

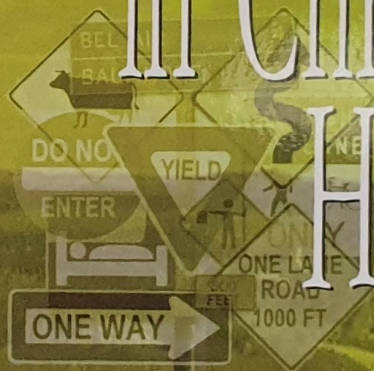
"The Glory of the latter house
will be greater than the
glory of the former house"



HEALTHCARE CHRISTIAN FELLOWSHIP
INTERNATIONAL (SOUTH ASIA) MONOGRAPHS

6

Restoration in Christian Healthcare



Dr. Matthew Santhosh Thomas and C. B. Samuel
For Healthcare Christian Fellowship International, South Asia

Restoration in Christian Healthcare

Mathew Santhosh Thomas
& C B Samuel

Restoration in Christian Healthcare

© 2010 Healthcare Christian Fellowship International—South Asia

First edition 2010

Also available as MP3 audiobook

Healthcare Christian Fellowship International—South Asia

7 College Avenue, Mount Lavinia 10370, Sri Lanka

Return to the basics... in the midst of technological advances and market trends



In the last few years, technological advances in medicine have changed medical practice and the art of medicine drastically. The west, which has progressed much in technology, is entering the era of “cybernetics” and “nano-technology” and sees that as the next phase of development, expecting these technologies to revolutionise medical practice. Though India and the SAARC countries seem to be far from these advanced technologies, they are fast catching up and the subtle signs and effects of these are already visible in the practice of Medicine.

Medicine, which was seen as an art and a tool to care for people, is no longer considered an art, but more as a science to fix the body which is malfunctioning. Corporate health care has clearly redefined health as “an industry” and no more a “service”. Medical professionals no longer consider medicine as a “vocation” but as an avenue to advance their career path and a revenue- generating enterprise. And health care in every sector is out of reach for the poor due to the undue dependence on technology.

Many of these technological advances and commercialisation have made the practice of medicine easier and faster. But after a decade of such progress, we are left with a de-personalized health care system, escalated healthcare costs and an uncertain future of impact these changes could have on the health care scenario.

Christian health care professionals and organisations, are struggling to keep afloat in the midst of this “barrage of technology” and “commercialisation” and escalation of health care costs. The Church at large, which was at one point of time in history the “pioneers” in healthcare and education, has already started washing its hands off from the healing ministry by handing the same over to professional bodies. The Church seems to have lost the big picture of the Kingdom – the Kingdom as a place where people will live and enjoy relationship with their maker, relationship with the rest of creation and also enjoy “holistic and abundant life”.

The need of the hour is to see our generation, returning to the basics of the Kingdom, understanding the big picture of God's plan for his creation and our role in this. This will be possible only if we restore our “perceptions” and “paradigms” in line with what the Kingdom mandates.

Restoration of Meta-Narrative

What is the Meta Narrative or big picture we should come back to?

We need to recapture the understanding of health and healing as an integral part of the Kingdom movement – the advancement of “new Heaven and New Earth”, and the Church at large as key to this advancement.

“For, behold, I create new heavens and a new earth: and the former shall not be remembered, nor come into mind. But be ye glad and rejoice forever in that which I create: for, behold, I create Jerusalem a rejoicing, and her people a joy. And I will rejoice in Jerusalem, and joy in my people: and the voice of weeping shall be no more heard in

her, nor the voice of crying. There shall be no more thence an infant of days, nor an old man that hath not filled his days: for the child shall die an hundred years old; but the sinner being an hundred years old shall be accursed. And they shall build houses, and inhabit them; and they shall plant vineyards, and eat the fruit of them. They shall not build, and another inhabit; they shall not plant, and another eat: for as the days of a tree are the days of my people, and mine elect shall long enjoy the work of their hands. They shall not labor in vain, nor bring forth for trouble; for they are the seed of the blessed of the LORD, and their offspring with them. And it shall come to pass, that before they call, I will answer; and while they are yet speaking, I will hear. The wolf and the lamb shall feed together, and the lion shall eat straw like the bullock: and dust shall be the serpent's meat. They shall not hurt nor destroy in all my holy mountain, saith the LORD. (Isaiah 65; 17-25)

This bigger picture of health and healing or Shalom as holistic restoration of individuals, communities and nations, as stated in the above given passage, and the Church as the visible arm of the creator need to be recaptured.

The “pubic health” components and the “social and spiritual determinants of health” given in the above passage are to be understood as key components of the Kingdom. Institutions and health and development organisations have to recapture this understanding of health and healing itself and also the Health care we are involved in as an integral part of Gods Kingdom movement.

