

The Center for Medical Mission's *e-Pistle* October 2011

Can you believe it is almost time for this year's Global Missions Health Conference? I hope I will see some of you there. Please stop by the Center for Medical Mission's booth which will be part of the CMDA group of booths in the back of the main floor's exhibit area. I hope you will introduce yourself if we have not already met. Realistically, you may need to re-introduce yourself if we have met previously. ☺ This conference is always one of the highlights of the year. I hope you are praying with us that the Lord will use it to call forth more workers for the white harvest and that others will surrender to what the Lord placed on their hearts long ago. Daniel and I, along with the rest of the CMDA staff, will appreciate your prayers that we will be sensitive to all who cross our paths. We don't want to miss a single divine appointment. Thank you!

I don't believe we received a single comment to my request for resources for training pastors. It is not too late.

I only received one comment on the PRISM survey. Did you take the time to look at it? Did you find anything that could be helpful as you plan your ministry? The small group working on the theology for medical missions issue would love to hear if you have any thoughts or can pass along information on resources that might be helpful. You can always contact me at susan.carter@cnda.org and I will make sure it gets to the group. The other groups aren't communicating quite as frequently but they too are moving. Thanks for praying for us as we attempt to develop these things for the future of medical missions.

Susan

Included in this month's e-Pistle are:

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Medical Consults

This is a reminder that Mary Jane Jewel is very pleased to forward your medical questions from the field to one of 175 consultants who have agreed to receive questions, lab results, x-rays, etc. to help you serve your patients. If you could benefit from another opinion and you do not have anyone to ask, please email your question to md2ndopinion@aol.com. Mary Jane will send the information on to the doctor she believes will best fit your situation. From that point on, the doctor will communicate directly with you. This is only to be used by those who face questions in the field, not while working in the states.

The Noble Pursuit of Medicine - cont'd from September

by David Stevens, MD, MA (Ethics)

The Final C - Conduct

For medicine to be a noble pursuit, conviction and character must also engender right conduct. For example, patients desire healthcare professionals to demonstrate compassion. It is not sufficient to be technically fit, diagnose rare diseases or prescribe the correct treatments. We must show kindness, personal warmth, empathy and care for each patient's desires and needs. We may take exams to prove technical competence, but the qualities of compassion are not easy to measure. That does not mean they are not important. We must take that imaginative leap into our patients' shoes. As author Joseph Campbell says, "compassion is suffering with the patient."

When I was serving in Kenya, I was asked to speak at a CMDE meeting in Malaysia. On my way home I developed a severe headache, fever and muscle aches; I thought I had resistant malaria since I had been taking prophylaxis. I ended up in an emergency room in Bangkok with a group of interns and an attending at the end of my stretcher discussing my case in a language I couldn't understand. Later an intern returned to tell me in halting English, "You okay. No malaria." I make it back to Kenya to be diagnosed with viral meningitis.

In addition to recovering physically, I also developed better compassion towards my patients. I too had stood at the end of their beds discussing them in a language they didn't understand.

It is helpful for healthcare professionals to suffer disease to enable them to appreciate what it feels like to be the patient. We then become better in responding to our patients with compassion.

The Greek tragedies and comedies were morality plays teaching important principles. The comedies taught not to descend into hubris and not to take yourself too seriously. Tragedies told the audience that there were consequences for wrong actions and outlined important ethical principles to be adhered to by the audience.

The Greek playwright Sophocles told the story of Philoctetes who is abandoned by his fellow sailors on a desolate island because of his severe wounds. They couldn't tolerate his noisy suffering any longer. Philoctetes speaks of his exile and gives us insight into the suffering of our patients who each occupy their own "island" of suffering, cut off from the life and friends they know. He says,

...let me tell you of this island. No one comes here willingly. There is no anchorage here, nor any place to land, profit in trade, and be received.

In the play, a young man happens on the island and tries to end the wounded warrior's exile. The young man earns Philoctetes' trust and gratitude by staying with him through a severe time of pain and then unconsciousness. When he wakes up, Philoctetes marvels that the young man has not abandoned him in his suffering. He says,

...blessed is a friend's protection. These things are beyond my wildest hopes, that you would pity me and care for my sorrows, that you would remain by me and endure my woes.

Like the young man, each of us needs to visit our patients' islands and learn something from their lonely exile. Trust and a greater understanding will grow out of that shared experience.

The last conduct I want to mention is the practice of altruism – an unselfish concern for the welfare of others. The nobleness of the pursuit of medicine is often best demonstrated by our care for the poor and powerless. Like the Good Samaritan, healthcare professionals should be willing to give their expertise, time and money to care for those in need even to the point of putting themselves at risk. As our accountability agent, God didn't call us to safety, security or comfort. He called us to lay down our lives for others.

