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Christian Medical & Dental Associations serves as a voice and ministry for Christian healthcare professionals. Its vision is to “transform doctors to transform the world.” Founded in 1931, CMDA currently serves more than 16,000 members and coordinates a network of Christian healthcare professionals for personal and professional growth; sponsors student ministries in medical and dental schools; conducts overseas healthcare projects for underserved populations; addresses policies on healthcare, medical ethics and bioethical and human rights issues; distributes educational and inspirational resources; provides missionary doctors with continuing education resources; and conducts international academic exchange programs.
Introduction: What is the Connection Between Faith & Health?

Americans have long recognized the healing power of faith and prayer. In fact, 82 percent of Americans believe in the healing power of prayer, 64 percent think doctors should pray with those patients who request it and 63 percent of patients want their doctors to discuss matters of faith. Close to 99 percent of physicians say religious beliefs can make a positive contribution to the healing process. Yet, until recently, most medical studies failed to consider the impact of spirituality in disease prevention or the healing process. Faith was the forgotten factor that was relegated by healthcare providers to the chaplain’s office.

Fortunately, things are beginning to change. Scientists are finally catching up with what people already know—a personal relationship with God helps us make sense out of illness. It gives hope. It changes health-related behavior and thus reduces the risk of disease.

But faith has an even greater impact. Studies have revealed that faith improves the immune system, enhances healing, reduces complications during major illnesses and much more.

This revolution is impacting the way your healthcare will be delivered, the way your doctor will be trained and the way spiritual issues are addressed at the bedside. And like most revolutions, it started with one person. A faithful Christian, husband, father and CMA member, David Larson transformed the field of faith and medicine as Director of the National Institutes of Healthcare Research.

Faith’s New Legitimacy in Healthcare

Dr. David Larson and the National Institute of Healthcare Research catalyzed a new interest in faith and health and brought it into the mainstream of medicine in the 1990s. Today, more than half of U.S. medical schools have courses in spirituality and medicine, many of which are required. Medical school curricula include:

- Teaching students to make a spiritual assessment,
- Viewing and collaborating with chaplains as relevant part of the healthcare team,
- Showing students how to care for dying patients—even when disease specific treatment is no longer available, and
- Exploring major religions to identify aspects that might affect health care choices, illness coping or social support value.

Secular Definitions of Health

Secular definitions of health tend to incorporate both mental and physical well-being, conspicuously omitting any concept of spiritual health. The World Health Organization states, “Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.” Because this view elevates physical health as the ultimate value in human existence, the implications for dealing with birth deformities, handicaps and end-of-life decisions are profound.

Science has aided the modern preoccupation with physical health, evidenced by a surge in health food products, low-fat foods, exercise clubs and media attention to health issues. Many modern Americans are reminiscent of the ancient Greeks’ in their nearly worshipful view of the body.
1. History’s Battle between Science, Magic & Faith

From ancient Egypt to Rome to the modern United States, the history of medicine has been marked by a struggle between the natural and the supernatural. As the following sketch of key historical developments suggests, the two forces of faith and medicine have never satisfactorily joined hands to promote a whole-person perspective on health and healing.

Mesopotamia to Rome (to 450 AD)
Early health practitioners blamed demons for many maladies. Popular treatments included chants, dances, magic and charms—or even worse for the patient, beatings, tortures and starvings. However, notable success was obtained through the use of plant extracts, many of which continue to be used today.

Egyptian records indicate two main bodies of medicine: the magical/religious and the empirical/rational. Limited in their knowledge of anatomy, the Egyptians’ medicine was typically limited to common diseases of the eyes and skin and seldom encompassed surgical procedures. Other disorders got the magical/religious treatment.

The biblical commands of the Old Testament proved remarkable in their emphasis on preventive medicine, and Jewish practices stood in stark contrast to the prevailing practices of their neighbors. Many of these practices show a scientific basis not understood until thousands of years later.

Hindus in ancient India attained a high level of skill in surgery. Buddhists, however, prohibited the study of anatomy, and religious prohibitions in China against dissection retarded the development of knowledge in the areas of body structure and function. Muslim conquests reinforced restrictions against medical study, and the practice of medicine declined.

