

Fireseeds

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IGNITING OUR PASSION FOR CHRIST AND THE GOSPEL

DOCTOR ON THE FRONT LINES

In this issue, Fireseeds talks with David Tellez, M.D., Associate Director of Pediatric Critical Care at Phoenix Children's Hospital. As a result of training he received at a

When I walk into a room, I have confidence because I know I will have an opportunity to share if God should provide it. I wait for the right time.

METS conference, Dr. Tellez now shares his faith regularly in his practice. He offers straightforward ideas on combining physical care and spiritual care.

Fireseeds: Since you often deal with the parents of very sick children, you have an opportunity to talk to parents at a crisis moment. These parents are in deep pain. How do you approach the subject?

Dr. Tellez: When I walk into a room, I first deal with the medical issue at hand. Most of the children I see are incredibly sick. Some have undergone complex surgery or

neurosurgery. Others have accidentally ingested medications or environmental toxins. I see children who are in a coma from infections like meningitis or who need life support for severe pneumonia or respiratory diseases. So, first I discuss the illness with their parents. When I feel the time is right, usually in the first or second visit with the family, I take a brief spiritual history.

Fireseeds: Do you have a format for this spiritual history?

Dr. Tellez: In most cases, I gently remind parents that many spiritual issues arise during times like these. I encourage them not to ignore these issues. Then I suggest that if they have a priest or rabbi, they are more than welcome to invite that person to the intensive care unit. At that time, the parents usually tell me where they go to church and how actively they are involved. Depending on their response, I offer them an opportunity to have a relationship with God.

Fireseeds: How do you make the transition to a gospel presentation?

Dr. Tellez: If the parents respond positively to the spiritual history, I tell them that God loves them and wants to have a personal relationship with them. If they're receptive, I'll share the gospel with them. If they're not interested at that time, then I've planted a seed, and I bring up the subject again later.

Fireseeds: Are many family members receptive to the gospel?

Dr. Tellez: Yes. Families are more often than not very receptive to hearing about it. Much of this is based around their suffering. They don't understand why their child is so sick. When we talk about suffering, I generally explain that their lives will be different from now on. It will either change for the better or worse. Anything that brings a person closer to God is good.

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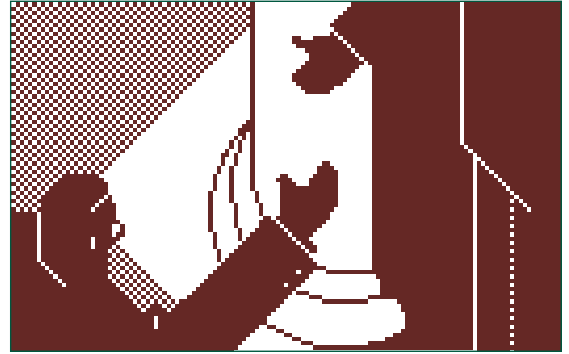


STRATAGEMS FOR SPIRITUAL CARE

Let me introduce myself. My name is Harvey Elder, and I recently retired from a consulting infectious disease practice in the Department of Veteran Affairs in which I saw primarily HIV-infected people. I was and continue to be an active member of the Department of Medicine of Loma Linda University School of Medicine. Currently, I contract with a public health clinic that cares for people with HIV infections. At times I cover other clinics.

For me, the crucial center, the core of evangelism, is the knowledge that God called me to proclaim the Good News. I am placed at a particular place—my office—at a particular time—now. God sends me patients that He has been working with, people He wants me to tell about Him.

How can I be certain that I have such a calling? Christ says in His prayer in John 17:18, “As you sent me into the world, I have sent them into the world.” Earlier in the same prayer, He says, “I gave them the words you gave me” (17:8). Thus, the Great Commission represents not only Christ’s words, but the words that the Father gave Him to say. All Christians are called by God to speak on



His behalf. He gave us the “ministry of reconciliation . . . He has committed to us the message of reconciliation” (2 Corinthians 5:18,19). Clinical care is not an alternative to evangelism; it is not a “lure” to trap people for evangelism! It is the location for evangelism.

Thus we inquire, “Lord, show me where You are working in my world. I want to join You.” God wants us to pray like this to claim His promise to hear us and answer us (1 John 5:14,15).

How will we recognize patients with whom God’s Spirit has been working? They are: 1) people who are seeking after God, 2) people who are interested in spiritual truth, 3) people who may be convicted of sin because of specific acts they performed, and 4) people who are convicted that “right” matters. With directed questions, they can self-identify.

