

David Curnock shares spiritual lessons learned at home and abroad

MEDICINES AND PRAYER

key points

- Gospel stories of Jesus the healer contain important lessons for us.
- Prayer was a prerequisite for Jesus in his healing ministry.
- International links can open up satisfying opportunities for teaching and learning.

As a medical student I went on a six week elective to Ghana. I learned so much and enjoyed it so much that I promised myself that when I'd passed my paediatric exams I'd go back to Africa. After getting membership and two years as a registrar in Derby and London, I began to look for an overseas job in Africa. I applied to several agencies including Tearfund and Oxfam without success.

Then some time later, my wife Anne and I met a visiting Nigerian paediatrician who was setting up a Department of Paediatrics and Child Health at a new teaching hospital in Benin City, central Nigeria. He needed staff. There weren't enough Nigerian paediatricians being trained at that time. I applied and got the job and from 1977-1979 we lived and worked in Nigeria.

On returning to the UK I completed my paediatric training as a senior registrar in Derby and Nottingham. In the 1990s our hospital established a link, through the Tropical Health Education Trust (THET), with a hospital and Health Institute at

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Jimma in Ethiopia, 230km southwest of Addis Ababa. Doctors and nurses and other health workers from Nottingham visited Jimma and some of their staff came to Nottingham. For two weeks most years I was teaching and learning in Jimma. Anne came with me and volunteered in a mission run by sisters from Mother Teresa's order. Again we learned much in very difficult circumstances.

When we retired in 2006 we felt sure we should be involved in mission work abroad – short term postings rather than long term, because we were both responsible for elderly parents. We volunteered with two mission agencies, Crosslinks (Anglican) and International Teams (inter-denominational). Crosslinks sent us to Berega in Tanzania. IT sent us to work in Stara Zagora, Bulgaria, doing outreach work with Roma, gypsy, children and families.

We spend two months each year teaching and encouraging in Berega, and five weeks each year in Stara Zagora. The pattern means that we have nine months of grandparent time here in the UK: it seems to us a good work–life balance.

In all our work we have been inspired by the Gospel accounts of Jesus healing people. Take for example Luke's account of the raising of Jairus' daughter.¹ Why does Jesus tell the parents to give her something to eat? Surely it was because Jesus knew her blood sugar would be very low. Jesus could have miraculously increased her blood sugar but he chose instead to use normal physiology, designed of course by God the Father as creator. Isn't that a lovely example of Jesus working through the created order?

In Nigeria there was a Bible School. I was often asked to see students when they were ill, sometimes very ill, with malaria. In the 1970s malaria in West Africa was fully sensitive to chloroquine. So I would say to the student that he or she needed to take chloroquine and if they were vomiting they would also need a dextrose drip. 'Oh no,' students would say, 'I don't need chloroquine and I don't need the dextrose drip. I believe in prayer!'

In these cases it was very helpful to repeat the story of Jesus and Jairus' daughter to help them see that Jesus used common sense therapeutic measures when they were appropriate. The Lord made chloroquine. He made the sugar and the water in the dextrose drip. And *of course* we should also pray for wholeness and healing as the children of our loving heavenly father. And so the students agreed and recovered.

Some 23 years after we left Nigeria we revisited because our eldest daughter and her husband had been posted there by Tearfund. We went back to see our church in Benin. By then they had established a small hospital next to the church. In the Outpatients Hall there was an open window through to the pharmacy where the patients went to collect their medicines. Above the window was a large notice which read 'medicines and prayer'.

Let me take other examples from the ministry of Jesus. A leper says to Jesus, 'If you are willing, you can make me clean'.² Shortly after that, Jesus healed the paralytic whose friends made a hole in the roof and lowered the man on his mat to Jesus' feet.³ *Prayer was a pre-requisite* for Jesus before exercising his healing ministry. And of course prayer is essential for us too in our practice as Christian doctors.

While I was the Clinical Director of the Neonatal Intensive Care Unit at Nottingham City Hospital, from 1982 to 1997, two local Christians came to see the senior nurse and myself. They said they believed that God was calling them to pray regularly and specifically for the babies on the Neonatal Unit.

With the help of one of the hospital chaplains these two Christian men would come to the Unit as Ward Visitors twice a week and go round the High Dependency Unit asking the parents by each

incubator if they would be happy for a local church group to pray for their baby. Parents simply told them their baby's first name – nothing more and no clinical details of course. Then back at the church the small group prayed for those babies by name twice a week.

I have no scientific evidence about outcomes but it was a very fulfilling time on the Unit, *knowing* that the babies were receiving the very best of care *and* prayer. Knowing that every baby is precious both to the parents and to God – that each little life is of inestimable value to God. Knowing this enables Christian nurses and doctors to continue working in these difficult situations.

In that same account in Luke 5 about the cleansing of the man with leprosy, we read, 'Filled with compassion, Jesus reached out his hand and *touch*ed the man'. To the Jews every person with leprosy was unclean. Touching someone with leprosy would make you unclean. Jesus knew of course the vital importance of touch in caring for people and healing them and he reached out to touch the man. I'm sure we all know the intrinsic importance of touching the patient: we cannot examine the patient properly without touch. The patient instinctively feels that touch is important in the healing process. The same is true of prayer ministry for wholeness and healing.

Then in Luke 5:17–26 Jesus heals a paralytic. The onlookers are indignant when he says, 'Friend, your sins are forgiven'. Sin and suffering were closely connected in the Jewish mind.

Jesus was warm and reassuring to him, and saying in effect: 'God is not angry with you. It's all right.' Rather like speaking to a frightened child in the dark. The condemnation and the burden of estrangement from God, was rolled away from the man's heart. He was released. Patients may be weary to the point of being wheelchair dependent. Jesus teaches us that healing of the mind may be the key to healing of the body in some patients.

Today, recognise that a patient may bring illness upon themselves – for instance by smoking or by drinking heavily. We know that illnesses can be result from the harm others cause: like the radiation released by badly constructed nuclear reactors at Chernobyl.

Finally, we can sometimes think to ourselves, 'Whatever I can do is so small in the big picture of the coming of the kingdom'. But think about Jesus' ministry. Most of his ministry took place in an area of less than six square miles, with a total population estimated around five or six thousand people. Yet Jesus' ministry in that small area changed the world. So we too, in the places where we live and in the hospitals and clinics where we work, can be empowered by His Holy Spirit to be part of his great plan and purpose.

David Curnock is based in Bramcote, Nottingham. Based on a talk given at the CMF Breakfast, RCPCH Annual Meeting in Birmingham.



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references

1. Luke 18:40-56
2. Luke 5:12
3. Luke 5:17-26