

# medical missionary today?

*Stephen Hibbs reports on an unusual student selected component*

Each time I am asked about my future plans in life, a miniature social experiment begins, in which I assess the person's response to the word 'missionary'. This series of experiments has now been running for some time - I have wanted to be a missionary since my mid-teenage years and so have had ample opportunity to explain my plans to others. The responses are variable: many will be very encouraging, asking whether I plan to go with the Red Cross or *Médecins Sans Frontières*, and bemoaning their own lack of commitment to such a cause. Others will begin to share their concerns about 'mixing religion and medicine' and will investigate whether I have any plans to 'convert people'. Clearly the words 'missionary' and more specifically 'medical missionary' can mean many things to different people.

Medical missionaries have played important roles in the spread of the Christian faith. 19th century Korea was completely closed to Christianity until the arrival of Dr Horace Newton Allen. The medical service provided by



Allen to a member of the Korean royal family in 1884 led to a thawing of relations between missionaries and the nation of Korea. In the decades following, the Korean church grew rapidly. Today, South Korea sends the second largest number of overseas missionaries of any country.

So what does it mean to be a medical missionary in the modern world? To explore this question I interviewed 20 doctors who had previously been involved in medical mission work or who are still involved but temporarily based in the UK. Amongst those I interviewed, time spent working abroad ranged from one year up to 26 years. Cumulatively, these doctors had spent over 180 years as medical missionaries in Africa, Asia and Latin America. In addition,

I spoke with five experienced mission agency personnel and missiologists to further consider the role of a missionary doctor. This article discusses the variety of focuses and roles played by medical missionaries today, how we can find our place within God's work abroad, and some of my own reflections on how these interviews have shaped my understanding and future plans. Although this article emphasises working abroad in resource poor settings, God calls many to live and work within rich nations, or even to work cross-culturally within their own country.



## **the situation today**

Huge medical and spiritual needs still exist across the world today. As medics, it is likely that we will have some

sense of the enormity of the former needs (although the scale of problems is almost always bigger than we appreciate), but often spiritual needs are more hidden. Did you know that around 6,600 ethnolinguistic groups (groups of people united by a common culture and language) have no known gatherings of Christians? Many of these groups comprise millions of individuals who are unlikely ever to hear the good news of Jesus. As Christian doctors, we must prayerfully consider how we are going to respond to these dual callings that emerge from the Bible.

Many of the doctors interviewed felt an emphasis towards responding to one or other of these needs. As a young girl, one of the doctors was struck by the need for medical missions after reading 1 John 3:17 - 'If anyone has material possessions and sees his brother in need but has no pity on him, how can the love of God be in him?' She spent around a decade in sub-Saharan Africa openly expressing her Christian faith, but motivated primarily by this challenge to give a compassionate response to 'brothers in need'.

In contrast, several doctors

were motivated to work in a foreign country as they would have an opportunity to testify about their Christian faith with their neighbours, colleagues and patients who would otherwise be unlikely ever to meet a Christian. One doctor told of an experience within a very isolated setting in South Asia where no known church existed. Late one evening he heard a knock on the door, and opened it to find a stranger who had travelled to meet him after hearing he was a Christian.



'What must I do to be saved?' the stranger asked. After watching a copy of the *Jesus* film in the local language, the stranger made the decision to commit his life to following Jesus. Tales like this were not uncommon amongst the doctors I spoke with, however progress in seeing churches planted was slow. One community health doctor

working in Central Asia described his role as 'not sowing, not reaping, but clearing away rocks'.

In all cases, these were emphases of motivation, rather than sole motivations. Dr Wonsuk Ma, the executive director of the Oxford Centre for Mission Studies, describes a tension between mission strategies - 'There are two camps: [those focused on] life before death and [those focused on] life after death. Christian mission has been divided'. A recurring concept amongst interviewees was the desire to aim for 'holistic mission', addressing both physical and spiritual needs. In addition to responding to these needs, for many the motivation towards medical mission had a somewhat unexplainable component - a personal sense of calling that was joyfully obeyed.

