

# The Center for Medical Mission's *e-Pistle* July 2015

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It is a joy to once again be thinking of you as I put this newsletter together. I think of some of you in specific places and others I think of more generally since we've not had a chance to meet. But while I sometimes stress about what to include in the *e-Pistle* every other month, I do enjoy the time thinking of and praying for those I know will be reading the newsletter.

Things are very busy for me here in Bristol as, among other responsibilities, I am preparing for our next class of new medical missionaries. That training will begin next Thursday. I'm also working on details for our 2015 Medical Mission Summit that will take place September 3-4 at SIM headquarters in Charlotte, North Carolina. This is the meeting when representatives of many sending agencies gather to discuss the way forward for medical missions. I appreciate every prayer prayed for me as I work on this endeavors.

I'm looking for volunteers again. I've really struggled to find volunteers to serve the new medical missionaries who will be gathering next week. Praise the Lord, just today I got two volunteers so I'm feeling better. Our next pre-field training will be March 17-20, 2016, and I'm already hoping some of you who will be on HMA then will volunteer to come share your experience and wisdom with the next class. Having missionaries who are still serving available for Q & A is a huge blessing to those who are preparing to go. Will you ask the Lord if it will please Him for you to come help March 16-20, 2016?

The invitation for the 2016 CMDE conference was sent out a couple weeks ago. If you did not receive one but would like to, please let me know and I will see you get added to the mailing list. [susan.carter@cnda.org](mailto:susan.carter@cnda.org) or [cmm@cnda.org](mailto:cmm@cnda.org). Either address will reach me. The dates of that meeting are April 4-14.

I hope you find the articles in this *e-Pistle* both challenging and helpful. If I can help in any way, please ask. I'm here to serve!

Susan

## **Here's what you'll find in this month's e-Pistle:**

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## **Cura Animarum – From the Mire to the Choir by Rev. Stan Key**

*“He drew me...out of the miry bog, and set my feet upon a rock...He put a new song in my mouth...”  
(Psalm 40:2-3, ESV).*

No one could have predicted that Reuben “Bud” Robinson would amount to anything. Born in 1860 in Tennessee, the 13th child of a poor mountain family, Bud had virtually no formal education and stuttered uncontrollably. Yes “Uncle Bud” became an evangelist who preached more than 32,000 sermons, wrote 10 books and won some 200,000 converts to Christ. And what a colorful character he was. His witticisms and

figures of speech, delivered with his distinctive lisp, made his messages unforgettable.

In the book *Sunshine and Smiles*, he tells of his conversion at a tent revival meeting in Texas when he was 20 years old. Sitting on the back bench next to a pretty redhead whom he was hoping to “spark,” he soon found himself under a deep conviction of sin. At the altar call, Bud went forward. Lying prostrate in the straw, it seemed as if all the watermelons he had ever stolen were piled up around him, their stripes grinning in mockery at his condition. About midnight, he finally found peace with God, and the glory of heaven flooded his soul. He began to walk on the backs of the benches (!) shouting and praising God.

What a step I took that night! I stepped from nothing to everything. I went out and unloaded. Nobody had told me to unload, but somehow when a fellow gets religion he naturally unloads. I threw my old pistol into the thicket and burned my cards in an old camp fire and lay down under a wagon and put my old hat on a mesquite stump for a pillow, but sleep, oh my! I never thought of going to sleep. The Lord marched out all the stars of heaven on a dress parade for my special benefit, and the stars leaped, and hopped and skipped and jumped and turned somersaults and clapped their hand and laughed all night....

The next morning the minister opened the doors of the church, and the people marched up to join. I had never seen anybody join a church and didn't know what they had to do, but I fell in line and march up with the crowd and the preacher took me by the hand and said, “What church do you want to join?” And I said, “How many have you got?” And he said, “Well, we have the Methodist, Baptist and Presbyterian.” (It was a union meeting.) I said, “Which one are you in?” He said, “I am a Methodist preacher...” I said, “I want you to put me in the same one that you are in.” And he said, “All right.” The he said, “How do you want to be baptized?” I said, “How do you fix a fellow when he is baptized?” He said, “Some want to be immersed... some want the water sprinkled on them; others want the preacher to take a pitcher and glass and pour clean water in it and pour it on his head.” I told him I wanted to be fixed in that way... So while he was pouring clean water on me, I was shouting as loud as I could, and I haven't stopped yet.