While early Greek medicine revolved around magic, by the sixth century BC, Greek medicine stressed observation and experience. The Hippocratic Collection, attributed to Hippocrates of Kos and his followers, provided ethical standards that retain an influential, though declining, impact upon medicine today. In addition to his contribution to philosophy, Aristotle made significant contributions to medicine through dissections, and is regarded as the founder of comparative anatomy.

The Greek physician Galen of Pergamum rivals Hippocrates in contributions to the development of scientific medicine. He contributed much in the areas of infectious disease and pharmacology. He also propounded the theory that blood carried the pneuma, or life spirit. His writings transmitted Greek medical knowledge to the Western world through the Arabs.

Middle Ages (450-1300 AD)
The invasion of the Roman world by barbarian tribes stopped the scientific development of medicine. Folklore and magic, coupled with moral and intellectual decline, set healthcare back centuries.

Arabs, however, learned of Greek medicine from preserved Greek texts, which led to a scientific revival led by the Arabists. The Arabists instituted professional standards including examinations and licensing for physicians.

In Europe, the Church filled the void left by organized medicine. Monastic infirmities and other charitable institutions ministered to patients inflicted with leprosy and other diseases. By the ninth century, Charlemagne re-introduced medicine into the curriculum of cathedral schools. However, at the same time, Church leaders like Bernard of Clairvaux forbade monks to study medicine and insisted on relying solely on prayer for healing.

By the thirteenth century, dissection was permitted and stricter public health measures were introduced. In 1348, Guy de Chauliac (c. 1300-68), the father of French surgery, first recognized the plague. The plague was widely viewed at the time as an agent of God’s judgment.

Renaissance and Enlightenment (1300-1800 AD)
During the Renaissance and the Enlightenment periods, the study of medicine and the scientific method were divorced from faith and religion. The impressive discoveries and theories of pioneers like Galileo, Newton, Descartes and others gave science new credibility. New philosophies and discoveries brought the Church’s power and authority under new scrutiny. Meanwhile, the entrenched Church took a dogmatic, authoritarian position that left little room for inquiry—even though faith and the Bible would have allowed it.
Consider, for example, Joshua 10:13, which reveals how the Lord intervened for Israel in battle:

So the sun stood still, and the moon stopped, until the nation avenged themselves of their enemies. . . . And the sun stopped in the middle of the sky, and did not hasten to go down for about a whole day. (Joshua 10:13, NAS)

To the biblical reader ignorant of the earth’s orbit around the sun as we understand it today, to say that the earth stood still would have made no sense whatsoever. The point of the passage was not to identify the sun as the center of the universe, but God. The event demonstrated that an all-powerful God intervened over natural forces on behalf of His people.

However, seventeenth-century church authorities interpreted such biblical references to physical phenomena as unequivocal statements of scientific fact, rather than as expressing concepts in terms the biblical audience would understand. The Church’s dogmatism produced an historic conflict with Galileo, a brilliant scientist and mathematician who held to Copernican theories of astronomy. The church hierarchy ultimately tried Galileo for heresy and burned one of his key works.

The church’s defensive reaction to scientific study and freedom of inquiry marked a deep and lasting split between science and religion. Instead of science developing alongside religion, it developed along a separate and often hostile track. Instead of ecclesiastical leaders realizing that “all truth is God’s truth,” they attempted to retain authority through ignorance. As a result, the Church lost credibility and science lost its moral moorings and holistic perspective.

However, it was individual men and women of faith who understood that a creator God formed our world based on order and scientific principles. That perspective provided the motivation to discover those principles. Christian scientists provided manpower for the Enlightenment.

In the seventeenth and eighteenth centuries, the rationalist religious philosophy of Deism suggested that God had put certain natural principles in charge of the world. Correctly understanding and applying these natural laws would lead to health and progress. English philosopher John Locke (1632–1704) stated the new “enlightened” view of health: “A sound mind in a sound body, is a short, but full description of a happy state in this World: he that has these two, has little more to wish for; and he that wants either of them, will be little the better for anything else.”

