

# praying for patients

**Steve Fouch** looks at what the Bible and professional bodies do and do not say

**F**or much of the 20th century, many young people chose a career in nursing motivated by a calling or vocation to serve God through caring for the sick and suffering.

Christian values and a Christian worldview have shaped the underlying ethics and practice of the profession, and the NHS as a whole. Morning and evening prayers and grace at meal times were a regular feature of life on the ward well into the 1960s, and all patients and staff would have joined in. Today, the values and ethics by which we practise have changed considerably, and expression of faith in the clinical setting can risk censure.

One question I'm repeatedly asked is: **'Am I allowed to share my faith and pray with patients? What if I get struck off?'**

Legally, you are allowed to talk about your faith and pray with patients if it's done in the right way. But even if you're covered legally, you may well become unpopular, marginalised and talked about. Some colleagues or relatives of patients may have axes to grind and take offence even when a conversation or prayer is initiated and welcomed by a patient. So we need to be prepared for opposition and willing to pay the cost (see 2 Timothy 3:12 and John 15:18-21).

The Nursing and Midwifery Council (NMC) code makes it very clear that we should not be pushing our faith on people in our care: *20.7 make sure you do not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate way.*

Expressing our beliefs inappropriately means in a coercive manner or exploiting a patient's vulnerability. We would all agree with that – Jesus never pushed himself on anyone. He always responded to requests, asked people what they wanted and acted with permission. However, these codes also imply that there is room in the code to express beliefs *appropriately.*

Pray with people, but at *their* request. Respond to people's questions with compassion and respect.

The overarching principle for us is summed up by 1 Peter 3:15: *Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect.*

That said, no one will ask you questions about your faith or for prayer unless they know that you're a Christian. It's easy to give small clues that make it outwardly clear that your faith in

Jesus is important to you. You could wear a small cross or ichthus badge (if uniform regulations allow), or raise the fact that you were at church when you talk about what you did at the weekend. Maybe mention a time when you prayed in a situation, or give thanks to God for something positive that just happened.

None of these little 'faith flags' require any response from those around you, they should never be forced, but they do open the door for people to ask questions or for prayer.

Jesus was the master of using questions skilfully; he was able to draw people out. We can learn to use questions like Jesus did to help patients open up. This may lead to a conversation or an opportunity for you to share your own hope. For example, questions like:

- 'Do you have a faith that helps you at a time such as this?'
- 'What sources of support or help do you look to when life is difficult?'

These are great conversation openers which may lead to an invite from the patient to talk further about spiritual matters.

Don't be frustrated that such opportunities do not arise every day – the main thing is to honour God in the way you do your work. If that opens the doorway for a conversation about him, however brief, then take it in his strength.

Most of all, pray! God is the one who opens hearts and creates opportunities. As you go to work, silently pray for your patients and be prepared.

Finally, have confidence that faith *is* relevant to healthcare. Even though NMC guidelines could be more positive, the Royal College of Nursing (RCN) commissioned a big study on spirituality in 2010 and have published a subsequent book on its recommendations. It concluded that nurses have a duty of care to be holistic and patient-centred, taking into account spiritual factors and, where relevant to a patient's condition, discussing spiritual issues. There is a good professional reason to talk about God with your patients!

There may be a cost to sharing our faith in the workplace or praying for patients, but what a joy it is to honour God, to witness for him and see him at work.