

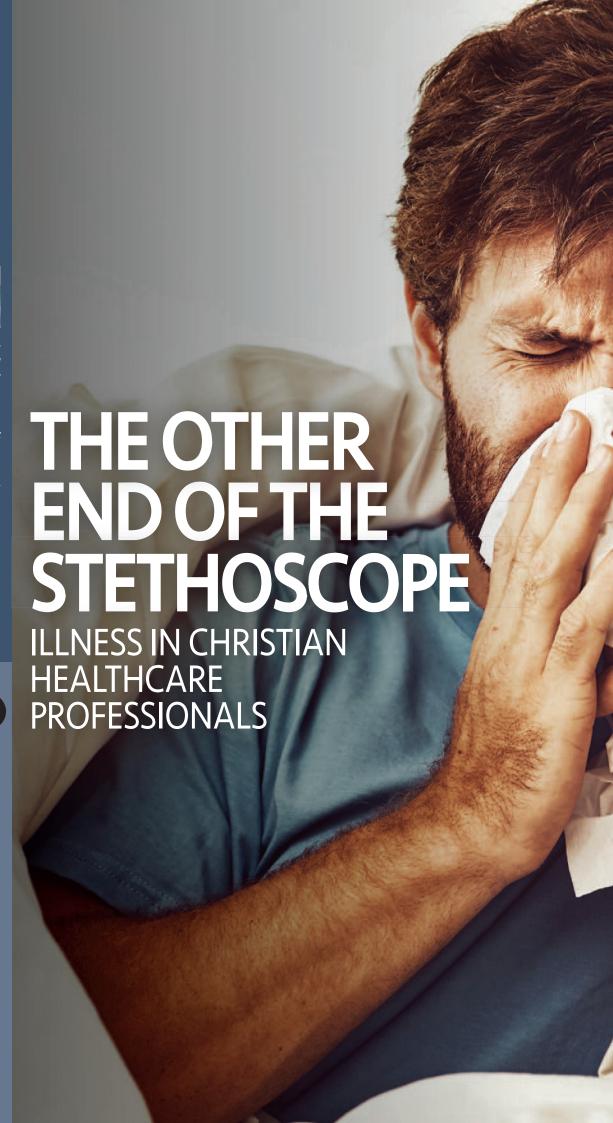


Huw Morgan is a retired GP, medical educator, and medical missionary

Huw Morgan reminds us of God's power to transform our own human frailty and mortality as we deal with our own suffering.

key points

- Our mortality and human frailty are easily overlooked in our youth, and often it is only a personal encounter with illness or disability that reshapes our outlook
- Whilst we need to take care of our wellbeing, we also need to be spiritually attuned to what God is showing us when we face such difficulties.
- Whilst it can be hard to do so, being open with our colleagues and fellow believers when we face health struggles is vital.







s privileged members of the caring professions we seek daily to pursue our Christian calling by caring for the sick and injured. Illness is what we're familiar with from a professional perspective, and what we encounter on a daily

basis in the lives of our patients. When we ourselves become ill (as we all surely will in due course), it can be a discomforting and challenging experience. We can feel suddenly vulnerable and confused as we personally encounter symptoms and their consequences in our own lives. We may feel spiritually challenged as well, something we may not readily admit to lest we tarnish our presumed reputation as a competent and caring Christian professional.

Four hundred years ago, the physician Thomas Sydenham (1624-1689), sometimes known as 'the English Hippocrates', had the following wise advice to give:

It becomes every person who purposes to give himself to the care of others, seriously to consider the four following things:

First, that he must one day give an account to the Supreme Judge of all the lives entrusted to his care.

Second, that all his skill and knowledge and energy, as they have been given him by God, so they should be exercised for His glory and the good of mankind, and not for mere gain or ambition.

Third, and not more beautifully than truly, let him reflect that he has undertaken the care of no mean creature; for, in order that he may estimate the value, the greatness of the human race, the only begotten son of God became himself a man, and thus ennobled it with His divine dignity, and far more than this, died to redeem it.

And fourth, that the doctor being himself a mortal human being, should be diligent and tender in relieving his suffering patients, inasmuch as he himself must one day be a like sufferer. (emphasis mine)1

Recognition and due acknowledgement of our mortality and humanity should help us all to be 'wounded healers', able to learn and grow from our own experiences of illness to better empathise with and care for our patients. So how do we do that? I offer a few suggestions below.

1 keep as fit as you can, both physically and spiritually

Paul reminds Timothy that, 'physical training is of some value, but godliness has value for all things, holding promise for both the present life and the life to come'. (1 Timothy 4:8) I imagine all readers of this know what constitutes a healthy physical lifestyle, but do we give adequate attention to our spiritual fitness too? Regular Bible reading, prayer, fellowship, worship, and cultivating a continuing desire to serve, all help to nurture our souls and prepare us for coping with illness when it comes.