By exclusively emphasizing experience, the philosophy of empiricists like John Locke led scientists even further away from religious and spiritual matters. Rationalists like René Descartes argued that the mind could rationally understand things apart from experience. Finally, Immanuel Kant attempted a synthesis of the two competing philosophies by propounding transcendentalism, which taught that God was outside the realm of human experience and therefore unknowable. Hegel’s development of Kant’s teachings provided a foundation for communism. Each of these philosophies elevated man’s knowledge over God’s and His revelation.

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Modern medicine (1800 AD - present)

With contemplative philosophy playing the background music, a series of remarkable discoveries launched medicine into a brave new world. German pathologist Rudolf Virchow uncovered the cell as the seat of disease. Ignaz Semmelweis traced mother’s mortality after childbirth to infectious agents carried by unwashed hands during examinations. Louis Pasteur and Robert Koch launched tremendous advances in bacteriology.

Discoveries such as these helped stop the spread of leprosy, tuberculosis and the plague—each long-standing enemies. In the 20th century, vaccines, antibiotics and more healthful living conditions helped vanquish many infectious diseases. In addition, the Christian church’s involvement in international medical missions not only greatly improved world health, it began a revival that continues today. Progress in areas of genetics, transplants and drug therapies, coupled with technological advances including the CAT scan and ultrasound, injected new optimism in the battle to free humanity from disease.

Then, in the early 1980s, a new plague—autoimmune deficiency virus (AIDS)—quelled the optimism. West Nile, SARS, Legionnaires’ disease and others still leave scientists baffled. Some healthcare consumers, disenchanted with the rigidity and limitations of scientific medicine, turned elsewhere for answers about health. The spiritual side of existence, for so long neglected, attracted new attention.
2. Does Faith Benefit Your Health?

Analyzing the Data
Studies have shown faith/prayer benefits related to many areas such as cancer, hypertension, general health, heart disease and other physical ailments as well as psychological, psychiatric and substance abuse problems. Examples include:

- A systematic review of longevity research revealed that in nearly every published study including a religious variable, the more religious individuals lived longer than the non-religious.\(^9\)

- Patients in the San Francisco General Hospital coronary care unit who were prayed for had fewer cases of congestive heart failure, less pneumonia, less need for antibiotics and fewer cardiac arrests than those who were not prayed for.\(^{10}\)

- A 1995 Dartmouth Medical School Study of elective heart surgery patients found the “very religious” were three times more likely to recover than those who were not.\(^{11}\)

- Data on the relation of health and faith shows that the most important factor is religious practice and belief—not denomination. Patients who don’t just “talk the talk” but “walk the walk” demonstrate the most benefits.

Polls reveal patients’ interest in their healthcare providers addressing faith and health:

- 99 percent of physicians say religious beliefs can make a positive contribution to the healing process.\(^{12}\)

- 63 percent of patients want doctors to discuss matters of faith.\(^{13}\)

- Only 10 percent of patients surveyed say their doctors talked to them about their faith as a factor in healing.\(^{14}\)

- Roughly half of all patients want their doctors to pray with them.\(^{15}\)

- 79 percent believe spiritual faith can help people recover from illness, injury or disease.\(^{16}\)

- 91 percent of doctors surveyed say they have patients who also seek help from a spiritual leader such as a minister in dealing with their health problems.\(^{17}\)

Studies show that church attendance results in a drop in suicide risk\(^{18}\), alcohol abuse\(^{19}\) and illicit drug use\(^{20}\) Frequently attending to church were also more likely to stop smoking, start exercising, increase social contacts and stay married.\(^{21}\) Prayer, religion, spirituality, religious belief, pastor/chaplain visits were shown to help heart bypass surgery patients, gynecologic cancer patients and breast cancer patients. 97 percent of bypass surgery patients reported that prayer was helpful in coping. 96 percent used prayer to deal with stress, and 70 percent found prayer extremely helpful in their coping.\(^{22}\)

