

Your Call

Keeping you focused on God's call for your life

An e-newsletter encouraging and equipping you for a career in medical missions



Center for
Medical Missions
A ministry of Christian Medical & Dental Associations

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Welcome to this issue of *Your Call*. I hope you will take time to read all the articles as each will be helpful to you both now and when you get to the field. If you have questions or concerns, you can reach me at cmm@cmda.org.
Susan

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Catching Character

by Dr. Al Weir

"Whatever you have learned or received or heard from me, or seen in me-put it into practice..." (Philippians 4:9, NIV 2011).

A bright young female resident shadowed me in clinic today because she was planning to apply for our fellowship program. After we saw a couple of patients, I asked her, "What makes you interested in oncology?"

I assumed she would speak of some great healing experience of a family member, as many do. She surprised me with her answer.

"My first year as a resident, I was on call when a patient came into the emergency room who was dying from his cancer. Eric, one of your fellows, came to the ER and took care of him. He sat with the man and talked to him. Couldn't do anything to save him, but for two hours he stayed there and comforted him and answered his questions. And then the man died. As I watched Eric's compassion and the peace it brought to that patient's last hours, I wanted to be an oncologist."

Character is caught, not taught.

So much of who I am comes from watching the great men and women whom I have walked beside.

I became a doctor, not only because I loved the science, but because my dad used to take me with him on hospital rounds and drop me off at the nursing station as he visited his patients. I watched his joy at work and wanted that.

I caught God's call as a missionary because I spent time with Dr. John Tarpley and saw the dedication, energy and sacrifice that seemed to flow naturally from his love for Christ. I wanted to live a life like that.

I have a heart for the down trodden that comes from watching my mother treat all men as good, knowing their badness and refusing to hold it against them.

I am honest because I have watched those who give back when they are overpaid.

I persevere through difficult circumstances because of patients who have held their head up and carried on.

In the future, I will probably sit longer at the bedside of my next dying patient because of Eric's example.

We reach our highest potential as followers of Christ when we surround ourselves with men and women of great character and soak ourselves in the stories of people such as Mother Teresa, Eric Liddell, William Wilberforce and Dietrich Bonhoeffer.

Our character grows in the direction of those we spend our time observing.

Mine certainly has. Whom do I need to thank for the good that is in me?

And the reverse is true. Whose character is growing better because they spend their time observing me?

Dear Father,

Thank you for those who have surrounded me and brought into my life much of the good that I am. Let me be aware of my responsibility to do the same for others.

Amen

Resources

Pre-field Training for New Medical Missionaries

It is not too late to register for our Pre-field Training for New Medical Missionaries that will take place March 9-12 in Abingdon, Virginia. This annual training has been highly appreciated by previous participants. You can learn more at www.cmda.org/missionarytraining. For questions, contact Susan at cmm@cmda.org.

International Rotation Scholarships

Do you know CMDA has multiple scholarships to help with your international rotation? I won't try to list all of them here. You can learn about the various options and how to apply at www.cmda.org/scholarships.

Sites for International Rotations

If you are interested in doing an international rotation but are unsure where to begin, we have the help you need. Our handbook is available at www.cmda.org/internationalrotations. On that webpage you will find two handbooks. The first is helpful to students of just about any healthcare field. The second is specific to nurses. If you use the file in table format, you can search by country or type of healthcare specialty. Once you find sites that you are interested in, you will go to another file with a page for each site and the contact information needed to begin.

Do You Have Good Vision

by David Stevens, MD, MA (Ethics)

I had just returned to Kenya for my second term as a healthcare missionary when I was made acting CEO of Tenwek Hospital. Our first term was only three years long, which allowed the missionaries to stagger "home assignments" and not be as short staffed in the hospital. I say "as" because we only had four to five physicians in our 275-bed hospital that was regularly running above capacity.

At the young age of 34, I was in charge of more than 200 staff members and a hospital with 10,000 in-patients a year. Those weren't the big problems, though. Tenwek only had electricity for 11 hours a day, and buying diesel fuel for the generators to work even that much was consuming 25 percent of our budget. We had less than 10 trained nurses in the hospital. Care was provided by "people off the path" we had trained to be "medicine dispensers" or "ward attendants." I spent my days running from one emergency to another while trying to visit the sick patients filling our wards to overflowing.

