



Good news in the Surgery

**We have
greater
access to
non-Christians
in a congenial
environment
than most
fulltime
ministers.**

Christian GPs are aware that health includes a spiritual component. But to what extent should we take some responsibility for our patients' spiritual welfare? In particular, is it 'OK' to talk to our patients in surgery about Jesus? The Bible is quite clear about evangelism. We are told about the lost sheep, how the harvest is plentiful but the workers are few¹ and Jesus' great commission to go and make disciples of all nations.² Paul takes up the theme: 'how can they believe in the one of whom they have not heard? And how can they hear without someone preaching to them?'³ If the exhortations to preach the Gospel are clear in Scripture, what reasons might there be for reluctance to do so in the surgery?

Not my job

Firstly, the surgery is not a church. Evangelism is primarily the job of the minister and a few others to whom special gifts have been given. The Bible fuels this view: 'It was he who gave some to be apostles, some to be prophets, some to be evangelists'.⁴ Clearly, some Christians (eg. Apostle Paul and Billy Graham) have been given special gifts (and the time!) to be 'professional' evangelists. Does this let the rest of us off the hook? If we look at other Scriptures, it is pretty clear that it doesn't. Paul said, 'Since, then, we know what it is to fear the Lord, we try to persuade men'.⁵ There is a hint of urgency here, which he further emphasised by saying 'for I am compelled to preach. Woe to me if I do not preach the gospel'.⁶ Whilst he is clearly talking about himself here, the lesson for us is clear - and reflects

what Jesus said himself: 'If anyone is ashamed of me and my words in this adulterous and sinful generation, the Son of Man will be ashamed of him when he comes in his Father's glory'.⁷

Peter goes further and makes a general comment: 'Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have'.⁸

His words teach that evangelism is a job for all Christians, at all times and in all places, including the surgery.

An abuse of trust

A second common objection is that we are abusing our position of trust as doctors by forcing our views on patients. Evangelism is therefore rather naughty, underhand, best kept secret and all right only as long as nothing goes 'wrong'. Wouldn't it simply be easier and less risky to preach the gospel elsewhere and leave our patients alone?

But to whom or what do we owe our allegiance? Is it to politically correct behaviour, our colleagues attitudes or to Jesus himself? Jesus memorably said, 'Give to Caesar what is Caesar's, and to God what is God's'.⁹ Evangelism doesn't alter our service commitment and thus Caesar should have no cause for complaint. But Jesus also said: 'All authority in heaven and on earth has been given to me'.¹⁰ We preach under his authority, at his command and with the very best interests of our patients as our goal. Rather than being underhand or somehow ashamed of evangelism, let us be bold for Christ in surgery, remembering that Peter teaches us to do so with gentleness and respect.¹¹ This is essential.

No time

A third objection to evangelism in the surgery is lack of time. Preaching the gospel, even to a couple of patients per surgery would surely lengthen the working day. I'd like to answer this point from two angles - firstly by looking at how we work and secondly by considering job satisfaction.

Certainly, if evangelism is merely added onto existing work patterns, it will increase consultation times. My own practice is to deal with simple complaints (eg. tonsillitis) relatively quickly, thus allowing myself more time for situations in which the gospel might reasonably be introduced (eg. depression). You may also wish to give some patients more time by altering your working practices. This limits the risk of burnout and allows us to give to God what is due him. How does evangelism in clinic affect the evangelist? Just as 'faith comes from hearing the message',¹² so our own faith increases as we speak the Word of God. Paul encouraged Philemon to share his faith, so that he would have a fuller understanding of Christ.¹³ And it's fun! God's will is good and perfect but also pleasing¹⁴ - evangelism isn't a chore, it's tremendously exciting and uplifting.

Getting practical

Does evangelism in the surgery work? Isaiah was clear that the words of God's mouth would not return to him empty¹⁵ and we can be confident that fruit will develop. In 1996, Palmer reported sadly that only 5/30 Christian doctors in one seminar felt that it was right to use their position as doctors to evangelise. Unsurprisingly, when asked later how many of them had led others to Christ it was this same cohort of five.¹⁶ We can expect God to reward our efforts similarly.

How, practically, can we introduce God into consultations? In my experience, having prayed for discernment and his words at the beginning of clinic, God speaks to us quietly about whom to present the gospel. My own particular focus is on depressed patients and anyone wearing a cross. The latter are often lapsed Christians who carry much guilt and welcome the chance to discuss their faith - truly fertile ground. The Christian notice board in the waiting room and glossy posters in my room act as talking points. Only last week a six-year boy read the words from John 8:32 on a poster and professed his belief in Christ. I was able to give him a Bible the next day.

Practically, having spoken to a patient about Jesus and gained his/her interest, what do we do next? Clearly, we can pray there and then if it seems right, give out a 'Knowing God Personally' or a gospel, but what then? This is where the Church comes in - I refer everyone to the local Alpha course and there is a fair take-up. I'm involved in the course and it's tremendously gratifying to see my patients attending and making

commitments to Christ. Here are brief testimonies from two of my patients who attended the last Alpha course:

JC - a recovering alcoholic - 'I thank God for now I know he walks with me, hand in hand'.

JN - an elderly lady with cancer who died soon after the Alpha course - 'I have a greater understanding of my beliefs (and) have gained peace'.

We must ask ourselves, the question - why has God placed us with access to thousands of lost sheep? The parable of the prodigal son shows not only how pleased God is when people return to him but how desperate their plight is if they don't. People are dying for the lack of the gospel message; eternal separation from God in Hell is their future. It has been said that bringing someone to Christ is the greatest service that one man can render another. It is as if we are sitting in a lifeboat with the lifebelt in our hands. Our patients are floundering in the water and our lifebelt maybe their only chance for survival.

We are in a position second to none to reach the lost in our local area. We certainly have a greater access to non-Christians in a congenial environment than most fulltime ministers. Liz Croton, in a previous issue, talked about hospitals as funny, unique mission fields.¹⁷ Jabez cried out to the God of Israel, 'Oh, that you would bless me and enlarge my territory'.¹⁸ Our territory, our peculiar mission field, is our patients. If we ask God for the opportunity, he'll answer our prayer as he did Jabez. Evangelism is far too important a job to leave to others.

Richard Scott is a part-time GP in Cliftonville, Kent and formerly a medical missionary in Tanzania

References

1. Matthew 9:36-37
2. Matthew 28:19
3. Romans 10:14-15
4. Ephesians 4:11
5. 2 Corinthians 5:11
6. 1 Corinthians 9:16
7. Mark 8:38
8. 1 Peter 3:15
9. Matthew 22:21
10. Matthew 28:18
11. 1 Peter 3:15
12. Romans 10:17
13. Philemon 6
14. Romans 12:2
15. Isaiah 55:11
16. Palmer B. Should doctors evangelise? *Nucleus* 1996; October: 2-12
17. Croton C. Sharing Christ with Patients. *Triple Helix* 2001; Summer:16-17
18. 1 Chronicles 4:10

KEY POINTS



Evangelism is a job for all Christians, at all times and in all places, and Christian GPs are in a unique position to reach the lost in their local area. Sharing the gospel with patients is not an abuse of trust because God himself gives us the authority and salvation is their greatest need. We need to allow time for consultations in which the gospel might reasonably be introduced; but with prayer, discernment, selection and a sensible approach with good follow up evangelism ceases to be a chore and becomes tremendously exciting and uplifting.