

regular features

Distinctives: is there mission in the NHS?

the Saline team share stories of Christians sharing their faith with patients



A doctor returned from a mission situation in Cameroon because of threats from the terror group Boko Haram. She attended a Saline course and we asked 'Can she be a missionary within the NHS? Or does she have to wait until going abroad again?'

the world on our doorstep

A Birmingham GP knows several 'missionaries' who have come to the UK from abroad to share Jesus. When she realises that others see the UK as a 'mission field' it encourages her to witness and to grasp the opportunities which God gives, including in medical practice. She regularly sees people from scores of countries, Afghanistan to Somalia, Bosnia to Egypt, Eritrea to Poland, Romania to Syria and Yemen. We don't need to board a plane to meet internationals. Your campus may be equally diverse. Being honest, opening up to colleagues and asking good questions may lead to faith conversations.

cultivating the soil

We may not all be evangelists, but we can all be witnesses to any nationality.¹ Jesus spoke about stony and thorn-choked soil,² and it may well be that our role in the NHS is most often to remove stones and clear the ground. We can show the relevance of faith and nurture spiritual curiosity. Occasionally we might sow gospel seeds by talking directly about Jesus. GMC guidance currently encourages discussions of the spiritual where relevant:

'In assessing a patient's conditions and taking a history, you should take account of spiritual, religious, social and cultural factors, as well as their clinical history and symptoms. It may therefore be appropriate to ask a patient about their personal beliefs... You must not impose your beliefs and values on patients, or cause distress by the inappropriate or insensitive expression of them.'³

This guidance is aligned to the biblical instruction to be respectful and non-coercive:

'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*'.⁴ What might this look like in practice?

curious colleagues

A hospital trainee described a conversation with a colleague as they walked up the stairs to their department. The conversation turned to when each of them had last cried. The Christian doctor had been moved to tears that very morning while reading her Bible. Her incredulous colleague was surprised: 'Reading the Bible moves you to tears? You read the Bible before work, every day?' She is prayerfully waiting to see where that leads.

An obstetrician told me of a rough night when she scolded a midwife in the early hours. The next morning she sought her out and offered a heartfelt apology for the manner of her reprimand. The midwife was stunned: 'No doctor has ever said sorry to me before!' They soon became fast friends. It's often in our vulnerability and sharing of our need and knowledge of grace that others glimpse its source. She reflected: 'Let your mess become your message, and your test your testimony!'

A renal trainee wrote: 'I find nights are the best time to talk about faith on the wards. I'll often have a bite to eat with a colleague just after midnight, and try to move the conversation away from trivial things onto the bigger questions in life. There's something about the shared experience of a night shift that sometimes leads people to open up, and I've had some really good chats in the past.'

Recently a GP gave an Uncover Gospel to a young doctor who had commented that she felt most able to be herself when she was around Christian colleagues. She explained to her that she thought it was because she was meeting Jesus in these people and hoped that reading in Luke about people who met Jesus would help her to understand this better.

testing the soil

An appropriate question we can often ask is 'do you have a faith that can help you at a time like this?' A GP asked this once of a patient disillusioned with therapy, and was told 'No, I have too many questions'. He agreed that we all need space to explore the big questions, which happened at Q&A every Sunday at his local church. She turned up unexpectedly, and found the answers she was looking for.

sowing seeds in season

A nurse who had trained in the Philippines was caring for an anxious patient during a cardiac catheterisation. He asked her to sing something while they prepared for the procedure. She told him she only knew hymns and he said that would be fine. She sang the first verse of 'What a friend we have in Jesus' and then stopped. He asked her to continue and she did, eventually singing the whole hymn, and overheard by her colleagues in the lab. There are many ways to sow seeds!

Another healthcare worker met a man who was anguished about his violent outbursts in his family. He was worried he was turning into his father, and felt terribly guilty and ashamed. 'Do you have a faith that helps with those feelings, or gives you hope?' He described how his father had been incensed when, as a child, he had brought the wrong song book to the Jehovah's Witness chapel. He had been beaten savagely with a chair leg, and still felt the cruelty keenly. It led to a moving discussion about where our sense of fatherhood comes from, and a reflection on the kindness of the father who welcomes back the prodigal son with open arms. He expressed a desire to read his Bible more, to rediscover the heavenly father he had lost touch with.

An intensivist comments: 'I am an enthusiast for building relationships; this is central to how we can share faith and fellowship in Christ. For instance, on preoperative visits I have had conversations stimulated by an observation or a parallel conversation. I recall a patient who was reading a

biography of William Wilberforce. A topical read for someone in Hull but a treasure trove to open discussions on Christianity.' We are not exploiting anyone's vulnerability when we pick up on a shared interest.