Maybe that is why he attached good physiological consequences to practicing altruism. Studies clearly show that altruistic behavior decreases stress, increases immunity, relieves pain, improves emotional health, decreases anxiety, relieves depression, increases longevity and improves social interaction. Interestingly, these health benefits are tied to giving of yourself. You don't get them by giving your money alone.

I've experienced this firsthand. When I served as a missionary doctor, we had many "short-termers," physicians and dentists that traveled to Kenya to help us for a month. Usually around the end of their first week, one of them would say something like this, "Dave, I'm having a wonderful time." To which I would usually reply, "Really? You haven't worked this hard since your internship." Then they would say, "Yes, but I'm not worrying about getting paid. I'm not worrying about getting sued. Patients so appreciate what I'm doing for them and I'm saving lives every day! Being here brings back to me all the reasons I went into medicine in the first place."

Many of these doctors returned again and again. I called them “short-term mission junkies” who came back again and again to get their “helper’s high” fix, or what Dr. John Patrick calls, “Level II Happiness.”

The Noble in Medicine

Medicine is not inherently noble within itself. The nobility of medicine resides in that constant striving of the individual practitioner who has foundational convictions but also pursues honorable character and conduct.

I hope you have had the opportunities to meet just one or two of magnificent “nobles” of the healthcare profession. They are honorable, virtuous and self-sacrificing. They are so magnetic that there is healing in their very presence.

Two nobles immediately come to my mind.

I can still remember spending an hour and a half driving Dr. Paul Brand to the airport after he spoke at a CMDA conference. It was an unforgettable conversation as he inspired and encouraged me. He shared stories and insights into God’s Word that probed my mind and heart while ministering to me. I didn’t want him to get out of the car at the airport.

I knew Dr. Ernie Steury the best. He was my friend, father figure, mentor, teacher and example during the 11 years I worked at Tenwek. He knew more than any doctor I have ever worked with, but he wrapped his competence in in a cloak of humility. He knew God had called him to serve the Kipsigis people, and he treated his patients like royalty. As a physician, he brought more than just healing for the bodies that would ultimately die. He brought the healing of the gospel for their souls that would live forever.

His character was above approach and he lived a life of self-sacrifice. During his first 10 years in Kenya, he was on call 24/7. Nothing was too big or too small for him to do in order to serve others. He would resect a black swollen sigmoid volvulus that smelled so bad it would gag a maggot, and then he would help the mechanic get the hospital generator going again. He was loved and venerated by all who knew him. Multitudes attended his memorial services; presidents called him friend; people wanted to just be in his presence.

If Ernie was alive, he would not see himself as I’ve described him. He would in no way think he had accomplished the noble practice of medicine. For him carrying out his profession at the highest level and serving his Lord was simply his daily pursuit.

Don’t you want to be like that? I do. I want to be like a drop of water that hits the water and sends ripples of God’s grace into other people’s lives. What a noble pursuit!

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Cura Animarum

by Rev. Stan Key

When I was growing up, churches seemed to compete with one another in an effort to be “holier than thou.” But the game has now changed. It seems the competition among churches today is centered on the effort to be “trendier than thou.”

Our praise band is better than yours... Our jumbotron screens are bigger... Our services are more seeker-friendly... Our pastor is cooler... Our ministry is edgier... Our cappuccino lattés between services are frothier...

The temptation to be relevant is great. But it is a temptation. In a desire to reach the unreached, the seduction is strong to think that newer is truer, later is greater and bigger is better. We begin to actually believe that we must marry the spirit of the age in order to have an impact. Dean Inge captured the false allure of such thinking in his celebrated line, “He who marries the spirit of the age soon becomes a widower.”

Jesus saw through such seduction. The devil tempted him to turn stones to bread. “Give people what they want,” he seemed to hiss. But Jesus did not take the bait. Thank God! Man does not live by bread alone. He looked beyond our wants and saw our need.

The race to be trendier-than-thou is self-defeating. Not only does the church that falls into this seduction become guilty of what C. S. Lewis calls “chronological snobbery,” but this is the surest path a church can take to cultural irrelevance! The passion to be up-to-date is the surest recipe for becoming out-of-date. A church whose main purpose is to be “cutting-edge” will soon become either inconsequential or a place where a “different gospel” is preached. Years ago, Simone Weil said it well, “To be always relevant, you have to say things which are eternal.”

I am slowly learning that the best way to be “cutting edge” is to be “retro.” Preach the Word. Study the Bible. Love your neighbor. Confess your sins. Do this, and many will wonder what you are up to! It is the things that make us different from the world that makes the gospel attractive.

