

Firesseeds

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igniting Our Passion for Christ and the Gospel

Mets in Retirement

One of the biggest transitions in life is retirement. Many people look forward to “taking it easy;” others would like to keep working but cannot because of health or other issues.



Doris Mallard, RN, Helen Meyer, RN, and Vera Miller, LVN, of Payson, Arizona, are retired nurses who have found a new excitement in their golden years. With the encouragement of Judy Hunt, MD, and Steve Ressler, MD, they attended the February 2000 METS conference in Southern California and learned to share their faith with patients.

Helen Meyer says, “I’m 72 years old, and in my day, people didn’t talk about the Lord. It wasn’t brought into the patient’s plan of care. We forgot about the patient’s spirit and soul.” Now the three adventurous women were off to learn how to share their faith in their golden years.

Before they left for the conference, all three nurses admitted to having little confidence that they could master the concepts and actually learn to witness to patients in a hospital or convalescent home. After a

career of service in the nursing field and meeting patients’ physical needs, they felt as if they weren’t as useful anymore. Yet attending a conference with so many highly educated people was intimidating to them.

Vera Miller explains, “The conference was going to be for practicing medical professionals. How can we learn from them?”

The three prayed together before they left for California because they didn’t know what would happen at the conference. They asked God to enable them to learn what He wanted them to know.

And they did learn. Helen Meyer explains how her experience enriched her faith, “It’s like stepping stones. The farther you go along, it seems like the closer the stepping stones are together. It’s a path God leads you on. [Learning to share my faith] has given me a freedom to step out and respond to so many things for many people.”

The women found the seminar sessions open and friendly. Doris Mallard says, “It was the most uplifting weekend I’ve spent in so long. The doctors took time to share the Lord with their patients in an ethical and caring manner and taught us how to do that too.”

Part of the training involved visiting patients with experienced workers. The night before they went out, the three nurses were anxious about the hands-on training. They each prayed individually and relied on each other for moral support.

They each were assigned to different teams visiting patients in a convalescent home.

Vera was very moved by her visit and described what it meant to her. “The weekend really empowered me. I always wanted to witness before I went to METS and I always felt it was my responsibility. But somehow I was always shy about barging into patients’ lives. Since the METS conference, I now go to the hospital and pray with people and am able to sensitively share the gospel with them.”

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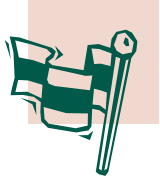
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from the President*



StrataGems for Spiritual Care

BY HARVEY ELDER, MD

On the way to your office or hospital, what are you thinking? What concerns occupy your attention?

Will I find a parking place?

Did I remember to lock the door at home?

Does our son's cough mean that he will become ill and I will have to pick him up in the middle of the day?

The bill for my malpractice insurance is due. Where will I get the money for it?

Recently, my nurse hasn't been keeping up. Will I have to replace her?

Mrs. Smith will call again and I can't bear the thought of talking to her! It is impossible to bring her monologues to an end.

The list could go on and on. Major and minor issues crowd our consciousness, clamoring for attention.

These are legitimate concerns, real issues. So what grabs your attention?

Let me ask a simple question. "Why do you go to the office or hospital?"

"My job is the way I get paid." Or "I'm a responsible person. I do what I agreed to do. I agreed to be present, so I am!" Or "I like my work. I look forward to it. It fulfills me. I enjoy the challenge." Or "I like the people with whom I work."

Are your reasons adequate? When weighed against the demands and harassment of providing clinical care, your personal sacrifice, the price that your family pays, the loss of sleep, and the ever-present threat of a mal-

practice suit, are your reasons adequate?

Regardless of how much satisfaction you get from your work with and for patients, at some point it will become "just a job." Of course, not you! I understand! That is what I use to think!

Then something happened that changed the way I practiced medicine and rescued me from weariness.

When I realized that each patient is precious and is God's child entrusted to me for medical care, I viewed my practice very differently. Now I enjoy medicine even more. I am personally more gratified than ever. I find it more challenging and satisfying. I



acquired a new "Boss." Although still responsible to insurance companies (to those who pay the bills such as the HMOs), I was freed from slavery to them. I signed on as God's slave. I am responsible to my heavenly Father. I have a divine assignment. God wants me to participate with Him in physical healing and to be His agent as He cares for my patients' "whole being."

