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## SEED THOUGHTS FROM THE PRESIDENT

BY YANG K. CHEN, M.D.

**A**s Alisa Bonaparte, Napoleon's sister, lay dying, someone in the room observed that nothing is as certain as death. "Except taxes," added Alisa, thus making her last words among the most widely quoted in history.

Taxes do seem to be an unavoidable fact of life, as well as death. With the exception of accountants and the IRS, April is probably not a favorite time of the year for the average citizen, particularly not for those who are still scrambling to meet the April 15th filing deadline. As Christians, however, we need to guard against a similar tendency to let the taxpayer's mentality distort our view of biblical stewardship. C.S. Lewis wrote about this danger in *Present Concerns*:

"There are three kinds of people in the world. The first class is of those who live simply for their own sake and pleasure, regarding Man and Nature as so much raw material to be cut up into whatever shape may serve them. The second class are those who acknowledge some claim upon them—the will of God, the categorical imperative, or the good of society—and honestly try to surrender to the higher claim as much as it demands, like men paying a tax, but hope, like other taxpayers, that what is left over will be enough for them to live on. Their life is divided, like a soldier's or a schoolboy's life, into time 'on parade' and 'off parade,' 'in school,' and 'out of school.' But the third class is of those who can say like the apostle Paul that for them 'to live is Christ.' These people have got rid of the tiresome business of adjusting the rival claims of Self and God by the simple expedient of rejecting the claims of Self altogether. The old egotistic will has been turned around, reconditioned, and made into a new thing. The will of Christ no longer limits theirs; it is theirs. All their time, in belonging to Him, belongs also to them, for they are His."

One widely held view is that it is possible to achieve a

"balanced life" simply by giving equal attention to conflicting interests, or by arranging one's priorities in some descending order of importance, i.e., God first, family second, etc. However, such compartmentalization of the Christian life often results in a form of spiritual schizophrenia. We can set aside one or two days a week for worship and ministry, while the rest of the week is relegated to the world's standard of success.

A Jewish religion teacher said to Jesus, "Teacher, I will follow you no matter where you are." But Jesus said, "I, the Messiah, have no home of my own—no place to lay my head." Another disciple said, "When my father is dead, then I will follow you." Jesus told him, "Follow me now! Let those who are spiritually dead care for their own dead" (Mt. 8:19–22, TLB). Until the issue of lordship is resolved, the Christian life will always be a tug-of-war between competing loyalties. Paul said, "You are not your own, for you have been bought with a price; therefore glorify God in your body" (1 Cor. 6:20).



John Sebastian Bach wrote all his music *sub specie aeternitatis*. That is to say, he did not compose to please his benefactors, or to win the plaudits of an audience or a congregation. At the top of each score, he put two sets of initials: SDG—*Soli Deo Gloria* (to the glory of God alone), and JJ—*Jesu Juva* (help me Jesus).

As Albert Schweitzer points out in his work on Bach, these initials were no mere formula. "Music is an act of worship with Bach. His artistic activity and his personality are both based on his faith . . . All great art, even secular, is in itself religious in his eyes; for him tones do not perish, but ascend to God like praise too deep for utterance."

In Bach's own words, music "should have no other end and aim than the glory of God and the recreation of the soul; where this is not kept in mind, there is no true music, but only an infernal clamour and ranting."

What does it mean to glorify God? Jesus gave us an insight when He prayed in the Garden of Gethsemane, "Father, I have glorified Thee on earth by accomplishing what Thou has given me to do" (John 17:4).

Ultimately, we glorify God by doing His will. I've found that life is less complicated when I acknowledge His rulership over every area of life. I simply do what He tells me. I am no longer torn by a schizophrenic lifestyle or plagued by a neurotic need to be in control. You can live in a tax-free state!

*"Either Jesus is Lord of all, or He is not Lord at all."*

**U**ltimately, we glorify God by doing His will. I've found that life is less complicated when I acknowledge His rulership over every area of life.

# FireSeeds

VOLUME  
ONE  
ISSUE  
TWO  
SPRING  
1999

IGNITING OUR PASSION FOR CHRIST AND THE GOSPEL

## RAISING SPIRITUAL ISSUES WITH PATIENTS

*One challenge Christian doctors face is how to raise spiritual issues with patients. In this issue of FireSeeds, our staff interviewed Buck Reid, M.D., an orthopedic and sports medicine*

**FireSeeds:** Can you give a recent story about the results of witnessing to your patients?

**Dr. Reid:** Last Friday I spoke at a conference and met a man I had treated six years ago. At that time, I had the opportunity to lead him to Christ. He came up to me and said, "The best thing you did for me was to get me straightened out spiritually." He is still involved with his church and walking with the Lord. There's no greater joy than seeing someone like that.

