



# Center for Medical Missions

*A ministry of Christian Medical & Dental Associations*

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Can you believe summer is already here? Whether you're ready for the relaxing days of summer break or you're preparing for your busy season, we've got a great group of resources for you in this month's edition of *Your Call*.

[Daniel Tolan](#)

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[Orientation to Medical Missions](#) – July 20-22, 2012 in Bristol, Tennessee

Three days of exposure to what life will hold for you in medical missions: how to survive, thrive and stay alive while being what God has called you to be in medicine in a cross-cultural setting.

This annual conference by CMDA's Center for Medical Missions has helped prepare more than 100 career medical missionaries. Spend three days learning from Dr. David Stevens and others with expertise in medical missions to prepare you for your career ahead. What will life hold for those called to medical missions? How will I thrive, survive or just stay alive while being what God has called me to be in healthcare in a cross-cultural setting? What does wholistic healthcare look like in resource poor areas? How can I be most effective in reaching others for Jesus?

A small conference, designed to give personal contact and access to conference staff who have well over 150 years of mission experience...go prepared!

[CMDA National Convention](#) May 2-5, 2013 in Ridgecrest, North Carolina (near Asheville)

Start planning now to attend the 2013 National Convention. Early bird rates are now available!

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### Book Review

I picked up a new paperback book in the CMDA library this morning thinking I would briefly review it for possible inclusion in Your Call. Two hours later, I finished *From Orphan to Physician - The Wandering Path* by Chun-Wai Chan, MD! Would I recommend it to you? Well, I will let my inability to not put it down speak for itself. Why would I recommend it in Your Call if it is not specifically about missions? Actually, it is about missions - missions had tremendous influence in the life of Dr. Chan when he was growing up in China and Hong Kong. It certainly illustrates what Dr. Chan writes in the last paragraphs of the book, "From my experiences of serving in various ministries, I have discovered that I can serve God more effectively in this world, not with a huge program requiring large sums of money and resources, but by slowly and quietly making an impact in someone's life, one life at a time. This is how I would leave a legacy for future generations."

Dr. Chan gives a simple and humble story of how God has worked in his life, lessons he has learned along the way and how this impacts who he is today.

Visit [Healthy Life Press](#) to purchase your pdf copy of *From Orphan to Physician - The Wandering Path*.

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### Attention Grabber

Really cool! Every once in a while, something happens to grab your attention. I remember meeting Dr. Myrick just as he was beginning his missionary journey in healthcare with his assignment in the Comoros Islands of the coast off East Africa. I lost track of him for some years. An article from *Family Practice Management* just surfaced

on my desk today about Dr. Myrick, so I decided to share it with you. How neat when we see an article like this in places you don't expect. [Click here](#) to read the full article.

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### **Opening the Door for Wholistic Care**

by Daniel Tolan, MD

Last month, I talked with several new graduates from medical and nursing schools who had questions about impacting lives in a much deeper way than addressing physical needs alone. I have also had three emails asking similar questions. Each graduate or student had some idea of the importance of addressing spiritual dimensions in those they are charged to provide care to. However, there was little to no idea of how to start or what questions to ask. This is compounded when a person you are caring for may have a different belief system than your own. I find that new missionaries preparing to work in cross-cultural settings are not much different. Many, if not most, have never developed a comfort level with "opening the door" for a patient or family to voice spiritual needs and concerns. Why do we think we can do this cross-culturally in an effective way if we have not learned to do this in our own culture?

There is no doubt that people have a spiritual dimension and both want and need this to be addressed, especially in times of illness or crisis. These are times when the most fundamental of questions surface. Unfortunately, we leave those who trust us with their very lives to think and reflect on these fundamental questions alone. A true healthcare provider at all levels needs to have a method, ask questions and take the time to give permission to discuss issues deeper than what may appear on the surface. And you need to listen and hear carefully what they are saying to you or asking of you.

The Medical Center of Wisconsin publishes [Fast Facts and Concepts](#), teaching tools providing concise, practical, peer-reviewed and evidence-based summaries on key topics important to clinicians and trainees caring for patients. This morning, I spoke with Bruce Ambuel, PhD, to obtain permission to use the following "Fast Fact and Concept #19" to help you develop a set of questions to use in assessments in healthcare settings. This little educational tool will certainly help you with interpersonal and communications Skills.

