

essentials: back to basics

Stephanie Moss explores sharing faith with patients



If there is a God, I'd like to tell him or her that I did not ask to be born' – this came from my patient, a burly retired truck driver who had come to see me about his varicose veins. I'd never met him before; he had started telling me about his loneliness and how his children don't bother with him any more... and then this sentence. In the faith-sharing Saline Solution course we are encouraged to spot a door in front of us and to walk through open doors.¹ What would you have said next if you were me? By the end of the conversation I had offered to pray that he would have a vision of Jesus – in between I found he had been born a Muslim but rejected that faith and was now interested in the more mystical Sufism, hence my boldness about a vision.

'Yes please' was his parting shot.

Saline tools give me confidence to start where

the patient is and ask questions to see where they want to go with the conversation. It has relieved me of the pressure to give answers. We are taught to check that we are following the patient's agenda and not forcing our own.

What I have learned from using Saline principles is that God really is at work in the lives of our colleagues and patients and, amazingly, he wants to include us in his work. There is ample evidence to show that faith (of all kinds) is important in healthcare and affects outcomes and so often we have been scared by a secular agenda and denied our patients the opportunity to speak about matters close to their hearts. It seems to me that our secular colleagues often do not feel equipped to speak about matters of faith at all. Are they not more likely to be breaching GMC guidelines² by ignoring spiritual aspects of care than Christians are by addressing them?



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I remember a while ago a couple of young Pakistani sisters who came frequently to us, their GPs, with lists and lists of complaints. One day I asked them:

‘Why do you have so many things wrong with you?’ and quick as a flash they said, ‘We have been cursed. There is a curse put on our family’.

I brought this up at a team meeting where no one else was a follower of Jesus and one of my colleagues said ‘I don’t know how you get people to tell you these things’. So I asked what he would do if they had said this to him. ‘I would have referred them to psychiatry’, he said.

I am a semi-retired GP and don’t have a whole career ahead of me to fear losing. I also work in situations where usually I am alone with a patient. Younger medics who are usually in a team setting understandably find more constraints on their conversations about faith. The Saline course shows us how the fragrance of Jesus is on us when we spend time with him and that people who are being drawn to Christ will find that attractive.³ We often forget that people spending time with us – long hours working in stressful situations with colleagues come to mind – will see Jesus. We can gain the confidence to pray as we go along that his life will flow through us by the Holy Spirit who lives in us.

At Saline we learn about having a Christ-like character and I have recently used an image of God holding out to me a box every day full of all the resources I need for that day. All the patience, all the grace, all the energy, all the wisdom and so on. Embarrassingly, I sometimes seem to say ‘No thanks, God, I’ll see how I get on myself. I can cope. And I like feeling sorry for myself and being grumbly’. Nursing those hurts and judging others and feeling mean inside and I reject his gift. In the stressed world of the NHS, people who have Jesus’ life in them are like a cool drink on a hot day. And others notice.

Many people remember faith flags from Saline where we drop small sentences into a conversation

hoping that someone will take our bait, and these are a very useful tool. I gave a gastric protector, omeprazole, while handing ibuprofen to a man with arthritic pain and he said ‘Is that so that I don’t sue you if I die?’ Jokingly I said, ‘Not much good if you are dead. I can’t send a cheque to heaven or wherever you are going’.

He then asked, ‘You don’t believe all that do you?’ and so we had a good chat about his upbringing in the Caribbean and his mother’s prayers and how he could not accept the gospel account to be true. All from an inadvertent faith flag. This man has just started therapy for prostate cancer. I am praying for him and excited to see what God does to change his heart.

My little grandson started walking with small unsteady steps and a lot of help. We loved to watch his progress. God loves to watch us as we trustingly take small steps to be salt and light in the workplace. Is it by chance that you are at that medical school? Is it by chance that you have those friends? Do you sense that a patient has spiritual need? Have you noticed a colleague who is struggling? My advice is to pray. Spend time with Jesus so that his fragrance is on you. Trust God. Take small steps with sensitivity and respect and leave the outcome to him. ■

Saline Solution is a one-day course designed to help Christian healthcare professionals and students bring Christ into everyday work. The course helps us recognise God-given opportunities to demonstrate Christian love and concern. The day looks at evidence linking faith and health, and explores practical tools which help give patients the chance to discuss faith in a way which follows their agenda. Many students have benefitted from this course. For more details see: cmf.org.uk/doctors/saline-solution

REFERENCES

1. Details of Saline Solution days are at: cmf.org.uk/doctors/events. Further information about Saline material at: spot.ihsglobal.org
2. Personal Beliefs and Medical Practice. General Medical Council; 2013 bit.ly/2aOEKKB
3. 2 Corinthians 2:14-16