// Among All Nations
Autumn 1999
No. 9
Christian healthcare worldwide

Carers who lead and leaders who care

Pontius Pilate has never attracted much sympathy amongst Christians, for understandable reasons. But there's no disputing he had a difficult job to do - implementing unpopular policies from remote centres of power, trying to accommodate the conflicting demands of local tribal interests, and working with limited resources. Much like health service managers of today.

Around the world, nurses and physios and doctors are genuinely appreciated by their patients for the individual care and attention they give. Christians can offer an additional dimension to that care and have the privilege of ministering to patients' spiritual needs on occasions. A hospital manager rarely has that opportunity. He or she is attempting to do the best not for one individual patient but for every patient in the hospital - and for those waiting to be admitted, and even for those not yet born.

There is an in-built tension in 'the system' between managers and clinicians but they cannot serve their patients effectively without each other's help. Clinicians need managers who genuinely care - not just about balancing the budget (although that might be a measure of good stewardship) but in how staff are treated, how policies are implemented and priorities determined.

Managers need clinicians who are able to think beyond the specific needs of their specialty and their individual patients and can consider how services might be organised in a way which will benefit a much wider community within the limited resources available.

Christians who become involved in determining health policy - whether in a hospital, local community, national government or even at the World Bank - can have as great an effect on wellbeing as thousands of dedicated clinical staff working in clinics and surgeries around the developing world.

We need to pray for more frontline, compassionate carers who are willing to take on leadership roles. But, in the meantime, let's not treat managers as the Pontius Pilates of healthcare. Let's pray instead for more Christian leaders and managers who really care about the health needs of the disadvantaged and are in a position to do something about them.

Howard Lyons

Among All Nations is produced in partnership with the **Medical Missionary Association** and **Christians in Health Care** as the international section of *Triple Helix*. They also produce the magazine *Saving Health*, which has more articles on healthcare with mission, and a more comprehensive list of multidisciplinary service opportunities. Details on p15.

10 good reasons for staying

When God called me back to Africa more than ten years ago for ten more years of overseas service, I had ten good reasons for staying in my comfortable surgical practice in the USA.

1. 'Think of how much I could give if I stayed' I said. But God said 'I own the cattle on a thousand hills. You cannot have two masters.'

2. I said 'It is cruel to make my wife move'. But God said 'All these things shall be added unto you'.

3. I said 'But our home is so nice'. But God said 'There are many homes up here. I am your inheritance.'

4. I said 'Think of all the internationals in the USA'. But God said 'I am sending you'.

5. I asked 'How can I live in a communist country?' But God said 'I will go with you'.

6. Then I said 'No one will go with me because of AIDS, starvation, political unrest, persecution, and suffering'. But God said 'There are windows in heaven'.

7. I said 'How can I find a suitable doctor to take over my practice?' Guess what? God showed me the perfect person for the job within two weeks.

8. But I said 'What is wrong with where I am?' To which He replied 'This is your new assignment'.

9. But I said 'I don't want to beg instead of give'. God said 'I am your great reward. Is my hand short that it cannot save?'

10. I said 'I'm 55 going on 65. You need someone young and strong, without physical limitations.' But God said 'I will do a new thing. Be strong and of a good courage. Fear not, nor be afraid of them. For the Lord thy God, He it is that doth go with thee. He will not fail thee nor forsake thee.'

The full original article by Harold Adolph was published in *Today's Christian Doctor, the Journal* of the Christian Medical & Dental Society of the USA, Volume XXX, No.2, Summer 1999, under the title 'Current Trends in Medical Mission'. The following edited extracts are reprinted with permission.

When I arrived in Ethiopia in 1966, I found the OR table was an old metal examination table with only three legs . . . the OR light hung on a rusting coat hanger from a sagging ceiling . . . the sterilizer blew up during my third month . . . my mentor doctor with whom I had hoped to work for five years left after just six weeks . . . the hospital was in debt . . . the first five patients had all been bitten by various wild animals . . . gourds hung on the walls were filled with goat blood, witch-doctor-recommended for speedy recovery . . . a donkey with four kerosene tins secured water for the hospital from five springs in a nearby valley.