Such understanding should lead to breaking down of the “walls” and “barriers” created between the church at large and health and development organizations. The history of modern healthcare reveals that many pioneers in healthcare were “called” and “chosen” people who took up health care as a vocation and responded innovatively to bring healing to many individuals and communities.

In the current context where healthcare qualifications are seen as an opportunity to advance careers, we need to build a generation of Health care professionals who see themselves as key agents of the “kingdom” and take health care qualifications they have as a “call and vocation”.

Restoration of “Understanding the times”

“And of the children of Issachar, which were men that had understanding of the times, to know what Israel ought to do; the heads of them were two hundred; and all their brethren were at their commandment.” 1 Chronicles 12:32

Christian healthcare professionals and church leaders historically were those who followed in the footsteps of “children of Issachar” and “understood the times”. They looked ahead and saw from a distance the potential impacts of unaddressed health and development issues and moved out to set up caring communities. Whether it be the care of people living with leprosy, HIV, or economic empowerment of communities, Christian health and development professionals have been visionaries who moved ahead of the times, understanding the times.

In the midst of all the challenges healthcare institutions and professionals are facing, the church and Christian health care has moved from being “reflective and responders” to “reactive responders”. Energy and time is spent in maintaining programs and institutions instead of understanding the times and moving ahead. A paucity of reflection has led to a generation of people who do not know what the challenges ahead are, or where communities in pain are, or what is hurting the heart of God.

In every country in the region there are the “Emerging marginalised” who do not have adequate access to health care or have a caring community of which they are a part.

Marginalisation due to escalating healthcare costs and poor accessibility to health care financing or insurance is being reported from all countries in the region. This marginalisation is worsened by the increasing rural urban divide and rich poor divide happening in the context of “globalisation”, “economic booms” and “down turns”.

Marginalised due to “untreatable illnesses” – the chronically ill, and terminally ill, which is evidenced by the lack of “palliative or terminal care” systems in India and other countries in the region. Many are left to die and or suffer in their homes with no access to pain relief or other supportive measures. In a culture and society where dying body or economically non-productive individuals have no value, people with untreatable illness are seen as a burden rather than as people created in the image of God who need to be cared for.

Marginalised due to behaviours and perceptions –sex workers, drug users, mentally ill, and many others whom the society looks at with “judgemental perceptions” find it difficult to access care or treatment and go under the “Radar”.

With increasing life expectancy the increasing numbers of elderly are already struggling to find places where they can access for care. And all these are in communities where there is marginalisation based on caste, religion and gender! Many more such marginalisations could be identified from countries in this region. This generation and each of our countries need to have “200” or more “sons of Issachar,” who “understood the times and knows what Christian health care and church should do”.

Restoration of being a “Prophetic voice”

“Then the LORD reached out his hand and touched my mouth and said to me, “Now, I have put my words in your mouth. See, today I appoint you over nations and kingdoms to uproot and tear down, to destroy and overthrow, to build and to plant.” (Jeremiah 1; 9,10.

Technology does not exist in social vacuums. There are strong social and economic forces that motivate the development and use of technology. In addition there are deeper “perception changes” or “imagination changes” which contribute to the acceptance of technologies by health care professionals.

Imaginations are powerful and impact the way we think and act. Imaginations grow into perceptions and perceptions into beliefs that these are true. The imaginations in the world and corridors of prestigious medical institutions, supported by scientific theories and technology advances, have impacted much of the current day thinking in Medicine and health care. These imaginations come to us through “voices” in the media.

One such perception or imagination change is the change from seeing man as a creation of God versus man as being a machine to be fixed. This change happened over time with the advancement of computers and information technology where by all technology can be broken down into “Bytes” and “digits”. This reductionist approach to technology has impacted our way of thinking of humans – humans as a systems and organs and health care as fixing damaged

parts of the “systems” and “organs” or hard ware and soft ware to be fixed.

This has led to “de-personalisation of healthcare” “dilution of the moral undergirding” resulting in ethically unacceptable practices in healthcare and healthcare delivery. A similar change in “perception” has happened in understanding the nature of man – the divide between the Body and the Spirit. This is evident in Christian healthcare also where evangelism and health care are seen as two independent entities and need to be taken up as separate entities and activities.

In the midst of the “imagination” and “perceptions” and “voices” around we need to have voices of healthcare professionals who have cultivated a biblical and christo-centric view of health and health care.

These “prophetic voices” providing “an alternative voice”, which come from the heart and character of God is the need of the hour.

Restoration of Perception of Health as a Charismatic (Spirit-anointed) Ministry

How do Christian health professionals perceive their service as a valid Spiritual Ministry? Jesus' healing earned for him the recognition that 'a prophet is among them'. Prophets are mentioned in the list of spiritual gifts in Paul's listing both in 1 Corin-

thians and in Ephesians. The perception of health services as prophetic has already been addressed; but we need to restore a wider perception in relation to other gifts, especially the ministry gifts (Ephesians 4:11) in the New Testament.

