God can overcome sin, both temporally and eternally, and we who walk with Christ are just as in need of Him as are our addiction patients.

7. **When Dr. Allen's patient asked him, "What the bleep is wrong with you?", how does this illustrate a principle from 1 Peter 3:15?**

   Peter calls us to "set Christ apart as Lord in our hearts" which will create a powerful love that patients will notice. This can cause them to ask "the reason for the hope that is in us," which seems to be what this patient was asking.

8. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. www.asam.org
2. www.celebraterecovery.com
3. www.samhsa.gov

FAITH PRESCRIPTIONS
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Episode 14
Abstinence Counseling

Summary

In our "whatever feels good" society, our efforts to guide our patients toward biblical standards of sexual relations can seem archaic and inconvenient. However, the Bible reveals the behavior to which we are called, and it also communicates the source of power by which we can live a God-honoring life. Morality is most powerfully taught in light of a relationship, and the most powerful relationship we have is with Jesus Christ.

Speaker

Dr. Selina Lin is a private practice physician in Katy, Texas (a suburb of Houston). She is on the CMDA Houston Council. She is a board member of Interserve, a mission sending agency. She has been a member of CMDA since medical school. She plays the violin and enjoys meeting and discipling medical and premed students. For more information or to contact Dr. Selina Lin, email her at selina.lin77@gmail.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **How have you been counseling your patients with regard to abstinence? How has it worked? How has it not worked?**

This question is meant to enable group members to gauge their current level of engagement in this area. Admittedly, we don't always get definitive results regarding the success of our counseling, but God knows, and our efforts are ultimately directed to Him (Colossians 3:23-24).

3. **Do you agree with Dr. Lin's point that merely trying to scare patients with statistics and moral standards is unlikely to promote abstinence? Why or why not?**

   Fear is not an unbiblical motivation to refrain from sin, due to both its temporal and eternal consequences, and there are many scriptural warnings to take God's holiness seriously (Isaiah 6:1-7, Galatians 6:7, etc.). However, the love of God can inspire us in a greater, more long-lasting way, as we recognize that His acceptance of us came while we were yet sinners (Romans 5:8), and that His love for us is perfect (1 John 4:18).

4. **Dr. Lin notes that adolescent patients need to feel love, acceptance and validation. How might Deuteronomy 26:18, Matthew 6:26 and Romans 8:38-39 help us communicate how God views them?**

   - Deuteronomy 26:18 – God sees us as a treasured possession.
   - Matthew 6:26 – God cares for us more than His other creatures.
   - Romans 8:38-39 – We cannot be separated from God's love, no matter what happens to us.

5. **As we relate to our patients, how can we model for them how Christ has shown love for us? How can we practically show the kind of love demonstrated in Romans 5:8 to adolescent patients?**

   Romans 5:8 – As Christ did not withhold His love for us until we deserved it, so we are to respond in kind, seeking to demonstrate love for our patients as a stimulus to bring about godliness. While we are not called to die for our patients, as Jesus did on our behalf, we can give them our time, good listening, compassion and acceptance.

6. **Dr. Lin points to the desire that most adolescent patients have for intimate loving relationships. How might Colossians 3:12, Isaiah 54:10 and Psalms 100:5 apply to their quest?**

   All three of these verses describe the deep love of God and the intimacy He desires to have with us.

7. **Both Dr. Sandra Christiansen and Dr. Kathy O'Connell recognize the inability of any human relationship to fulfill us as only Jesus can. How would a relationship built upon the foundation of the gospel be different from one that is indifferent toward Jesus?**

   A relationship founded upon the gospel is one in which each person seeks to grow in their relationship with Christ. As each seeks to abide in Christ, their ability to love each other will grow through their reception of the undeserved love of God. Likewise for their

ability to forgive, empathize, comfort and support each other. God chose the marital relationship as the primary metaphor to represent the relationship between God and His people—in both the Old and the New Testaments—and a marriage empowered by the foundation of Christ will be a powerful testimony to the world of the veracity of the Christian faith.

8. **Dr. Lin states, "Morality is most powerfully communicated in light of a relationship." What are examples of loving relationships that can powerfully communicate biblical morality with regard to sexual morality?**

   A loving parent-child relationship can decrease a child's desire to seek intimacy prior to marriage. Also, if a couple commits themselves to abstinence prior to marriage, they can help each other in being true to this pledge when one becomes weak. The most powerful expression of this principle is in the power of the gospel. Knowing that God accepts us through faith in Jesus Christ can enable us to stand against the desires of the flesh. May the love of Christ control us in our battles—and our patients' battles—against those things for which Christ died (2 Corinthians 5:14).

9. **What is one take-home item from today's session that you hope to implement?**

FAITH PRESCRIPTIONS
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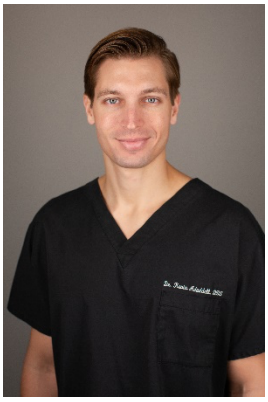
Episode 15
Not For Dentists Only

Summary

Those fortunate enough to be practice owners have a tremendous opportunity to direct every aspect of their practice according to the timeless wisdom of the Scriptures. Although fewer and fewer doctors own their own practices than in prior times, the many spiritual advantages are worth serious consideration in our prayerful determination of the best practice setting for us.

Speaker



Dr. Kevin Aduddell is a private practice general dentist in Plano, Texas. A member of CMDA since dental school, he has treated patients from countries around the world at Watermark Urgent Care in Dallas, Texas. He and his wife Chloé stay busy with their three children and serve together in their church's marriage ministry. For further information or to contact Dr. Aduddell, email him at kevin@aduddelldentistry.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **What fears or apprehensions do you have about leading a Christ-centered office?**

   Fears could include the following:

   - It could drive patients away.
   - It could drive employees away.
   - It could stir up controversy.

- This would create a higher standard for the office to attain.
- This could decrease the profitability of the office.

3. **Dr. Aduddell mentions Galatians 2:20 in his initial comments. How might the concepts of being crucified with Christ and letting Christ live His life through you change your practice? Be specific.**

   Being crucified with Christ basically means to put Christ's agenda ahead of ours. Others' needs would come first, rather than our schedules, our profitability or our reputations.

4. **Dr. Aduddell mentions that idols in our lives can keep us from making our practices Christ-centered (profitability, false sense of professionalism, complacency to the call of Christ, etc.). Which of these or other idols most strongly tempt you?**

5. **Consider 1 Peter 3:15.**

   A. **How does this verse speak to the topic of idols?**

   B. **As we are enabled by faith to say no to idols and yes to Christ, what could happen according to this verse?**

      An idol is anything that takes the place of God in our lives. To eliminate them, we need to recognize them, confess them to the Lord, repent and seek His strength to overcome them. Our calling is to bow the knee to God alone, and as we do so, others are likely to notice that we will not be pushed around as easily by the waves of immorality in our culture (James 1:6).

6. **Dr. Aduddell says, "'Doctors don't pray' is just pride wearing a white coat." What are your thoughts?**

   It would seem that the biggest hesitations to pray with or for patients in their presence are indeed rooted in pride. As healthcare professionals, we work hard to control all possible circumstances, and perhaps we are afraid patients will view our desire to pray as reflecting a lack of confidence in our own abilities. Or maybe we don't think we have time, though Jesus says prayers don't have to be long (Matthew 6:7-8). We can also be intimidated by the possibility that our patients may not be enamored with the One to whom we pray. In all three of these cases, it would seem pride can indeed play a role in our reluctance to pray with our patients.

7. **Why can it be spiritually dangerous if we treat patients with excellence and compassion but refuse to acknowledge the Lord along the way?**

   If patients receive tremendous care from us, but we never give credit to the Lord, then they could conclude that we are not Christians, and our efforts will not be effective in pointing patients to our Savior. We don't have to spiritually steamroll them, but neither should we act out of embarrassment regarding the One who died and rose on our behalf

(Matthew 10:32-33). In addition, references to faith early in the patient relationship can lay the groundwork for progressive spiritual interventions over time.

8. **Dr. Aduddell discusses several ideas to help make a practice Christ-centered: praying over your schedule, using faith flags, dealing with conflicts biblically and stepping into a patient's pain. Which of these strategies do you employ currently or would like to employ in your practice?**

   This question could be a good summary question, revealing how much from this and prior episodes is being applied to the clinical setting.

