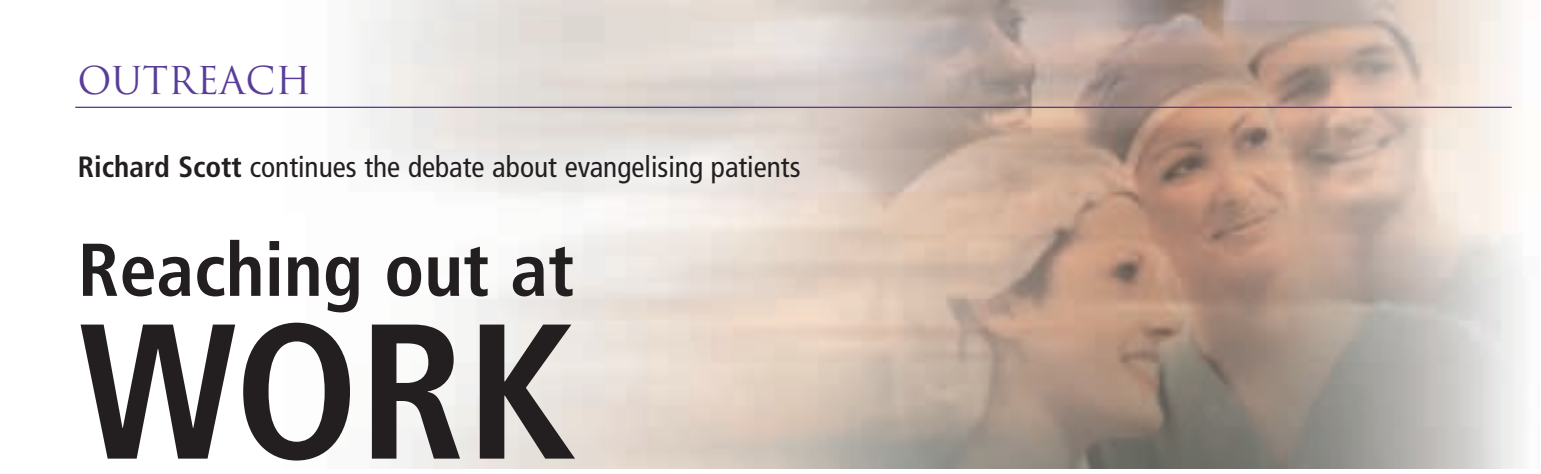

Richard Scott continues the debate about evangelising patients

Reaching out at WORK

In medicine we use statistics to research the effectiveness of any 'treatment'. Let me offer a statistic from my experience of evangelism. For every eight patients I invite onto our church *Alpha* courses, two come and one becomes a Christian. Over the past four years, in excess of 60 patients have made significant progress in faith through *Alpha*; of those who attend a course, the great majority has admitted to coming as a result of a personal invitation.

In a previous article[1] I sought to encourage doctors, especially GPs, to evangelise at work. I looked at reasons why Christian doctors may be reluctant to share Christ in their surgeries, such as perceived abuse of trust.

Many of us would love to share the gospel naturally at work and to pray with patients but wonder whether doing so might, in some way, be 'wrong'.

A lot of reaction

Clearly, this is a hot topic, not least among Christian doctors. Comments on my original *Triple Helix* article appeared in *Doctor* over the following three weeks and there was further reaction in this magazine.[2] Later I ran an inter-church seminar on evangelism at work attended by five GPs amongst other working Christians. In the group work following my address it was tremendous to hear how employees of a bank and a garage had led colleagues to the Lord.

This bold but potentially risky ethos delighted some of the delegates but others weren't so sure. The major concern was about possible abuse of position. Many doctors are keen to reach out but are concerned about the reactions of their colleagues and patients.

Peter Crookall spelt out his own personal concerns in *Triple Helix*.[3] He stated: 'Evangelising patients is fraught with difficulty. So many patients clearly need to encounter God but confronting this directly could be considered an abuse of our position. There are subtle ways of introducing them to God'. He looked at practical Christian compassion and offered a different approach, that 'faith in the consulting room is demonstrated by attitude and action rather than words'.

I'm grateful to Dr Crookall for his honesty, his willingness to speak publicly about his doubts and his willingness to admit 'failings' as a Christian GP. These are sentiments that I'm sure all of us could echo. In common with myself he is clearly keen to reach out at work, declaring, 'I would welcome a natural opportunity to share the gospel'.

In mentioning 'confusion' in relation to praying with a patient, however, I feel he has hit the nail on the head. Many of us would love to share the gospel naturally at work and to pray with patients but wonder whether doing so might, in some way, be 'wrong'. We're aware of all the theory and what Scripture teaches, but the practicalities and ethics about putting this into practice at work trouble us. Talking to other Christian doctors with similar misgivings fuels our hesitations and we remain confused as to the way ahead. What is the source of this confusion?

Not Jesus! He commanded us not to be ashamed of his words[4] and to preach the gospel everywhere.[5] Paul requested prayer that he might do so fearlessly.[6] We're told that 'faith comes from hearing the message'[7] and to 'pray in the Spirit on all occasions with all kinds of prayers and requests'.[8] Prayer and evangelism are therefore appropriate for all situations and all people. Indeed, as 'many Christians encounter the largest number of non-Christians in their lives at work',[9] the 30-50 patients seen per day surely represent our peculiar mission field.

Changed thinking

One aspect of Christianity in the UK that distresses me is a 'can't-do' mentality. Christians, including doctors, find reasons not to do things, fearing possible outcomes and, as a result, miss out on the many blessings God longs to give us. Instead, let's be visionary, prayerfully wondering what God has in mind for us and for our practices. I long for a 'can-do' mentality, one in which anything is possible with God and in which we reach out unequivocally. Changed thinking will require personal prayer and determination but also some practical help.

Training is important in any medical discipline and evangelism is no different. My own ability in spiritually 'opening up' consultations was greatly enabled by going on missions. Each year since 1999, I have been on a week's mission in the UK in addition to two longer missions with the Walk of 1,000 Men preaching the Gospel in Maasailand, North Kenya. Missions provide training. So, consider *regular mission work*.

In our practice, we set aside one week per year for Christian study leave, which I use in this way. In designing your PDP why not focus on personal spiritual development and plan a period of study and mission activity accordingly. I am currently undertaking a two year distance-learning course in evangelism, have written this into my PDP and will be explaining this to my GP appraiser.

Pray alone and with the staff, not only for but also with the patients. Enlist patients' help in praying for the practice. My wife organised a prayer walk around our new practice building in December 2003. A hundred came including many patients. Three of our patients, drug addicts, a prostitute and an alcoholic testified to a private school assembly last month on the difference Jesus has made to their lives. As we reach out, lives are changed and our patients can then lead others to Christ.

Reaching out at work is not an abuse of our position but the very use for which God placed us where we are.

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References

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2. *Triple Helix* 2002; Summer:22
3. Crookall P. Head to Head. *Triple Helix* 2003; Autumn:17
4. Mark 8:38
5. Mark 16:15
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7. Romans 10:17
8. Ephesians 6:18
9. Crookall P. *Art cit*