

prayer at the bedside

Has medical science made prayer for healing out of bounds? asks David Short

Dr Martyn Lloyd-Jones, the Welsh physician-cum-preacher, once wrote a monograph titled ‘Will Hospital Replace the Church?’¹ He pointed out the unique and vital role of the church in meeting the spiritual needs of hospital patients. Three decades on hardly anyone would argue with his view. Even the Department of Health recognises it². Now the question is: Does the church also have a role in the relief of bodily and mental disease?

It may be argued that health should not be divided up in this way. But there is a real sense in which the answer has to be ‘yes’. I like Wilkinson’s Bible-based definition of health as ‘a state of wholeness and fulfilment of man’s being, considered as an undivided entity.’³ But for clarity of thought I return to the question: Does the church have a role in the relief of physical symptoms? If it does, it must be admitted that on the whole it does little in the way of exercising it. Very little is reported, in the UK at least, of close co-operation between clergy and doctors in hospital practice. The exception seems to be in the work of hospices.

Healing in history

When we turn to the Gospels we see that bodily healing figured prominently in the ministry of Jesus. The Book of Acts describes how it was continued by the apostles, notably Peter and Paul. For centuries the churches exercised a major role in the matter of healing. The church led the way with the founding of hospitals in Western Europe. This involved ministry to both physical and spiritual needs (though, inevitably, the scope for physical help was very limited). In due course this process was repeated further afield. The main impetus for the building of hospitals worldwide has arisen from the concern and activities of Christians⁴.

During the last 200 years, however, and particularly the last half-century, medical science has developed and specialised to an extent which earlier ages could never have envisaged. This has become one of the supreme benefits of Western civilisation. Today, not even the most convinced Christian Scientist or faith healer, seriously hurt in a road accident, would be driven past a centre of medical excellence.

Now that science is able to do so much for patients, the church is widely perceived as redundant. It keeps a toe in the door in the person of the hospital chaplain, but this is almost entirely for

spiritual ministration. Nevertheless there are still - and always will be - large areas of physical need which medical science cannot meet⁵. The time comes in every illness when nothing more can be done. Often even attempts at alleviation fail. It is a case of ‘Guerir quelquefois, soulager souvent’.

In many parts of the world effective medical care is simply not available. What then? Is God now limited to the abilities of medical science? Is he no longer able to do what he did before? Has he ceased to answer prayer? Is prayer for healing out of bounds?

Prayer for healing

No Christian believer can accept that the power of an omnipotent, unchangeable God has declined. Jesus encouraged his disciples to pray about their physical as well as their spiritual needs⁶. The Apostle Paul, when he suffered what he described as ‘a thorn in the flesh’ did not hesitate to ask God to remove it⁷. The fact that his prayer was not granted was not because it was an improper request, but simply because God had something better for him.

James, the brother of Jesus, positively encouraged Christians to take matters of severe illness (Gk *asthenia*) to God. ‘Is any one of you sick?’ he asks. ‘He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord. And the prayer of faith will make the sick person well.’⁸ For these reasons it never ceases to amaze me both how little we take up God’s offer and how little provision there is made for it in hospitals where there are always Christian believers with serious or potentially serious diseases. To what extent are hospital chaplains and patients’ ministers involved in the ministry of prayer for bodily healing? Surely, there is a great avenue of blessing here.

There are two caveats which need to be made. One is that we should never go to the extreme of regarding bodily healing as the greatest of God’s gifts. The other is that we must never regard prayer as another medicine; worth trying if other prescriptions have failed. Becoming a new creature through faith in Christ and the power of the Holy Spirit is paramount. And we must desire the will of God above everything else, and believe that he hears our prayers and will do what is best for us.

Some might argue that what applied in the first century no longer applies in a society blessed with a skilled and effective medical profession. But, as we have seen, the medical profession is not able to bring relief to all illnesses. More significantly, experience shows that when action is taken along the

lines indicated by the Epistle of James, real blessing has followed.

