Fiona Underhill reflects on the opportunities and responsibilities of General Practice

Addressing spiritual needs

s a GP I come into contact with more spiritually needy people during the course of one day in my surgery than many ministers do in a month. As doctors in general, and GPs in particular, we can often build long-term relationships with patients, leading to both great opportunities and great responsibilities.

Great opportunities

1. Opportunities because people respect us

Someone told me recently that the medical profession is among the few remaining professions that still retain widespread public respect and trust. Of course we cannot take this for granted and need to earn that respect by being the best possible doctors we can, combining excellence in medical care with a compassionate and caring approach. Yet considering our patients' spiritual needs is part of practising good medicine: the holistic approach demonstrates our belief that people are not just mind and body, but have a spiritual dimension as well. If patients respect us as good doctors, they often ask for advice on other issues and may be ready to listen to spiritual counsel.

2. Opportunities because people come to us with all sorts of needs

I would estimate that up to half of the consultations I have in an average day are for non-medical problems, from relationship problems and dealing with difficult teenagers, to unemployment and work stresses. There can be few jobs where there are greater opportunities to share the Gospel! Of course this must always be done sensitively, offering Christ but never forcing him on people, listening first to where our patients are at on their spiritual journey, and never abusing our position. In nearly 20 years as a GP I have never had a single complaint from a patient that resulted from me sharing my faith or talking about Jesus. There are so many ways we can do this, some more direct than others: posters on the surgery wall; a Gideon Bible in the waiting room; appropriate Christian literature; invitations to an *Alpha* or *Christianity Explored* course; as well as simply taking opportunities in conversation to talk about the Lord or offer prayer for the patient.

3. Opportunities because we know the one who can help

A man consulted me recently because he was consumed by guilt after a one-night stand: he had never cheated on his wife before,

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but their marriage was fraught with difficulties and he had drunk too much that night. What does a non-Christian GP have to offer in this situation? What a privilege it was to show him 1 John 1:9 and share with him the truth that God is able to forgive all sin through the death of his Son. We know that only Jesus can deal with guilt and fear of death, as well as giving meaning to life. How can we not share this when asked?

4. Opportunities because we have a network to refer to

Recently I have been able to refer a drug addict to a wonderful Christian rehabilitation centre, a family struggling with debt to an excellent Christian debt counselling agency, a lonely elderly man to a retired man in our church for friendship, and a couple having marriage difficulties to a marriage course at our church. We are privileged to have access to other Christians who can help us in our ministry, as well as pray for us.

Great responsibilities

With great opportunity comes great responsibility. Ezekiel was told in chapters 3 and 33 that if he did not warn the people of Israel about God's coming judgement, he would be held responsible for their death. If we know that people without Christ lack hope, and we have the opportunity to warn them and point them to Jesus, how can we not do this? I fear that when we waste time worrying about what people might think, or whether we might possibly offend someone, we have lost sight of the urgency of their plight. A South African bishop reportedly instructed the clergy under his oversight to write 'Lost people are headed for Hell' across the top of their diaries. 'Now organise your time around this priority,' he told them.

However good we are as doctors, all of our patients will die one day and face the judgement of God. The greatest thing we can do for them is to help them be prepared for that.

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