

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

September 2018

Welcome to this issue of *Your Call*. If you are still in training, you must be back at it after a busy summer. I know many had the opportunity to experience a short-term mission trip during the school break. For those who did, I trust it was a special time of drawing close to and hearing from the Lord.

I've noticed a pretty big drop in the number of applications for our scholarship funds over the last couple years. I'm not sure why that is, as it seems a large number of healthcare students are serving cross-culturally. We do have international rotation scholarships for medical/dental students and residents, as well as one scholarship for a broader scope of healthcare students. You can learn more at www.cmda.org/scholarships.

This is going to be the last newsletter I put together for a while. Mrs. Judy Palpant, a former missionary in Kenya, has agreed to take on responsibility for the newsletter, at least for a while. I am so grateful for her help and look forward to seeing all she does with the newsletter. As always, you are welcome to share your stories if they will encourage and even challenge others to follow the Lord. You can reach her at judypalpant@gmail.com.

Though I won't be putting *Your Call* together in the future, I am still available to help if there is something I can do for you. Please feel free to continue to contact me when there is a way I might be able to help. susan.carter@cmda.org

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For Me
by Rev. Stan Key

*“But God shows his love for us in that while we were still sinners, Christ died for us”
(Romans 5:8, ESV).*

By all accounts, Barabbas was a bad dude! The New Testament calls him a “notorious” prisoner (Matthew 27:16). As we compare the passages where he is mentioned, we learn that Barabbas (whose name means “Son of the Father”) was a *murderer* (Luke 23:19) and a *revolutionary* intent on overthrowing the government (Mark 15:7). Today we would call him a terrorist. It would be difficult to find a man in the Bible more violent and wicked than Barabbas.

What a dramatic moment it must have been when Pilate brought out the two prisoners, Jesus and Barabbas, and asked the crowd, “Whom do you want me to release for you?” (Matthew 27:17, ESV). What choice could have possibly been more obvious? Putting a wild-eyed terrorist back onto the streets or letting Jesus go free to perform more acts of love and mercy? Hmmmm. Nothing reveals the twisted wickedness of human hearts more than the choice made that day in Jerusalem. “Give us Barabbas! We want Barabbas! Crucify Jesus!” The voices of the crowd prevailed that day, and Pilate released a man who deserved to die and condemned a man who didn’t. The murderous thug was put back on the streets, and the spotless Lamb of God was executed.

I wish we knew the rest of the story. Did Barabbas return to a life of terrorism and murder? Or did Jesus’ death in his place bring a transformation that caused him to become a Christian? Can you imagine what kind of evangelist Barabbas (the Son of the Father) would have been? We simply don’t know. The Bible is silent. But we can easily imagine that for the rest of his life Barabbas was daily overcome by the sobering reality:

- Jesus died in my place.
- He paid the price that my sins deserved.
- He received the punishment that should have been mine.
- And because of what he did, I am free.

Systematic theologians through the centuries have labored to define theories of the atonement to try to explain how Jesus’ death on the cross makes salvation possible. Using big words that are hard to understand (propitiation, penal substitution,

satisfaction, expiation, etc.), we sometimes read their works and scratch our heads wondering if even they fully understood what they were talking about. But when I look at what happened to Barabbas, I have a picture that enables me to absorb the meaning of the cross even if I can't fully explain it: He died in my place, and by His death I am free.

“Surely he has borne our griefs and carried our sorrows; yet we esteemed him stricken, smitten by God, and afflicted. But he was pierced for our transgressions; he was crushed for our iniquities; upon him was the chastisement that brought us peace, and with his wounds we are healed. All we like sheep have gone astray; we have turned—every one—to his own way; and the Lord has laid on him the iniquity of us all” (Isaiah 53:4-6, ESV).

There are only two ultimate options in life: either I pay the penalty for my sins or Jesus does. Can you say “He died in my place, and by His wounds I am healed”? If not, today would be a good time.

“The essence of sin is we human beings substituting ourselves for God, while the essence of salvation is God substituting himself for us.”

—John Stott

Point to Ponder: If you are a “son/daughter of the Father,” then by definition Jesus died in your place.

Prayer Focus: Thankfulness that Jesus died in your place; paid the price for your sins; received the punishment that should have been yours; and that because He did those things, you are free.

A Higher Call
by David Stevens, MD, MA (Ethics)
(Adapted from *Jesus, MD*)

There came a time early during my first term as a missionary doctor at Tenwek Hospital in Kenya, when the physical needs seemed so great and there were so few of us to meet those never-ending demands, that I was stressed. I was working flat-out from early morning until 7 or 8 each evening and then had to take night call every third day on top of that.

To cope with the pressure of the workload, I'd become more and more efficient—meaning I'd gotten faster and more focused on the most essential steps of an exam or a treatment. I'd become much more mechanistic and a lot less people-oriented in the way I practiced medicine.

At no time was this more true than when I had to see outpatients at the end of the day. I'd actually come to almost resent our outpatient clinic.

