



Center for Medical Missions

A ministry of Christian Medical & Dental Associations

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Welcome to another issue of Your Call! I trust many of you readers enjoyed a break from studying over the summer. I know many others continued your studies. I'm guessing most will be back in training soon if you are not already. I pray this will be a good season for you as you work hard to prepare to follow the Lord wherever He leads.

We completed two wonderful medical missionary orientation conferences for new medical missionaries recently. There were a total of 55 participants. Most in the first conference will be serving in very difficult locations. Participants in the second conference will mostly be serving in established mission hospitals. Their place of service may differ, but both groups will need to cling tightly to their Savior as they begin their missionary careers. Please pray for this group of individuals. Some will be in the field by the end of September. Most will be there within six months.

We hope to soon set the dates for our Medical Mission Orientation Conferences in 2014. If you will be going to the field in 2014, you will not want to miss participating in one of these conferences. Every participant in this year's conferences expressed appreciation for the things learned. I will let you know as soon as conference dates are set.

Are you going to the Global Missions Health Conference this year? The dates are November 7-9, 2013 in Louisville, Kentucky. If you have never been or if it has been a few years since you last attended, please see if you can get to this year's conference. The CMDA exhibit booths will be in the middle of the main floor exhibit area. We hope you will stop by to talk. We do our best to answer questions and help you make connections based on your need. For more information, visit www.medicalmissions.com. If you are attending the year's conference and are interested in volunteering at CMDA's booths, please contact us at communications@cmda.org.

Be on the lookout for our newly updated International Rotation Handbook. The updating has all been completed; we just need to compile all the different parts and it will be ready to go. Remember, if you want to do an international rotation at one of the more popular mission hospitals, you have to get it scheduled more than a year in advance.

Enjoy the following articles in this Your Call

Give Me Life And Let Me Be by Rev. Stan Key

Training Opportunities-Equip International

An Open Letter to Medical Missionaries by Dr. Phil Thornton, PhD

Gloves by Al Weir, MD

GIVE ME LIFE AND LET ME BE

by Rev. Stan Key

From the Devil's Hymnbook

(sung to the tune of Take My Life and Let It Be)

Give me life, O Lord, and let me be

Consecrated all to me;

This, dear Lord, my one request:

Give me what I think is best.

Give me what I think is best.

Fill my hands with lots of stuff

So that I can have enough;

Guide my feet in ways of fun

Looking out for number one,

Looking out for number one.

Give me silver, make me rich,

Meet my every want and itch,

If you make my life content

I may give you ten percent,

I may give you ten percent.

Take my eyes and shut them tight

To the troubling things that are not right.

Why should other's misery

Spoil my peace and my serenity?

Spoil my peace and my serenity?

How I love this cross of gold

Hanging 'round my neck so bold;

Jesus loves me this I know

And he wants to bless me so

And he wants to bless me so.

So dear Lord for this I pray

Meet my needs and wants today,

Give me all the things I love

This is why you reign above,

This is why you reign above.

Training Opportunities at Equip International, North Carolina

If you are not familiar with Equip International, you should spend some time on their website, learning about their many missionary training opportunities.

<http://www.equipinternational.com/>

There are three courses coming up in the next few weeks that might be very helpful to many. Click here to learn more about their training courses and schedule.

Missionary Medicine Intensive

September 8-19, 2013 or October 27 - November 7, 2013

Whether you are a doctor with very little experience in tropical medicine, a nurse, a healthcare provider or a lay person, your two weeks in MMI will give you that preparation. The course textbook, the Village Medical Manual, was written by Dr. Mary Vanderkooi, an Equip missionary and a specialist in tropical medicine. This unique diagnostic tool, in conjunction with 200 sample case studies, will prepare you to use logical, step-by-step methods to diagnose hundreds of diseases that you may encounter.

Missionary Medicine for Physicians

October 24-26, 2013

This course helps prepare physicians and mid-level practitioners, who already have a thorough understanding of medical diagnosis and treatment principles, to work in third world and tropical conditions where sophisticated instrumentation and lab tests are not available.

CHE - Community Health Evangelism

September 22-27, 2013

This is a five-day course that teaches missionaries to link evangelism with social development. Using CHE concepts, communities in any cultural setting are encouraged to identify their own problems of health, education, agriculture, microenterprise, etc., and then create their own solutions for these problems. (This course is known as Training of Trainers and I cannot stress how highly I recommend every medical missionary take at least this first course.)

