

models of medical mission in the 21st century

Ted Lankester challenges our preconceptions

There are more Christians in China worshipping on a Sunday than in the whole of Europe.

would you like some more stats?

- There are about 2.3 billion Christians in the world; that's about one third of the world population. Those with the most are the USA, Mexico and Brazil.
- There are 3.7 million congregations in the world, growing by approximately 50,000 per year.
- There are 60-70 million Christians in China, and about 10,000 become Christians each day.

how many missionaries are there?

- The most recent estimate is that there are 1.31 million Christian workers serving within the non-Christian world. And 301,600 missionaries from Christian countries to the non-Christian world.

which country sends the most missionaries?

- In 2010 the USA sent 127,000, Brazil 34,000 and South Korea 20,000.
- And the UK? It's probably just 6,000 long term missionaries but that raises the next question.

what is mission?

The Bible tells us it's three main things:

- Preaching the good news and making disciples (Matthew 28:16-20; Mark 16:15).
- Doing acts of kindness (Luke 4:16-20) by which we are judged (Matthew 25).
- Helping to transform the world and the

structures of society: 'Your kingdom come, your will be done, on earth as it is in heaven' (Matthew 6:10).

where is 'mission' taking us?

Remember those 3.7 million congregations and rising? God gives the same mandate 'Go into all the world' to each of them as he does to the churches you and I may belong to. We are already seeing a glorious cornucopia of mission where anyone is going to anywhere, everyone to everywhere. The West to the rest will soon be yesterday's message.

where is mission taking you as a healthcare worker?

Unless you listen hard to God and follow his path consistently it may be taking you to a nice home, an essential mortgage, a welcome romantic relationship, a growing reputation amongst your friends and of course a nice car, whether BMW or Tesla. All desirable? Yes, but when they slip outside of God's plan, deadly.

so stay with mission – the choices are limitless

You could still become a medical missionary in a remote mission hospital. More likely you could be training or teaching others in universities, medical schools and hospitals. Above all finding opportunities in any healthcare speciality or generality you can imagine: sexual and reproductive health, infectious diseases, palliative care, surgery, water and sanitation, family medicine, mental health, disability, primary



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pewresearch/hiph3

1910

POPULATION

1,758,200,00

WITH AN ESTIMATED CHRISTIAN POPULATION OF

611,810,000 34.8%

WHICH SPLIT APART SHOWS CHRISTIAN POPULATION OF

GLOBAL NORTH 86.7%

PERCENTAGE OF THE WORLD CHRISTIAN POPULATION 82.2%

GLOBAL SOUTH 9.2%

PERCENTAGE OF THE WORLD CHRISTIAN POPULATION 17.8%

2010

POPULATION

6,895,890,000

WITH AN ESTIMATED CHRISTIAN POPULATION OF

2,184,060,000 31.7%

WHICH SPLIT APART SHOWS CHRISTIAN POPULATION OF

GLOBAL NORTH 69.0%

PERCENTAGE OF THE WORLD CHRISTIAN POPULATION 39.2%

GLOBAL SOUTH 23.5%

PERCENTAGE OF THE WORLD CHRISTIAN POPULATION 60.8%

healthcare, medical research, the pharmaceutical industry, tending the war wounded, working in chronic complex emergencies. You could be helping to 'turn off the tap of ill health' by working at the top of the cliff instead of the bottom. You could join the media, the corridors of power, and become a writer, a broadcaster or politician. You could speak and act for God in these and a hundred other ways.

come on, aren't you meant to be talking about 'real' medical mission?

Yes, just that. Or rather healthcare mission because the disconnect (not necessarily the difference) between doctors, nurses and allied health professionals is bewildering and outdated.

please tell me more

In our confused, part Christian, part post-Christian, part pre-Christian world, our callings are incredibly diverse. Given our variety of backgrounds, countries of origin, gifts, inclinations and passions,

our range of callings is huge. With over 200 nation states, and the number of medical specialities increasing by the week, the variety is limitless.

one more thing - how many passports do you have?