Lots of things needed to be "fixed." We had many more problems than solutions. What solutions we had couldn't be accomplished without an extraordinary commitment of time, money and energy. What we needed first was a compelling vision to mobilize that effort.

So I started casting vision to our staff, board and visitors. I told them we were "going to be the best mission hospital in Africa." I said it again and again, every chance I had. We were going to provide the best medical care. We were going to give the best spiritual care. We were going to be the best at changing the healthcare habits of those we served.

Now, to put that last comment into context, half the patients in the hospital were there due to preventable diseases. Kenya had the highest population growth rate of any country in the world. Less than 18 percent of kids were immunized, while fewer than that percentage had a latrine. People got their water from the river, and our hospital wards were full of children dehydrated from diarrhea and vomiting. If we saved their lives, they got the same untreated river water from our faucets that had made them sick at home. Half of our patient deaths were from these preventable diseases.

What is a "vision" and why is it so important?

Your vision is what it is going to look like if you accomplish your mission. It is not a slogan like "Just Do It," "Things Go Better with Coke" or "Think Differently." You have to ask yourself this question: if we ever totally and completely accomplished what our mission statement says, "What would it look like?"

When I first came to CMDA our "vision" was "A Fellowship of Christian Doctors." I went to the board and told them I wasn't-and neither were our members-willing to sacrifice time, energy and money to accomplish "fellowship." Fellowship was a byproduct of what we did, not what it would look like if we accomplished our mission. (We didn't have a good mission statement either, and no one knew what it was because it was more than a page long, but that is another story!)

So we developed a memorable mission statement which read, "CMDA exists to motivate, train and equip Christian doctors to glorify God in their homes, practices, communities and the world." The wording has slightly changed over the years, and today it reads, "CMDA motivates, educates and equips Christian healthcare professionals to glorify God by: serving with professional excellence as witnesses of Christ's love and compassion to all peoples, and; advancing biblical principles of healthcare within the Church and to our culture."

Over a number of years, we also finally honed a clear and compelling vision. If we accomplished our mission, everyone would see, "Transformed Doctors, Transforming the World!" Yes, I will lay down my life for that!

The Bible says in Proverbs 29:18, "Where there is no vision, the people perish..." (KJV). I would add that a mission hospital, community health program or clinic will flounder and ultimately fail, as well, without a vision.

Having a clear mission and a compelling vision is not only important for organizations, but it is also important for individuals. As a student, I embraced Matthew 16:24 as my vision statement. If I accomplished my mission in life, people would see a man who had denied himself, taken up his cross and followed Christ. I was determined my life would not be about me and my desires but about a total commitment to God, self sacrifice to the point of suffering and letting Christ shine through my words, actions and character to point other people to Him. I will never fully accomplish my mission on earth, but I knew what I was striving to accomplish.

A clear vision informs your decision-making, helps you establish clear goals, determines how you carry out your vocation and contributes to the development of your character. A clear vision statement, as a focus for your life, even defines what your eulogy will sound like at your funeral. When your mission on earth is completed, how will those you know best sum up your life?

If you haven't, develop your own vision statement and hold your life up next to it as a measuring stick every day. As you lead in healthcare, use it to cast a clear vision to your followers of where you plan to take them. Make it stick by repeating it often and living it out. I did that as a young physician, and my staff and board were motivated as we all labored to accomplish our vision. Today, Tenwek Hospital is a large, well-staffed, tertiary care center with multiple residencies and a vibrant spiritual ministry. They are training chaplains from all over Africa and also doing research with Brown University and the Mayo Clinic. I didn't make that happen, God did, but it did start with a motivating vision.

Determine your vision and strive to make it a reality. Don't think small. Ask God what He wants you to do. Then work like it all depends on you and trust knowing it all depends on God.

I guarantee you one thing-it will be an exciting journey!

A Soulful Place: Taking the Pillow from Battleground to Sacred Space

by Judy Palpant

R.I.P. "Rest in peace" is usually reserved as a benediction for the dead. But it is the living who need restful sleep, and this is only an elusive dream for many American adults.

According to the Centers for Disease Control, one in three American adults do not get the recommended seven hours of sleep each night. Ten percent of Americans suffer from chronic insomnia.