9. **Drs. Huong, Allen and Griffin give examples of how owning one's practice can open the door to some profound spiritual opportunities. If you own your practice, what are some ways you could utilize this benefit to bless both your employees and your patients?**

   Following are some examples of how practice ownership can inspire spiritual care for one's team and patients:

   - Opening the day with prayer.
   - Playing music that is wholesome and perhaps even Christian.
   - Empowering employees to address the spiritual needs of patients as opportunities arise.
   - Creating office protocols that are consistent with the teaching of the Bible and being quick to illustrate the strong relevance of the Scriptures to the practice setting.

10. Who do you have in your life that could regularly encourage you to persevere in your desire to have a Christ-centered practice? Why is this important?

Regular interaction with others in healthcare seeking to walk with Jesus is God's instrument to keep us strong and faithful, despite all of the internal and external barriers we face. God uses the blessing of fellowship to encourage and strengthen us to accomplish His purposes.

11. Take some time and imagine looking back on your practice at the end of your career. What "fruits" will you want to see?

It is beautiful to play a role in seeing someone come to faith in Christ, whatever that role might be—planting, cultivating or harvesting. It is also a great privilege to care for those who could not afford to pay for the treatment they need. A third blessing is the strong relationship and mutual respect that can develop with fellow team members over decades of partnership in the gospel through healthcare.

12. What is one take-home item from today's session that you hope to implement?

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Episode 16

Good News Academically Speaking

Summary

The academic environment can sometimes be a hostile place for people of faith. A big part of the problem results from those who have a truncated view of the nature of truth, thinking it can only arise from empirical reasoning. In this episode, Dr. Jonathan Tsai speaks about what we can know empirically and what we can only know by faith. This distinction is not a problem for the Christian, who recognizes that all truth comes from God. Ultimately, empirically-based truth and rationality are tools to be used for the glory of God, not excuses to deny His existence or supremacy.

Speaker

Dr. Jonathan Tsai is an ophthalmologist specializing in oculoplastic surgery on faculty at the Baylor Scott and White Eye Institute and Texas A&M College of Medicine, where he teaches medical students and trains residents in ophthalmology and plastic surgery. He is a lifetime member of CMDA and first became involved 26 years ago as a medical student in South Carolina. He and his family enjoy hosting medical students in their home for Bible studies and serving on medical mission teams delivering eye care in Peru. He and his wife Mandolyn have been entrusted with five sons and six daughters ranging in age from age 17 years to three months. For further information or to contact Dr. Jonathan Tsai, please email him at jhtsai@mac.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **What motivates you to share your faith?**

   There is certainly no one "right" answer, but serious contemplation of all that Christ does for us is what creates the overflow that empowers us to live out and speak of God's grace

to us. We love because God first loved us (1 John 4:19), and we want others to know His inspiring and empowering love, as well.

3. Dr. Tsai mentions that his "faith informs what I do, not detracts from it." How do you see your faith "informing" your practice? Be specific.

Our faith informs our practice in numerous ways—including, most importantly, our call to excellence in the treatment we provide, our loving attitudes with patients, careful listening skills and empathy, and being open, honest and transparent with our patients. We need to evaluate all we do in our practice through the "grid" of God's Word.

4. Dr. Tsai speaks of God revealing truth in two ways, through General Revelation (all that God has created) and through Special Revelation (God's Word, the Bible). What are similarities and differences between the two? Explain the following quote from this episode in light of these two sources of truth: "You can still use reason to support your faith, but just don't let reason supplant your faith."

Both General Revelation and Special Revelation are legitimate sources for us to discover God-given truth. Also, both must be handled carefully, or we can derive inappropriate conclusions from each of them. However, one critical distinction is that the truth God communicates through the Scriptures of the Old and New Testaments goes well beyond what we could ever learn empirically. Areas to which Special Revelation uniquely speaks include the origin of man, the nature of man, morality, the ultimate purpose of man, eternal justice and the eternal destination of man. Those who limit their understanding of truth to mere empirical derivation will never be able to satisfactorily answer the deepest questions of the human heart.

5. How would you answer a friend who asks, "Is Jesus the only way to God?"

One approach would be to begin with a question: "What is it that blocks our way to God?" The answer, which even a non-Christian should be able to appreciate to some extent, is the fact that God is perfectly holy and we are not. The next logical question is, "Can we attain a level of holiness acceptable to God?" If the answer is yes, then there are many religions that seek to lay out a way to accomplish this. However, Jesus is unique in religious circles in that He called people to look to Him in faith as their way to the Father (Isaiah 53, Matthew 10:32, John 5:39, John 11:25, John 14:1, John 14:6) So ultimately, the person who denies the necessity of Jesus for salvation is at odds with Jesus, even more so than with the believer who is sharing the gospel.

A common response from non-Christians is feigned or real concern for the person who has never heard of Jesus. A number of promises in the Scriptures promise that the person who truly seeks the Lord will find Him, such as Jeremiah 29:13. For the person who is truly seeking the Lord, God will find a way to reach them—perhaps through a missionary, perhaps through a dream or a vision or perhaps through whatever means the Lord chooses. At this point we can challenge the person with whom we are speaking: "Are you seeking the Lord with all your heart?"

6. How might transparency with colleagues and co-workers bring glory to God? How does Acts 24:16 apply to transparency in your workplace?

Acts 24:16 says, "...I also do my best to maintain always a blameless conscience both before God and before other people, always" (NASB). Keeping a clear conscience, as Paul suggests, might entail careful informed consent, eliminating hidden motives (profitability) and careful explanations of care plans. It will also inevitably require, on certain occasions, to ask forgiveness for inappropriate actions—something we are hesitant to do, but an action which is so counter-cultural that it could actually be a strong testimony to the power of the gospel.

7. Do you see your calling as a healthcare professional and as an ambassador for Christ as a duty or a delight?

Every person who walks with Christ should be well familiar with both the duty and the delight of being His ambassador (2 Corinthians 5:20). And despite the tremendous persecution that has fallen on so many followers of Jesus, one of the clearest statements of Jesus regarding His ultimate purpose is found in John 15:11: "These things I have spoken to you, that my joy may be in you, and that your joy may be made full" (ESV). Perhaps we create a false dichotomy when we assume that duty cannot be a delight, as illustrated in Hebrews 12:2: "Fixing our eyes on Jesus, the pioneer and perfecter of faith. For the joy set before him he endured the cross…" (NIV).

8. Who has had the greatest impact on your faith through the years and, retrospectively, how intentional were they in investing in you (though it might not have been as apparent at the time)? Where is God calling you to sacrificially invest in others in the same way?

It is hoped this question will inspire people to be intentional in their efforts to sow into the lives of other believers (2 Timothy 2:2).

9. Dr. Pascal Magne describes his search for Christ as involving the consideration of several different religious perspectives before he adopted the Christian faith as his own. What might you say to someone who claimed that all religions are equally valid ways to reach God?

The various religious options of the world are not in agreement, so they cannot all be equally valid. This is equivalent to saying, "Any prescription will do for my sickness." One must first determine the correct diagnosis, then the best treatment can be pursued. If the speaker is trying to make a statement against any form of absolute pronouncement, then they could be reminded of the fact that they are indeed making an absolute pronouncement which several of the world's religions (Judaism, Christianity and Islam) would find highly offensive. Ultimately, there is no way to avoid taking a stand, so serious seekers should take a stand with that perspective which best explains the world in which we live, and which enables us to best deal with the challenges we face.

10. What is one take-home item from today's session that you hope to implement?

Additional Resources

1. Discipleship Essentials
2. Transforming Discipleship: Making Disciples a Few at a Time
   by Greg Ogden
3. Every Good Endeavor: Connecting Your Work to God's Plan for the World Gospel in Life: Grace Changes Everything
4. Making Sense of God: An Invitation to the Skeptical
5. The Reason for God: Belief in an Age of Skepticism
   by Timothy J. Keller
6. Gentle and Lowly: The Heart of Christ for Sinners and Sufferers
   by Dane Ortlund

FAITH PRESCRIPTIONS
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Episode 17

The Case for Practicing Medicine Christianly – Part 2

Summary

Of all the ways Jesus could have demonstrated His power, the most frequent display was through healing. He also commanded His disciples to go out for the purposes of preaching and healing, linking these two together in a way that should make us want to go and do likewise. Overall health must include spiritual health, or else the benefits will be short-lived. There are many demonstrable benefits for those of our patients who are walking with Jesus, and we can help our patients more fully appreciate the physical blessings connected with spiritual health.

