Liz Croton gets practical about witness in the wards.

Sharing Christ with Patients

SHARING OUR FAITH IS AN INTEGRAL PART OF OUR WALK WITH GOD. WE KNOW THAT HOSPITALS ARE A UNIQUE MISSION FIELD BUT WHERE DO WE START?

Unsociable hours joined at the hip to a little black box that regularly bleeps at me! My first few months as a Christian junior doctor have been akin to juggling with slippery balls.

Hospitals are funny places. A nurse friend thinks she would be challenged to think of a place that has more diversity under its roof than one of our NHS Trusts: so many people, all with differing backgrounds and distinct needs. A parallel may be drawn with characters Jesus encountered during his earthly ministry: the paralytic who reinvented the grand entrance, the lady troubled with menorrhagia and the invalid of Bethesda.[1] Jesus turned their lives upside down: they were healed and didn't even have to come back for follow-up! Healing chronic, incurable conditions was no problem for the Creator.

John the Baptist was the man who told of Jesus' coming. Did he wear a sandwich board advertising Jesus' miraculous powers? No, his words were far more sobering: 'Repent for the Kingdom of Heaven is near'.[2] Jesus came to establish the New Covenant, the forgiveness of sins made perfect by his death at Calvary. This is the Good News of the Gospel.

Picture the scene

You're sitting in A&E, your NHS coffee getting cold. Lying before you is a middle-aged bronchitic who smokes and is a poor historian. Just as you reach the end of your tether, she bursts into tears, saying she has no hope for the future. Mentally you add 20 minutes onto the consultation and wonder what to say. It would be easy to mumble 'Don't worry', prescribe antibiotics and shuffle out. However, Christians are called to be 'imitators of God' and so we should ask what Jesus would have done.[3] He was used to dealing with social problems and his encounter with the woman at the well comes to mind. He always dealt with his 'patients' with compassion and sincerity, healing when necessary but always whetting their appetites for more knowledge of the Father.[4] Jesus would have seen and loved that bronchitic lady. He would have listened to her worries and told her the Good News.

I find it difficult to tell patients about Christ. It is hard to 'clinicalise' God, to see him in the maze of our daily duties. I am also frightened: what if I offend or if that nice old lady decides to re-proclaim the Good News to my consultant? Is it appropriate? Our Master felt it was supremely important and this is a superb encouragement. Paul also gave his seal of approval, witnessing on countless occasions throughout the New Testament. He frequently urged individuals to be active in sharing their faith.[5] This sounds scary but is also incredibly thrilling. We have no reason to be afraid: God has promised that he will uphold us through all our endeavours in his name.[6]

KEY POINTS

Healing was a strategic part of Jesus' ministry but his clear priority was preaching the Gospel. Whilst it is neither practical nor appropriate for us to share the good news with every patient, prayer does open doors and we need to be sensitive to the leading of the Holy Spirit and prepared to step out in faith. This takes courage, but God has promised that he is with us. The question 'Do you have a faith that helps you as such a time as this?' is a great opener, but we also have to be careful not to over-plan our day and squeeze out the opportunities that arise through small acts of service.

Prayer changes things

Sharing our faith is an integral part of our walk with God. We know that hospitals are a unique mission field but where do we start? Start each day with prayer - let him lead you to patients earmarked for you. I remember feeling prompted by God to speak to an alcoholic man. Using a great conversation opener I'd learned, I asked him if he had a faith that helped him at a time like this or if he wasn't sure about such things. He opened his heart about longing to get back to a relationship with God. I offered to pray for him and he prayed to accept Jesus into his life.

Seasoned with salt

We must always be prepared to explain the Gospel to non-believers. Paul was blunt about this: 'How can they believe in the one of whom they have not heard?'[7] Clearly, it is not appropriate to launch into a Gospel presentation with every patient. We need to discern God's will by prayer and then evangelise those to whom we feel called. The question of faith becomes profoundly important to many when faced with illness and death; asking about it in the social history is an effective, non-threatening way of starting a conversation about Jesus. Sensitive questioning can draw these issues to the surface and expound them.

Recently I finally mustered up the courage to bring issues of faith into the social history. It took an awful lot of prayer before it got easier but it does work brilliantly. The first time I tried it, I asked a poor lady every conceivable question about her social life before God told me to get a move on. I turned crimson: 'Er, do you have a faith that helps you at a time like this?' We had a great chat after that and I thank the Lord for giving me the strength to initiate it and carry it through.

Once we've shared Christ with patients, they may wish us to pray with them. The last time I did this, I was surprised to find the three ladies in the opposite beds joining in. They were all Christians and carried on my work for the rest of my patient's stay!

The Servant King

Whenever I think about Christian service, Jesus' words come to mind: '…just as the Son of Man did not come to be served, but to serve...'[8] How can we serve our patients as Jesus would have done?

Lack of time is a problem for every junior doctor. Even so, make some time for your patients: stop, even for a minute, and ask patients how they are. Emulate Timothy and take a genuine interest in their welfare.[9] It is all too easy to look at a patient and see a walking disease rather than a person created in the image of God. Soon after I started my house job, I found myself becoming very cynical about the number of daily distractions. If, like me, you're an obsessive planner, drug charts waved in your face and relatives wanting to talk when you're busy can seriously shorten your fuse.

Jesus' agenda was clear: 'I have not come to call the righteous, but sinners to repentance'.[10] There was intrigue surrounding him and he was frequently distracted during his travels.[11]

In fact, much of Jesus' ministry was carried out through distractions. Let's take a leaf out of our Master's book: medicine certainly requires daily planning but not at the expense of dealing badly with interruptions.

I continue to be awed by the wonderful way that God uses Christian healthcare workers to reach out to patients. I really want to encourage readers who have been thinking about faith-sharing to go ahead and take the plunge.

I will close by quoting a wonderful Irish lady I met recently. She was close to death and looked awful physically. However, her thin and wasted frame paled into insignificance as I saw the light and vivacity in her eyes. Almost automatically, I asked her if she knew Jesus. 'Oh yes Doctor, I know him', she answered. 'He's sitting on my bed now.' That lady died knowing she would soon be in the presence of our Lord. That experience, seeing Jesus change lives and welcome home those we cannot save, makes hospital witness so worthwhile.

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References

1. Luke 5:17-20, 8:42-48; John 5:1-15
2. Matthew 3:2
3. Ephesians 5:1
4. John 4:13-15, 21-24
5. Philemon 1:6
6. Isaiah 4:10
7. Romans 10:14
8. Matthew 20:28
9. Philemon 2:20
10. Luke 5:31-32
11. Matthew 15:21-28

Should doctors evangelise their patients?

Liz Croton makes an excellent case for sharing faith with patients (see also Palmer B. Should Doctors evangelise their patients? *Nucleus* 1996; October:2-12). But is hospital witness seen as ethical by the profession at large? The following statement makes the General Medical Council's view clear. Whilst warning against 'abuse of privilege', we believe it still leaves an open door for *appropriate and sensitive sharing of faith* if and when God creates a door of opportunity. All the emphasis is ours.

'The Committee's attention was drawn to the activities of a very small number of doctors who use their professional position to proselytise patients, or who offer diagnoses based on spiritual, rather than medical, grounds. 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. This view was supported by the Council and a report of the debate was published in the *GMC News Review;* further guidance on the issue will be included in future editions of the Council's booklet of guidance.'[1]

Reference

1. Doctors' use of professional standing to promote personal interests or beliefs. *General Medical Council Annual Report*, 1993:4