The 2011 Rendle Short Lecture was given by **Ted Lankester**

MEDICAL MISSION:
changing the world together

key points

The 2011 Rendle Short Lecture explored the complex arena of medical mission highlighting the diversity of approaches and encouraging a flexible faith-based response to the opportunities.

Faith-based organisations are now widely recognised as having a key role to play in the provision of healthcare in the developing world.

Seeking God's leading, and being prepared to respond in faith to new ideas, may be the catalyst for new movements to reach the lost with the love of Christ.

You don't have to go to Timbuktu to be a medical missionary. God expects each of us to be his ambassadors wherever we are called. 'Exceedingly good cakes' is a well-known strap line from the famous Mr Kipling and it's a simple brand we all understand. But what sort of brand is medical mission? It is complex, diverse and at times bewildering. This lecture gives a few snapshots which, I hope, will show that medical mission is at a very exciting stage, allowing healthcare workers to be involved in a great variety of ways.

Both and: proclamation and demonstration

Should we be proclaiming the gospel or should we be demonstrating the gospel? God is obviously interested in both. As we study the New Testament we see that God has an interest in our human needs such as our state of health today, our hardships and challenges, as well as our eternal salvation. The Bible links the two together, but the links are made in different combinations and in a wide variety of mix and match.

Many of us think we have seen or done medical mission in a way that suits our personality and theology, or is most effective and ethical. For me it is what is often called integral mission; we share the gospel and we are also passionate about justice, poverty, healthcare and psychosocial needs. We don't do the latter just to provide an opportunity to preach, we do it because this is part of God's call and compassion. I sometimes wonder and worry about people who say they are holding a clinic in order to preach about God. But the fact is God sometimes uses that approach and I have seen it work.

One model I like especially is based on this definition; Evangelism is an answer to questions raised by New Testament living. When I worked in the Himalayas in community health programmes amongst Hindu communities, one of our village health workers noticed that 'Our God' seemed to answer prayers. Her problem was that the goats she and her family owned always ran off at night and they spent half the next day rounding them up. 'I have prayed about my problems for months and they have not been answered. Please ask your God.' Later she came back and said that since our team had prayed, her goats had all been well behaved. She became the first Christian in that community.

We should not be so tied into our science that our wider circle of belief excludes miracles. Instead we should welcome the wonder that God sometimes works beyond scalpels and antibiotics. Sadly some Christian doctors are as disbelieving in miracles as Dawkins is in the existence of God.

Health needs that shock us

For those of us who live in comparatively safe and well-governed countries such as the UK, we can so easily forget the huge needs in the wider world. These statistics should shock us into action:

- **Key Need 1** – More than one billion people live in extreme poverty; almost nine million children die each year from preventable diseases[1]; 350,000 women per year do not survive

pregnancy or childbirth,[2] and 58 million out of 136 million women giving birth yearly receive no medical assistance; nearly 33.3 million people are living with HIV/AIDS.[3]

- **Key Need 2** – Appalling access to health care. Two billion people are not able to obtain essential medicines; 1.3 billion people lack access to basic health care. That is nearly one person in five and these are the people who need it the most.[4]
- **Key Need 3** – Huge inequalities. In Nairobi the under five mortality is below 15 per 1000 in high-income areas, and in a slum in the same city 254. In Glasgow the life expectancy varies by 27 years from one part of the city to another.[5]
- **Key Need 4** – Shortage of trained health workers. The world is short by 4.2 million.[6] That means that even if we start new nursing and medical schools we will probably never catch up. So we need to think of alternative ways of reaching those with no access to health care.

Of course we must not forget that great progress has been made, but it was similar scandalous statistics that lay behind a summary in *The Lancet* a few years back, and which many of us have seen at first hand.