I use a spiritual history and I think it important to record this in a systematic manner in the patient record. In my mind, it fits best right in the social history. The following would be a very extensive history and it would be the rare situation where one would ask all these questions at one time. However, there are many times when you would not be thinking about asking questions of spiritual history when you really should. For example,

a person comes for a blood pressure check or a well-child immunization visit. This is a great time to say, "I see we are missing some important information in your medical record. Could we take a couple minutes and update your chart?"

You need to choose three or four questions from the list below. Most will modify the questions depending on the setting, culture, time factor, age, familiarity with the person, etc. The important thing is to open the door for conversation.

You prescribe a beta-blocker, treat someone for depression, address anger and stress issues presenting as headaches, operate for cancer of the prostate or cervix, and we know we need to address sexual function and answer questions. Should we not do the same with spirituality? Yet, we are very often uncomfortable asking questions.

Here are my recommendations.

1. Imagine yourself in two different settings where you are the one receiving healthcare.
  - An office setting for a minor illness or wellness visit.
  - A hospital setting with a serious illness.
2. Review the following article and answer the questions for yourself. Write down the answers you give - just make a few notes - don't burden yourself with writing pages!
3. Now ask what questions you felt to be most appropriate and helpful to you in giving you permission to speak about your faith and what it might mean to you in the two settings.
4. Now take those questions most meaningful to you and ask yourself how you might use these in the most sensitive of ways.
5. Discuss this with at least one other person. In fact, it would be good to begin to practice with someone as well.
6. Begin to use these questions in order to develop a good comfort level. The more you do this, the more it will naturally flow into your assessment.

One other suggestion - I prefer to substitute the word "faith" in place of the word "religion." I have found this allows more opportunity for openness and interaction.

Long ago I learned this lesson - people might not remember what we said or even what we did, but they will never forget how we made them feel. I encourage you to develop ways to open doors, to give permission, to make others feel and know they may voice their deepest inner needs and concerns and you will hear them. I would love to hear some feedback on your experiences or other comments or suggestions.

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## **FAST FACTS AND CONCEPTS #19**

**Author(s):** Bruce Ambuel, PhD

**Background** Illness raises fundamental questions - *For what may I hope? Why do I suffer? Does my suffering have meaning? What happens after I die?* When a physician stands with a patient as they face death, the physician inevitably plays a role in supporting the patient's inquiry into these spiritual questions. In addition some patients have specific preferences or needs regarding medical care, death and dying that are based upon their religious beliefs. The physician often plays an important role in supporting a patient's exploration of these issues. Taking a spiritual history is one way to support the patient in this exploration. Maugans (1997) presents a framework for taking a spiritual history; the interview below comes primarily from Maugans' article with some modification based upon the other sources cited.

### **Taking a Spiritual History**

#### **S - Spiritual Belief System**

- Do you have a formal religious affiliation? Can you describe this?
- Do you have a spiritual life that is important to you?
- What is your clearest sense of the meaning of your life at this time?

#### **P - Personal Spirituality**

- Describe the beliefs and practices of your religion that you personally accept.
- Describe those beliefs and practices that you do not accept or follow.
- In what ways is your spirituality/religion meaningful for you?
- How is your spirituality/religion important to you in daily life?

#### **I - Integration with a Spiritual Community**

- Do you belong to any religious or spiritual groups or communities?
- How do you participate in this group/community? What is your role?
- What importance does this group have for you?
- In what ways is this group a source of support for you?
- What types of support and help does or could this group provide for you in dealing with health issues?

#### **R - Ritualized Practices and Restrictions**

- What specific practices do you carry out as part of your religious and spiritual life (e.g. prayer, meditation, services, etc.)
- What lifestyle activities or practices do your religion encourage, discourage or forbid?
- What meaning do these practices and restrictions have for you? To what extent have you followed these guidelines?

### **I - Implications for Medical Care**

- Are there specific elements of medical care that your religion discourages or forbids? To what extent have you followed these guidelines?
- What aspects of your religion/spirituality would you like to keep in mind as I care for you?
- What knowledge or understanding would strengthen our relationship as physician and patient?
- Are there barriers to our relationship based upon religious or spiritual issues?
- Would you like to discuss religious or spiritual implications of health care?