Well hopefully one at least. But do you realise that being a doctor or other health professional is also a passport? It is almost a 'passport to anywhere'. It can take you to places no-one else can reach - insecure states and locations, restricted access countries, places and situations that are closed to many others. Doctors and nurses have always found that the world seems bigger to them than to many people; and to everyone's advantage, not least because our opportunities for providing compassionate service are maximised.

now some practical examples at last!

Here are four ordinary people who are finding their own God-led pathways through these apparent jungles. Consider finding your own path.

Barbara, coming from a non-Christian, working class background in Essex had grown up with one aim, to be a nurse. Coming to faith in her teens, she took time out at a bible college before working first in Afghanistan, then Bhutan in primary healthcare with The Leprosy Mission. She learnt most of her language and clinical expertise 'on the job'.

However, as a nurse and woman in the 1970s, she discovered these skills counted for little, so she returned to take the Masters in Community Health at Liverpool School of Tropical Medicine, before gaining a PhD in International Health. In time, she became a Dean of Nursing and Midwifery. She subsequently began working with the World Health Organization (WHO), making her nursing school a WHO Collaborating Centre, and working with nurse training in central Asia and Africa.

All these skills came together as she spent six years setting up a school of nursing and midwifery in Bangladesh. She is now helping a Christian college in Pakistan set up a nursing school and helping to head up a new International Institute for Christian Nursing run by Nurses Christian Fellowship International.

John is a Paediatrics trainee and travelled with his wife to serve in Niger. Their desire was to work in the Muslim world and evangelise and disciple the local people. John found a way to work part-time at a Christian hospital and part-time doing medical and non-medical training for staff and working with the local church. The main challenge was to balance his Christian work against the demands of his medical job. John's advice for anyone considering working abroad is to manage expectations and be clear about the work they are going to do before setting off. In spite of the difficulties, John's faith was strengthened by the time he spent in Niger and he had some remarkable opportunities to share the message about God's love in a country which is 98% Muslim. He was reminded of the spiritual dimension to any medical condition and encouraged to pray for his patients, even after coming back to the UK.

Geoff trained as a doctor, worked as a medical

List of resources from which information is drawn and for further reading:

- *Nucleus*, May 2016:6-10 bit.ly/2BzeaTq
- World Distribution of Christian Population in 1910 & 2010 pewrsr.ch/2kysukK
- Global Christianity bit.ly/2CovQOR
- Progress of the Gospel bit.ly/2opsgm
- Gordon-Conwell Resources bit.ly/2k5fovM
- Keeping Faith in Deveopment bit.ly/2zicLin
- *BBC News Magazine* September 2011
- *Asia Times* 2007

evangelist with world travellers and drug addicts in India for a year, then went to theological college, followed by seven years as a GP and local preacher in London. Unexpectedly he was then 're-called' with his family back to India and worked as a Christian healthcare professional in the Himalayas under an indigenous Indian mission, supported solely by his church in England. He later founded two Christian healthcare organisations in different parts of the world and co-chaired a WHO conference on the role of non governmental organisations in primary healthcare.

Jane is a GP who worked with Medair in South Sudan as a part of the emergency response team. She was involved in setting up primary healthcare clinics and responding to disease outbreaks, often in groups of displaced people. Jane was the medical manager - the doctor on the team responsible for the technical input and the quality of services provided. It involved training up the local staff, making sure they were aware of what guidelines to follow and how to treat patients appropriately. The second time Jane went as the healthcare advisor and provided medical oversight of all the different projects that Medair ran in South Sudan. A typical contract with Medair runs one-two years so it is suitable for F3 or out of programme experience years. After that it is possible to come back for shorter contracts or at specific times like during the Ebola outbreak.

A final question for you: What path is God calling you to follow? ■