Speaker

Farr Curlin, MD, is the Trent Professor of Medical Humanities and Co-Director of the Theology, Medicine, and Culture Initiative (TMC) at Duke University. Dr. Curlin's ethics scholarship takes up moral questions that are raised by religion-associated differences in physicians' practices. He is an active palliative medicine physician and holds appointments in both the School of Medicine and the Divinity School, where he and colleagues offer Christian theological formation to those with vocations to healthcare.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **During the course of your study of the *Faith Prescriptions* resource, has your ability to address your patients' spiritual needs increased? What changes have you seen?**

3. **Dr. Curlin makes a strong case for integrating our personal (spiritual) and professional lives, and for viewing all patients and colleagues as spiritual beings. How do the following Scriptures speak to his points?**

a. ***Luke 9:2 –*** Jesus' charge to His disciples as He sent them out to share the Good News. His two charges were to proclaim the kingdom of God and to heal. Clearly Jesus linked these two callings in a foundational way.

b. ***Matthew 9:1-8 –*** Jesus healing the paralytic. Jesus provided both physical and spiritual healing for the man. The physical healing provided evidence that Jesus had dominion over the spiritual realm, as well.

c. ***Matthew 25:34-40 –*** Jesus explaining His presence as we serve and minister to our patients and others around us. He says our provision of care for the needy is reflective of how we care for Jesus Himself.

4. Dr. Curlin states regarding the practice of medicine, "We should make use of it, it's a gift of God, but don't put our hope in it, as if it is the physician who saves." See if you can create a statement to a patient that would communicate this reality to a patient in a way that honors Christ. (Perhaps give each participant time to create a statement, then allow multiple people to read what they came up with).

Example: "Mrs. Jones, my surgical team and I will do our very best to provide the treatment you need to be restored. But ultimately, we are trusting in the Lord to bring about your healing, and we encourage you to do the same. May we pray regarding your treatment?"

5. Do you believe the overall health of a patient includes their spiritual health? If so, what are some ways you demonstrate this belief to your patients?

Anything and everything that a healthcare professional does to point to our spiritual condition, and how the gospel addresses that spiritual condition, is evidence that spiritual health is an integral part of a patient's overall health. This does not mean a gospel presentation needs to occur with each patient every time, but there should be a self-conscious effort to move our patients in the direction of Christ.

6. Dr. Curlin states, "We don't treat the profession of science as somehow self-vindicating, as somehow beyond critique. Science does not give us direction about how to use technology."

a. Why might some believe science is self-vindicating?

i. Some are so impressed with intellectual capacity that they see intelligence as a justification for moral respect. Yet some of the most evil people in history had brilliant minds but evil, unrepentant hearts.

ii. As more and more medical procedures are patient-driven, the ethical question of, "Should we?" is replaced by the technological question, "Can we?" This is a huge reason why we as healthcare professionals need to be Christ-centered advocates for our patients, especially when they want something that is not in their best interests.

b. What are some examples of how medical science, in the absence of proper moral grounding, has progressed in ways that make immorality more prevalent?

i. Various forms of birth control, which leads people to believe sex before and outside of marriage is just an amoral choice.

ii. Abortion, which is seen as the "solution" to an unwanted pregnancy, but in a large percentage of cases ends up causing additional moral guilt and additional spiritual damage.

iii. Transgender treatment, both hormonal and surgical, which causes those with usually transient discontent with their gender to sometimes pursue irreversible traumatic treatment.

iv. Fetal Tissue Experimentation - This disrespect for the personhood of a fetus results in further devaluing of life at every stage, inspiring a utilitarian attitude that opposes the fact that God creates man in His own image.

7. Dr. Harold Koenig states, "People who are a part of a faith community, people who attend religious services regularly, have enormous health benefits from that…And that gives physicians a really good reason for encouraging patients to engage in their faith community." Have you ever shared with patients the empirical benefits of religious involvement? Why or why not?

Dr. Koenig and others have produced many, many empirical studies to show the benefits of religious involvement (see Additional Resources below). In addition, numerous physical and societal benefits are enjoyed by adherents of the Christian faith, such as the following:

- Prayer can be a great way to relieve anxiety (Philippians 4:6-7).
- When a husband and a wife hate divorce, as God does (Malachi 2:16), countless otherwise hopeless marriages can be redeemed.
- When children receive solid, disciplined training at an early age, they are more likely to grow into responsible adults (Proverbs 22:6).

8. What is one take-home item from today's session that you hope to implement?

Additional Resources

1. Curlin FA, Hall DE. Strangers or friends? A proposal for a new spirituality-in-medicine ethic. *J Gen Intern Med*. 2005;20(4):370-374
2. Curlin FA, Tollefsen C. Conscience and the way of medicine. *Perspect Biol Med*. 2019;62(3):560-575
3. Curlin FA, Tollefsen C. *The Way of Medicine. Ethics and the Healing Profession*. Notre Dame University Press (forthcoming 2021)
4. Grace Prescriptions, Module 2 – *Are Spiritual Interventions Appropriate in Clinical Care?*
5. Grace Prescriptions, Module 3 – *The Case For Spiritual Interventions.*

FAITH PRESCRIPTIONS
Your Faith in Practice

Leader's Guide

Episode 18

Practicum Makes Perfect

Summary

This episode is primarily for resident groups who study *Faith Prescriptions* and would like to become more comfortable with what they have learned. Residents practice spiritual interventions while exercising the important principles of treating patients with sensitivity and respect, while also asking permission along the way. Those interested in providing this highly useful opportunity for residents will appreciate the description of how it works, as well as illustrations of potential benefits. Also included are some great testimonies of former residents who studied under Dr. Greuel and others at the In His Image residency program in Tulsa, Oklahoma. See below for a step-by-step guide to Practicum patient visits.

Speaker

Dr. Jacob Greuel was raised in church, but as a young adult faltered until he had an encounter with God during medical school that dramatically altered the course of his life. While in family medicine residency, a faculty member led he and others through CMDA's *Saline Solution*. Subsequently, sharing the love of Christ became paramount in his Alabama private practice. Then he and his wife realized a call beyond that practice and short-term missions to "multiply medical ministry". To that end, he completed a fellowship in obstetrics and currently serves on the faculty at In His Image Family Medicine Residency Program in Tulsa, Oklahoma. Dr. Greuel is passionate about training others to magnify the Lord, especially through the practice of medicine. He also enjoys being active in the outdoors and spending time with his wife and their four sons. Dr. Greuel can be contacted at greueljv@yahoo.com.

Recommended Practicum Protocols

1. The lead person greets the patient and family, if present.
2. Introduce the team, explaining "We're not a part of your primary medical team, but are medical professionals trying to improve whole-person care. Could we visit with you for a few minutes regarding your spirituality or religion?

3. Respect the patient and be willing to back off politely and move on without pushing it if the patient directly refuses at any point.
4. Be aware of the patient's implied verbal and nonverbal communication and ensure the patient is comfortable continuing with the conversation. If you're not sure, just ask, "Would it be okay if we continue…?
5. If the patient agrees to participate, the presenter could use the LORD's LAP acrostic learned and practiced during the seminar (assuming we are still using this acrostic).
6. During the time of conversation, the presenter may use faith flags, faith stories, offer prayer, a chaplain or pastoral referral, etc... as appropriate. Consider asking if the patient would you to pray with them, unless they have indicated that this offer would be unwelcome.
7. At the end of the session, thank the patient for their participation, and consider eliciting brief feedback (i.e., "How did you think that went with regards to your care here?") if the patient seems open to that and time allows.
8. Debrief/ questions:
    a. What went well?
    b. What didn't go well?
    c. How would you do things differently in the future?
    d. How can you, right now, enact a plan to hold yourself accountable to applying the principles learned in *Faith Prescriptions*? (Participants will take some action in this area before leaving, i.e., set a reminder in their phone, plan to meet with another participant later, etc...)

Additional Resources

1. *Your Best Life in Jesus Easy Yoke* by Bill Gaultiere, Ph.D
2. *The Saving Life of Christ* by Major W. Ian Thomas
3. *Don't Waste Your Life* by John Piper

FAITH PRESCRIPTIONS
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Episode 19

Good News: Hope in Depression

Summary

All creation groans (Romans 8:22) as it waits for redemption to be completely applied to this crazy world. Sometimes the groaning is a response to our environment, and sometimes it's within us. In either case, we are all overwhelmed at times by the real and perceived challenges we periodically face. This episode recognizes the legitimacy of both physiologic and spiritual treatment modalities, and how the gospel can be foundational in the treatment we provide for all patients, both believers and non-believers.