I'm afraid many of us stopped shouting long ago. We've lost the wonder of salvation. There's no longer anything amazing about grace. While I am not quite ready to recommend walking on the backs of pews, I do want to encourage you to let the glory of your salvation ignite a hallelujah in your soul. Get out of the mire and into the choir!

Point to Ponder: Have you lost the wonder of your salvation?

Prayer Focus: “Lord, make me combustible, and set my heart on fire with the glory of your salvation.”

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## **Team Building**

by David Stevens, MD, MA (Ethics)

How do you build a team? A week or so ago we celebrated “Professional Assistants' Day” with a cookout for lunch at CMDA's office. Our senior staff did all the preparation, cooking and clean up to honor our support staff. I spoke to the group with a mixture of humor and praise for their dedicated service. A couple of senior staff members came up with some games for the group to play. In one game, we divided into smaller groups, sat in a circle and wrote three things “I love” on one slip of paper and three things “I hate” on another slip. We then mixed up the slips and tried to guess who wrote what as they were read aloud. It was fun and even hilarious at times.

In the other game, teams of five people tried to balance a broomstick on only their index fingers, with three people on one side and two on the other, and then simply lay it on the ground. Interestingly, that was much harder than it sounds. It required leadership, communication and everyone rallying to accomplish the goal. I then gave everyone the rest of the afternoon off as a gift.

With that annual celebration, team building exercise and a gift of time off, we have become an effective and productive team...

Okay, not really...

Teams don't happen because of team building exercises, eating a special meal together or gifts. Teams don't coalesce because someone catches you when you fall or you successfully complete a ropes course together. Those activities can complement team building, but alone they are a waste of effort. Yet, teams are so important. Without a good team, you won't accomplish your mission, goals or objectives. Without a well-functioning team, you can't create the right workplace culture or have strong morale in your workplace.

## Break it down!

- What is a team? A team is a group of varying size made up of individuals who come together to successfully accomplish something significant that is bigger than any person could do alone.
- Where are teams built? Great teams are built in the workplace, not at a party, a retreat or an inspirational speech.
- How are successful teams formed? They come about because of the sum total of attitudes and behaviors of a group of people. To create them, you have to change attitudes and behaviors. When you do that, it leads to a cultural change and your staff members are happy and fulfilled. Why? Because every person wants to be part of something bigger than themselves, something that is making a difference in other people's lives.

## How do you build a team?

1. First lay the foundation of the team, which is TRUST. Effective teams trust their leader and trust each other. In other words, team building is trust building.
  - The team leader gains trust by being an effective leader and a person of integrity. Team members must know that their leader is honorable, truthful and reliable. He or she is focused on accomplishing their joint mission, not feathering their own nest. A team leader demonstrates and maintains the values of the team and has a servant's heart, caring more for others than himself.
  - Team members have to learn to trust each other. Getting to know each other through socialization helps, but it is not enough. Trust is built at a deeper level of intimacy, competency and reliability. If you asked me what CMDA's Board of Trustees values the most about our three board meetings each year, I would tell you it is the evening before the meeting when they gather in a circle after dinner to share their praises and prayer needs. Before sharing their own needs, the person next in the circle prays for the needs of the person before them. Trustees are vulnerable with each other and share things they wouldn't share with others. That rich time of vulnerability builds trust. With trust, team members are willing to set apart their personal agendas. They are more concerned about the team's results than they are about individual results. Work on building team members' trust for one another.
2. CREATE A SENSE OF IDENTITY and value for each team member. Let them hear and see that your job is not only to accomplish your mission but to help them become all that God designed them to be. They must know that you don't see them as means to your ends but as valuable in themselves. You respect them for who they are and value their talents, abilities and experience.
3. A team can't form or function without GREAT COMMUNICATION. Good communication is made up of both quantity and quality.
  - Quantity means communication should be continuous and three way. You want it constantly flowing from the top down, the bottom up and between team members. Teams are hobbled and lose trust in their leadership if they don't know what is going on. The busier you are, the more important it is to schedule times for good communication through team meetings. In large organizations, share information with your team leaders who can then share it with their teams, but also hold larger "town halls" or "staff meetings." At meetings, give time for clarifying questions. To save time in meetings, you may want to ask your direct reports to give you the "three Ps" in their reports to you before your meeting. In one or two pages, they share their "Progress," "Problems" and "Plans" in meeting their goals and objectives. Have them share those with you and the others attending to build trust and enhance communication. You may want to do a monthly report as well to keep your superiors and the staff under you informed.
  - Quality means sharing both the good and bad news. You tell it like it is and provide enough details to make what you are saying understandable. I realize that sometimes things must be held in

confidence, but, with good judgment, share what you can. I always ask myself, “If I was part of this team, what would I want to know from my leader in this situation?”