### **T - Terminal Events Planning**

- Are there particular aspects of medical care that you wish to forgo or have withheld because of your religion/spirituality?
- Are there religious or spiritual practices or rituals that you would like to have available in the hospital or at home?
- Are there religious or spiritual practices that you wish to plan for at the time of death, or following death?
- From what sources do you draw strength in order to cope with this illness?
- For what in your life do you still feel gratitude even though ill?
- When you are afraid or in pain, how do you find comfort?
- As we plan for your medical care near the end of life, in what ways will your religion and spirituality influence your decisions?

### **References**

1. Maugans TA. The SPIRITual History. Arch Fam Med. 1997; 5:11-16.
2. Ambuel B, Weissman DE. Discussing spiritual issues and maintaining hope. In: Weissman DE, Ambuel B, eds. Improving End-of-Life Care: A Resource Guide for Physician Education, 2nd Edition. Milwaukee, WI: Medical College of Wisconsin; 1999.

3. Griffith JL, Griffith ME. Hope in suffering/pain in health: Talking with patients about spiritual issues. Presented at The 18th Forum for the Behavioral Sciences in Family Medicine, Chicago, Illinois, October 1997.

**Fast Facts and Concepts** are edited by Drew A. Rosielle, MD, Palliative Care Center, Medical College of Wisconsin. For more information, write to: [drosiell@mcw.edu](mailto:drosiell@mcw.edu). More information, as well as the complete set of Fast Facts, are available at EPERC: [www.eperc.mcw.edu](http://www.eperc.mcw.edu).

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### Excerpts from Missionary Prayer Letters

- Every day is a challenge, and I'm stretched beyond my comfort zone most of the time. There are the occasional cases that I'm familiar with...gallstones, for instance. But taking out gallbladders here is not so easy. We do have laparoscopic equipment but the equipment doesn't work all that well, so even "routine" gallbladders are not routine here. Most of the things that I see are new to me, though...burns, bad hand injuries, orthopedics urology and a variety of other things.

I'm doing a lot of reading, asking questions, and trying to just reason from the principles that I know and figure out what to do. And I've had to get over the fact that the residents, interns and nurses (especially the OR nurses) know a lot more than I do about a lot of these things, and learn from them. I'm learning that I do have things I can teach them and offer them, and they do appreciate my teaching (a few of them have already told me that). But I'm learning lots from them too. And that's just fine. Then of course there is the language, which, although it is coming along, is still not at the level where I can really easily communicate with patients except in the simplest way. Overall I'm enjoying it, but definitely feeling stretched and challenged, and I certainly appreciate all your prayers.

- My sickest patient right now is a six-month-old baby who weighs only 3 kg. He weighed 2.5 kg when he was born. He was born without an anus, and so had a colostomy done at birth. I am not sure he will make it. Please pray.
- My requests - [Pray for] more patience. The frustrations of the "nature of the beast" here have really started to get to me again this week. I think I need to learn from the example of some doctor who said that what helps him handle all the interruptions/frustrations/etc. of the workday is to just realize that as soon as he walks into the hospital, he is not in control.

- Another praise came this morning. We learned that we've received funding (a total of \$25,000) to build a new home for the patients at our hospital with multidrug resistant tuberculosis. This is a huge blessing, as it will allow us to more safely provide care to these patients, and will also give them a more comfortable and dignified space to inhabit during their nine-month stay at the hospital.
  - Through the highs and lows, we know that God is actively at work. We thank you for your prayers and support throughout it all.
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### **Would I Deny Him?**

by Michael Johnson, MD

He knew that I would deny Him  
Refuse to even acknowledge His name  
Yet He loved and even embraced me  
Though I held Him in contemptuous shame

When asked 'do you know Jesus?'  
I held my tongue, silent, in fear  
Who would notice or care that I claimed Him  
Though He named me as precious and dear

Now I question, I wonder, I fret  
Why did I hold Him in such awful reproach?  
Then He holds His scarred hands towards me  
He bids me come near and approach

Oh the wonder of such love that embraces  
Despite my refusal, my pride, and self interest  
The Christ bids me, He even does beg me  
Come close; lay my head on His breast

So even though I deny that I know Him  
He will never deny whom He calls  
He picks me up no matter how filthy  
I am when I stumble and fall

Come unto me all you are burden and heavy laden  
And I will give you rest



Take My load, I've done the hard work  
I have already passed the test

Matthew 11:28

"He is despised and rejected of men; a man of sorrows, and acquainted with grief: and we hid as it were our faces from him; he was despised, and we esteemed him not"  
(Isaiah 53:3, KJV).