Is it so bad that:

- your children may become missionaries? In God's mercy He blessed us with having both our children return to career missionary service in Africa

- you can have almost all three meals with your family every day? - even if you are the only mission doctor for a 105 bed hospital

- you can have your wife and children actively participate in the ministry as a family? Our daughter started making Sunday rounds on the non-infectious cases when she was seven. She worked as a circulating nurse at the age of ten . . . Our son was fixing the evangelist's gospel recorders at the age of ten. By the time he was 14 he was overseeing hospital maintenance

- your children must attend home school? - where the Bible, memorisation, dedication to Christ, prayer, and The Ten Commandments can be joyfully followed

- your family must enjoy wonderful exotic vacations together? - in Africa, Europe, or the US because you have nine months off night call every three years

What are the trends in medical missions today?

- the sad disappearance of the career medical missionary - only 20% of doctors who have felt the call of God to go as missionary doctors still have that interest when their training is completed and their debts paid off.

- the shortening of the medical missionary career - from the former 30-40 years to less than four years. In some ways the short term service and short term teams have killed long term service . . . One survey found that of a hundred feeling the definite call of God to missions, only 12 completed training for this calling, only two actually went, and only one stayed.

- the actual closure of mission hospitals - because of their expense, the lack of key medical staff, the difficulties in running a mission hospital, and sometimes the lack of vision from mission leadership. At a time when there were l2,000 Americans earning good oil money in a certain near-east country, six medical personnel could not be found for a mission hospital that had worked there for 40 years. The mission hospital was closed despite the pleading of the government to keep it open.

- even though the need for the mission hospital is actually greater now than ever before . . . it is sometimes proposed that this is not so. In Africa only one in twenty women needing a C-section for obstructed labour can get their operation.Only 15% of patients with hernias in Africa can get the operation they need during their lifetime, even if their hernia is strangulated. When you think of the government hospital in a poor country giving their patients a list of items such as gloves, syringes, needles, medicines, and intravenous supplies to pick up from a local pharmacy, you know that the need for mission hospitals is not past.

Because of medical missions, Nepal has over a half million Christians today. 80% of the Christians in India relate their conversion to a mission hospital experience. If you describe a circle with a 50 mile radius around each of the 272 mission hospitals in China, you find that these are the areas of revival today. As much as 90% of the medical needs of some countries are met by mission hospitals.

With the start of the Pan-African College of Christian Surgeons two years ago for the training of African Christian doctors in mission hospitals in Africa, the need for training personnel is even greater than before.

- the acceptance of certain myths of theology such as 'the lost are not really lost'. This myth ignores the Luke 16 story told by Jesus, Himself, where the tormented of hell are even pleading for someone to tell their friends about the good news so that they can avoid the same eternal fate.

Loving and compassionate in-hospital care coupled with the spread of the gospel is still the domain of the mission hospital where the 'Jesus video' can be shown to a thousand people every day. A W Tozer said 'We see the world not as a battleground, but as a playground. We are not here to fight; we are here to frolic. We are not in a foreign land, we are at home. We are not getting ready to live; we are already living. We don't realise that we are in a life and death struggle!'

Thirty-two years later there are more than 700 churches among a tribe of about 5 million people . . . they have sent out 120 missionaries to other tribal groups in Ethiopia. The president of the leading seminary in the country was one of my patients. The current CMO and Chief of Surgery of the hospital was a student among 490 others who were trained in evangelism and as nurse practitioners to work in their own communities. During the revolution many patients came to them even when there were no medicines just to have them pray and lay hands on them.

When you obey Him, He will do great things beyond what you could imagine.

Perhaps God planned for you to reach a tribe and language group with the gospel through the gifts he gave you. But instead you used them for yourself. Now over 100,000 people will be forever lost in the fires of hell.

Love always means sacrifice. Sacrifice always means death. 90% of the Christians in Cambodia lost their lives in the most recent upheavals there. It is estimated that today 17 believers will die as martyrs for the sake of Christ somewhere in the world. Death means death to selfishness. Death means conforming to Christ's image. My father's favourite verse was 'Except a grain of wheat fall into the ground and die it abides alone'.

In the book *Of God and Men* A W Tozer says 'We languish for men who feel themselves expendable in the warfare of the soul, who cannot be frightened by the threats of death because they have already died to the allurements of the world. Such men will be free from the compulsions that control weaker men. They will not be forced to do things by the squeeze of circumstances; their only compulsion will come from within - or from above.'