I want you to know that I am deeply committed to being counter-cultural. When people accuse me of being old-fashioned and out-of-step with contemporary trends, I say, “Thank you for the compliment.” The only way I know to be truly “cutting-edge” is to preach the full gospel of Jesus Christ! Let’s recommit ourselves to being in the world...but not of it!

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Uncaring: Turning Apathy into Empathy
By Judy Palpant

O Lord, baptize our hearts into a sense of the conditions and needs of all people.”
--George Fox, Founder of the Society of Friends

“There goes family time,” I huffed. Two bedraggled Europeans, one leaning hard on the other, approached the hospital gate. Long hair. Grungy backpacks. Aimless wanderers.

It was a balmy Sunday afternoon in our village of Lugulu, Kenya. My husband had already spent the past hour “tucking in” patients for the night so that we could enjoy some Sabbath hours together. But these intruders would require even more of his time.

A few hours later, Sam returned from the wards and three-year-old Nathan took a flying leap into his dad’s arms.

“Where are those guys from?” nine-year-old Ben asked, his curiosity peaked.

“From Denmark,” Sam answered. The kids, dressed in their pajamas, trailed after him to the world map where he pointed to our location near the equator in East Africa and then the home of the Danes far to the north. After hugs and debriefing from the day, the kids crawled into bed.

Prayers said. Lullabies sung. Sam and I sipped hot cocoa and talked at the end of a long day.

“One of the Danish fellows is very sick,” he said, “and they’re trying to cross the continent.”

The next morning I pondered their plight in an all-African hospital, wondering if they liked the maize porridge breakfast. “They wanted adventure,” I thought. “They’re getting it.”

At noon, a Ugandan nurse named Betsy, stopped by on her way home for lunch.

“Mama Ben, let’s fix dinner for the Danes,” she suggested.

“I haven’t time,” I replied. “They’re just tourists. They’re white like me, but I don’t identify with them.” I hoped my kids didn’t overhear.

“I understand your feelings,” she said, “but Christ’s love compels us. Jesus asks that we do for others what we would want them to do for us. Do you have any beef or potatoes?”

Between us, we had vegetables and meat for a stew. Back in my kitchen I set the kids to stirring up the cornbread, while I heated oil and chopped onions into chunks. As the onions hit the hot oil, Sam walked in from the hospital. “Nothing smells as good as onions sizzling in the frying pan.”

“Dad, we’re making supper for the guys from Denmark,” piped six-year-old Andrea. “They don’t have anyone to help them.”

We cooked the meal. Betsy picked up the pot of stew. I loaded a basket with cornbread, a thermos of hot chai and a bottle of filtered water. We found the young men in a special ward. They looked out-of-place and obviously felt that way. They seemed surprised to see us. We introduced ourselves. With some chagrin, I told them the truth, “Yesterday, I judged you by your appearance and resented your taking my husband’s time away from our family. I’m not proud of this fact. Betsy suggested that we make you dinner.”

“We believe God has a purpose in your being here,” Betsy warmly continued. “We are praying for good health for you both. Jesus loves you.” Then we served them heaping bowls of stew and large slices of cornbread spread with Blue Band margarine.

“Thank you so much,” they replied in broken English. Hungrily, they dug into their grub.

The next afternoon was Ben’s turn to go with me on hospital visitation rounds. “Get your Legos,” I told him, “in case we meet a young boy who is a patient.”

“I have them, Mom. But I think we should take our Scrabble game to those guys from Denmark.”

“Good idea,” I said. After we arrived at the hospital, Ben delivered the Scrabble game to the two Danish visitors and demonstrated it. That was a moment of epiphany for me, watching my son serve and befriend these two aliens in Lugulu. His thoughtful care and guileless empathy challenged my own shortcomings, pointing me to the reality of Christ-like compassion even in a child.

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What Does Love Look Like

What Does Love Look Like? It has hands to help others. It has feet to hasten to the poor and needy. It has eyes to see misery and want. It has ears to hear the sighs and sorrows of men. That is what love looks like.
(St. Augustine of Hippo)

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Missionary Singles Issues

By Dr. Ron Koteskey

When I posted my “Missionary Marriage Issues” book and series of brochures, single missionaries wrote asking for equal coverage of “missionary singles issues.” As I looked into singleness, I realized that I had no materials for a much larger segment of the potential missionary force than I thought. As a result of changes in western culture during the last two centuries, the ratio of single (unmarried) people to married people is dramatically changing.

- The invention and lengthening of adolescence means that everyone must live more and more years as singles before marrying rather than marrying soon after puberty.
- The increase of the number of divorces relative to marriages, now at one divorce for every two marriages in the United States, means each two singles who marry are replaced by two singles (divorced).