TIP: To facilitate two-way communication, my two favorite questions are:

- *What do you think?*
- *How can I help you?*

4. Everyone on the team needs to know the MISSION, VISION, VALUES and KEY RESULT AREAS, as well as their own GOALS, MEASURABLE OBJECTIVES and DUE DATES. Add to that, their personal STANDARDS OF PERFORMANCE. You can't recognize achievement or help stragglers do a better job if you don't know where the goal line is. You also can't measure your own performance as a team leader or see change over time.
  - Hold team members responsible at daily, weekly or monthly meetings where you can evaluate their progress, solve problems, provide mentoring and give an evaluation. Any less frequent than one every month is inadequate.
  - Give team members the necessary level of authority. Nothing is more frustrating than having a duty but lacking the power to carry it out.
5. REWARD and RECOGNIZE individual and team achievement. These can either be financial or non-financial.
  - Financial rewards like salary raises and bonuses are good, but they're not the best rewards. You can never pay people what they think they are worth. At the same time, salary inequalities or outright favoritism money is very destructive to team building. It is critical that monetary rewards be justifiable and fair.

Other rewards include increasing vacation time, giving days off, adding members to a team to decrease team members' workloads, providing helpful equipment or furnishings, taking a team out for a meal, offering special privileges and, where possible in a healthcare setting, occasionally surprising your staff members by letting them go home early. One beautiful day in May, I got on the intercom and told my staff I had “Spring Fever” and it was highly contagious, so I was dismissing them a couple of hours early to get outside where the risk would be minimized.

- RECOGNITION is a powerful non-financial incentive. Think of as many ways to do this as you can. You can give plaques, certificates, buttons, ribbons, achievement pins or other tokens.

It is not what you give but how you give it. Give recognition in front of as many significant people as possible—family members, elders, officials and friends. Take pictures of the occasion to create memories. Make the token a symbol of their accomplishment when possible. Publicize the recognition to those who might not be able to attend.

6. To turbocharge your team, create A SENSE OF FAMILY by showing you care for them outside of their work situation. You can do this by inviting their families to special events, visiting their homes or inviting team members to yours, sending get well notes, visiting team members' sick family members, giving scholarships to help with their children's education and many other ways. Think of the ways you have been blessed by others, seek advice and then experiment. Don't get stuck in a rut doing the same thing over and over again if it doesn't accomplish your goal. The more you personalize what you do, the more meaningful it is.

Team building is an ongoing activity and, as you successfully work at it, one day you will realize you have gotten over the hump and are seeing the fruit of your team in your workplace culture, team members' satisfaction and the quality of work the team is producing. The sum of the impact will be more than the parts of the team. People love being part of an effective group and will give extraordinary effort to not let their other team members down. The results are well worth the effort.

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## You Need This Information - md2ndopinion

The contact for accessing consultants is changing. The coordination of the consulting program is transitioning from Mary Jane Jewell to Jill Johnson. As they make this transition, there is going to be a change in the email address, though only a slight change. The main part of the address will remain the same, but it will be through a

gmail account. From this point forward, please email [md2ndopinion@gmail.com](mailto:md2ndopinion@gmail.com). The former address was an aol account. Mary Jane and Jill will work together for a while, but eventually Jill will be the contact person.

For those of you who picked up the consulting address business card at the CMDE conference in Thailand, please find that card and replace aol.com with gmail.com.

If you've enjoyed the help Mary Jane has provided over many years, think about dropping her a thank you note. I'm sure you can use the aol address for that – at least for a couple weeks.

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## **Pre-field Training for New Medical Missionaries – Will you Pray?**

July 23-26 will find 23 young medical professionals gathered here at the CMDA national office for their pre-field training. We will begin by asking them to share the fears they are facing as they prepare to step into the unknown. They've been preparing for this for years, and now that it is almost upon them, we know their fears are building.

Will you join us in praying for this group of servants who are willing to give up the comforts of family, friends and home to follow their Savior into the unknown? Some of you can remember how you felt when you were at this very place in life only a few years ago.

Thanks so much for praying that these few days will be used well to prepare the new missionaries for service.