2. seize the day

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You may be well today, but who's to say that will still be the case in five, ten, or fifteen years' time (or even tomorrow)? Don't put off plans for new avenues of service or other major life decisions

> about how you believe God is leading and using you. None of us knows the future and we cannot take good health for granted. Hebrews starkly reminds us, 'people are destined to die once, and after that to face judgment'. (Hebrews 9:27)

3. don't ignore symptoms

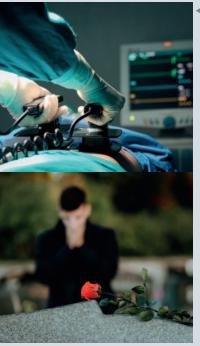
In my experience of illness, both in myself and in Christian (and other) colleagues, healthcare professionals are good at denying, rationalising, and ignoring symptoms that they would take seriously if presenting in a

patient consulting them. We are also good at taking inappropriate action in response to perceived illness (such as running blood tests on ourselves and informally trying to get opinions from colleagues) instead of seeing our own GP.

4. understand that illness involves loss

Generally, when we are seriously ill, quite a lot of the suffering we may experience is not just from the overt symptoms of the illness, but from what we have lost as a result of it. We may be unable to work, unable to play sport or take other recreational exercise, have to cancel holiday or other travel plans. Our roles in church or in other Christian organisations may have to be curtailed. At a deeper level than these external losses may be a spiritual crisis, 'Who am I now that this has happened to me, and I've lost some of my key roles in life?' we may ask ourselves and God. Or 'I've always been fit and have looked after my health - why is this happening to me?' Although we work amongst suffering people every day, the personal experience of suffering can challenge and disorientate us in unanticipated ways.





It can be helpful to remind ourselves of the stages of grief² as we seek to navigate our way with God's help through the terrain of loss as a result of illness. It starts with **denial**, referred to above. Then comes anger, as we face up to the reality of the illness and realise how it is going to change our activities, plans, and perhaps life decisions. This is followed by bargaining, where we try to make deals with God, 'If you take this from me, I'll serve you in new ways', or 'Surely you don't want me to give up these ways I've been serving you'. Then comes **depression**, as the reality of the continuing illness and consequent life changes press in upon us. It is particularly hard

for Christians (especially healthcare professionals) to admit to depression, as there remains a widely held fear that doing so will generate criticism from fellow believers, rather than compassion. Sharing the problem with at least a few trusted, praying Christian friends will help. Finally there is **acceptance** as we adjust to a new pattern of life and perhaps regular treatment, adapting to the reality of our changed circumstances and the possibilities that it opens up. Of course, response to loss does not progress in the rigidly linear fashion as listed above. Often people move backwards and forwards in no particular order through different stages.

6. find new ways forward

make the sick person well'. (James 5:15)

It is important to recognise that whilst there are losses in being seriously ill, there are also gains. Hopefully, we can find these for ourselves (provided we are not too debilitated by the illness). Having to lay down some responsibilities may free us to explore new things when we have the energy. We may need to develop new devotional practice and explore new areas of prayer (eg contemplative prayer, simply focussing on being in God's loving

James reminds us, 'the prayer offered in faith will

presence, is particularly helpful when energy levels are low). We may be able to do some serious spiritual reading, which our normal routine left no time for. For some perhaps early retirement will be a necessity, which may lead to many new possibilities and opportunities. Whatever our circumstances, particularly if our illness is or could be terminal, it is important to remember we are still loved by God and held in his loving arms through it all. 'The eternal God is your refuge, and underneath are the everlasting arms.' (Deuteronomy 33:27)

To conclude, Christian healthcare professionals face a potential

'double-whammy' when we become ill. We share the difficulties of all our colleagues in responding appropriately and in a timely manner to symptoms that we paradoxically all too easily misinterpret despite our training and experience.

We also share with fellow believers the spiritual struggles that may accompany facing serious illness and possible death, including a reluctance to divulge these to other Christians (especially if our illness involves depression and anxiety). However, the challenges of illness can also be a pathway to a deeper and more real relationship with God, as we learn to accept the reality of our mortality and allow God to mould and teach us in our suffering and disease. We could all benefit from the spirit of Job, who said, 'Shall we accept good from God, and not trouble?' (Job 2:10) o

5. have a support group that will pray for you regularly

It is important to have a group of Christian friends (such as a homegroup) who will pray for you and perhaps offer other support if you need it. Social media, like WhatsApp, allow rapid communication within a closed group so new developments and needs for prayer can be quickly shared. We all must make our own decisions about how much we want to tell our church and other wider groups we may be involved in, but having a definitive group who will respond rapidly to prayer requests is very helpful. Sometimes, the Lord intervenes in miraculous ways, but regular prayer is supportive whether or not this happens.



references (accessed 20/11/23)

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- Kubler-Ross E, Kessler D. On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss. London: Simon & Schuster UK. Reissued edition; 14 August. 2014



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The Doctor's Life Support 5 **ICMDA**

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