We saw between 60,000 and 70,000 people as outpatients every year. Many of them walked for miles and waited all day long to receive medical care, because Tenwek was the only place in the world they could get it. Fortunately our outpatient staff with only modest in-house training could handle most of their cases. But there were always a couple of dozen patients, sometimes more, who would be instructed to stay and see a doctor at the end of the day. Some of them had waited since early morning, but a doctor seldom could see them until maybe 5 or 6 p.m.—after we'd completed our rounds, cared for the needs of all our hospitalized patients, dealt with many emergencies and urgencies, and finished the day's scheduled surgery.

Dr. Steury was our primary surgeon, so he was usually tied up in the OR. Dr. Morse had a never-ending assignment with the pediatric ward, so the backlog of outpatients usually defaulted to me. Thus, my primary goal each day was to see outpatients as quickly as possible so I could finally get down the hill to my family before the kids went to bed.

The prospect of seeing more patients after 5 p.m. than most doctors see in their office in an entire day was not something I looked forward to every afternoon. I handled the stress by becoming extremely efficient. And I even felt a little proud of it, telling myself the patients needed efficient care so they could go home.

I was a machine. I could whip through the line of outpatients like nobody's business. Two, maybe five minutes per patient (unless a procedure was required), and I was out of there! No long conversations doing a review of systems, no social history. I only wanted to know their main issue so I could solve it in record time.

That's what I was doing on this particular afternoon. I'd already gotten through the first half of the line when an elderly Kipsigis gentleman named Arap Towet walked into the examination room.

One look at this patient was enough for me to make a diagnosis. Arap Towet had a retropharyngeal carcinoma. This is an extremely aggressive cancerous tumor that starts in the upper throat, behind the soft palate, near the base of the brain and

quickly spreads. In this case the malignancy had already invaded the lymph nodes along his neck and the side of his cheek. Pus oozed from the ugly growth bulging out at the side of what otherwise struck me as a very serene and dignified face.

As much as I hate to admit it, and as terrible as it sounds, my very first thought when Arap Towet walked in the room was, “This one will be easy.” There would be no procedure to do. No need for a biopsy. No chemotherapy would help this obviously dying man. There was no radiation therapy available, nor a specialist to refer him to. I’d write a quick prescription for pain meds and give him some vitamins. And then I could go on to the next patient.

In that moment God convicted me. It wasn’t really an audible voice. But it was a very strong feeling that clearly said, “Why did I bring you halfway around the world? You have got to do more than that. I knew when I brought this man here that you couldn’t help him medically, but what about his spiritual cancer?”

As I examined him, I began to carefully weigh my words. In the Kipsigis culture it isn’t considered proper to speak directly about the subject of death, but knowing I needed to be honest with him, I looked my patient right in the eye. Using the best euphemism in the local language I could think of, I essentially said to him, “Arap Towet, this tumor is likely to finish you.”

“I know that, Daktari,” he replied. He told me he wouldn’t have even made the two-day-long walk from his village, which was near the Maasai (a neighboring tribe whose territory borders the Kipsigis many kilometers away), except his son insisted he come.

Impressed by what seemed a calm acceptance of his imminent death, I asked a more pointed question. “Arap Towet, if this illness does finish you, do you know what will become of you?”

He nodded and simply said, “My oldest son will dig my grave on our shamba, carry my body from our hut and bury me.”

“No, what I meant is,” I told him, “what will happen to your spirit—your soul?”

“I don’t know,” he answered softly.

“Have you heard the story of Jesus Christ?” I said. He shook his grotesquely marred head from side to side. Surprised, I gave a quick glance at the chart to see he was from a very remote area.

Then I very simply and briefly explained God's plan of salvation—how by believing in Jesus he could know in his heart that he would spend eternity in heaven after he died. I took no more than four or five minutes, but the entire time I talked, Arap Towet's eyes were riveted on mine. He was clearly hanging on every word.

When I finished I asked if he would like to invite Jesus into his heart so that his spirit could live with God forever in heaven. And I'll never forget his words. Because when I asked if he wanted to accept Jesus, Arap Towet looked at me and simply said, "Of course."

And it hit me that this old Kipsigis gentleman had lived his entire life without ever having heard the good news of the gospel. When someone finally shared it with him, it seemed so simple, so appealing, so obvious to him that when asked if he wanted to respond and accept it, he couldn't imagine any answer but, "Of course."

So Arap Towet and I got down on our knees right there by the examining bed, separated only by a curtain from the hustle and bustle of the room. I put my hand on his shoulder and prayed with him as he accepted Jesus Christ as his Savior. When we stood up his face had been absolutely transformed. Oh, the carcinoma was still there, but even more obvious now was the joy and peace radiating from his countenance.

I knew I had to see my next patient. But before I sent Arap Towet to the pharmacy, I called for our hospital's national chaplain, who I knew could counsel him, give him a Kipsigis Bible and arrange for a local pastor to come and visit his home.