Experiences of answered prayer

I have been fortunate, in my capacity as an elder in a Brethren church, to be involved in a ministry of Christian healing in response to the exhortation of the Epistle of James. In each case I acted in an ecclesial rather than in a medical capacity, and those ministered to were not my patients. Although no dramatic healing occurred, each patient experienced a definite and lasting improvement in health and well-being.

My earliest experience was in the 1940s, just before the arrival of streptomycin. A young man, the son of the church caretaker, had been ill for months with abdominal tuberculosis. He was deteriorating in spite of the best medical treatment available. The parents asked the elders to come and pray for him and anoint him in accordance with the instruction in the Epistle of James. We did so and within days there was an obvious improvement, though it took some months before he was completely well.

More recently a middle-aged woman with long-standing diabetes and retinopathy started to suffer a severe headache. She was under an excellent physician but he could find no way of giving relief. Nothing happened for a few days after our session of prayer and anointing. However a week later the consultant decided on a new line of treatment which gave rapid, complete and lasting relief.

My third example did not arise from a request from a patient, nor did I use oil. It concerns an 80 year old woman who developed sciatica and this prevented her sleeping. Her GP prescribed tablets without effect. When called again he said there was nothing he could do. I was on holiday and four weeks had passed by the time the problem came to my notice. I went to see her as soon as possible and found her sitting in a chair utterly worn out. I told her son that he must request another visit from the GP.

But before I left the house I committed the old lady to God in prayer, standing beside her with my hand on her shoulder. I simply prayed that God would grant relief from her pain. I envisaged that the GP would come and institute treatment which, with God's blessing, would be effective. Next Sunday the patient was back in church beaming all over her face. She told me that immediately after my prayer her pain was gone and she had her best night's sleep for weeks. There was no return of the pain.

You may say 'There's no big deal, no convincing miracle'. All right. But try telling that to the invalids. And recognise that in each case God was glorified and praised. Nor is God's power limited to relatively minor interventions. Dr Stanley Thomas, who worked as a surgeon in India for 30 years, gave evidence before the BMA Board of Science's working party on alternative therapy. He told of a case of a young man in the last stages of typhoid. To the astonishment of a group who fell on their knees in prayer, he literally sat up and was normal from that moment. This was the only case from his years in India that Dr Thomas was prepared to call a miracle⁹.

Prayer in hospital

So can the principles enunciated in the Epistle of James be applied to patients in hospital? I see no reason why church elders should not come together around a hospital bed, especially if the patient is in a single room or screens are drawn around the bed. One obstacle might be the reluctance of the patient to appear to be over-reacting to the illness. At the other extreme the patient may be unconscious. In that case a request may come from a relative.

Another option is involvement of the hospital chaplain. If a chaplain is willing to act in this way it would be valuable for this fact to be stated in the booklet issued to patients on admission. It could say: 'A member of the chaplaincy team would be happy to visit you if you wish, and to pray for God's healing and his blessing on whatever means are advised by the medical and nursing staff. Simply indicate your wish to the nurse in charge of your ward or department.'

If patients who are not church adherents felt inclined to take advantage of this offer, it would give the chaplaincy an opportunity to minister to them. It would need to make clear that prayer is not a magic ritual but simply a humble request to almighty God for mercy and help - either directly, or guiding hospital staff in their treatment. It is important that doctors should encourage chaplains to exercise their specialist role as ministers of the Gospel and not to view themselves as auxiliary social workers.

Three principles in the church's ministry of bodily healing:

1. Healing is not the church's primary task. Its primary task is calling everyone to be a disciple of Christ¹⁰.
2. Prayer should never be regarded as an alternative therapy - something worth trying when all else fails.
3. Intervention by the church should not delay or replace medical help. Both prayer and science are God's provision. John Wesley gave sound advice when he said patients should first seek 'a physician that fears God' and 'above all add to the rest (for it is not labour lost) that old, unfashionable remedy, Prayer; and have faith in God'.¹¹

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References

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