Attending religious services improved outcomes for the following:

- Psychotherapy for depression\(^{23}\)
- Drug abuse treatment\(^{24}\)
- Reducing criminal recidivism\(^{25}\)
- Rheumatoid arthritis\(^{26}\)
- ICU care\(^{27}\)
- Lower blood pressure\(^{28}\)
- Longer life\(^{29}\)
- Greater satisfaction with life\(^{30}\)

Of 9,000 residents living in 86 small towns in Iowa, results concluded that participating in church helps people feel more attached to their community. “Participating in church-related groups has the greatest impact on (increasing) non church-related activities” including increasing one’s network of friends. Researchers noted...“Surprisingly, most recent studies on community attachment have neglected” the study of religion.\(^{31}\)

Reviewing findings from three national surveys totaling more than 5,600 older Americans, attending religious services was linked with improved physical health or personal well-being. Twelve other studies published since 1980 found persons in organized religious activity had higher levels of life satisfaction.\(^{32}\)
In a national sample of 2,100 African Americans followed up 12 years after the initial interview, there was a “strong and significant association between every combination of religious and well-being variable.” These results confirm similar findings in nearly 75 studies published between 1980 and 1998 on well-being and religion.33

In a survey of 121 men and women followed in a 40-year longitudinal study, job and neighborhood, work and leisure, and home and family relationships were studied. As a result, wisdom, far more than either life environments or living conditions, explained most of these subjects’ views of life satisfaction. Wisdom was much more important than health or having financial security.34

“Individuals suffering from these (alcohol or drug abuse) problems are found to have a low level of religious involvement...spiritual re(engagement) appears to be correlated with recovery.” The link “between spiritual or religious involvement and lower risk is one of the more consistent (although seldom taught) findings of the addiction field.”35

3. What Does the Bible Say About Faith and Health?

Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well. (III John 1:2 NIV)

The Bible views physical health in the broader context of a person’s total well-being. Because the spiritual transcends the physical, we retain our God-given value apart from our physical state. Our spiritual life also allows us to triumph over physical suffering, handicap or defect.

And He said, “If you will give earnest heed to the voice of the LORD your God, and do what is right in His sight, and give ear to His commandments, and keep all His statutes, I will put none of the diseases on you which I have put on the Egyptians; for I, the LORD, am your healer.” (Exodus 15:25-27 NIV)

Many can and will realize better health simply by following God’s principles laid out in the Scriptures. God protected His people with a host of commandments designed to keep them safe from infectious diseases, heart disease and other health problems. These God-given principles were so advanced that many would not be scientifically discovered until several millennia later.

While the Bible offers much in the way of practical protections for our health, true whole-person health requires a personal relationship with God through His Son, Jesus Christ. To discover how you can have such a relationship if you have not experienced it, read in the Bible Romans 3:23 (we all fall short of God’s standard), 6:23 (our sin leads to death), 5:8 (Christ died for us), 10:9 (confess and believe to be saved to eternal life) and 10:13 (all who call on His name will be saved).

Preventing disease

Arteriosclerosis

“Speak to the sons of Israel, saying, ‘You shall not eat any fat from an ox, a sheep, or a goat. (Leviticus 7:23, NAS) Fatty, cholesterol-rich plaques from such meats form in the walls of arteries and block the openings, leading to arteriosclerosis and heart attacks.

Bacterial and parasitic infections

Designate a place outside the camp where you can go to relieve yourself. As part of your equipment have something to dig with, and when you relieve yourself, dig a hole and cover up your excrement. (Deuteronomy 23:12-13, NIV) Dr. S.I. McMillen points out that simply following this biblical edict, written 3,500 years before the theory of infectious spread of disease, could have helped prevent devastations of typhoid, cholera, dysentery and other epidemics.