**FireSeeds:** How do you prepare yourself for sharing your faith?

**Dr. Reid:** I ask God to bring people to me before I ever start the day. Then I look for opportunities to share my faith. I have a busy office so I can't just sit down and witness to everybody. I have a plan to reach my patients in the most natural and efficient way. If I don't feel like I'm hearing God, I'll pray before each patient. Sometimes I just take a break and pray.

**FireSeeds:** Explain your approach in bringing up spiritual issues with patients.

**Dr. Reid:** First, every patient gets one of Campus Crusade's *JESUS* videos and the evangelistic questionnaire that goes along with the video. I address the patient's medical problems first. Then when I finish, I give him or her the video and the questionnaire. I ask the patients to bring the questionnaire back to me at their next visit.

The questions it asks are designed to help the viewer respond to the video. The last question is: Did you pray the prayer at the end of the movie? Patient responses open the discussion to spiritual matters.

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**I** ask God to bring people to me before I ever start the day. Then I look for opportunities to share my faith.

*surgeon from Beaumont, Texas. He has been sharing his faith with patients for many years and is still excited about how God is using him to change lives. He has good suggestions for other medical professionals who want to know how to approach patients with the gospel.*

**FireSeeds:** What do you see as your spiritual role in your practice?

**Dr. Reid:** My first priority is sharing Christ with people. Medicine is second. But I've learned as I've gone along that my first priority for the patients is taking care of their medical needs. That's what they came for. Once I address their medical needs, I earn the right to talk about spiritual things.

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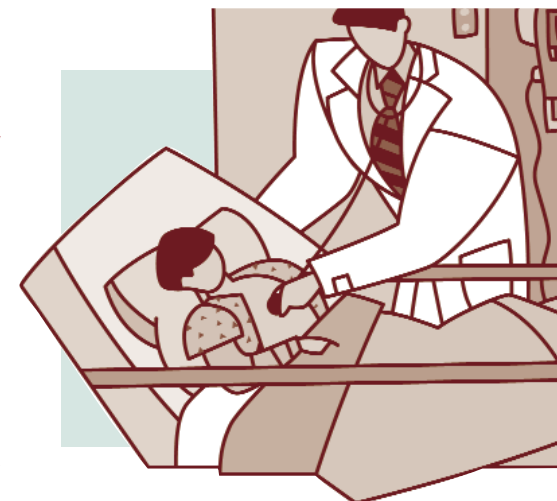
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## STRATAGEMS FOR SPIRITUAL CARE

BY HARVEY ELDER, M.D.

**C**harley wanted some Tylenol #3 for his headaches. (Tylenol #3, a codeine-containing tablet for severe pain, can be quite addicting.) I took an appropriate history, then started to examine his head and neck. The history and physical exam were consistent with tension headaches.

As my hands felt the tightness in his trapezius muscles, I said, "Charley, it seems as if you are carrying the burden of the world on your shoulders."

"I certainly am," he replied.

"You need something strong to help carry your burdens."

**I**f we, as clinicians, only numb anxiety, we become part of the problem! Only God can carry the burdens of the world. Humans cannot.

"That's why I want some Tylenol #3."

"Charley, that's not strong enough. You need something much stronger. Someone who will carry the burdens for you so you can be free!"

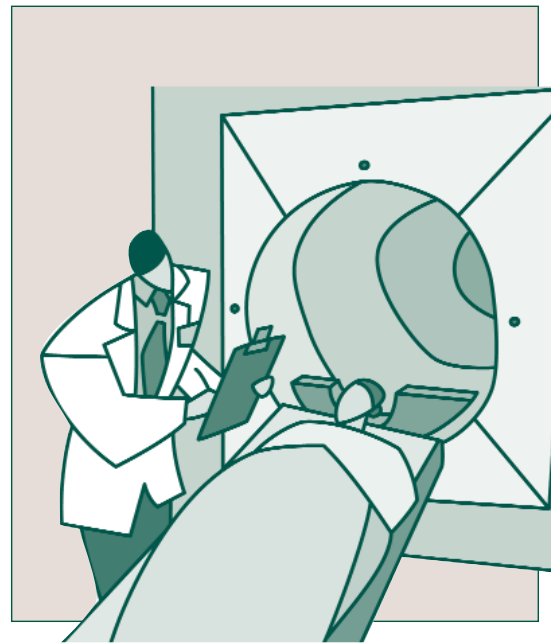
"You mean God?"

"Yes, I mean God!"

I reviewed some of God's promises and illustrated how they worked in my life. Charley, an occasional church attender, was comforted. But he was not ready to pursue a closer relationship with God. I took care of his other medical problems, prescribed Tylenol #3, and asked him to return at the appropriate time interval.

When people carry burdens that only God can handle, they get symptoms. Humans have neither the strength nor the wisdom to carry God's burdens! If we, as clinicians, only numb anxiety, we become part of the problem! Only God can carry the burdens of the world. Humans cannot.