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## **WWLSS - Worldwide Lab Software Solutions**

**By Ed Bos**

Worldwide lab software solutions has been in development and supported by Worldwide Lab Improvement for approximately 10 years. The issues and problems it desires to manage and solve are a result of 20+ years of visiting mission hospitals around the world and observing the major communication and data management issues that are most common across different institutional sizes. The system is a merging of the clinical system side as well as managing the inventory, assets, money collection and the ability to merge clinical and demographics data in a myriad of reports. The developmental cost has been funded by individuals and foundations.

### **What is it?**

WWLSS is a basic core Hospital Information and Clinical Informatics System designed to enhance patient care and streamline work processes and information flow throughout the mission healthcare facility. The system can be installed in any developing country that has internet access (for upgrade and maintenance of the system). It will function in a small outpatient clinic as well as a larger hospital. There is the capacity for multi-lingual translation for facilities where English is not the predominant language.

### **What is included?**

- Patient Registration and tracking system: including user-defined demographics, visit tracking, bed and location management, integrated charges, payment collection and history and the capacity to require pre-payment for elective services when desired.
- Laboratory Management, including ordering, specimen tracking, results reporting, record keeping, and many more lab management tools.
- Pharmacy Management including ordering and dispensing prescriptions to outpatients, automated instructions, inpatient medication charges, controlled substance tracking, and drug inventory management by lot and expiration dates across multiple locations with user tracking.
- Inventory Management system for supplies (including any chargeable items), vendor management and a separate asset inventory system.
- Patient Scheduling for multiple departments, including surgical cases with detailed reporting for medical education requirements.
- Medical Record (EMR) by visit date including, case notes, vital signs, labs and prescriptions dispenses per

visit and the capacity to add ICD-10 and CPT codes.

- CMHS (Chronic Medical History Screen) with summary of chronic conditions such as hypertension or diabetes, immunizations, allergies, surgeries, admissions and growth charts.
- Help Screens and pages for procedures and policies.
- Document scanning and retrieval.
- A “mirror image” training module allowing for staff training and practice.

## **What is the installation process?**

WWLAB assists in:

- Identifying key workflow processes within the facility and mapping those into the system
- Identifying opportunities to streamline work flow that are culturally appropriate for the local environment.
- Developing an implementation (and/or conversion) strategy and timelines
- Training key trainers and staff within a facility
- An on-site consultation is required prior to installation

## Technical Specifications

The latest version of the WWLSS software is built as a Web Application, using ASP.NET, coded in VB.NET and AJAX. It has been targeted for the .NET 3.5 or newer framework, and utilizes a SQL 2008 R3 or newer database behind the scenes. The combination of the 3.5 framework and SQL 2008 R2 allows deployment of the SQL Report Builder 3.0 ad hoc reporting tool for the self-serving reporting.

This design allows the software to be utilized on desktops, laptops, iPads or android tablets according to the facility’s hospital network access standards and security protocols.

When a new version is developed, all locations will receive the upgrade free.

Software support is provided from the U.S.

Hardware recommendation summary – Actual will be site-specific:

- Dell Power Edge T-320, Intel Xeon E-24XX v2 processors, 6 Core
- Raid 1 with [2 HDD’s], but will hold up to 8 3.5” Hard Drives in Hot Plug Chasses
- 1 TB 7.2 RPM SATA 3 Gbps 3.5” Hot-plug Hard Drive
- Dual, Hot-plug Redundant Power Supply
- More details as requested
- Note: Printers and Bar-code readers may be recommended for in-country purchase due to power issues and availability of consumables.

## **Here is a brief summary of the process or steps from beginning to going live with the software.**

Generally, I get an email or phone call from someone in an organization inquiring about the software and what it will do. The best way to explain to someone what it does is to have a live demonstration. The most common method is to do a Skype demo to anyplace in the world that has a stable internet connection. A Skype demo lasts approximately an hour and a half and it has been attended by one to six management staff. Usually, the department heads from the clinical areas are there to see how the majority of the software functions and how it might impact their processes.

The organization then takes some time to decide and receive approval to implement software. Our next suggestion/requirement is that you have us come to your site with one or two people for one to two weeks for face-to-face meetings with your implementation committee.

One person has to be the lead person for the committee and the organization and is responsible for making and communicating all final decisions in the process. The committee is responsible for making the many, many decisions during the definition process, as well as training in preparation for implementation.

Generally, we deliver a server with the software loaded on it at this point, and they have hands-on practice on

their system and we leave. During the next several weeks and months, we are in contact with people on the committee to answer questions and assist in any way possible, generally through emails and Skype.

Process from initial training to going live can take from six to 12 months, depending on how aggressive the site is in allowing the staff on the committee the time away from their jobs to do all the application details specific to their hospital or clinic.