An Open Letter To Medical Missionaries By Phil Thornton

Global Impact Missions

Over the past several years, it has been my privilege to work with medical personnel who are serving on the mission field or are in preparation for going to the mission field. These experiences have allowed me to gain some insight into the concerns which medical professionals face every day, whether overseas or here in the U.S. What follows is my response (as a cultural anthropologist, theologian and missionary) to the dilemmas which challenge doctors, nurses, dentists, physical therapists, etc. who have responded to God's call upon their lives for cross-cultural service.

The pressure point which surfaces repeatedly in talking with medical personnel is "time." There is never enough of it to meet the demands of the job! And what is true in the U.S. is even more dominating in the missionary context! How much time should a doctor spend with a patient? Should all "spiritual issues" be delegated to national staff while medical personnel focus strictly on physical needs? Or should missionary doctors, nurses, etc. willingly enter into discussion of spiritual needs with a patient? Certainly, the physical needs alone of so many are overwhelming. These stresses are very real, so I do not make the following observations and suggestions lightly.

In the United States, doctor and patient "face time" is driven by the dollar. Insurance companies and healthcare corporations ration the time doctors spend with patients. Time indeed is money. In contrast, a medical person arrives at his or her overseas assignment and suddenly their time is no longer controlled by money but rather by the tremendous need. The line of people waiting for medical care snakes out the door and down the road. How can they all be seen before nightfall? How can physical and spiritual needs be met in this environment? The pressure produced by need in the missionary context is at least equal to if not greater than the pressure produced by money in the secular context.

Granting the reality of both scenarios (i.e., the doctor/patient relationship controlled by dollars or by need), let's consider a third option. Instead of allowing time or need to dictate, can we allow the Holy Spirit to be the controlling factor? Give me a chance to explain before you react too strongly.

Every believer, no matter how weak, how imperfect or how immature his/her Christian experience, still has the indwelling of the Spirit.

Romans 8:9 (NLT)

But you are not controlled by your sinful nature. You are controlled by the Spirit if you have the Spirit of God living in you. (And remember that those who do not have the Spirit of Christ living in them do not belong to him at all.)

Scripture tells us that the Holy Spirit is there to guide us in every detail of our lives.

Galatians 5:25 (NLT)

Since we are living by the Spirit, let us follow the Spirit's leading in every part of our lives.

Rather than be driven by overwhelming need, is it not possible to give the Holy Spirit a chance to lead you when it comes to the amount of time you spend with a patient? Can we let His wisdom prevail?

I am not arguing that all "practical" concerns be set aside such as the seriousness of the problem you are facing in a patient. Certainly a patient with a superficial wound might not demand your time (spiritually or physically) as one is fast approaching death's door! But I am suggesting that, as missionaries who have been called to share the Good News of God's salvation, let's keep the leading of the Holy Spirit very much in the forefront of our decision-making!

I am not unaware that your colleagues (national and missionary) may raise eyebrows if they feel that you are not carrying your fair share of the patient load. Don't be afraid to share with them what you are doing and why, even if they do not wholly share your convictions. You are not trying to produce guilt in them for what they are or are not doing. Rather you are simply sharing with them how God is leading you to carry out your ministry.

Two further questions: If you do sense the prompting of the Spirit to move beyond the physical to the spiritual needs of a patient, are you willing to do so and are you prepared to do so? As I have listened to conversations among medical personnel, I have noticed

a close connection between these two. In other words, if a doctor or nurse or dentist has confidence in their ability to wrestle with the spiritual needs of a patient, they are much more willing to go there. The implications of my observation are obvious. Being a missionary doctor/nurse, dentist, etc. requires knowledge in more than medicine. This thought may be disconcerting given the amount of time you have spent in medical training alone. But in many ways it is not unlike any other missionary who goes to the field with a "specialization" (and most missionaries do these days).

In Kenya, missionaries talk about the big five: the elephant, the lion, the Cape buffalo, the leopard and the rhinoceros. Using the big game analogy, I propose the following as the big 5 for medical missionaries.

1. Medical training. This you will have. You will bring to the field a high level of expertise in medicine. It is likely that your skills will be far greater than the nationals with whom you work. There will be the challenge of learning which medicines are available to treat what problems and what procedures will need to be modified due to the lack of equipment, and, yes, you will face medical issues you would probably never see in the U.S. But you are well prepared and your knowledge and creativity will stand you in good stead.