Speaker

Thomas H. Okamoto, MD, is a board certified adult psychiatrist. After previously serving as Medical Director of the Minirth-Meier Clinic West Adult and Adolescent programs, he is currently an Assistant Clinical Professor of Psychiatry at the University of California Irvine School of Medicine. He is Co-chair of CMDA's Psychiatry Section, married with three grown children and practicing in Santa Ana, California. Dr. Okamoto can be reached at his office at 714-558-2460.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **Dr. Okamoto mentioned the importance of discovering a patient's spiritual values. What questions might you ask to help do that?**

   - When you become discouraged, how do you attempt to deal with it?
   - Do you have friends or family that help to provide support for you?
   - Are you part of a faith community?
   - Do you ever pray?

- May I pray for you?

3. Dr. Okamoto suggested that we need to "represent" Christ's love to our patients, especially those struggling with depression. What are some of the ways we can do this?

- Giving them hope that their condition can get better (John 15:11)
- Avoiding judgment regarding their depression (John 9:1-3)
- Encouraging them to pursue the peace He can give them (John 14:27)
- Compassionately explaining the details regarding what could be a perplexing diagnosis (Luke 24:27)
- Providing encouragement even in difficult times (John 11:25-26)
- Showing compassion on their situation (Matthew 9:26)

4. In treating patients with depression, how might your approach be different for those who seek to walk with Christ, compared to those without an active faith?

Those who do not look to Christ in faith may look upon the Christian faith as mere foolishness (1 Corinthians 2:14), or they may be apathetic toward the wisdom and power of the gospel. For this reason, they are not as likely to embrace spiritual interventions the way a person of faith could. This does not mean spiritual issues should not be addressed, but it may be wise to tread gently in the spiritual realm until a degree of credibility is established. It is not hard to imagine how the Lord could use depressing circumstances to draw a person to faith in Christ, and what a privilege it would be for us to play a role in this process!

On the other hand, patients with a faith perspective can be reminded of the numerous ways in which their beliefs can encourage and sustain them during rough times. The Bible illustrates how all of us—including David, Elijah, Job and the apostles—can at times find ourselves depressed. Alongside these stories, we read of how God can deliver like no one else! Also, it is more likely that Christian patients will welcome our offers to pray for them with open arms. We cannot predict how the Holy Spirit might work, but we can have great hope, since He indwells every Christian!

5. Would you seek out professional treatment for depression if you knew you had the disease? Why or why not?

Being a healthcare professional can be spiritually and personally challenging, putting us and our families at risk of reverse stigma and privilege. As a Christ follower, we are called to humility, surrender and dependence on the Lord. As healthcare professionals, we are trained to make split-second, life determining decisions. This can be a spiritual liability if we allow ourselves to believe we are in control of our professional gifts and not God. Pride and narcissism, encouraged by our society and profession, can become a spiritual weight around our neck and can damage our witness and therapeutic effectiveness as Christian healers.

The acknowledgement and acceptance of our vulnerability to depressive illness and/or our denial and resistance to accepting treatment for depression in our life can reveal areas of personal or spiritual weakness, as it does in other conditions such as burnout, substance use disorders or other mental health disorders.

As Christians, we are led to foster gratitude and thankfulness for the gift to be healers in a profession that provides privilege. However, as much is given, much can be required. When we experience illness such as depression, we can choose to demonstrate humility and accept suffering and weakness in our lives. Demonstrating our faith can be a powerful witness to healthcare professionals, friends, family and patients. We can allow our lives to become an embodiment of Christ's work for restoration and healing.

6. How might you use these verses to specifically encourage patients in their struggle with depression?

a. "Do not fear, for I am with you; Do not be afraid, for I am your God. I will strengthen you, I will also help you, I will also uphold you with My righteous right hand" (Isaiah 41:10, NASB).
b. "Who comforts us in all our affliction 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" (2 Corinthians 1:4, NASB).
c. The story of Elijah and his depression – 1 Kings 19

   i. For the person who is walking with the Lord, this is a beautiful promise that can remind them of the frequent difference between the fact of God's presence and our perception of that presence. Also, there is a promise of God's help here. This help may come through healing, or it may come through endurance, but as we believe the Lord gives us eyes to see.
   ii. Every person who belongs to Christ has been comforted in various afflictions by the love of God. Though we may not be able to fully identify with a patient suffering from depression, we can certainly attest to the power of God to deliver us from situations that at times seemed hopeless.
   iii. Elijah feared for his life, and he mistakenly believed he was the only person remaining who was seeking to be faithful to the Lord. God personally refreshed him with food, and then with the truth that there were many others besides him who were still seeking to be faithful. It should be a great encouragement to us to see that even a brave prophet like Elijah had his moments of despair.

7. Although Christians are certainly susceptible to bouts with depression, Dr. Harold Koenig states that they "certainly seem to have the resources to get through these times better than those who don't have a faith." What are examples of some of the resources to which Christians may have access?

- Strong family relations
- A faith community
- Prayer and fellowship opportunities

- The constant presence of a loving God
- The wisdom of the Bible

8. **Dr. Karl Benzio references how the wisdom of the Bible can be a great asset in treating depression, and this is true even for those who may not have a personal faith. He also mentions the possibility of biblical wisdom leading someone to consider the ultimate Author of the Bible and what He has done for His people. Have you ever seen a patient or colleague come to faith in Christ? What humbled them, and how did they discover God's grace in Jesus Christ?**

   It is hoped that stories from group members will inspire all present to realize how God frequently opens the eyes of the blind by using medical challenges and faithful healthcare professionals.

9. **Dr. Timothy Allen, in reference to Elijah, suggests sharing with patients, "Just because you feel like a failure doesn't mean that God thinks that you are." How could such a statement open the door for the gospel?**

   The common attitude in our country among those who think there might be a God is that they have to earn His favor through their own merit, or that they have to meet His standards, whatever they might be. Dr. Allen's statement blows this heresy to smithereens and creates an opportunity to present Jesus as the evidence that God sees His people as worth saving, as evidenced by the fact that He sent us His only Son.

10. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. *Changes That Heal* by Henry Cloud

FAITH PRESCRIPTIONS
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Episode 20

Caring For Refugees and Immigrants

Summary

The greatly increased number of immigrants and refugees seeking healthcare in the U.S. provides a wonderful opportunity to communicate the love of Christ through the care we provide. However, special challenges are also caused by cultural and attitudinal differences. This episode denotes some of those unique challenges and how we can overcome them as we share the love of Christ with our international friends.

Speaker

Drs. Andrew and Esther are both family medicine physicians currently working at a clinic that serves a large population of refugees and immigrants. They love coming up with creative ways to serve their community. They enjoy spending time with their two kids, going on hikes and making meals together. Email them at DrsEandA@gmail.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **What can we learn from the Bible with regard to our calling to show kindness to refugees from the following passages:**

    a. Mark 12:31 - Love your neighbor as yourself.
    b. Leviticus 19:34, Exodus 12:49 - Treat foreigners as native-born.
    c. Deuteronomy 14:28-29 - Provide for orphans, widows and sojourners.
    d. Deuteronomy 27:19 - Do not withhold justice from foreigners.
    e. Hebrews 13:1-2 - Show hospitality to strangers.
    f. 1 Peter 1:1, Philippians 3:20 - We are sojourners, and our citizenship is in heaven. By showing love to earthly sojourners, we are testifying to God's love for us.

3. **What are some of the barriers to caring for refugees and immigrants?**

    a. Communication - language, culture
    b. Complex medical and mental health issues
    c. Mistrust of authority and of the healthcare system for a variety of reasons

4. **Is there sometimes a language barrier between you and your patients? What are some possible ways to overcome this barrier?**

    a. Hire employees that speak the languages of your patients.
    b. Hire translators.
    c. Utilize a translation software program.
    d. Have written materials translated into the languages of your patients.

5. **What qualities do we need to cultivate in order to "understand" our sojourner patients? Consider Philippians 2:3-5, Ephesians 4:2, James 1:19, etc.**

    a. Philippians 2:3-5 – Humility: think of the needs of others above our own.
    b. Ephesians 4:2 – Humility, gentleness, patience; giving people and their needs the time they require.
    c. James 1:19 – Listening before speaking; their English may be broken and hard to understand, so this may not be easy.