Each doctor interviewed said that a large part of their motivation was to respond to the overwhelming medical need in developing world countries. Most of those interviewed for this study aimed not only to perform medical duties, but also to teach and train national doctors and improve medical

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infrastructure. In practice, faith is expressed within a medical role in several contexts. Some stated that their main witness was through serving their patients with integrity, and explaining their motivations for working in the particular country when asked. Many doctors would pray with patients during consultations or before surgery if this was culturally appropriate in their setting.



Several interviewees were involved in working with the local church separately from their medical role. Some taught in seminaries and preached in churches. Others had more informal roles leading house groups or helping younger Christians grow in their faith. However, the need for national church leaders to have the freedom to lead without overbearing foreign input was emphasised. In one case, a

doctor in South Asia found that a role in developing leadership within the national church became his priority, and he stopped medical work altogether.

### where do you fit in?

A key point that emerged from the interviews was that there is a real diversity in focus within the medical missionary community, but that these differences do not reduce the legitimacy of anyone else's work. We can therefore define the term 'overseas medical missionary' broadly, referring to any doctor who works abroad for reasons relating to their Christian faith.

Looking back through history, we can see how God has used different approaches to medical missions. Horace Newton Allen was first and foremost a doctor, who worked as a diplomat in his later years. J Hudson Taylor was a 19th century medical missionary who had a huge impact in planting churches across inland China. He saw himself firstly as a preacher, Bible translator and encourager of mission, who used his medical work when it was helpful in achieving these ends. Despite their different emphases, God used both men

powerfully to see the church grow in Korea and China respectively.



In light of this, it is liberating to see that there is no particularly strict profile of a medical missionary. You may feel more like a Newton Allen or a Hudson Taylor, or feel little in common with either. The most important response for us is to remain open to God using us abroad and to being prepared to follow him obediently and sacrificially, submitting to his call whether it is to stay or go. It is a good idea to speak to a broad range of people who have worked as missionary doctors, trying to spot the ingredients in their lives that resonate with your own heart, as well as allowing new aspects to challenge you. Read books about those who have gone before, visit missionaries who are working abroad and pray that God would stir your heart in a particular direction.

## personal reflections

After the privilege of speaking with such a wide group of godly and inspiring people, I have found that my own motivations for mission work have been clarified. Over the last few years the concept of 'unreached people groups' has been a huge motivating factor for me. To be obedient to the great commission at the close of Matthew 28 must involve a response to the thousands of people groups who have never heard the good news of Jesus. However, an isolated focus on this meant that I lost the motivation to respond to other needs that the Bible calls us to respond to. Specifically, I have been reminded that evangelism and church planting are not the only things desired or required of us by God, but that a compassionate response to medical and physical needs is promoted throughout the Bible.

Additionally, the project reminded me that the desire to live adventurously can be something God-given! While we are not to go abroad with some romantic and ill-informed idea of mission work, I was struck by the number of people who enjoyed being in situations that involved thinking on their feet. Stories of moving a dying yak

onto the back of a pickup truck, entering completely different cultures or examples of miraculous answers to prayer peppered the interviews. One family described the experience of working as missionaries as something of a rollercoaster ride, and that on returning to the UK they found that 'no day is truly low, but no day is truly high'. The desire to work in a context that forces me to require God's help has always been an attraction to mission work for me, and this motivation was bolstered by these interviews.



This opportunity to explore something so central to my future plans during a special study module has been excellent. I would encourage anyone who is thinking through how their faith applies to an aspect of their medical career to consider using a student-selected module in a similar

way. The support I received from both the missionary community and the medical school has been exceptional, and I have even had opportunities to share more of my faith to fellow students through presenting the project and answering questions.

It is key for those of us who follow Jesus to pray through our own involvement in God's work abroad. Pray for other nations, visit missionaries on short-term trips (with a clear purpose) or electives and be intentional about growing deeper in your own faith. The most common piece of advice given from missionaries to medical students was simply to go for it! A good friend and missionary gave this exhortation: 'You only have one life - so give it! In the end, however much training you've got, however idolised you are as a doctor, you are there as a clay pot to show Jesus.' May each of us live out our days joyfully as clay pots, sharing the treasure freely placed within us wherever God leads us.

*Stephen Hibbs is a clinical medical student in Oxford*