The three missing perceptions that need to be restored are Health as Apostolic, Evangelistic and Pastoral (and Pedagogical) ministry. It is increasingly evident that the pioneering aspect of Christian health services is rapidly declining. It has become fashionable today to see mission as being in your hometown and being a witness. While there is a definite need to be witnesses in our communities there is a very significant aspect of Christian mission that is about crossing geographical boundaries to go to new locations and frontiers.

Christian healthcare, should also be perceived as evangelistic in that it not only demonstrates the kingdom's presence but also proclaims and invites people into the kingdom of God. Much of our good work ends with people seeing it but not in 'praising your Father in heaven'. It is true that in this sub-continent Christian health services have great contributions to the sector. But its influence in directing the attention of the people to the Father in heaven is minimal. We are guilty often of not perceiving Christian health service as the good news (even as a part of the good news).

Despite centuries of Christian health services in this sub-continent our influence in changing the world view and the attitude to health is appalling. In fact we are seeing the opposite happen. Health care, which was seen as a service, is now an enterprise. The gap in the service is that we have not taken pain to see health as pastoral and pedagogical.

The Institutionalization of health service has removed the health professionals away from conversations in the communi-

ties. Truly pastoral and pedagogical ministries are in dialogue with the people. We need to train health professionals who are able to move away from their institutions to be in conversations with people; changing people's thinking and enabling them to see health as wholistic.

Restoration of “servant hood and community”

Your attitude should be the same as that of Christ Jesus: Who, being in very nature God, did not consider equality with God something to be grasped, but made himself nothing, taking the very nature of a servant, being made in human likeness. And being found in appearance as a man, he humbled himself and became obedient to death— even death on a cross! Therefore God exalted him to the highest place and gave him the name that is above every name, that at the name of Jesus every knee should bow, in heaven and on earth and under the earth, and every tongue confess that Jesus Christ is Lord, to the glory of God the Father. Philippians 2; 5-11.

In the midst of a culture and society where Health care professionals are worshiped (though this is fast changing) and where hierarchy prevails, it is important to develop a cadre of “Health Care Servants”. Doctors, Nurses and allied health care professionals who are “True Servants”.

We have a model in Jesus Christ the “Healer” and “care giver”. It is important to cultivate and develop a mind, which is in line with Jesus. Jesus incarnated, humbled himself even to death on the cross, for the sake of humanity he loved and cared for. He was moved with compassion, but at the same time was open to the direction and spirit of God, and not needs alone.

He was motivated by love and the “potential” he saw in the marred and sinful creation to reach the potential for which they were created.

We need to develop such a mindset in Christian health care – of incarnation, humility, be moved and motivated with love and compassion even when we need to work with the various advances in Medicine. Jesus model of care provision was one where he listened, touched, questioned, reflected and helped people to reflect and “healed”. And many a times worked along side to help them reintegrate into the family, society and community.

As we saw earlier, we need to go beyond the technology and institution-driven healthcare and curative services into a holistic model of healing and creating communities of caring rather than running institutions. The outcome of Jesus mandate was – to create a new community, a community that was sought for as a place of acceptance and healing and where Christ was the head and rest were members of the same body.

To see such a community as the outcome and the mandate of the healthcare we provide, would radically change the way we approach our patients and run our institutions. This will only be possible if we are willing to break away from the current paradigms of our health care practices, institutions and congregations.

The challenge before us today is to constantly “guard ourselves” from being driven by the context changes alone, and constantly reposition ourselves in line with the mind, model and mandate of our master.



Healthcare Christian Fellowship International

South Asia

7 College Avenue

Mount Lavinia

10370

Sri Lanka

Telephone: +94 11 2718503

Email: hcfasia@gmail.com



HCFI
South Asia

6

"This book is an insightful and thoughtful exposure of the failures and misplaced priorities in healthcare including Christian healthcare institutions. It is a call for us to return to God and His concept of wholeness, "Shalom". This can only be administered through a caring community and this booklet calls for a radical restoration of an integrated healing ministry of the church and Christ-centred Healthcare in the community. It has been written by Santhosh Matthew and C. B. Samuel. Santhosh, a Physician, is the beloved Director of Emmanuel Hospitals Association of India and C. B. Samuel a former Director of EFICOR, India and an insightful teacher of God's word and friend and mentor to many healthcare staff."

In whom (Christ) are hidden all the treasures
of wisdom & knowledge -Colossians 2:3 (NKJV)

Then the Lord replied:

Write down the revelation and make it plain on tablets so
that a herald may run with it. For the revelation awaits an
appointed time; it speaks of the end and will not prove
false. Though it linger, wait for it; it will certainly come
and will not delay. -Habakkuk 2:2,3 (NIV)