6. **Dr. Andrew tells a story of a refugee patient, a physician in his home country, who was having a panic attack. This patient received the treatment he needed, and the compassionate care he received eventually led him to faith in Jesus Christ. Have you seen any patients who turned to Christ during the course of their treatment? What were the key factors in their transformation?**

7. **What are some practical steps we can take to address the barriers to refugee treatment?**

    a. Learn a few words of their language, at least to greet them.
    b. Ask what their name is, what it means, how to pronounce it.
    c. Consider employing a translator, even if it's not covered by insurance.
    d. Become involved with their lives outside of the clinic.
    e. Avoid religious icons, which could create defensiveness.
    f. Seek to become a part of the community.
    g. Grow in knowledge of different cultures.

8. **Dr. Jeff Amstutz cites the fact that approximately 25 percent of U.S. doctors (both physicians and dentists) are immigrants, and he shares a story of a cardiologist who received the gospel as it was shared with him by a medical colleague.**

    a. **Do you have any colleagues who are immigrants?**
    b. **Have you had any spiritual conversations with them? Why or why not?**

    It would seem likely that almost everyone would know at least someone in healthcare who immigrated from another country. Sometimes we are more spiritually intimidated than we should be by the fact that someone is from another country and perhaps adheres to a different faith. Yet reaching out in love to those of other faiths can create great opportunities to discuss similarities and differences between the world's religions. We should proceed respectfully, with sensitivity, and also with the confidence that the

Christian faith is solid and able to withstand alternative viewpoints. Everyone needs Jesus Christ, and the fact that a person has a different appearance or culture should not deter us from sharing the love of our Savior.

9. **Dr. Kristin Martel exhorts us to make our treatment area a "sanctuary" for our international patients. What are ideas of how we can do this, and how might the Lord work through our efforts in such an environment?**

   The more difficult a person's life is, the more likely they are to appreciate the blessing of a peaceful place where they can relax and trust those around them without fear. Dr. Martel speaks of giving her refugee patients the "freedom to be able to be who they are, to tell their story; where we take time to listen and ask thoughtful questions about the trauma they've gone through or the fears that they have. We validate that they are worthy of being human and loved because they are image-bearers of God. And as we provide that sanctuary, we want to do that in a way that is humble, that utilizes the humility that Jesus gives us, as the way that He cared for people…that they would experience the love of Jesus."

10. **Dr. Andrew and Esther's clinic has regular times of celebration. Do you celebrate at your office? Consider the following verses as they relate to the benefits of regular times of celebration:**

    a. Proverbs 15:15 **-** Our internal countenance will greatly affect how we interpret the events of life. Hearts filled with grace will look for God's purposes even in negative events. Conversely, those not walking in accord with God's grace can become frustrated even in the midst of fortuitous occasions.
    b. James 1:17a **–** All good proceeds from God, and His love takes on many different forms.
    c. Psalms 126:3 – Our gladness can be increased as it is shared with others.
    d. Nehemiah 8:10 - Healthcare is a challenging profession and providing care for refugees has additional challenges that can create discouragement and anxiety. Regular celebration and sharing of positive accomplishments can encourage rejoicing in the Lord.

11. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. *Cross-Cultural Servanthood: Serving the World in Christlike Humility* by Duane Elmer

2. *Ministering Cross-Culturally: A Model for Effective Personal Relationships* by Sherwood G. Lingenfelter

FAITH PRESCRIPTIONS
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Episode 21

Communicating the Gospel Internationally

Summary

Jesus calls us to "Go, therefore, and make disciples of all nations…" (Matthew 28:19a, NASB), and His followers have, by God's grace, succeeded in spreading the gospel throughout the world. This calling, however, comes with unique challenges. Respect for the differences between various cultures can enable us to communicate the universal need we all have for a Savior, and how the saving power of Jesus Christ can uniquely minister to the hearts of all.

Speaker

Dr. Scott trained at the Medical College of Virginia and Truman East Family Medicine Residency in Kansas City, Missouri. Dr. Scott and his family lived in South Asia from 1999 to 2015, providing medical care at a village mission hospital including a year and a half stint in a Gulf country where the security situation in South Asia worsened. Since 2015, Dr. Scott has taught family medicine at the Virginia Commonwealth University (VCU) School of Medicine and has worked part-time as CMDA staff at VCU. At the School of Medicine, he started the month-long International Medical Mission elective for senior students, during which he takes a group annually to Karanda Mission Hospital in Zimbabwe. He completed VCU's TIME (Teaching in Medical Education) certificate course. He loves teaching and has received teaching awards in the Practice of Clinical Medicine program at VCU and from the Society of Teachers of Family Medicine. He is very keen on the professional, moral and spiritual formation of students, and he is eager to motivate and train them to serve internationally in cross-cultural contexts. He is active with the South Asian refugee and immigrant population in Richmond, Virginia. His wife JoAnn is an ESL teacher, and they have three grown sons. For further information or to contact Dr. Scott, email him at sarmistead123@gmail.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **One of the biggest challenges for a missionary is that of contextualization—relating the gospel to a particular culture. Dr. Scott speaks of the challenge of sharing the gospel in an "honor-shame" culture. How might the gospel speak to an individual for whom personal honor and shame are dominating considerations?**

   In an honor-shame culture, one's individual and family standing in the eyes of the other is of utmost importance**.** A person with this type of mindset is more concerned with looking good than with being good. One protects their honor, defends their honor and, at times, goes to great lengths to ensure the maintenance of the appearance of their honor. Shame is to be avoided, especially public shame. Yet, we all have shame because we all have thought shameful thoughts and done shameful things. There is no getting around these realities of our lives, but the tendency is to hide behind veils of piety and moral pretense. It is likely that all humans can, at least to some extent, identify with this shortcoming.

   The gospel includes the audacious claim that God Himself, though with nothing to be ashamed of, enters the world of dishonor and shame for the sake of love for humanity. The cross is undeniably a horrific example of public shame. Jesus was pierced for our transgressions, He was crushed for our iniquities and by His wounds we are healed (Isaiah 53:5). By Christ's taking on our sin and shame, we are free to live authentically without pretense, dealing honestly with our brokenness with a God we know loves us and in a community of similarly Christ-oriented people before whom we need not hide.

3. **We are told to "count the cost" of following Christ in Luke 14:27-32. What would be some of the costs of serving Christ in another culture?**

   Learning the language and culture, serving people unlike us, showing hospitality, building relationships, giving up the comforts of modernity, receiving less material compensation for one's efforts, etc.

4. **Dr. Scott describes his efforts to "intentionally talk about my own weaknesses in the context of friendships" because it allowed him to become "a more safe person for people to reveal their struggles…."**

   a. **Why might this be hard for healthcare professionals to do?**
   b. **How could God use our transparency in the lives of our patients?**

      We seek to treat our patients with excellence so they will have confidence in our abilities. If we allow them to see that we don't have it all put together, we might be afraid it will harm their impression of us. Yet, the fact of the matter is that we all have weaknesses, we all need a Savior and our willingness to be transparent regarding our struggles can point them to the One who can help them more than we can.

5. **Westerners tend to see faith as a private matter, whereas in many parts of the world faith discussions are a normal part of life.**

a. Why might this be so?

The West has achieved great gains through intellectual prowess, resulting in significant technological advances, but also leading many to believe God is not as necessary as He was previously. Truth about God is viewed by many as a less significant and less sure entity than empirical truth. We have fallen prey to Paul's accusation in Romans 1, as we worship and serve the creature rather than the Creator (Romans 1:25).

b. What adjustments could help a Westerner better fit in with those for whom spirituality is more integral to their conversations?

In much of the world, religion is not private; in fact, one who is only privately religious and never publicly so seems *nonreligious* to everyone, and this is odd**.** For many cultures what it means to be human is to *think*, *feel* and *pray*. Neglecting any of these aspects means one is less than what a human should be. It seems that one in the West must be intentional about the "insertion" of religion and religious language into the public square, into one's common speech, into the classroom, etc. This type of language can be learned from other cultures or from the literature of the pre-modern West. Such an insertion will be culturally awkward and must be done with care, but because language matters and because there is no lack of effort by those who are antireligious to eliminate or control language in the public square, it seems that this is an area worthy of intentional engagement.

6. Dr. Cathie Scarbrough, having visited more than 30 countries to provide healthcare, concludes, "People are people, no matter where you go." Despite the differences we encounter as we interact with those from other countries, what are some of the similarities that can give us confidence in sharing the love of Christ with them?