Insomniac or not, most of us find ourselves reluctantly awake at some point-especially in these unsettling times. When sleep evades, the pillow becomes a daunting battleground as the mind grapples with people and problems, rummages through the past and mulls over the present. Tomorrow imposes its own additional threats.

In a recent *Christianity Today* article entitled "God Wants You to Get Some Sleep," Kate Shellnutt suggests that sleeplessness can be a spiritual problem. Scripture itself reinforces this view and also emphasizes the physical benefits of sleep.

In Genesis 28, we find Jacob in need of sleep. He's just successfully pulled off a plot to steal both the birthright and blessing from his older twin. His brother Esau is seething and wants to kill Jacob, and his parents urge Jacob to run for his life to Haran and live with his uncle until things cool down.

Even with all this weighing on his mind, Jacob sleeps that night. The stone propping up his preoccupied head turns into an altar of praise the following morning. Having seen a ladder of angels in his dream and hearing from God, he declares his hard pillow-stone a monument and pours oil over it. He names it Bethel-"House of God."

Your pillow, like Jacob's, can be a sacred space, a sanctuary dedicated to worship. Whenever the battle for sleep arises, claim your pillow as holy ground. The classic childhood prayer works: "Now I lay me down to sleep, I pray the Lord my soul to keep." And add a line from a table grace, "Come, Lord Jesus be [my] guest."

Each night, draw near to God. Extend the invitation through a simple sleep liturgy. Expect the giver of peace and sleep to show up. Press into His presence with a hymn or line of Scripture. Let your praise ascend and allow God's mercy and grace to descend.

Contemplation has the power to push fears and worry to the periphery while peace and trust take front and center. Sleep may come, but even if it delays, offer up your wakefulness as a spiritual sacrifice.

In the story of Jacob's dream, God and a host of angels visit him. The divine vision and words of promise stir his heart. One dark and tumultuous night turns holy, and Jacob literally sleeps in heavenly peace.

Bedtime is a soulful opportunity. Instead of preparing to battle your way to shut-eye, prayerfully plump your pillow. Hush the chaos. Tune your heart to hear the Holy Spirit's still small voice whisper: "When you lie down, you will not be afraid; when you lie down, your sleep will be sweet" (Proverbs 3:24, NIV 2011).

Test Run

by Dr. Al Weir

"...Bring the whole tithe into the storehouse, that there may be food in my house. Test me in this,' says the Lord Almighty..." (Malachi 3:10, NIV 2011).

I was writing clinical notes at my computer when I overheard my administrative assistant talking to someone, probably a family member.

"You need to pray when you first get up in the morning. If you think of it, pray at noon. Then pray when you go to bed at night. And if you have anything against somebody, let God deal with it. Just try this for two weeks. It's going to be okay."

I have no idea what issue my administrative assistant was speaking into, but she was speaking truth to someone in conflict. She was saying, "God has a place in your conflict and can guide you through. Give it a try, a test run, and see if God doesn't come through."

All of us have areas in our lives where we should consider a test run with God-a deliberate trial to see if He will come through.

For those who do not yet know our God, Blaise Pascal suggested a test run to see if He is real. Simplified to the extreme, Pascal's wager states, if you bet on God and win, you win it all. If you bet against God and win, you win very little. His wager was meant to be an encouragement for non-believers to take a test run with God and see if He would make Himself known.*

The same is true for us as followers of Christ; there are test runs some of us should be considering.

- Perhaps I need to test run sacrificial giving.
- Perhaps I need to test run "giving thanks in everything."
- Perhaps I need to test run forgiveness.
- Perhaps I need to test run letting go of that sin I hold so close.
- Perhaps I need to test run trusting God with that one step I cannot quite take at His command.

Perhaps I lack the strength in myself to make it through, but have enough fortitude and faith to test God for two weeks, to see if He can make it through with me. Perhaps I am like the father who said, "I believe, please help my unbelief"-the father whose son was healed because he gave Jesus a test run, a chance to come through (Mark 9:24).

Do I fear to test because I fear God will fail?

What in my life is crying out for a test run with Jesus?

Dear Father,

Let me trust you enough to let you take over, even if I cannot yet let go completely.