The IT department is very important in this definition process. There has to be planning and purchasing of all the hardware needed to computerize the entire hospital. This involves computers, network infrastructure and functionality, and many printers.

For more information, contact Ed Bos at [edbos@wwlab.org](mailto:edbos@wwlab.org).

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## **Opportunities for HIV/AIDS Christian Ministry**

### **By Cynthia Calla, MD, MPH**

Antiretroviral treatment (ART) for HIV/AIDS is expanding around the world as evidence mounts that early treatment is better for the health of people who are HIV-infected as well as for the health of others through decreased transmission. CD4 limits are being lifted. Strategies are evolving like UNAIDS 90-90-90 to have 90 percent of people diagnosed with HIV on ART by 2020.

[Here is a link](#) to a brief paper written by Cynthia Calla, MD, MPH, Executive Director, *LifeRise AIDS Resources*, which presents a vision for how Christians can be engaged in the context of expanding ART to bring the compassion, healing and transformation of Christ. They can help more people receive the lifesaving treatment by providing supportive care services along the HIV Care Continuum -- the steps from diagnosing HIV to achieving viral suppression on ART. The church can also impact the epidemic by continuing to promote behavioral prevention in a world turning more to treatment as prevention.

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## **Medicine and Divine Healing**

### **By W. Philip Thornton, PhD, Global Impact Missions**

*You have done all that you can for a patient. But you recognize that may not be enough. The prognosis is not good. What about praying with your patient for God's healing upon them?*

*If you just had the right medicine or equipment, but you serve in a bush hospital. Those items so readily available back home don't exist here. Do you pray that God will undertake and do what you cannot do given the present circumstances?*

*Is it ok to pray for God's healing touch on a patient along with the treatment and medications you are giving? Or is that a lack of confidence in your medical skills?*

*Do you pray with your patient for God's healing only if modern medicine has no answer?*

*Does God really heal today? Do you believe that God still heals today? When and how do you pray for healing? Or is praying for someone's healing a job just for a pastor?*

Much has been written on divine healing from many different perspectives. And views on healing vary widely among individuals as well as denominational groups. My intent in this communication is simply to set forth some of the key principles from the ministry of Jesus rather than argue for any particular formula or theological position.

1. There are four types of healing mentioned in the Bible: spiritual, physical, emotional and deliverance (which I treated in another open letter).
2. It is worth noting that Jesus began His healing ministry after His baptism and anointing by the Holy Spirit.

### **Luke 4:17-19 (NLT)**

The scroll of Isaiah the prophet was handed to him. He unrolled the scroll and found the place where this was written: "The Spirit of the LORD is upon me, for he has anointed me to bring Good News to the poor. He has sent me to proclaim that captives will be released, that the blind will see, that the oppressed will be set free, and that the time of the LORD's favor has come." (See also Luke 3:21-22 and John 3:34.)

3. While some types of healing are more prevalent in the written records, the Scriptures indicate that Jesus' healing power extended to all areas of need.

### **Matthew 9:35 (NLT)**

Jesus traveled through all the towns and villages of that area, teaching in the synagogues and announcing the Good News about the Kingdom. And he healed every kind of disease and illness.

4. Why did Jesus heal? Two reasons stand out in Scripture.

- a. Compassion

### **Matthew 14:14 (NLT)**

Jesus saw the huge crowd as he stepped from the boat, and he had compassion on them and healed their sick. (See also Matthew 9:36 and 20:34.)

- b. As a sign

### **John 20:30-31 (NLT)**

The disciples saw Jesus do many other miraculous signs in addition to the ones recorded in this book. But these are written so that you may continue to believe that Jesus is the Messiah, the Son of God, and that by believing in him you will have life by the power of his name.

5. What is the role of faith in healing?

- a. Faith of the one being healed

### **Matthew 9:28-29 (NLT)**

They went right into the house where he was staying, and Jesus asked them, "Do you believe I can make you see?" "Yes, Lord," they told him, "we do." Then he touched their eyes and said, "Because of your faith, it will happen."

- b. Faith of a third party

### **Matthew 8:13 (NLT)**

Then Jesus said to the Roman officer, "Go back home. Because you believed, it has happened." And the young servant was healed that same hour.