All people will at times encounter situations that reveal our need for more than we can attain in our own strength. Also, as creatures made in God's image, He has placed eternity in our hearts (Ecclesiastes 3:11), which leads us to consider what our eternal state will be. The biggest questions we humans face in life are answered only through the truth of God's Word and the victory won by Jesus Christ on our behalf.

7. Dr. Trish Burgess tells of a patient unable to hear, who just needed her ears cleaned out: "I cleaned her ears, but God opened her ears to hear the gospel message." Have you ever had a similar experience in your "mission field," either domestically or internationally?

8. Jaime Saint exhorts short-term mission teams to recognize that "the physical is the best door to the spiritual" and empower the local church so "you can have a long-term impact on a short-term trip." What are some ways mission teams can empower the local church before they head back home?

a. Enlist local medical personnel to join the team to provide treatment.

b. Utilize local pastors to interact spiritually with patients.
c. Provide treatment in a church or with church members as the organizers of the treatment, so those served will see the care as being provided by the church.
d. Teach local believers how to provide basic treatment for their countrymen.
e. Treat local partners with respect and dignity.

9. What is one take-home item from today's session that you hope to implement?

Additional Resources

1. *Let the Nations Be Glad* by John Piper
2. *Perspectives On The World Christian Movement, Third Edition* edited by Ralph D. Winter and Steven C. Hawthorne

FAITH PRESCRIPTIONS
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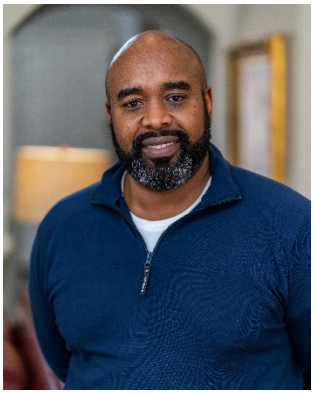
Episode 22

Race Relations: Crossing the Divide

Summary

There are great advantages to serving the Lord alongside others of different ethnicities who have different life experiences and different perspectives than we have. Jesus prayed in John 17 for His followers, "that they may all be one… so that the world may believe that You have sent Me" (John 17:21, NASB). How can we overcome our unconscious biases and celebrate the brotherhood we enjoy when walking with Jesus in unity?

Speaker



Dr. Omari Hodge is the Program Director for a family medicine residency in Tampa, FL. He and his wife Kiera have been married for 25 years and have four children. Currently he serves on the CMDA Board of Trustees. Additionally, he chairs CMDA's R^2ED Committee and advisory panel to the board on issues of race and reconciliation. He and his wife enjoy traveling, doing missionary work, and experiencing different cultures. In their spare time, you can find them hiking, biking, or checking out local eateries around the Tampa area. For further information or to contact Dr. Omari Hodge, email him at Omsyki@gmail.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **In seeking better race relations, Dr. Hodge exhorts us to seek not just diversity but also cross-cultural dependency.**

    a. **How does this second step accomplish more than just the first?**

    Diversity can be a good step toward better race relations, but it does not necessarily guarantee interaction between diverse individuals. However, cross-cultural

dependency includes both interaction and an awareness that we can be a blessing to each other and that we are better together.

b. Is cross-cultural dependency a biblical goal? (Hint: see 1 Corinthians 12:12-21.)

Paul's metaphor of the parts of the human body as representative of the various parts of Christ's church should resonate strongly with those in healthcare. When we fail to realize our dependence on those different from us, we miss out on how the Lord can make up for our weaknesses through the compensatory strengths of others.

3. **Jaime Saint says, "We believe that God has gifted every Christ follower in unique ways for meaningful participation in His Great Commission." How does this reality inspire us toward pursuing diversity and cross-cultural dependency?**

Unity in Christ can empower us to overcome the prejudices and apprehensions related to serving with those who are different from us. Mission trips are a great example of how a common cause (communicating the love of Christ) can enable us to bond together and realize that what unites us is greater than that which might otherwise separate us.

4. **Dr. Hodge says, "You really can't appreciate the fullness of Christ until you begin to see Him through the lens of other people."**

a. Why might this be so?

Our understanding and appreciation of the glory of Christ is limited by two things: we are not omniscient (all-knowing), and we have somewhat distorted views of reality because of our fallenness. Both of these limitations can be somewhat offset through regular interaction with those having a different perspective than we do.

b. Any examples of things you have learned about Christ or the gospel from people ethnically or culturally different from yourself?

Following is one example from Dr. William Griffin:

"My wife Linda and I were worshiping on a Sunday morning in Togo, West Africa and it was time to receive the offering. There was a barrel up front, and the worship musicians began playing lively praise music while church members danced their way up to the barrel to make their contributions. Something inside me said, 'This isn't right.' Then the Lord brought to mind 2 Corinthians 9:7: '…for God loves a cheerful giver' (NIV). This simple event revealed to me a cultural bias that was corrected by the biblical exercise of cheerful giving!"

5. **Revelation 7:9-10 says, "After this I looked, and behold, a great multitude that no one could number, from every nation, from all tribes and peoples and languages, standing before the throne and before the Lamb, clothed in white robes, with palm branches in their hands, and crying out with a loud voice, 'Salvation belongs to our God who sits on the throne, and to the Lamb!'" (ESV). How might this passage inspire you to pursue better race relations in your community?**

If we are going to spend eternity with people "from every nation, from all tribes and peoples and languages" then perhaps we should begin to get to know them now. God's grace affects each of His people in different ways, and sharing stories of His kindness in our lives is a perfect way to prepare for our eternity together.

6. **Dr. Hodge states, "Loving cross-culturally can be one of the biggest evangelistic tools that we have at our disposal." Why might this be? Relate this to John 17:20-23.**

There are at least two ways that cross-cultural love, and the unity it produces, can be a powerful evangelistic tool. First, as we reach out with the gospel to others despite obvious physical or cultural differences, they could realize that their value in our eyes is based on the commonality of us all being created in God's image, and the fact that we are all equally in need of the forgiveness that is in Jesus Christ. Secondly, when we are united as part of a multicultural team in the proclamation of the gospel, those we seek to reach could recognize how the power of the gospel has created unity among us. This is a strong testimony to God having answered the prayer of Jesus in John 17:20-23.

7. **How might the following Bible passages move us toward greater solidarity with those who are different from us?**

a. "Know this, my beloved brothers: let every person be quick to hear, slow to speak, slow to anger; for the anger of man does not produce the righteousness of God" (James 1:19-20, ESV).

We have more to learn from others by listening than by talking. James' advice is powerful when it comes to the establishment of profound friendships with those different from us.

b. "But the Lord said to Samuel, 'Do not look on his appearance or on the height of his stature, because I have rejected him. For the Lord sees not as man sees: man looks on the outward appearance, but the Lord looks on the heart'" (1 Samuel 16:7, ESV).

Our tendency to be overly affected by outward appearance stands in the way of becoming close with those whose outward appearance is different from ours. If we can imitate God in this respect, it will make us more aware of the transforming power of God within every culture.

c. "There is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus" (Galatians 3:28, NIV).

The cross levels the playing field, as described in this radical statement by Paul. The culture of Paul's day treated Jews and Gentiles in radically different ways. Likewise, slaves and free individuals had vastly different roles to play in society. Similarly, males and females were viewed as having widely divergent places in their communities. If the power of the gospel can rectify such inequitable situations as these, then we have strong

reason to believe that in Jesus Christ we can overcome whatever prejudices might be hiding in our hearts.

d. "All the ways of a man are pure in his own eyes, but the Lord weighs the spirit" (Proverbs 16:2, ESV).

It is evidence of wisdom to realize that sinful attitudes can escape our awareness. Such wisdom is illustrated when David prays in Psalm 19:13a, "Keep back thy servant also from presumptuous sins; let them not have dominion over me" (KJV). The prayer of our hearts should be for the discernment to reveal for us any attitudes that deny the respect every human deserves as having been created in God's image.

8. **Dr. Regina Frost is transparent in admitting that we all have subtle conscious and subconscious prejudices toward our patients and others. What are some ways in which a fuller experience of the gospel can help us alleviate prejudicial attitudes?**

   a. We are all sinners (Jeremiah 17:9, Romans 3:23, etc.), equally in need of the work of Jesus Christ on our behalf, and this should prevent us from condescending toward others because of their moral deficiencies.

   b. God did not wait for us to clean ourselves up before loving us (Romans 5:8); rather, His love transforms us. Our efforts to love the unlovely is in imitation of how the Lord has treated us.

   c. Even as Christians, God is still at work in us to conform us to the image of Christ. Remaining sin in our lives should remind us that we should not be shocked or repelled when we discover sin in the lives of others.

9. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. *Confronting Injustice without Compromising Truth: 12 Questions Christians Should Ask About Social Justice* by Thaddeus J. Williams and John M. Perkins

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Episode 23

For Educators: Equipping Students and Residents

Summary

It is a great privilege to be able to positively influence the next generation of healthcare professionals. Those who instruct students and residents seek to equip them with the knowledge and the heart to treat patients with skill and compassion. Educators who walk with Jesus are uniquely gifted to speak into the lives of students during their training years. The difficulties encountered during this formative period of instruction can be used by the Lord to create caregivers who promote healing of both body and soul.

Speaker

Dr. Francis Nuthalapaty is a maternal-fetal medicine physician and obstetrics and gynecology residency program director at the Northeast Georgia Medical Center in Gainesville, Georgia. He became a committed Christ follower during his fellowship and is sensitive to the power of the gospel in training environments. He and his wife Elizabeth have three children. For further information or to contact Dr. Nuthalapaty, email him at fsn@nuthalapaty.net.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **Dr. Nuthalapaty speaks of encountering doctors during his medical school years who "just seemed so unhappy…it seemed like they wanted to be somewhere else, they didn't enjoy what they were doing." What are some of the factors that can contribute to our**

overall career contentment in healthcare? See Colossians 3:23, Psalm 90:17 and 2 Corinthians 4:18.

In order for us to have a degree of contentment in our work, a certain level of competency is necessary. We want to believe patients will benefit from the treatment we provide, and the gratitude they express can be a great encouragement to us. However, we cannot live on the praise of others, as sometimes it is absent, and other times it is more than we deserve. Our higher goal is to honor the Lord in our efforts, seeking to provide excellent care in response to the One who has given us the ability to do so. Even if we are able to provide excellent clinical care to our patients, however, we must practice in light of the fact that these earthly bodies of ours were not meant to last forever. Our approach to patient care is to reflect the fact that each person was created in God's image (Genesis 1:27) and the fact that each person has a soul that will never die (Matthew 25:46). For these and many other reasons, we seek not just to positively affect our patients' physical state, but also to communicate the love of God to them in a way that can grow faith in their lives.

3. **Three simple and practical recommendations are mentioned to help educators engage with healthcare trainees:**

    a. **Be authentic.**
    b. **Make your home a sanctuary.**
    c. **Learn about the students.**

    How can each of these steps positively affect the personal and professional development of the students?

    a. Be authentic – As we allow students to see both our faithfulness and our shortcomings, they will see that Christ has made a real difference in our lives, and also that we stand in need of His forgiveness on an ongoing basis.
    b. Make your home a sanctuary – Students and residents feel pressure from countless different sources during their training years. Their desire to spend time with you will be greatly enhanced if they know they are welcome in your home, without judgment or pressure. In addition, if they are welcome in your home, they will get to see the difference Christ can make in the relationships within a family.
    c. Learn about the students – As with patients, the more interest you show in the details of your students' lives, the more loved they will feel. This can help them to be more open to you, leading to a deeper relationship with them.

4. **Dr. Cathie Scarbrough references how residency is a crucial time when residents might be inclined to either give up their faith, or they can *"embrace spiritual care and whole person medicine and run after that for the rest of their careers."***

    a. **What factors could lead to a healthcare student or resident falling away from the Christian faith?**

Withdrawal from sources of spiritual nourishment—church, Bible study, etc.—can create distance and indifference in one's relationship with the Lord. It may also be that some who were part of a church early in life were just going through the motions and may not have possessed life-changing faith. Whatever the reason, it is not surprising that the great demands placed on students and residents can have a negative effect on their spiritual lives.

b. Conversely, how might the training years serve as a time of spiritual growth and maturity?

While some might fall away from the Lord during training years—at least for a time—there are others who are humbled by the difficulties they face and end up coming to faith, or growing in faith, because of their challenges. True faith is like muscle tissue in that resistance can bring about increased strength and vitality.

5. Dr. Laurie Tam speaks of how those students who participate with their CMDA communities can develop habits during their training to enable them to thrive through residency and beyond. What are some examples of good habits that can assist us in our training years and beyond? *(Hint: Dr. Jonathan Tsai mentioned one.)*

Regular prayer—especially for others—can help to prevent us from becoming too introspective and selfish. Also, involvement with a group of other Christians can provide the fellowship that God's people need and cherish. Regular time in the Bible can provide that "two-edged sword" (Hebrews 4:12) that can cut through the subjectivity that at times captures us all.

6. Dr. Nuthalapaty shares his wonderful story of a medical student who came to faith in Christ, and dental student Liz Flaherty describes the opportunity students have to plant gospel seeds during their training years. Do you know of anyone who came to faith, or grew in faith, during their professional training? What might contribute to the gospel taking root in the heart of a healthcare student?

During our training years, most of us experience a profound sense of humbling, an awareness that we have much to learn in order to serve our patients well. The longer we practice and the more competent we become, the more confident we can become in our own abilities. For this reason, it seems likely that far more come to faith in Christ as students and residents than at later points in their careers.

7. It was a mission trip with CMDA's Global Health Outreach that introduced Dr. Nuthalapaty to the joy of the gospel. How have your efforts to treat the needy, either domestically or internationally, affected your walk with Jesus?

Serving those with far greater material needs than our own can help us see how tremendously blessed we are. Hopefully, it not only makes us more grateful for what we have but also less dependent on our health or our possessions for our ultimate joy. We

can be humbled by the faith of those we serve on the mission field and, thereby, be inspired to use our talents and possessions to point others to Christ.

8. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. *Living in the Lab Without Smelling Like a Cadaver* by William C. Peel, ThM
2. *Jesus, MD* by David Stevens, MD
3. *What I Learned about God in Medical School* by Troy Vines, MD

FAITH PRESCRIPTIONS
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Episode 24

End-of-Life Care, Part 1

Summary

The grief and heartache in treating patients near the end of their earthly existence can at times be tumultuous and overwhelming. Yet, this difficult time affords us two wonderful opportunities: to encourage those who walk with Jesus regarding the eternity that awaits them, and to extend a final opportunity for those who do not yet believe, so they might embrace the Savior in faith. This episode includes ways we can recognize the Lord's hand near the end of our patients' earthly lives.

Speaker

Kathryn Butler, MD, is a trauma and critical care surgeon living outside of Boston, Massachusetts. She left clinical practice in 2016 to homeschool her children and writes regularly for the Gospel Coalition and desiringGod.org on topics intersecting faith and medicine. Her book, *Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care* (Crossway, 2019), examines end-of-life dilemmas through a Christian lens. Dr. Butler can be reached through her website www.kathrynbutler.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **Dr. Butler states, "A century ago 90 percent of Americans spent their last days at home among families…and in our modern era 70 percent of Americans still voice a desire to**

die at home among family. However, only 30 person of us do." What are some possible explanations for this discrepancy?

One possibility is that the family wants to make sure everything that can be done medically for the patient is done, so the person's earthly life will be maximized. A second possibility might stem from the desire to make a person's last hours on earth as comfortable as possible.

3. **"Christian physicians are uniquely positioned to guide patients through end-of-life dilemmas that so cut to the heart of who we are in Christ." Do you agree or disagree, and why?**

   Agreed, the physician best understands the patient's physical condition, and they may also have a history with the patient and the family, which would be helpful in treatment discussions. In addition, Christian healthcare professionals should have an understanding of biblical principles that can guide the decision-making process. They can certainly enlist the help of others in this process, but they should do so without abdicating their responsibility and privilege of speaking into this situation.

4. **Why might healthcare professionals be hesitant to refer patients to, or consult with, a chaplain?**

   Those healthcare professionals without a faith commitment might not be sensitive to the fact that faith may be important to the patient. Also, the healthcare professionals might think involving a chaplain could be interpreted by the patient as a pessimistic view toward the future, as though avoiding chaplaincy would be a way of postponing the consideration of the patient's inevitable demise. Neither of these possible explanations are legitimate reasons for failing to involve a chaplain in the patient's holistic care.

   There is, however, one possible legitimate reason for being hesitant to refer patients to a chaplain, and that would be if the chaplain is not committed to the gospel in the spiritual care they provide. It is unfortunate but inevitable that some who serve as chaplains do not recognize that their calling from God includes a responsibility to represent the truth that God has communicated through the Word of God, and through the Word Made Flesh, Jesus Christ.