The Office for National Statistics in the UK reported that in 2007, for the first time ever, the number of single (never married, divorced and widowed) persons combined was larger than the number of married individuals. This change has not yet occurred in the U.S., but if current trends reported by the Census Bureau continue, soon there will be more single adults than married adults in the states. My next few items in the *e-Pistle* will be about singles issues.

Housing

When a family arrives on a field of service in the host country, there is seldom any question about housing. The whole family lives in one residence, usually with no one else in the house or apartment. However, when an unmarried person arrives, housing may be a question. It seems to “make sense” to have two or more singles share a residence to save money, and also they are not as likely to be lonely.

However, although two people from the same culture may share cultural values, they may still bring very different family and personality backgrounds. When two people from different cultures are serving on a multi-cultural team and asked to share a residence, even their cultural values will not be the same. The more people, and the more differences between people living in the same residence, the more likely is conflict.

Following are some advantages and disadvantages of various housing arrangements, some suggestions to make them work and a danger to avoid.

Living Alone, Your Choice

If your agency has no requirements or subtle pressures (or some not so subtle) about your living circumstances and you choose to live alone, that usually works well. If you are enough of an introvert to be most comfortable when alone, do not like being disturbed and your passport culture values privacy, you will probably be very happy living alone.

If you are enough of an extrovert to want someone around all the time or are from a culture that values togetherness/community, you may find living alone very stressful. If this is your first time to live alone, you may not have realized how much extra work is required to cook, clean, do maintenance, care for the lawn, etc. You may find that the extra funds needed to live alone strain your budget. If so, find a roommate when your lease is up.

Living with Friend, Mutual Idea

If you and a friend both want to share a house or large apartment, this usually works as long as all goes well with the friendship. If both of you like someone around much of the time, it saves money, saves time and decreases loneliness. Since you were already friends and both came up with the idea, you are likely to work together to maintain the friendship.

Unfortunately, there may be a couple of drawbacks. First, the friendship may cool with constant contact. In fact, living together may ruin a friendship. Living together is quite different from spending several hours a day having fun. Your friend may not want to help with cooking and cleaning, may want to talk “all the time,” may want the two of you to buy an expensive piece of furniture, etc. Second, the friendship may gradually change until it leads to physical intimacy, a problem dealt with later.

Living with an “Acquaintance,” Agency’s “Suggestion,” Your “Choice”

The quotation marks above mean that the enclosed words may have various meanings. If you know the person well, you know that you can live alone if you prefer to and you have your choice of several people that you really like, this may go well.

However, if the acquaintance is someone you met two weeks ago, the suggestion feels more like pressure to you and you chose this option because the alternative is even worse, the arrangement is not likely to succeed.

When people feel like they do not have full freedom to do something, they develop psychological reactance. This means that they have a negative emotional reaction and are motivated to reestablish the freedom. This goes way back to the Garden of Eden. God told the man that he could eat fruit from any tree in the garden except one. Of course, after that, he wanted to eat fruit from that tree—and did so (Genesis 2-3). Another example is that a child may have no interest in any of several toys in front of him, but as soon as another child picks one up (no longer freely available), the child wants that one.

Living with a “Stranger,” Agency’s “Requirement,” Agency’s “Choice”

Although this may sometimes work, it is much more likely to fail than to succeed. If you do not know someone, the agency requires you to live with someone and the agency picks who you live with, you are not likely to enjoy living with that person.

Suggestions to Make It Work

If you find yourself in the situation of having to live with someone rather than living alone, remember that you will have a period of adjustment even longer than a newly married couple who know each other from their period of courtship. It will take much time and patience with each other as you adjust to this living situation. Here are some suggestions.

- Agree with each other that you are two different people and that you do not have to do everything together.
- Make it clear to other missionaries, both single and married, that you are two different people and you do not need to be invited to everything together.
- Feel free to turn down an invitation that your housemate is accepting if you just do not feel like going. You do not have to give a reason to justify staying home.
- Each of you keep your own identity and be careful not to develop a joint identity at the expense of your own.
- Set aside a regular time, at least weekly, to check with each other about how you feel like things are going. Make adjustments as necessary.
- Call in a third party in which each of you has confidence if you cannot come to a mutual agreement between the two of you (Matthew 18).
- Remember that missionaries move quite frequently so a bad situation is temporary—but so is a good one. Flexibility is a must.
- Regardless of how busy you are, set aside time to pray together and agree not to let “small stuff” in your relationship become big things.

It Can Work.

Two single missionaries can live in the same house for many years with great success. Jeannie Lockerbie Stevenson dedicated her excellent book, *By Ones & by Twos* to her good friend “with whom I shared a home for more than 25 years.”

For a more complete treatment of this topic as well as other topics please visit www.missionarycare.com. Also please let your non-medical colleagues know about these free resources.

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