I never saw Arap Towet again. It was too far for him to come back to the hospital, and I'm sure he didn't live but a few more weeks. But some day I will. He and I will meet in heaven. And in the meantime I can say in all honesty—though I'd seen thousands of patients before him and I've seen thousands more since—I don't think I'll ever forget the face of Arap Towet. The outpatient who reminded me of the higher purpose every missionary doctor, and every believer for that matter, needs to have.

For no matter how good a doctor I am, no matter how well I perform surgery or how many lives I save in dire emergencies, every single patient I treat is sooner or later going to die.

As a physician, I only delay the inevitable. My skills can't make people live forever. Only the Great Physician can do that. So it is only as I refer people to Him that they can find eternal life.

To His credit, and unlike some of us who endeavor to follow Him, Dr. Jesus never forgot His higher purpose. He didn't content Himself with only temporary physical treatments; He was just as, and often more, concerned about offering spiritual healing and eternal life. He always kept in mind, and often reminded His followers of His higher purpose. "I have come that they may have life, and have it to the full" (John 10:10b, NIV 1984).

Jesus wasn't just *a* missionary doctor. He was *the perfect* missionary doctor. He never faced a need—physical or spiritual—that He couldn't meet. And He never forgot which was most important.

After my encounter, I resolved to never forget either. Oh, I didn't have time to witness to every patient, but now more spiritually focused, I did it with many. I was alert to each patient's physical problem as well as their spiritual condition. I referred non-Christians and Christians who needed spiritual support to our chaplains at an increasing frequency. I dispensed grace prescriptions.

How about you? Does the care you are providing or will provide include spiritual care? You know where the cure for the cancer of sin is found. You have experienced it yourself. Don't get too busy to do the most important thing: sharing Jesus.

Editor's Note: Jesus, MD by Dr. David Stevens is available on Amazon or in the [CMDA Bookstore](#). If you haven't learned how to effectively share your faith with permission and respect, learn more through CMDA's [Grace Prescriptions](#).

Cultivate Mission – A Blog

The leaders of the Global Missions Health Conference have developed a blog for those interested in serving the Lord. There are 40 days of devotionals with questions to consider. I highly recommend. <https://www.cultivatemission.com/blog>

Global Missions Health Conference (GMHC)

Can you believe it will soon be November? I hope you are planning to participate in the Global Missions Health Conference on November 8-10 at Southeast Christian Church in Louisville, Kentucky. If you've never had the chance to go, please plan to attend. If you have any interest in healthcare missions, this is one opportunity you do not want to let pass you by. It is best if you register in advance. Students are welcome

to stay in church members' homes, but you need to register.

www.medicalmissions.com/events/gmhc-2018

Inward Thinking by Al Weir, MD

“You were taught, with regard to your former way of life, to put off your old self, which is being corrupted by its deceitful desires; to be made new in the attitude of your minds; and to put on the new self, created to be like God in true righteousness and holiness” (Ephesians 4:22-24, NIV 1984).

I may have hurt a man a few months ago. Due to my inadequate supervision of a resident, we delayed following up on a positive CT scan. I saw him this week and told him of the mistake and sent his chart out for peer review. Since I discovered the error, I have been worried, mostly for myself, my reputation, my job, etc. This morning, as I was stretching out my morning stiffness and despairing over the possible harm to my career, I realized my concerns were misplaced. Here was a man whom I might have injured and I am only concerned with the way my mistake affects my own life. I refocused my prayers on my patient, for whom Jesus died.

Why do my thoughts always center on me? In all circumstances, why is my first thought how those circumstances are going to affect my own life? When I need my thoughts to fly outward to others or upward to God, why does the gravity of self-centeredness draw them back to focus on myself?

Claudius in Shakespeare's *Hamlet* knew the feeling, “My words fly up; my thoughts remain below. Words without thoughts never to heaven go.”

We know we should be thinking outward, and yet our thoughts refuse and fall back to stick on our self-serving selves.

People of science might say this is just an evolutionary development required for self-preservation.

People of faith would say this is a sign of our fallen nature.

I say it's a pain in my pineal when I know I am here for others and my thoughts keep focusing inwardly.

I think the only way out is to allow the Christ within me to do my thinking. The mind of Christ on earth was almost always outward focused. Perhaps the two exceptions were His agony in the garden and His temptation in the wilderness, both of which He overcame: one by surrendering to God's Word and the other by surrendering to the Father.

In my present circumstance with this patient whom I may have harmed:

- *Surrendering to God's Word* tells me, "Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourselves. Each of you should look not only to your own interests, but also to the interests of others. Your attitude should be the same as that of Christ Jesus" (Philippians 2:3-5, NIV 1984).
- *Surrendering to the Father* is clear as well, "Do not let your hearts be troubled. Trust in God; trust also in me" (John 14:1, NIV 1984).

*Dear Father,
Transform my thoughts to where I think like Jesus.
Amen*

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