2. Cultural understanding. Cross-cultural training has probably not been a part of your education prior to your mission assignment. Yet, knowing the local culture will be critical to the success of your medical practice. How they "see" the world in which they live (i.e. worldview), how they think (ways of thinking), what their body language is saying (ways of acting), how they interact with you and others (ways of interacting), how they make decisions (ways of making decisions).the list of cultural issues is long, but these issues are critically important as you, the doctor, nurse or dentist, interact with the patient. Cultural knowledge will give you more flexibility and confidence when addressing both the physical and the spiritual issues of a patient.

3. Spiritual discernment. Is the patient's problem caused by disease or are they in bondage to demon harassment or possession? Is the patient telling you the whole story? Are they telling you the truth? If not, why not? What is the real reason for their visit to the doctor? Are they trapped in a worldview of fatalism (the gods willed it this way)? Do they really understand your questions or the instructions you have just given them? Will they use the medicines you have prescribed correctly? The words of A.W. Tozer are very apt here:

"Among the gifts of the Spirit scarcely one is of greater practical usefulness than the gift of discernment. This gift should be highly valued and frankly sought as being almost

indispensable in these critical times. This gift will enable us to distinguish the chaff from the wheat and to divide the manifestations of the flesh from the operations of the Spirit."

4. Biblical knowledge: Time in the Scriptures is absolutely necessary for our own spiritual wellbeing and for rendering spiritual counseling to a patient. As issues arise for which you do not have an answer (and they certainly will), use them as the launching pad for digging deeper into the Bible for an answer. Just as you turn to your medical books for instruction concerning a medical procedure, do the same with God's Word concerning spiritual issues. Don't hesitate to become a "theologian," "a worker who does not need to be ashamed, rightly dividing the word of truth" (2 Timothy 2:15, NKJV). And never forget, the Holy Spirit who prompted you to open the spiritual door with that patient is the same Holy Spirit who will give you wisdom as you walk through that door. Christ Himself was dependent upon the Holy Spirit for power to perform the duties of life.

Luke 4:18-19 (NLT)

"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."

Let His anointing be your guide and sufficiency!

Acts 10:38 (NLT) And you know that God anointed Jesus of Nazareth with the Holy Spirit and with power. Then Jesus went around doing good and healing all who were oppressed by the devil, for God was with him.

5. Spiritual wisdom. Knowing the "answer" to a spiritual problem and knowing how and when to deliver that message in a culturally appropriate way is a matter of wisdom. As I have said, some of this "wisdom" comes from a careful study of the local culture. But much of the wisdom you will need to treat both spiritually and physically will come from a supernatural source. But God's promises are clear:

James 1:5 (NKJV)

If any of you lacks wisdom, let him ask of God, who gives to all liberally and without reproach, and it will be given to him.

Proverbs 3:5 (NKJV)

Trust in the LORD with all your heart, And lean not on your own understanding;

As you serve Him in the places where He places you in this world, my prayer for you is that God will give you that which He gave to Solomon:

1 Kings 4:29 (NKJV)

And God gave Solomon wisdom and exceedingly great understanding, and largeness of heart like the sand on the seashore.

Wisdom, great understanding and a largeness of heart.

God will never present you with a "problem" in your ministry for which He will not equip you to respond in accordance with His will.

Another area of great concern which I have frequently heard in your conversations is that of "priorities." With the demands created by so much need, how do I balance my time? How do I avoid burnout? How do I protect my relationship with my spouse and family? How do I foster good relationships with national coworkers? These are not questions easily answered, nor will the answer I provide be satisfactory to all. God created us to be "in relationship." I believe the order of importance of those relationships is as follows:

Your relationship with God: If this is not carefully cultivated, all other relationships will crumble under the pressures of the mission field. Guard and nurture it carefully!

Your relationship with your spouse and children: The greatest missionary work we will ever do will be in our homes. Husbands, love your wives (and wives your husbands) and remember that even "If (you) speak in the tongues of men and of angels, but have not love, (you) are a noisy gong or a clanging cymbal. And if (you) have prophetic powers, and understand all mysteries and all knowledge, and if (you) have all faith, so as to remove mountains, but have not love, (you are) nothing. If (you) give away all (you) have, and if (you) deliver up (your) body to be burned, but have not love, (you) gain nothing. Love is patient and kind; love does not envy or boast; it is not arrogant or rude. It does not insist on its own way..." (1 Corinthians 13:1-4, ESV). And if I could add to Paul's list, even if you perform medical miracles for thousands, and do not show love for your spouse and children, you gain nothing. Carve out uninterrupted time for your family!