A surgeon tells of his contact with a man who had seen many other doctors: 'His life was falling apart. His wife no longer wanted him. He had lost his job. He was drowning his sorrows in drink. He had seen many doctors and psychologists but none had helped him. Anti-psychotics had made him feel worse. Once his GP had suggested that his problem might be a spiritual one but offered no answer except pills. However that suggestion led to discussions about how the Lord Jesus could change his life if only he was willing to start living as God wants. Jesus could forgive all the sin that separated him from God and would give him the gift of his Spirit to empower him to live a new life. He asked the Lord Jesus to help him but there was no immediate change. He still wallowed in his problems and was angry at everyone. The one noticeable change was that he started to come to church and joined a Bible study group. He developed an appetite to read and understand the Bible. He made the decision to start doing what God wanted of him. He sent his friends texts with Bible passages that excited him. He became a new man. He has a new job, he is paying off his debts and relationships with old friends are being restored. Everyone who knows him appreciates the extraordinary change in his character. His GP had been right. He did have a profound spiritual problem with depressive symptoms. What stopped him prescribing the right remedy?'

Psychiatrists need to be particularly aware of the vulnerabilities of their patients. For a discussion of the issues, read Rob Pool and Christopher Cook's excellent debate over praying with patients.⁵ Another psychiatrist wrote: 'Some may feel anxious about raising or discussing spiritual issues with patients who have mental health problems, for fear of breaching professional and personal boundaries with potentially vulnerable individuals. However, all

patients should receive good spiritual care, and spiritual issues may be even more directly relevant for those with mental disorders. I saw a middle-aged lady with a longstanding treatment-resistant depression, who was admitted following yet another overdose with suicidal intent. She had a church connection, but felt that something she had done was so bad that she wondered if she could ever be forgiven. It appeared clear to me that she needed forgiveness more than medication or psychotherapy, but it was not until I “entered her world” and shared her values and spiritual perspective (a sensitive clinical judgment) that we made meaningful progress. With the support of the wider team I discussed God’s forgiveness with her, leading not to full resolution of all her symptoms, but at least some improvement in her negative cognitions, guilt and hopelessness, with her planning to return to her church following discharge.’

could you could answer a patient’s prayer?

Another doctor remembers an attempted suicide: ‘They dragged him barely conscious out of his VW campervan and brought him to the ED in the early morning. A passer-by had seen the smoke filling the stalled vehicle and acted quickly.

His skin was flushed with carboxyhaemoglobin. I followed the treatment protocols and he recovered, but I felt I hadn’t done enough. An arrow prayer brought the response, “Ask him if he believes in God”, so I posed the question diffidently after gaining permission to ask “something personal”.

The question did not faze him. “It’s funny you should ask because that’s actually the whole problem”, he said. “You see last night I told God, ‘I’m going to kill myself. Just you try and stop me’”.

“That’s quite a dangerous prayer”, I responded cheekily, “and, if you don’t mind me saying, it looks like stopping you is exactly what he did”. “It does rather”, he replied, and almost smiled in resignation. “Maybe he’s not finished with you yet”, I said.

It was a rare opportunity but, as providence

would have it, the morning was quiet and after telling me the full story we discreetly prayed together behind the cubicle’s curtain.’

A GP met a transgender patient who had an extraordinary conversion. She had had a vision of an angel warning her of judgment to come if she didn’t turn to Christ. She also had a strong sense of God’s love and leading, and offered to pray for the doctor. It led to a frank discussion of what she felt the Holy Spirit was leading her to do about gender reassignment. She asked for prayer back in return, which the doctor was delighted to do. God is at work ahead of us, are we willing to join in?

spiritual referral and teams

A paediatrician writes about fora in which parents had the opportunity to explore their faith questions: ‘Spiritual support of parents was seen as an essential part of the holistic care we provided. We spent time with dying babies and their parents and showed respect, gentleness and care. We held an annual Christian bereavement service for all parents who had lost babies, including stillbirths. This was attended by 50-100 each year and led to many opportunities for conversations about spiritual matters with parents and with staff. Attending baptism services for babies on the ITU gave opportunities for talking to parents and staff about Christian matters.’

Jesus tells us to open our eyes and see that the fields are ripe for harvest.⁶ Sometimes we cultivate, sometimes we sow, sometimes we reap but the glory always goes to the Lord of the harvest, and we thank him for giving us the opportunity to join with him in this work. To explore these issues more deeply, consider coming on a Saline course. You might see the NHS in a whole new light. ■

REFERENCES

1. Acts 1:8
2. Matthew 13:1-23
3. *Personal beliefs and medical practice*. GMC, 2013; para 29-31 bit.ly/2Be4Swe
4. 1 Peter 3:15 (author’s emphasis)
5. Poole R, Cook CCH. Praying with a patient constitutes a breach of professional boundaries in psychiatric practice. *British Journal of Psychiatry* 2011;199:94-98 bit.ly/2ISIEJX
6. Matthew 9:37