

**Stephanie Moss** shares stories of face to face encounters and tools that work.



# SHARING OUR FAITH IN JESUS

## key points

- Faith has an important place in healthcare and there are more opportunities to share faith than we realise.
- When we take opportunities to open up questions of faith we may find ourselves surprised to find that God is already at work in the life of that patient.
- Faith in Jesus is life-changing and peace with God is the deepest need of every patient.

**T**wo sisters attended our surgery in a predominantly Asian part of town. They always came together and came often. They had various complaints and mostly different symptoms. But no sooner was one thing better than another complaint presented itself. I was the only female GP and they mostly came to see me. They were British-born Pakistanis, in their twenties and usually cheerful. They never felt a burden to me.

One day, I asked them if they knew of any reason why they seemed to have so many health concerns. I was expecting them to tell me about family stresses. Or that they had lost a relative to cancer and feared they might overlook an early sign of the same disease. However, they matter-of-factly told me, 'We have been cursed. There is a curse on our family.' They went on to explain that they were saving up to pay a lady in a street less than a mile from our surgery to have the curse removed. The cost would be several thousand pounds.

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I worked at that time with two fairly secular Sikh doctors and an English atheist. I brought this case to a practice meeting and asked what they would do in this situation. One told me he could never imagine finding this out as he would never ask that question. I asked again, 'What would you do?' and the atheist said he would refer the girls to a psychiatrist. This confirmed to me that a doctor with faith is much more likely to open up conversations about faith than a secular doctor. And that my colleague genuinely meant he would not know how to respond to a declaration of faith.

## A way forward

Saline Solution is a day course on faith and healthcare, that can be accessed by individuals on tablets or laptops.<sup>1</sup> It teaches that faith is more important in healthcare than many of us realise and that many doctors underestimate the value their patients put on their faith. It explores the opportunities and barriers to sharing faith and offers tools to help us play our part in following God's call to be salt and light in our workplace.

For me personally, learning through the Saline course how to ask questions which open up conversations has been one of the most useful tools. We should all be pretty good at asking routine questions. But once we have spirituality on our radar, we can add in relevant questions, often with surprising answers. Since good medical practice includes caring for our patients' spiritual well-being,<sup>2</sup> we should never be afraid to ask questions.

A cannabis user came to tell me about his stress. He told me, using very unpleasant language, how angry he was with his mother, how messed up he was with his girlfriend and what a bad deal he'd had in life. I listened for a bit and asked him to tone down his swearing. Then I said something like, 'It seems you feel very hard done-by. How do you get strength to carry on? Do you have a faith to lean on?' He told me about his Christian upbringing. I then asked, 'When God looks at you, what do you think he sees?' He said, 'I think he sees a very special creation.' Now that was not what I was expecting.

On another occasion, I had offered to add a patient to my prayer list and she told me, 'My sister-in-law would be pleased if you did. She gave me a Good News Bible last year.' This encounter reminded me that God is already at work in the lives of our patients. Knowing this gives us more confidence to ask questions and seek out any spiritual agenda on our patients' minds. Saline points us to numerous studies which show how any religious faith has positive outcomes in healthcare<sup>3,4,5</sup> and it supports us if we have to defend our faith to questioning and sceptical colleagues.

## Biblical teaching

The Bible clearly shows us that faith in Jesus is life changing<sup>6</sup> and everyone's deepest need is for peace with God. What a great tool prayer is: we can pray for our patients whether we tell them or not. We can pray for ourselves to be filled with the compassion of Jesus. We can pray for insight and help to ask the right questions. This is therefore another way we can share faith, our faith in Jesus as he works through us.

I feel that we need to have a very clear sense for when the Holy Spirit is guiding us during our encounters with patients and colleagues. We need to be sensitive to the Spirit.

I distinctly remember a Jewish female patient with whom I had had interesting conversations about bringing up children to have faith in a very

secular world. She wanted to share her faith with me and took me to a service at her synagogue. But once, when I felt I wanted to talk to her about Jesus, I had a very clear sense that this was not the right time. However, when another patient told me about her grandmother's voodoo practices and asked me if I had a prayer against black magic, I felt very confident to tell her to call on the name of Jesus.

One afternoon a couple from Afghanistan came to see me, the husband interpreting for his wife who had just had her second stillbirth, having also had a late miscarriage. His wife had only a slim chance of a successful pregnancy because of consanguinity. The previous night we had been studying Psalm 56 in our home group and had been asked to choose a verse which spoke to us. I had chosen verse 16, 'Record my lament; list my tears on your scroll'.

I asked the husband to tell me how his wife was doing and he said: 'She is fine'. I said: 'Please ask her now and tell me what she says.' He did and told me she said, 'I cry a lot when I am on my own'. I then understood that Psalm 56:16 was for her. I told them about the Psalms which is Hebrew poetry written by the prophet David. I explained the verse and how I thought God wanted her to know that he had seen all her tears even if they were in private.

It was such a privilege to listen as the husband relayed these words to his wife and to watch her face. It was as if I was passing across a gift from God to her. She went on to have a healthy child the next year and called her son Daoud (David). A lovely ending. They have remained on my prayer list even though I have moved to another surgery. Maybe they will all meet Jesus through someone else some day.

At the moment, I work mostly with Muslim and Sikh patients and they are very happy to discuss faith and are especially glad if I offer to pray for them. I usually add them to my prayer list but rarely pray for them while they are with me.

Wherever we work in the NHS, our colleagues see us for many hours at a time when we share difficult and often stressful shifts. God is at work among our colleagues as well as our patients.

The Saline Solution stresses that we do everything with sensitivity and respect and that we ask for permission to proceed so that we follow the patient's agenda on matters of faith.

I would very much recommend to you a Saline course if you want to learn valuable skills and gain confidence sharing your faith.

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## saline solution

Saline courses equip health professionals to share their faith in ways that come naturally in the course of conversation and are not intrusive or threatening. They teach a range of strategies for faith sharing, including:

- Taking a spiritual history
- Planting faith flags
- Asking penetrating but non-threatening, open ended questions
- Dealing with sceptical colleagues

For information about courses near you or to find out how you can organise one in your area, email [info@cmf.uk.org](mailto:info@cmf.uk.org)

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## references

1. Saline Process. [spot.ihsglobal.org](http://spot.ihsglobal.org)
2. Personal beliefs and medical practice. General Medical Council 2013
3. Craigie FC, Larson DB, Liul Y. References to religion in The Journal of Family Practise. Dimensions and valence of spirituality. *Journal of Family Practice* 1990; April:447-480
4. Levin JS, Vanderpool HY. Is frequent religious attendance really conducive to better health? Toward an epidemiology of religion. *Social Science & Medicine* 1987;24(7):589-600
5. McBride JL, Arthur G, Brooks R, Pilkington L. The Relationship between a Patient's Spirituality and Health Experiences. *Family Medicine Journal* 1998;30(2):122-126
6. John 10:10