Your relationship with national coworkers and national church personnel. You may be surprised that I have included this above relationship with your patients, but remember, long after you are gone from the field, these national workers will still have their hand to

the plow. Spend time with them. Teach them. Love them. Disciple them. Consider the words of an old Chinese philosopher, Lao Zu, spoken 700 years before the time of Christ.

Go to the people. Live with them. Learn from them.

Begin with what they know. Build with what they have.

And when the work is done and task is accomplished,

The people will say, we have done this ourselves.

Your relationship with patients. The doctor-patient relationship has been and remains a keystone of good care. That relationship is the means by which important data is gathered, diagnoses and plans are made, compliance is accomplished and ultimately healing is achieved. With the demands of so much need, it is tempting to depersonalize medical care. Yet, we know that culturally appropriate medical care is a very personal thing. Some detachment may be necessary. At least, it is likely that has been a part of your training. BUT keep the door of compassion open and empathy with your patient alive. Keep your medicine every bit as much high touch as high tech.

Remember, in the final analysis, God has not called you to be a success, but to be faithful. Your ultimate goal as you stand before the throne is to hear these words, "Well done, good and faithful servant..."(Matthew 25:21, ESV).

Two final thoughts.

May I suggest that your daily prayer be the same as that of Solomon:

2 Chronicles 1:7-10 (NKJV)

On that night God appeared to Solomon, and said to him, "Ask! What shall I give you?" And Solomon said to God: "You have shown great mercy to David my father, and have made me king in his place. Now, O LORD God, let Your promise to David my father be established, for You have made me king over a people like the dust of the earth in multitude. Now give me wisdom and knowledge, that I may go out and come in before this people.

And a word of encouragement.

Jeremiah 1:4-8 (NLT)

The LORD gave me this message: "I knew you before I formed you in your mother's womb. Before you were born I set you apart and appointed you as my prophet to the nations. Don't say, 'I'm too young,' for you must go wherever I send you and say whatever I tell you. And don't be afraid of the people, for I will be with you and will protect you. I, the LORD, have spoken!"

Blessings,

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Gloves

By Al Weir, MD

"For no one can lay any foundation other than the one already laid, which is Jesus Christ. If any man builds on this foundation using gold, silver, costly stones, wood, hay or straw, his work will be shown for what it is." (1 Corinthians 3:11-13, NIV 1984).

A celebrated neuro-oncologist from Duke was speaking recently at a dinner meeting in our town. He explained how he decided not to become a surgeon. His story went something like this: "I scrubbed once for surgery as a medical student and found they only had 8 1/2 gloves, while I needed 7 1/2. No problem. The attending surgeon finished the case and left me with the resident to sew up the abdomen. I was whipping the stitches with one hand in beautiful style and holding the wound with the other. I finished the suturing skillfully and lifted my left hand; only to watch the fingertips of my glove stretch to the tissue I was sewing. I had sutured my glove to the wound. My resident just shook his head and I decided I wasn't meant for surgery."

Have you ever put on gloves too big for your hands? I have. Doctor after doctor has. God designed a purpose for each of our lives just like He designed our hands. There is for each of us a lifestyle that fits that purpose. As people of means, we live in constant danger that we might adorn a lifestyle that is too grand for the purpose He designed.

How big is my house? How abundant are my possessions? How large is my collection of responsibilities that have nothing to do with God's plan for my life?

So many Christian doctors reach a time in their lives when they feel, "Now is the time that I will do something significant for God!"---only to discover that they have "sewn their oversized gloves to the wound," that their possessions and responsibilities have become so great that they cannot pull free.

Certainly, all of our hands are different sizes. God has planned it that way to build His kingdom. We each have a glove size that is perfect for God's plan. We each have a purpose-centered lifestyle that we should discover and adorn. And most of us are probably wearing over-sized gloves.

What to do?

If we are young enough to plan ahead, we need to measure our gloves before we put them on. "I will plan for a purpose-centered lifestyle and no more, so that I will be free to move when God calls."

If we are older and find ourselves already overwhelmed, the only resolution is to draw boundaries for the future and to give generously until our gloves fit again.

Dear God,

Help me examine my lifestyle and fashion it to fit your purpose.

Amen