Cancer in males

“...every male among you who is eight days old must be circumcised...” (Genesis 17:12, NIV) When a New York study showed that almost no Jewish men developed penile cancer, the hygienic benefits of circumcision were given credit for avoiding the cancer. The eighth day has also been scientifically proven to be the safest time to circumcise, since Vitamin K production by that time helps prevent excessive bleeding.
Coronary heart disease

Do not join those who drink too much wine or gorge themselves on meat. (Proverbs 23:20, NIV) If Americans were to maintain optimal weights and avoid obesity, coronary heart disease would decrease 25 percent and strokes and heart failure would drop 30 percent.38

Infectious disease

As for the leper who has the infection, his clothes shall be torn, and the hair of his head shall be uncovered, and he shall cover his mustache and cry, “Unclean! Unclean!” He shall remain unclean all the days during which he has the infection; he is unclean. He shall live alone; his dwelling shall be outside the camp. (Leviticus 13:45-46, NAS) After physicians had been proven powerless in stopping an epidemic of leprosy in the Dark Ages, the Church stepped in and began applying the segregation principle of Leviticus. This action methodically eradicated the disease.39 It wasn’t until 1873, however, when Dr. Armauer Hansen identified the bacterium that causes leprosy, that the scientific principles underlying the practice prescribed in Leviticus were fully revealed.40

"Whoever touches the dead body of anyone will be unclean for seven days. He must purify himself with the water on the third day and on the seventh day; then he will be clean."41 (Numbers 19:11-12, NIV)

Objective evidence in healthcare has not always changed behavior. Dr. S.I. McMillen relates the tragic experience of Dr. Ignaz Semmelweis, an obstetrician practicing in the early 1840s in Austria. Dr. Semmelweis dramatically reduced maternity patient mortality rates by insisting that physicians wash their hands after performing autopsies and before examining living patients. However, despite dramatic evidence proving his procedure worked, his colleagues ridiculed him to the point of insanity. He died, ironically, of a blood infection.

Lifestyle protections

For the LORD God is a sun and shield: the LORD will give grace and glory: no good thing will he withhold from them that walk uprightly. (Psalm 84:11, KJV)

Let your heart hold fast my words; Keep my commandments and live... (Proverbs 4:4, NAS)

Alcohol abuse

Wine is a mocker and beer a brawler; whoever is led astray by them is not wise. (Proverbs 20:1, NIV)

Depression-related illness

The Lord is my strength and my shield; my heart trusts in him, and I am helped. My heart leaps for joy and I will give thanks to him in song.32 (Psalm 28:7, NIV) A long-term study of over 2,000 men demonstrated that those rated at the outset of the study as “psychologically depressed” showed a cancer death rate that was twice that of the rest of the group. McMillen, who concludes: “Thus, if we do not smoke or drink, our outlook on life may be the most important factor in determining whether we will die from cancer!”43 He says, “It’s not what you eat. It’s what eats you!”

Anxiety in the heart of a man weighs it down, But a good word makes it glad.44 (Proverbs 12:25, NAS)

Be anxious for nothing, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God, which surpasses all comprehension, shall guard your hearts and your minds in Christ Jesus. (Philippians 4:6-7, NAS)

Grief-related illness

Brothers, we do not want you to be ignorant about those who fall asleep, or to grieve like the rest of men, who have no hope. We believe that Jesus died and rose again and so we believe that God will bring with Jesus those who have fallen asleep. According to the Lord’s own word, we tell you that we who are still alive, who are left till the coming of the Lord, will certainly not precede those who have fallen asleep. For the Lord himself will come down from heaven, with a loud command, with the voice of the archangel and with the trumpet call of God, and the dead in Christ will rise first. After that, we who are still alive and are left will be caught up together with them in the clouds to meet the Lord in the air. And so we will be with the Lord forever. Therefore encourage each other with these words. (I Thessalonians 4:13-17, NIV)

Surely he took up our infirmities and carried our sorrows, yet we considered him stricken by God, smitten by him, and afflicted.45 (Isaiah 53:4, NIV)

Excessive grief can also damage the body. Grief seems to trigger onsets of ulcerative colitis, rheumatoid arthritis, coronary artery disease and many other diseases.
Sexual immorality

Flee immorality. Every other sin that a man commits is outside the body, but the immoral man sins against his own body. (I Corinthians 6:18, NAS)