PUTTING IT INTO PRACTICE

After taking the History of Present Illness and the Past Medical History, I inquire, “What supported you in all of this?” or “How is your glue holding?” The response identifies the patient’s source of spiritual strength.

During the Social History after learning their ethnic origin, I guess the religious affiliation of their parents. Usually, patients have to correct me because I am wrong. Then I inquire, “Did you attend as a child? Do you still attend? How is this meaningful for you?”

After completing the work-up, I ask, “What are you famous for?” After a demur “nothing,” they tell me some nugget of truth from their heart—something that is part of their identity.

With three simple questions that take only a few seconds, I learn the source of their spiritual strength, their religious practice, and their self identity. These questions are not complete, but they allow me to follow up on a subsequent visit.

I trust that you will send in questions. We will give opportunity for readers to respond to many of them in subsequent issues.

In the meantime, I would enjoy hearing from you about your questions, experiences, or comments.

CONTACT DR. ELDER AT haelder@GoMETS.org.

CONFERENCE UPDATE

MSN recently hosted the first ever Kansas City METS Conference. Participants were challenged to see the health profession as a ripe mission field and were equipped to address the spiritual needs of patients. During the spiritual care practicum, Dennis Jensen visited a cancer patient but was unable to interview him because he had just received medication which clouded his mental state. Dennis explained to the patient’s adult son that he would like to leave a booklet for the patient that explained how he could know God personally. The son said he wanted to know how he could do that himself. A few minutes later, the son invited Christ into his life. Another patient profusely thanked METS participants for praying with her. “Tell the hospital administration ‘Thanks’ for allowing you to come visit me.” When he heard about the patients’ overall warm response to spiritual visits that day, one hospital administrator said, “Well, isn’t that what we’re supposed to be doing anyway?”

Upcoming METS Conferences
February 11–15, 1999, in Forest Falls, CA
October 6–10, 1999, in Kansas City, MO.

For METS Conference brochure, contact the Medical Strategic Network.



DOCTOR ON THE FRONT LINES

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On the other hand, anything that pushes you away from God is not good. I assure them that responding to God will change their lives for the better despite their current situation.

Fireseeds: Your purpose, then, is to give them hope?

Dr. Tellez: Oh, yes. They need hope. Most families will ask if I can save the child's life. I tell them, "I can prolong your child's life, but I can't save it. Saving a life is God's business. Prolonging life, that's what we do. And we do that well. We keep the child alive long enough to allow him to make a recovery if it is possible. But we don't have control of the outcome. We have to trust God for that. That's God's business." This usually opens up the conversation to spiritual issues if it hasn't opened previously.

Fireseeds: What happens when you are able to lead family members to the Lord?

Dr. Tellez: When they pray to receive Christ, I can sense the peace they have as a result. Afterward, I pray with the family while the child's in the intensive care unit as often as I can. As the child gets better, we praise God for what He has done in their lives. I encourage them to speak to God as often as they can, read the Bible, and get involved in a Bible-teaching church. I recommend Bible-teaching churches in their community.

Fireseeds: What is the most important aspect in successfully approaching a family in crisis?

Dr. Tellez: Families have to recognize your compassion and concern for them and their child. This gives you a platform from which to share. When you first talk to a family, they do not know much about you and they may be a little hostile, frustrated, or upset. That may not be the time to go further than getting a spiritual history. Just gently let them know that their hope lies in the spiritual side of healing.

Fireseeds: When you take a spiritual history, what are your expectations?

Dr. Tellez: I keep in mind that it's just a probe, a fact-finding mission. Some parents don't want to leave spiritual issues alone and others want to drop it as soon as

you broach the subject. That's okay too. At least you know where they're at. The child is going to be in the intensive care unit so I'll see the family for the next several days, several weeks, or even the next several months. There will be time for me to get back to them.

Fireseeds: How do you make sure that you are actively involved in evangelism in the midst of high-pressure situations?

Dr. Tellez: First, I plan for initiative evangelism. I pray that the Holy Spirit will bring people into my life, remembering that successful witnessing is sharing the gospel in the power of the Holy Spirit and leaving the results to God. If you believe that God can use you to share the gospel with someone, it will happen.

Second, I believe that God can use me to reach others. And He does. I don't have control over who comes to see me. These children could go to other intensive care units in town. And I didn't have control over what happened to the child. So I recognize that they're all brought to me by God—for a purpose. Sometimes for harvest, sometimes sowing. My purpose is just to introduce them to Christ.

Fireseeds: So an important part of the process is being prepared at all times.

Dr. Tellez: Right. It's walking in the power of the Holy Spirit. You want God to work through you so you pray to be filled with the Spirit. Then you don't worry about the outcomes. You have to trust God for that.