5. **Dr. Al Weir states, "Near the end of their lives they (terminally ill patients) can come to a point where they can accept deep thoughts in ways that they can't earlier in their lives."**

   a. Why might this be so?

   Life-threatening illness strips away many of the support structures people lean upon during the middle sections of their lives, including material possessions, friends, etc. As Ecclesiastes 3:11 states, "he (God) has put eternity into man's heart" (ESV), and this fact is no more evident than when a patient is staring eternity in the face.

b. Can you think of any examples of end-of-life faith conversions in the Bible? For help, see Luke 23:39-43. Any others?

The thief on the cross, who rightly recognized Jesus as innocent and sought salvation through Him, is the only "death-bed" conversion described in the Scriptures. It has been said that God gave us an end-of-life conversion account so we would not lose hope, but He gave us only one so we would not become presumptuous.

6. **Dr. Steve Sartori uses questions to help open up his patient to the need for Christ. What are some examples of questions we might utilize in a similar situation?**

   a. Is faith a part of your life?
   b. What do you think happens to us after life on this earth is over?
   c. How do you think the Lord will determine who will spend eternity with Him?
   d. How good do you think we have to be in order to be accepted by God?
   e. Are there things in your life for which you need forgiveness?
   f. People often talk about the "Good News." How would you define the phrase "Good News?"

7. **One of Dr. Butler's insightful suggestions is to "address questions before patients are silenced by illness and medical technology." Who are some of the individuals who could help to address patients' spiritual concerns?**

   Doctors, nurses, the patient's priest/pastor/spiritual leader, a local pastor, etc.

8. **What is one take-home item from today's session that you hope to implement?**

   Note: Dr. Butler's four principles, included at the end of this episode, will be repeated at the beginning of Episode 25.

Additional Resources

1. *Medical Ethics and the Faith Factor: A Handbook for Clergy and Healthcare Professionals* by Robert Orr
2. *Hostility to Hospitality: Spirituality and Professional Socialization within Medicine* by Michael and Tracey Balboni
3. *Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care* by Kathryn Butler

FAITH PRESCRIPTIONS
Your Faith in Practice

Leader's Guide

Episode 25

End-of-Life Care, Part 2

Summary

The Bible does not give us every answer regarding how to best meet the needs of those who are terminally ill. It does, however, provide foundational principles regarding decision-making near the end of their lives. Multiple factors will influence the treatment decisions of patients and those who love them. A scripturally wise healthcare professional can be a tremendous asset to patients and their families at this critical time.

Speaker

Kathryn Butler, MD, is a trauma and critical care surgeon living outside of Boston, Massachusetts. She left clinical practice in 2016 to homeschool her children and writes regularly for the Gospel Coalition and desiringGod.org on topics intersecting faith and medicine. Her book, *Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care* (Crossway, 2019), examines end-of-life dilemmas through a Christian lens. Dr. Butler can be reached through her website www.kathrynbutler.com.

Discussion Questions

1. **What from this video inspired, edified or challenged you?**

2. **Dr. Butler lays out four key principles regarding end-of-life care. Do you believe these principles are biblically supported? Consider the following passages, and others that might come to mind.**

a. Mortal life is sacred, and we are all image-bearers of God.
Genesis 1:27, Genesis 9:6, Psalms 139:13-16, Luke 12:6-7

b. God has ultimate authority over life and death, and our times are in His hands.
Job 14:5, Deuteronomy 32:39, Hebrews 9:27

c. Mercy and compassion—love our neighbor as ourselves.
Psalms 145:8-9, John 3:16, Romans 5:8, 2 Corinthians 1:3-4

d. Our hope in Christ, and God's love for us is so vast that nothing can separate us from Him.
Psalm 118:14-15, John 11:25-26, Romans 8:35-39, Romans 14:8, 2 Corinthians 5:17-18

Each of these principles is well-supported by the Scriptures of the Old and New Testaments. Therefore, they represent timeless wisdom in our consideration of end-of-life care.

3. **How might you respond to someone who had a condition that could be treated predictably, but who refused treatment because of respect for God's sovereignty over life and death?**

   God, in His sovereignty, has enabled us to discover medical treatment options that enable us to extend earthly life. Your disease can be treated predictably, and if you decline life-preserving treatment, you will not be able to accomplish all He has for you to do on this earth. You will eventually go to be with Him, but not yet! (See also Philippians 1:22-25.)

4. **Dr. Butler makes reference to "medical futility," a potential factor in end-of-life care.**

   a. How could this factor be helpful in considering appropriate care?

   If there is hope that life-supporting measures could allow for partial or complete resolution of the disease, then such measures can be a positive step in the health of the patient. However, if there is no reasonable likelihood that time or additional treatment will improve the patient's state of health, patients and loved ones should not feel obligated to accept treatments, especially if such measures will prolong death and worsen suffering.

   b. How could a distorted view of "medical futility" be misconstrued as potential justification for euthanasia?

   The physician's declaration of a state of "medical futility" should be based primarily on the physician's professional determination of the patient's state of physical health, as well as the likelihood of further treatment improving the situation. The idea of "medical futility" can help guide healthcare professionals, families and patients wrestling with whether to accept aggressive interventions at the end of life, but it is *never* a justification

for the active taking of life via euthanasia or assisted suicide. A patient should not have the right to demand the active termination of their life merely because they have lost the will to live or because medical treatments are deemed futile. There is a key distinction between declining interventions that will not help, and the active taking of life through chemical means. Medical futility can be temporary and transitory; it should be used as a guide to determine when medical treatments may cause further harm, but never wielded as justification for assisted suicide.

5. **Why is it important for healthcare professionals to be having spiritual dialogue with a patient throughout life, rather than just at the end of life?**

   If the doctor-patient relationship over the years includes a spiritual component, then the patient will not be surprised when faith is addressed at the end of life. Also, ideally the healthcare professional's efforts to provide excellent care over the years should be seen by the patient as an outgrowth of the caregiver's relationship with the Lord. This ongoing spiritual dialogue with the patient can also be accompanied by other individuals in the patient's life, which can help to confirm the legitimacy of the gospel, thereby making it more likely the patient will embrace Christ and grow in his/her faith.

6. **How would you address the following situations?**

   a. An 87-year-old man with end-stage liver disease, hypertensive cardiomyopathy with an ejection fraction of 30 percent and multiple myeloma was admitted to the ICU with urosepsis. He ultimately required intubation as his septic shock progressed to acute renal failure and ARDS. Three weeks after presentation, he is in multiorgan failure, coagulopathic, with worsening oxygenation and a rising pressor requirement despite broad-spectrum antibiotics. During a goals of care meeting, the patient's son states, "My dad believes in the God of the Bible. Under no circumstances are you to take him off life support."

   The "God of the Bible" says there is "a time to be born, and a time to die" (Ecclesiastes 3:2a, ESV). He also says, "And just as it is appointed for man to die once, and after that comes judgment (Hebrews 9:27, ESV). And He also says furthermore, "O death, where is your sting?" (1 Corinthians 15:54-56) for the one who belongs to the Lord.

   b. A 69-year-old woman with recurrent stage IV glioblastoma multiforme, on palliative steroids but without any further treatment options, presents in septic shock from perforated diverticulitis. She undergoes an emergency Hartmann procedure, which she tolerates from a hemodynamic standpoint, but she is unresponsive post-operatively and is noted to have a dilated and fixed pupil. A CT scan confirms a large bleed from her cerebral tumor, with significant midline shift. During an urgent meeting with her family, a daughter says her mother had enrolled in home hospice services and became tearful at the mention of CPR and ventilators. "But I want you to keep going," she adds. "I'm praying for a miracle, and I need you to keep doing everything until God answers."

As Dr. Butler says, God doesn't need a ventilator to do a miracle. One possible response might be, "How long would you like to keep your mother on life support, until you consider the possibility that the Lord is calling her home?" A second response could be, "Your mother's ultimate healing will not happen until after her earthly death. The Bible promises her an incorruptible body in eternity (1 Corinthians 15:35-58).

7. **What is one take-home item from today's session that you hope to implement?**

Additional Resources

1. *Medical Ethics and the Faith Factor: A Handbook for Clergy and Healthcare Professionals* by Robert Orr
2. *Hostility to Hospitality: Spirituality and Professional Socialization within Medicine* by Michael and Tracey Balboni
3. *Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care* by Kathryn Butler

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