You shall not commit adultery. (Exodus 20:14, NAS)

Do not lie with a man as one lies with a woman; that is detestable. (Leviticus 18:22, NIV)

Or do you not know that the unrighteous shall not inherit the kingdom of God? Do not be deceived; neither fornicators, nor idolaters, nor adulterers, nor effeminate, nor homosexuals, nor thieves, nor [the] covetous, nor drunkards, nor revilers, nor swindlers, shall inherit the kingdom of God. (I Corinthians 6:9-10, NAS)

For the lips of an adulteress drip honey, And smoother than oil is her speech; But in the end she is bitter as wormwood, Sharp as a two-edged sword. Her feet go down to death... (Proverbs 5:1-5, NAS)

Smoking

Or do you not know that your body is a temple of the Holy Spirit who is in you, whom you have from God, and that you are not your own? For you have been bought with a price: therefore glorify God in your body. (I Corinthians 6:19-20, NAS) Just as deadly sexual behaviors continue despite objective warnings, the same sad reality applies to non-sexual bodily abuses such as smoking. As far back as the seventeenth-century, a Jesuit priest named Jacob Bald put the matter bluntly: “What difference is there between a smoker and a suicide; except that the one takes longer to kill himself than the other?”

And not only this, but we also exult in our tribulations, knowing that tribulation brings about perseverance; and perseverance, proven character; and proven character, hope; and hope does not disappoint, because the love of God has been poured out within our hearts through the Holy Spirit who was given to us. For while we were still helpless, at the right time Christ died for the ungodly. (Romans 5:3-6, NAS) Much stress is related to our feeling of helplessness or lack of control—an attitude known as an external locus of control. Christians can take great comfort in knowing that God remains in control of our lives, using even stress for good to develop our stamina and character. Rather than allowing situations to control us, we can by God’s power (an internal locus of control) rise above the situation and turn it around for our own good.

Peace I leave with you, my peace I give unto you: not as the world giveth, give I unto you. Let not your heart be troubled, neither let it be afraid. (John 14:27, AV)

Miraculous Healing

Jesus has given His disciples a remarkable promise: And Jesus answered saying to them, “Have faith in God. Truly I say to you, whoever says to this mountain, ‘Be taken up and cast into the sea,’ and does not doubt in his heart, but believes that what he says is going to happen, it shall be granted him. Therefore I say to you, all things for which you pray and ask, believe that you have received them, and they shall be granted you. And whenever you stand praying, forgive...” (Mark 11:22-25, NAS)

James echoes the Lord’s promise with a practical application:

Is any sick among you? Let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord: And the prayer of faith shall save the sick, and the Lord shall raise him up; and if he have committed sins, they shall be forgiven him. Confess your faults one to another, and pray one

Stress-related illness

“But I say to you, love your enemies, and pray for those who persecute you...” (Matthew 5:44, NAS) There are very significant emotional factors which influence not only the pathogenesis [casation] but also the course of the illness.

For the whole Law is fulfilled in one word, in the statement, “You shall love your neighbor as yourself.” But if you bite and devour one another, take care lest you be consumed by one another. (Galatians 5:14-15, NAS) “Hatred for people exposes us to a host of diseases of body and mind. Expressing animosity toward others calls forth hormones from the pituitary, adrenal, thyroid, and other glands. In excess, these hormones can cause diseases in almost any part of the body.”

But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things there is no law. (Galatians 5:22-23, NAS) As a contrast to the Spirit-led individual, cardiologist Jay Hollman, MD writes of the self-promoting individual in an article entitled, “Type A Behavior is a Spiritual Disease:” “Constantly pushing himself to go faster, he loses the joy of relaxation...After competing with people and using people, he loses the joy of friendship and relationship... He must put down another in order that he himself may be greater.”