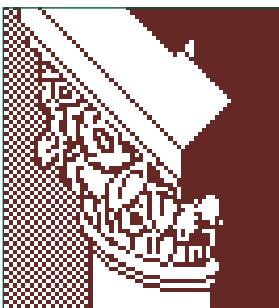
Fireseeds: What should a health-care provider avoid?

Dr. Tellez: First, do not use people to simply share the gospel. Instead, sincerely desire to help them experience the joy you have. Second, don't forget to establish your professional credibility with the family. They are not coming to you as their pastor but as their doctor, so they must see that you're competent with medical issues. Show God's love through your actions before you share your faith. Third, when dealing with spiritual issues, ask for their permission to proceed. If you ask, "Would you like to know more about a personal relationship with God?" yet they say no but you continue to pursue, you're setting yourself up for difficulties.

Fireseeds: How do you identify the parents who are giving you permission to talk about God?

Dr. Tellez: You give them an option by asking them whether they would like to hear more. That sets the stage, because then you're just answering their questions, which you ethically should do. If they're not interested, then ask if they would like to see a chaplain or a priest.

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SEED THOUGHTS FROM THE PRESIDENT

BY YANG K. CHEN, M.D.

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I am delighted to introduce the first issue of The Medical Strategic Network's newly expanded version of *Fireseeds*. It is my prayer that each issue of *Fireseeds* will provide you with vital spiritual "seed thoughts," and that these thoughts will germinate in the soil of your heart and help to ignite your passion for Christ and the gospel.

My burden is to help you see the workplace as your mission field, the patient's bedside as your pulpit, and your professional platform as God's "harvest vehicle." Toward this end, *Fireseeds* will feature stories about how METS faculty and alumni are attempting to influence their world for Christ. In this column, I will continue to write a commentary which addresses some aspect of our faith walk as Christ followers, and in Stratagems, we will provide you with practical tips and/or case studies in medical evangelism.

Today our churches and organizations are filled with believers who are characterized not so much by sin as by spiritual deadness—passionless Christians who go through life without a clear sense of mission. In the words of C.S.



Lewis, "Our age is marked by moderate vice and moderate virtue." But we are reminded in Scripture that lukewarmness is abhorrent to God: "I know your deeds, that you are neither hot nor cold; I would that you were cold or hot. So because you are lukewarm, and neither hot nor cold, I will spit you out of my mouth" (Rev. 3:15,16).

Lewis, "Our age is marked by moderate vice and moderate virtue." But we are reminded in Scripture that lukewarmness is abhorrent to God: "I know

Obviously, only the Spirit of God can light a fire in our bosom and give us a passion for souls. However, there are some practical steps we all can take to prevent negative circumstances and people and the demands of daily living from shredding our spiritual motivation to pieces. Hebrews 10:24 says, "We can commit ourselves to gather regularly with others of like-mind, and consider how to stimulate one another to love and good deeds." We can set aside time to receive training in medical evangelism and allow God "to equip us in every good thing to do His will" (Heb. 13:21). And we can deepen our passion for God, which is the secret of passion for souls.

Perhaps some of us are inclined to respond, "These suggestions are all well and good, but they are unrealistic. There is simply no time in our over-committed lives to follow through on these priorities." As an academic physician who has to juggle the demands of a busy clinical practice and carry on an active research program while trying to raise a young family, I can certainly relate to life in a pressure-cooker environment. However, each of us must decide where we want our lives to count—in the momentary applause of public recognition and the temporal rewards of a successful career or by reproducing ourselves in the lives of others (Mark 4:20).

There is time in life for only one passion.

DOCTOR ON THE FRONT LINES

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If they express a desire to talk to a chaplain, I recommend chaplains who are believers. Then I ask that chaplain to visit the family.

Fireseeds: Can you tell us how you keep your attitude strong during these pressure points?

Dr. Tellez: When I walk in a room, I have confidence because I know I will have an opportunity to share if God should provide it. I wait for the right time. When a child is dying and I'm trying to rush him to the OR, intubating him, and doing procedures, I am about my business of keeping the child alive. I trust God to give me the boldness when I need to speak. That relieves me of being responsible for the process. It's God's business. He's just using me. The question I must answer is: Will I be where God wants me to be and am I willing to be used by God? I pray every day to be filled with the Holy Spirit. Then I know that God will work through me, and I don't worry about the potential ifs, ands, or buts.

Each of us must decide where we want our lives to count—in the momentary applause of public recognition and the temporal rewards of a successful career or by reproducing ourselves in the lives of others.

(Mark 4:20)