Amen

*Morris, Thomas: *Making Sense of It All*

Critical Care: The Grey Zone, The Heightened Costs and Being a Missionary Physician

by Dr. Christine in West Africa

"Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms" (1 Peter 4:10, NIV 2011).

For every physician who cares for extremely sick patients, there comes a time when you reach a grey zone. A critically ill patient or ambiguous diagnosis confronts you at 2 a.m., and you are unsure of your ability to save the person from death or permanent disability. Should you choose to start life-support measures on someone who is palliative-care appropriate or have a frank discussion with the family regarding the prognosis? It's a place where you sometimes doubt your clinical judgement and knowledge because the case could swing either way. You might think that the patient may survive another 24 to 48 hours or you might think that despite all efforts they will die in the next two to three hours. You feel the weight of every decision you make for the patient and family.

The challenge at a mission hospital is the grey zone looks a lot different due to limitations on level of care and a heightened cost to making these decisions. Cultural and language barriers notwithstanding, I am often making decisions that would be made only after consulting with someone's primary care doctor, various specialists and numerous other colleagues in the middle of the night with limited labs, limited imaging and a limited history. I also have limited leeway in treating a critically ill patient, because ventilators, ICU-level monitoring, dialysis and lack of medications force me to frame my choices in a completely different light. There's often no recourse if someone's kidneys shut down in the middle of the night and their blood pressure drops at the same time. Dopamine is our only pressor (life-support medication to raise blood pressure), and it comes with a host of potential complications.

Even more than adjusting my medical decisions about critical illness is recognizing the impact on the family financially. Since most people here are desperately poor, and healthcare insurance doesn't exist, is it fair for me to charge them more money for a very slim chance of seeing improvement, when it might mean much less money for food, education or basic necessities? While I don't often stop to ask these questions in the U.S., I stop to ask myself them here. Although our hospital has very reduced rates and ways to help the poor, we do need to charge for care. How can I appropriately care for a patient in a cross-cultural ministry, while giving fair expectations, but also excellent and up-to-date care? I've found more and more it boils down to the essence of "being a missionary physician." What does "being a missionary physician" mean besides a good bedside chat with the family, giving hope and prognostic information, but more than that, giving what in my mind is the most important news of all, the news that Jesus has died to save each of us? No matter the level of my medical skills or availability of technology, each one of us will one day have to face our Creator God. If I can encourage, pray and share the hope I have for eternal life, even if I feel limited medically in what I can offer, I am limitless in the impact God can have on their life for eternity. I am adjusting my expectations and understanding of treating critical illness, but I am standing firm in the knowledge that God is more than sufficient for all of my critically ill patients.

Dreams

by Dr. Al Weir

"When a prophet of the Lord is among you, I will reveal myself to him in visions, I speak to him in dreams" (Numbers 12:6b, NIV 1984).

It was raining and we could not see the mountains, but we could feel their glory in the freshness of the air. I was sitting in a Christian medical retreat in the mountains of central Asia. A young doctor-in-training was speaking about his life within a radical environment that does not allow the gospel to be preached. "Even before I heard about Jesus, God spoke to me in a dream and I believed. I could not be satisfied until I found the truth. A bookseller in a restricted part of town had a Bible in his window. It cost a lot but I bought it and I read it. I then found a church that would trust me and was baptized with Jesus as my Savior."

God sure works backward sometimes. I used to think God caught people by getting them to hear a good preacher or a well-done personal testimony, and then they begin to read the Bible and learn how to live right.

Sometimes God does work that way, but how shallow is our concept of the Holy Spirit if we think any method or pathway is laid in stone? We so often get mixed up in American churches about developing the right business model method for bringing the world to Christ: big church, small church, home church, high church, low church, Sunday School, small groups, door to door, mass crusade, embedded, internetted and so on. But these are only the method of our efforts, not the power of our efforts. Only God's power and God's Spirit bring people to Christ. Certainly, through His leadership different communities of faith bear witness in different ways to complete His master plan; but we should never fool ourselves into thinking our method of evangelism is the only model or that it has any power of its own. Our task as His followers is to be deliberate and faithful to bear witness with whatever method He directs us toward and to trust Him for the harvest. Sometimes, it only takes a dream.

"Give God elbow room; let Him come into His Universe as He pleases." -Oswald Chambers

*Dear Father,
Let me trust your way and hold fast to you as you move among us.
Amen*

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