Harold Adolph MD is an American surgeon who has worked overseas for 27 years. In retirement he and his wife travel the USA speaking and recruiting surgeons for world mission

Refresher

The well-established CMF/MMA annual refresher course for missionary doctors and nurses took place from Monday 21st June-Friday 2nd July at Oakhill College in north London. 22 doctors and 14 nurses attended.

Programme

The first week was mainly spent on medical, nursing and primary health care topics. These included malaria, medical education, fertility and infertility, psychiatry (both community and the psychoses), practical perinatal care, community medicine, a session on the UKCC for nurses, respiratory diseases, tropical medicine, AIDS - both clinical and community aspects, leprosy, sexually transmitted infections, midwifery, dentistry and hospital management.

The second week included surgery and HIV, the acute abdomen, ophthalmology, Information Technology as a missionary tool, wounds, burns and skin grafts, ethics, medical imaging, physiotherapy, gynaecology, dermatology, trauma, tuberculosis, anaesthesia, bone and joint injuries, and ENT.

Other resources used were videos, CD Roms, and apart from handouts by the contributors there were over 100 handouts on topics written by Peter Bewes for the 'In Service Training Programme' in Uganda. Teaching Aids at Low Cost (TALC) had a bookstall from which orders were made and delivered before the end of the course.

The facilities of Oakhill College were largely available to the participants, including the chapel and the lovely grounds.

Some participants comment:

'At any one time a group of about 30 or so missionary doctors and nurses met over 12 days at the end of June for the annual Refresher Course. A few came part time, including a physiotherapist and the disabled occupational therapist husband and baby of one of the doctors. It was quite an intense time. Fitting in 48 hours of lectures in twelve days between 9am and 9pm during Wimbledon fortnight is no mean feat!

Photo: Peter Bewes

Hands-on with Professor John Wyatt

Our days began, however, before breakfast with a short worship time, which lecturers and participants took it in turn to lead. We are grateful to the Lord for all of the course. Nevertheless, the morning times and the Sunday rest with services facilitated and led by Rev Robert de Berry were special times of encouragement and drawing close to the Lord. Our days ended in similar tone with one or another bringing an epilogue, usually from the Psalms. We had all come in need of professional update (our 'Martha' need). However, we also needed to commune with our God and to receive encouragement, forgiveness and healing from the Lord Jesus (our 'Mary' need).

We are indebted to the hosts Peter and Hilary Bewes as well as the staff of CMF and MMA for hosting and organising this refreshing course. We are grateful too for over 30 lecturers who kindly gave up their time to come and speak to us. Their current knowledge of medicine, nursing, physiotherapy etc mixed with overseas experience and enthusiasm was invaluable to us. We covered the range of medical and surgical problems and emergencies, we focused too on neonatal care along with obstetrics. There was helpful insight into nursing and midwifery, psychiatry, dentistry, tropical diseases, STDs and HIV as well as the approach to the community. Topics like teaching techniques, management, computing and ethics were also covered along with many other subjects of interest and value.

As colleagues who spend the majority of our time in the 'back of beyond', we are really grateful to be brought up to date as well as helped to see how the 'modern' can be helpful to us. We were glad to share experiences together in three Newsnights of what we have been involved in and what the Lord has done: communities helped, patients saved, churches established,

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Photo: Peter Bewes

Psychiatrist Dr Christine Wright leads a workshop

churches growing and taking responsibility in their area, the strong force for good and for change of national Christian doctors and nurses in developing country health services beset with corruption.

For these times and much more we are very grateful. Neither we nor our mission organisations are very rich. Without Christian Medical Fellowship and its members together with the Medical Missionary Association and a trust fund from the former Nurses Christian Fellowship supporting us on these courses and standing with us in our overseas call, we and other colleagues are not likely to be able to afford to attend further Refresher Courses. We request you all, therefore, to share with us, and to keep subsidising this course which has been so invaluable for us - (our family need).

' . . . according to what what one has . . . Our desire is not that others might be relieved while you are hard pressed, but that there might be equality' (2 Corinthians 8: 12-13).'
Andrew Mitchell
(Doctor, East Africa)

'Please pass on to all at CMF and MMA my thanks and gratitude for another excellent Refresher Course for doctors, nurses and midwives working overseas.