Jesus has given His disciples a remarkable promise: And Jesus answered saying to them, “Have faith in God. Truly I say to you, whoever says to this mountain, ‘Be taken up and cast into the sea,’ and does not doubt in his heart, but believes that what he says is going to happen, it shall be granted him. Therefore I say to you, all things for which you pray and ask, believe that you have received them, and they shall be granted you. And whenever you stand praying, forgive...” (Mark 11:22-25, NAS)
Christian Medical Association Position Statement: Sharing Faith in Practice

As Christians we should share the good news of Jesus Christ. Christ has explicitly called us to make disciples. As Christian physicians and dentists we seek the well-being of our patients in our covenantal relationship with them. Clinical studies have demonstrated the importance of spiritual health in physical well being. It is concern for the well-being of our patients that leads us to take a spiritual history from and share our faith with our patients.

As Christians we acknowledge the central role of the Holy Spirit in the process of evangelism. We rely on the discernment provided by the Holy Spirit to know when and how it is appropriate to share our faith. We recognize conversion is the Spirit's work, not ours. Our faith should be implicit in our actions. We should be prepared to share our faith with patients and colleagues when our actions and the Holy Spirit prompt them to ask us questions. We should readily accept invitations from our patients to pray with them. We should offer to pray with our patients when they have indicated a belief in God and a practice of prayer. Such indicators are not inherently disrespectful of patients and have the beneficial effect of making them aware of their doctor's faith perspective.

At times we may be prompted to initiate sharing our faith with our patients. In these situations, recognizing their vulnerability, it is appropriate to receive their permission for such an interaction. We should remain sensitive to patients' wishes in such interactions, especially when communicating with those who are of another culture or when caring for patients with diminished decision-making capacity.

Just as we respect our patients and their beliefs, our faith should be respected by the institutions in which we work. Policies that prohibit physicians and dentists from sharing their faith with others as described above restrict the freedoms of speech and religion of all involved and should be opposed.

4. Resources

CMDA recommends a variety of resources that are medically reliable and biblically sound for patients, for healthcare professionals and for both the doctor and the patient. For a full listing of available resources, please visit CMDA's Bookstore at www.shopcmda.org.
Resources

Christian Legal Society
4208 Evergreen Lane,
Suite 222
Annandale, VA  22003
703.642.1070
www.clsnet.org

Family Research Council
801 G. Street NW
Washington, DC  20001
202.393.2100
800.225.4008
www.frc.org

Focus on the Family
8605 Explorer Drive
Colorado Springs, CO  80902
719.531.3328
800.A-FAMILY
www.family.org

Concerned Women for America
1015 Fifteenth St. NW Suite 1100
Washington, DC  20005
202.488.7000
www.cwfa.org

Life Issues Institute
1821 W. Galbraith Rd.
Cincinnati, OH  45239
513.729.3600
513.729.3636
www.lifeissues.org

The Center for Bioethics & Human Dignity
2065 Half Day Road
Bannockburn, IL  60015
847.317.8180
www.cbhd.org

Endnotes
6. From the World Health Organization Constitution
7. Much of the historical information in this section is synthesized from “Medicine,” Microsoft (R) Encarta. Copyright (c) 1993 Microsoft Corporation. Copyright (c) 1993 Funk & Wagnall’s Corporation.
8. Locke, John, Some Thoughts Concerning Education (1693), opening sentences.
11. Ibid.
12. American Academy Family Physicians poll reported by AP 12/20/96.
13. AP article April 3, 1996; based on USA Weekend magazine Easter issue.
16. AP article April 3, 1996.
17. American Academy Family Physicians poll reported by AP 12/20/96.
36. McMillen, SI, MD, None of These Diseases, (Old Tappan, NJ: Fleming H. Revell Co.), p 172.
40. McMillen, SI, MD, None of These Diseases, (Old Tappan, NJ: Fleming H. Revell Co.), p 22.
41. McMillen, pp. 24-25.
43. McMillen, SI, MD, None of These Diseases, (Old Tappan, NJ: Fleming H. Revell Co.), p. 172.
45. McMillen, SI, MD, None of These Diseases, p 166.
49. From the Christian Medical & Dental Society Journal, Vol. XII, Number 4, 1982 (p. 5).
51. Lloyd-Jones, MD, p. 39.