

Jeremy Franklin looks back on a memorable patient

The invitation

One of the best things about working in the same practice for many years is the fact that some of your patients become your friends. Conversely, people you originally knew as fellow neighbours and churchgoers eventually turn up in your consulting room. This presents interesting challenges to the traditional doctor-patient professional-personal boundary line.

William, who was both my patient and a fiercely competitive squash partner, asked me to have a look at a skin lesion. I was able to reassure him: 'Nothing to worry about!' I decided to take the plunge: 'But while you are here, William, would you like to come to a dinner next Monday? There will be at least two people sharing how putting their faith in Christ has changed their lives for the better'.

What would he say? William was director of our local greyhound stadium. He and his family lived a completely secular life. Still, although he looked a bit shocked and surprised, William accepted my invitation!

Unseen difficulties

What I did not know then was that his marriage was in severe difficulties. His wife Pauline was very depressed and had also developed agoraphobia. A few months before, to make matters worse, she had become convinced that her home was haunted. She had found others prepared to agree with her on this and the family had only recently moved in order to escape the ghosts. But, Pauline had decided that this new home was haunted as well!

Although Pauline was seeing a psychiatrist and taking anti-depressants, anxiolytics and hypnotics, life for the couple was unbearable and their marriage was breaking down. At the time of my invitation, William had decided to give up his job, sell up his home and move away in an attempt to save his marriage.

Pauline was not pleased by my invitation. She thought it was a ploy for William to avoid spending time with her; certainly she wasn't going to attend. And on the morning of the dinner, she broke down in tears and decided to pack her bags and leave.

Dramatic turnaround

When William arrived at the dinner, he was shocked to find Pauline there! Moreover, she'd driven 40 miles to attend, more than she'd managed for months. They both listened attentively to the speaker, whose message spoke to Pauline's heart: 'There is someone present here who is at the end of their tether, but not to worry, as this is not the end, rather that Jesus will provide a new beginning'. Pauline gasped at this hope that she might have a future after all.

A lady sitting next to her explained the Gospel to her in more detail and that night Pauline committed her life to Christ. A miracle occurred, and within a few days William recalls that a person he had not seen for over two years returned. Pauline was able to stop all her medication. Although shocked and surprised, her psychiatrist said

A firm foundation

The Bible is clear: our Lord requires us to be ready to explain our faith to anyone who asks us.¹ And, going one step further, we should sometimes consider taking the initiative ourselves. For the Apostle Paul asks, 'How can they believe in the one of whom they have not heard?'² As Christian GPs, we need to be prepared to explain the Gospel to all non-believers, whether they are friends, patients or, like William, both.

But when it comes to the view taken by our professional ruling body, are we standing on shaky ground?

*The Council has hitherto taken the view that the **profession of personal opinions or faith is not of itself improper** and that the Council could intervene only where there was evidence that a doctor had failed to provide an adequate standard of care. The Committee supported that policy and concluded that **it would not be right to try to prevent doctors from expressing their personal religious, political or other views to patients**. It was agreed, however, that doctors who caused patients distress by the **inappropriate or insensitive expression** of their religious, political or other personal views would not be providing the **considerate care** which patients are entitled to expect.³ (emphasis ours)*

Clearly we need to be avoid such inappropriate or insensitive expressions of our faith, but we should be reassured that it is permissible to share Christ with our patients.

that these 'cures' sometimes happened and not to be too disappointed when the inevitable relapse into depression occurred.

William was struck with awe. From facing total disaster in his marriage, he had quite suddenly found new hope. 'What has happened?' Quite simply, he had been confronted with the power of the living Lord. He too humbled himself and knelt down to receive the Saviour who had so wonderfully demonstrated his love for him, by changing his wife and saving his marriage.

Together they both joined a church and began serving the Lord with joy. As for their family: their sons, mothers, and several other family members subsequently came to faith, as did William's secretary.

Twenty years on

Today their marriage is going strong and Pauline's depression has yet to return! William still works at the greyhound stadium and is continually confronted with the commercial, ethical and moral problems of business life. But the difference is that the Lord is with him.

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references

1. 1 Peter 3:15-16
2. Romans 10:14
3. *Doctors' use of professional standing to promote personal interests or beliefs.* General Medical Council Annual Report, 1993:4