After a century of the most spectacular health advances in human history, some of the world's poorest countries face rising death rates, and falling life expectancy. Gains are being lost because of feeble health systems. On the front line we see overworked and overstressed health workers too few in numbers, losing the fight with many collapsing under the strain.[7]

The Great Commission: Today's context

The Great Commission is given to every church in the world. This includes large churches in the global north and small emerging congregations in the poorest countries. Hundreds of thousands of churches are commissioned to go into 'all the world'. But if each of these churches started sending out missionaries it would lead to complete chaos, or perhaps wonderful chaos. Mission is increasingly everyone to everyone, any church to any country. Of course not every church will send out healthcare workers, but thousands will. Consider China, where there are estimated to be 70 million Christians, many with a mission focus. How will that change the world when visas become easy to obtain and the Chinese church has the resources to send people abroad, as its government is already doing? South Korea is already the world's largest mission sending church. Will it soon be China? Where will the UK come in the league? A long way down I expect; so forget the old paradigm of the west to the rest.

Open doors

We often talk about open doors, and in our globalised world they are very numerous. But they sometimes snap shut. Fortunately God is the doorkeeper, so the opening and closing of particular doors is not random, it is all part of God's purpose and plan: In Revelation we read 'See I have placed before you an open door'.[8] It is incredibly reassuring that the next verse goes on to say 'And I know that you have little strength'.[9]

These open doors are leading to something large-scale and exciting which is happening before our eyes. In 2006 the World Health Organisation realised they needed to commission research into how much faith-based groups were providing in the way of health services. The research showed that at least 40% and in some countries as high as 70% of health care in sub-Saharan Africa is provided by faith-based organisations, or by religious health assets as the current jargon describes them.[10]

Suddenly there was a realisation in the secular world, currently dominated by unrepresentative liberal humanism, that faith-based organisations (FBOs) had something very vital to offer and the church was central to it. An article in the DFID magazine *Developments* claimed that 'religion is good for development' quoting a poll by Gallup from 2008 that a sample of sub-Saharan Africans were asked who they would most like to work with in terms of relief and development; 82% responded 'religious institutions'. In response Dr Ed Kessler of the Woolf Institute commented 'Knowledge of and sensitivity to faith issues are vital in the world of humanitarian aid in the world today'.[11]

Because the role of FBOs has now entered the main steam, the reality of what churches and Christians are doing in the world is now a legitimate topic for discussion in any academic group. This is very liberating and gives us an open door, providing we discuss the issues in an open, unbiased and informed way.

Opportunities: Going through those open doors

There are an increasingly large, diverse and often complex range of opportunities in front of us, but we need more than a collection of doors and openings to walk through, we need to recapture the idea of a movement. The 19th century medical mission movement had a huge impact. I have just reread the autobiography of my great uncle Arthur Lankester who was one of many pioneers who founded a chain of mission hospitals in the northwest frontier region of Pakistan; most of which are still doing a vital job today.

Another movement that captured the imagination of many people including myself was Health for all by the Year 2000 and now we have the Millennium Development Goals galvanizing us into action. But we need to rekindle the idea and put into practice a global health care movement led by those who know God, possess the compassion of Christ and are prepared to work towards the most exciting goal of all 'Your Kingdom Come your will be done on earth as it is in heaven'.[12]

Ted Lankester

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Where does medical mission happen?

Medical mission no longer just happens in institutions. It occurs in homes, neighbourhoods and communities. Often as Christian doctors we think that healthcare is something that mainly happens in hospitals and of course it is found there, but it must start and be grounded in the community. We must always think community because that is where ill health is found and generated and we seek to understand the determinants of ill health within a particular community. It is largely at community level that we can turn off the tap of ill health.

The second place we need to focus, is on church-based institutions. I am saddened when I hear people say that mission hospitals have had their day. While some are struggling, in many resource-poor countries it is self-evident they are badly needed. And although some are closing down, other church-linked hospitals and health institutions are opening up.

Some readers will have worked in hospitals where there are not enough doctors, supplies have run out, there is never enough time to do everything, and when near-exhaustion becomes the norm. This may still be the case but through new governance models we must move away from that as the default image and practice.

There remain many and diverse ways doctors can serve long or short term in church-linked institutions. One model is to remain based in our country of origin as 'non-resident medical missionaries' from where we build a relationship with an overseas institution, visit, support, encourage and train, based on the genuine needs of the hospital as discussed and agreed by those working there full-time. If done well this can be very effective medically and spiritually. Conversely going abroad short-term for an exposure visit or as a medical tourist can, unless sensitively set up, be disruptive and valueless.