Those who carry their burdens act as if they are gods! This is being "idolatrous." Serious! When we as clinicians merely suppress the anxiety resulting from idolatrous behavior, we join our patients in their rebellion against God. However, God has "committed to us the message of reconciliation" (2 Corinthians 5:19). He asks us to "call" our patients from their idolatrous behavior. By pointing



out the relationship between self-trust and symptoms, we help them understand the cause of their suffering, the etiology of their symptoms. If we only suppress their symptoms, we remove consequences, and patients miss the correlation between being a god and the anxiety caused headaches. God plans that the physical consequences of idolatry will call people to repentance. Heavy duty! As true prophets of Yahweh, we must speak truthfully about the relationship between trying to be gods and anxiety caused headaches.

I prescribed Tylenol #3 after I talked to Charley about reliable burdens, about the One who carries our burdens for us. When we don't offer Jesus to our worrying patients, we miss opportunities to see God effectively heal our patients; we miss opportunities to bless patients and expand the Kingdom of God. We also miss opportunities to be used by the Holy Spirit, who speaks God's words to His suffering children.

Narcotics did not control Charley's symptoms. Two weeks ago when I again saw him, his interest in spiritual matters had increased. God is still at work.

I want to hear from you. Critique these ideas; make suggestions. I want this column to be an exchange of experiences.

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## RAISING SPIRITUAL ISSUES WITH PATIENTS

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**FireSeeds:** When the patient comes in for a return visit, how do you approach spiritual subjects?

**Dr. Reid:** I ask patients if they have brought the questionnaire back. If they say they have watched the video or if they have a question or a comment, I pursue the subject. If a patient hasn't watched the video, I don't say anything unless I feel led by the Spirit. Instead, I silently pray that God will minister to them through the video at a later time. Just because patients haven't watched it yet doesn't mean they won't later. Some may give the video to someone they know or let their children watch it.

**FireSeeds:** What kind of answers do you get that help you know that you can proceed?

**Dr. Reid:** I ask patients if they're Christians and they'll hesitate and say, "Yes, but . . ." That's a lead. Or I'll say, "You're struggling some?" They answer, "Yes." Usually the reason they're struggling is that they've never been born again. Sometimes a patient comes in who's troubled about something. That gives me an opening to talk about the Lord. Sometimes I'll tell them I'm a minister. I have to be sensitive to the Holy Spirit and to the person I am dealing with. If you just care about the person and try to help him, that opens more doors than anything. I'm ready to back off if the patient doesn't express some kind of need. The biggest obstacle I have is religion. Most people who are established in some type of religion—whether it be Christian or otherwise—don't want to talk about the Lord. They'll say, "I'm fine," in such a way that they shut the door to more conversation about Christ.

**FireSeeds:** How often do you encounter someone who is ready to receive Christ?

**Dr. Reid:** Probably several times a month.

**FireSeeds:** What do you do when that happens?

**Dr. Reid:** I am prepared to lead them to Christ. I have a prepared gospel presentation, basically the *Four Spiritual Laws* booklet, but I use it differently depending on the

situation or on the person. I pray with everyone who has surgery. I also throw out little questions. Sometimes I'll just ask them if there's a spiritual issue that they'd like to talk about. Depending on their response, I'll ask them if they know Jesus, if they're a believer, but I don't proceed unless I'm led to or unless there's some kind of response that allows me to. If there's any kind of problem, like a patient comes in after a bad accident, I'll bring up spiritual things. If a patient comes in with a diagnosis of cancer, I'll bring up spiritual things. When I see them in the hospital, I'll ask them how they are spiritually.

**FireSeeds:** When you have a patient who responds to the gospel, do you do any follow up?

**Dr. Reid:** It depends on the patient. I see a lot of people from out of town. I'll send them back that way to whomever they know who's excited about the Lord. I say, "Do you know anyone who is a Christian that you hear talking about Jesus?" If I ask, "Do you know someone who's a Christian," they'll answer yes, but that person may not know Christ personally. But if I ask patients if they know someone who talks about Jesus or who has talked to them about Jesus before or encouraged them to become a Christian, then I encourage that patient to seek this person out. I point them in the direction of someone they already know. I also encourage them to go to church and read the Bible. I usually suggest something to read like the Book of John. If they live in my area, I invite them to my house for a weekly Bible study. If a patient asks where he or she can go to church, I'll invite him or her to my church. If they live outside Beaumont, I encourage them to find a church close to home.

**FireSeeds:** Do you see patients who respond after some time has passed since your first meeting?

**Dr. Reid:** Most of my patients come in, I see them, then they're gone. But I've had people I've been seeing for a year or two who are not open when I first meet them. Then something will happen in their life that will open the door and I'll be able to witness to them. Some patients may come in a for a new problem they have. It's only then that I get to minister to them. You have to be led by the Lord. Patients tell me all the time, "You're the first doctor who's prayed with me." "You're the first doctor that's talked about God." What a joy to be an instrument in God's work!

**TO ORDER JESUS** videos, call (800) 29-JESUS or e-mail your order at [order@JESUSvideo.org](mailto:order@JESUSvideo.org).



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