This was the second time I have attended the course and felt it was as good, if not better than the previous course. The mix of lectures on professional topics plus update on current changes in practice and interaction with other course participants was very valuable.

I hope the course will continue into the future as it is currently the only such course available for health professionals working overseas. I look forward to attending again during my next home leave and will recommend the course to other colleagues.'
Diane Norton
(Nurse, working with INF in Nepal)

' . . . fantastic refresher course, many thanks . . . '
Gid Cox
(Doctor, en-route for South Africa)

'It was such a good experience and I am very grateful that I was able to take part with three other colleagues from Germany . . . '
Hans Martin Kilguss
(Doctor working in Pakistan)

'I am a nurse midwife preparing to work under CMS in rural Uganda . . . For those who had returned from overseas it was an encouragement to know others were working in a situation similar to themselves. For people like myself, who are preparing to go, it provided important and relevant information'
Joan Macdonald

'The sessions on primary/community based health care were very useful and there was adequate time for discussion'
Donald Brownlie
(Doctor, Malawi)

' . . . thank you for subsidising the course. The food and accommodation were excellent'
Hazell Newman
(Nurse, working with MECO)

' . . . the discussion on ethics and the introduction of e-mail and the Internet to us was very good . . .'
Iris Schlagehan
(Nurse, home country Germany)

'In addition we learnt much from one another, both about medical matters and about God's work in many different parts of the world and in many situations.

I have written to Crosslinks who paid for me to go to ask them to encourage any missionary medics who are home on leave at the right time to attend future courses.'
Phyll Chesworth
(Doctor, Tanzania)

Refresher Course 2000
Booked for July 10th-21st at London Bible College. The course in 2001 is expected to revert to the earlier dates starting June 18th.

the *agony* and the *ecstasy*

Natalie Byles on a difficult delivery during her elective in Papua New Guinea:

'Oh God, please let there be a plane coming' I prayed as I dashed to the radio to find out the latest progress of the rescue plane. I stammered our call signal and the radio crackled into life. 'Please tell me they can evacuate her' I pleaded. 'I'm really sorry Natalie, the plane can't come until tomorrow morning' said the distant doctor. 'You may have to go ahead with the symphysiotomy' and instructions followed. I realised this might be this woman's only chance, so overcame my initial horror and panic to write the directions down.

Photo: Natalie Byles

The day had started with a young mother beginning her first labour in the early hours. By 7am she was fully dilated and pushing. Mid-morning there was still no progress and though we could see baby's head, it would not fit through the pelvis. I had to wait until the noon medical schedule on the radio to alert the nearest hospital and ask advice. I then spent an agonising afternoon in the labour room helplessly watching mother battle with ineffective contractions, surrounded by relatives who blamed her for displeasing the spirits.

It was 6pm when I finally heard the plane was not coming and I might have to try something more radical. I raced down to the labour room only to find baby had just delivered. I was handed the white, limp, flat baby to resuscitate. There was a faint pulse but no breaths so I commenced mouth-to-mouth, but after 20 minutes there had been no change. How long should I keep this up? I was kneeling in meconium and mud, surrounded by the family, and between breaths I was praying for God's help. I'd just about given up hope when his little nostrils flared and he took a breath; he had come to life! He continued to breath for himself whilst I nursed and tube fed him. I returned him to a much healthier mother in the early hours of the morning. As I lay back in bed that night I could hardly believe what I'd been through - the agony and the ecstasy.

The next day he had taken a turn for the worse. His chest sounded horrible and his breaths were becoming laboured. I sucked him out, but then had to decide whether to start positive treatment or leave him without. It was really hard to give him back to his mother and explain it was best to do nothing more and he was going to die. I could hardly get the words out and as the family all began to cry, I did too. The baby did die that day and it left me feeling oddly empty.

On my elective I learnt more because I had sometimes been by myself, and I had to make the effort to get to know people and learn procedures. Some of the experiences I went through were harrowing, but I feel they have helped me grow in confidence and I pray I can transfer the things I have learnt to my life back in England.

Natalie Byles is a medical student in Nottingham. She did her elective with UFM Worldwide at Rumginae Health Centre in Papua New Guinea this year.