The third area for us to focus on is the local church. One of Tearfund's astonishing objectives is to link and partner with 100,000 churches by the year 2016. What a great objective! Tearfund's partners and many others working on the frontline realise that the local church (or temple or mosque) is the key community organisation, present in almost every village or town in the world. Nothing could be more attractive as a Kingdom model than a church in Africa, Asia, Latin America or deprived areas in the global north, being able to care for the neediest in the community through competent, compassionate healthcare offered to all, offered without discrimination on the basis of need not creed.

The fourth arena is the big wide world. In better-resourced countries there are hundreds of highly motivated medical students and junior doctors emerging who look at the world and wonder how they can have a maximum impact. There are opportunities in all the ways discussed above. But there are a great variety of other ways too when we start thinking 'outside the box'; community mental health, integrated urban health programmes, battlefield surgery, Mercy Ships, palliative home-based care, addiction units, the health care of commercial sex workers, writing radio soaps and TV programmes with an exciting storyline and a vital health component. Walking the corridors of power to help initiate and develop new health policies, becoming involved in the media to explain and motivate others to take up the cause. Let's not play safe.

But how easily this vision gets lost when that alluring relationship, well-paid hospital job or vital mortgage displace our idealism. This is often backed up by genuine and apparently wise advice from parents and friends: 'Get the boy home. He is wasting his time out there', was the single worst piece of careers advice I have ever received, and that was from an eminent doctor. How different to Hebrews 11 which is a portrait gallery of some of the real world-changers.

Getting out of the boat

We sometimes think it was weird of Peter to get out of his fishing boat in mid-sea, walk towards Jesus and then start to sink. But Jesus asked him to do it. We must be prepared to get out of our boat (perhaps our standard career path?) if God asks us to, and start taking risks. Most mainstream ideas today started as the often misunderstood and radical vision of those who first brought them into being.

Many secular groups are doing outstanding and inspirational work which we should welcome and engage with as fellow humanitarians. But I am concerned they are often setting today's agenda to the exclusion of those of us who claim to know and love God and are told that as such we have the Mind of Christ. Why are we not helping to set the agenda more when it comes to global health and medical mission? Why are we not, as UN language describes it, more involved in respectful engagement in these debates and policies? In the Old Testament the men of Issachar were commended because they understood the signs of the times. [13]

Postscript

Finally I want to mention a principle I see in action more and more. When God is planning to do something new, bold or significant he often drops the same idea into the minds of many different people. Be responsive to a 'God-drop' that he may be wishing to give you. Ask, 'Lord are you wanting to drop a new idea into my heart and spirit beyond what I am doing at the moment? 'Very often we will find as we receive that 'drop', many other people will have had similar ideas. This may not only transform your own life, but be one of the mechanisms of how a new movement to transform the world with the love of Christ will be gaining momentum in the coming years.

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references

1. *The Millennium Development Goals Report* United Nations Department of Economic and Social Affairs (DESA), 2010: 4
2. *Trends in Maternal Mortality: 1990 to 2008* Estimates developed by WHO, UNICEF, UNFPA and The World Bank, 2010: 1
3. WHO Press releases 2005/2008 and *The World Health Report 2008: Primary Health Care Now More Than Ever* WHO, 2008
4. Current WHO estimates
5. *The World Health Report 2008: Primary Health Care Now More Than Ever* WHO, 2008
6. Current WHO estimates
7. *The Lancet*, Volume 364, Issue 9449, pages 1984-1990, 27 November 2004
8. Revelation 3:7
9. Revelation 3:8
10. *Appreciating assets: mapping, understanding, translating and engaging religious health assets In Zambia and Lesotho* WHO, 2007.
11. Dr Ed Kessler, Director of Woolf Institute, *Faith in Development 2008*, *www.woolf.cam.ac.uk/assets/pdf/woolfinstkeepingfaith03.pdf*
12. Matthew 6:10
13. 1 Chronicles 12:32