6. Jesus was always willing to heal, but He was sometimes limited by an unbelieving atmosphere.

### **Matthew 8:1-4 (NLT)**

Large crowds followed Jesus as he came down the mountainside. Suddenly, a man with leprosy approached him and knelt before him. "Lord," the man said, "if you are willing, you can heal me and make me clean." Jesus reached out and touched him. "I am willing," he said. "Be healed!" And instantly the leprosy disappeared. Then Jesus said to him, "Don't tell anyone about this. Instead, go to the priest and let him examine you. Take along the offering required in the law of Moses for those who have been healed of leprosy. This will be a public testimony that you have been cleansed."

**Mark 6:1-6 (NLT)** Jesus left that part of the country and returned with his disciples to Nazareth, his hometown. The next Sabbath he began teaching in the synagogue, and many who heard him were amazed. They asked, "Where did he get all this wisdom and the power to perform such miracles?" Then they scoffed, "He's just a carpenter, the son of Mary and the brother of



James, Joseph, Judas, and Simon. And his sisters live right here among us.” They were deeply offended and refused to believe in him. Then Jesus told them, “A prophet is honored everywhere except in his own hometown and among his relatives and his own family.” And because of their unbelief, he couldn’t do any miracles among them except to place his hands on a few sick people and heal them. And he was amazed at their unbelief. Then Jesus went from village to village, teaching the people.

7. Jesus used many patterns or methods in healing:

- A touch (Matthew 8:15)
- A prayer (John 11:41-42)
- A declaration (Luke 5:13)
- A command (Matthew 8:8; Luke 5:24-25; Luke 6:10)
- A touch and a command (Luke 5:13)
- Being touched (Matthew 14:34-36)
- Spittle and mud (John 9:6-7)

8. Jesus often healed in public, but sometimes He withdrew, especially in a negative environment.

### **Mark 5:40-42 (NLT)**

The crowd laughed at him. But he made them all leave, and he took the girl’s father and mother and his three disciples into the room where the girl was lying. Holding her hand, he said to her, “*Talitha koum,*” which means “Little girl, get up!” And the girl, who was twelve years old, immediately stood up and walked around! They were overwhelmed and totally amazed.

But Jesus never healed just to entertain (Matthew 12:38-42)

9. Though a lifestyle of sin certainly can produce illnesses, Jesus did not always equate sin and sickness.

### **John 9:1-3 (NLT)**

As Jesus was walking along, he saw a man who had been blind from birth. “Rabbi,” his disciples asked him, “why was this man born blind? Was it because of his own sins or his parents’ sins?” “It was not because of his sins or his parents’ sins,” Jesus answered. “This happened so the power of God could be seen in him.”

The question is sometimes asked, “Why is not everyone healed when we pray?” In some cases, it may be that we simply have not asked (James 4:2). Or it could be because of unconfessed sin (Isaiah 59:1; Psalm 66:18) or unbelief (Matthew 7:14). In other cases, the best we can say is that God, for His own reasons, chooses not to heal (e.g., Paul in Galatians 4:13-16; Trophimus in 2 Timothy 4:20; Timothy in 1 Timothy 5:2; only one at the pool, not all in John 5:1-20). Nor do all healings occur immediately (Mark 8:24). Sometimes healing is progressive. Nor does a belief in healing negate in any way the use of medicine.

### **1 Timothy 5:23 (NLT)**

Don’t drink only water. You ought to drink a little wine for the sake of your stomach because you are sick so often.

### **Mark 6:12-13 (NLT)**

So the disciples went out, telling everyone they met to repent of their sins and turn to God. And they cast out many demons and healed many sick people, anointing them with olive oil.

In summary, praying for a patient, whatever the circumstances, as well as treating them with all that modern medicine can bring, is biblical. It expresses Godly compassion toward the sick and, in the case of an unbelieving audience, may bring about conversions. In some cases, the faith of the patient may be the key in their healing; in other cases, God may be responding to your faith. To some in the body of Christ, God has given the spiritual gift of healing (1 Corinthians 12), but all Christians can pray for God’s healing touch on one who is sick. That is the privilege of all believers as the Holy Spirit leads and empowers. In no way are we making a “demand” upon God when we pray for healing. Rather, we are interceding on behalf of the one who is sick. The outcome is in His hands.

Some resources on healing:

Healing by Francis McNutt

The Healing Light by Agnes Sanford

Divine Healing by Andrew Murray

Healing by Smith Wigglesworth

Deep Wounds, Deep Healing by Charles Kraft

Healing Pray by Reginald Cherry

Divine Healing Sermons by Aimee Simple McPherson

His Healing Power by Lilian Yoemans

Divine Healing by Elizabeth Baxter

[Jesus, M.D.](#) by David Stevens, MD, MA (Ethics)

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