My assignment expanded from the physical ("Tell me about your fever.") to every aspect of my patients'

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well being. “How are you doing?” became serious inquiry regarding my patient’s physical, emotional, social, religious, and spiritual well being. When patients immediately reply, “I’m doing all right,” now I look incredulous and ask again, “No, seriously, I really want to know how you’re doing.”

I face this simple problem: I am a super-specialist because I don’t have the emotive courage and wisdom to deal with the panoramic problems with which patients struggle.

So what has God done? He said, “Harvey, I want you to minister to every part of my child!”

“God, you must be kidding! I haven’t been trained to do that. I have neither the arrogance nor ego strength to step out and try something I haven’t been trained for and know for certain that I am qualified to do.”

God is persistent. He brought me through a long series of training exercises without the comfort of a fellowship. He simply said, “Just do it. I will show you and guide you.”

Now on the way to the clinic or hospital, I meditate: “Lord, what are you going to teach me today? Who are you sending me? What are their needs? Why are you sending them to me today? What is Your treatment plan?”

Frankly, I am scared. The responsibility is too great. I can’t do it; only God can do it. I need Him to do for me what He wants done. The only way that can happen is by acknowledging my great needs, submitting to His guidance, and asking Him to direct me. I must listen to God and to the patient as I take my history; I must observe God’s workings as well as the patient’s responses as I perform the physical examination. My impressions must include not only the physical illness, but also the emotional, social, religious, and spiritual brokenness.

Next time I will discuss in practical terms how I think about patients.

I am happy to hear comments and respond to your questions

After the conference, two of the women, Doris and Helen, developed serious health problems. They both feel that their recent hospital experiences not only drew them closer to the Lord, but also enable them to connect with patients in a deeper way.

The three women play a supporting role in visiting patients. They make themselves available to Drs. Hunt and Ressler to help fill the needs of patients. The retired nurses are informed of a patient need by telephone call. Then they call the patient to introduce themselves and receive permission to visit. Sometimes the patient is at home, needs transportation, is still in the hospital, or may even have some other need that the women can help meet.

All three women have found many ways to minister to different types of patients. Doris feels she has a gift for working with older women. Helen ministered to a woman who was not a patient but had brought her granddaughter into the clinic. Her concern for her granddaughter opened a way for Helen to discuss spiritual issues with her. Vera walks in her mobile-home park and stops in to visit people who need spiritual encouragement.

Wanda was a patient all three women got to know. She is close to 80, and the doctors were afraid she wouldn’t live through the night. Wanda had a Christian nurse named Susan who returned after her shift to be with Wanda during a blood transfusion. This kindness impressed Wanda so much that it opened the way for Helen to befriend her. By Easter, Wanda was visiting the church that all three women attend, and on Easter Sunday, she indicated that she had received Christ as her Savior.

Vera saw remarkable changes in the life of another woman who had a flippant attitude about God, addressing Him as the “man upstairs.” By the time this woman moved out of Payson because of ill health, not only did she talk about God in a more intimate way, but she had also reconciled with her sister and her son.

If you ask any of the three Payson Golden Girls what the METS conference means to her, she will explain how it transformed her ministry. Vera relates with tears in her voice, “It makes me cry that God can use me. A whole new ministry opened up for me. I feel more confident now. The training has enabled me.”

As the Golden Girls have discovered, serving God is the right thing to do at any age.

Upcoming METS Conferences!

Kansas City:
October 4—8, 2000

Southern California:
February 15—19, 2001

Thirty-one hours of CME/CEU available. Space is limited so finalize your plans today.
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Seed Thoughts from the President

BY YANG K. CHEN, MD

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Last summer, our family uprooted from California and moved to Denver. In retrospect I was not fully prepared for the transition. The energy required to settle into a new community, to help the kids adjust to new schools and friendships, to develop significant relationships in a local church, combined with the professional demands of starting a new practice and providing administrative leadership to an academic program, pushed me to the limits of my physical and spiritual endurance.

Many days, I was totally exhausted, unable even to bring myself to check my voice mail or return another phone call. As the number of incoming messages exceeded my ability to keep up, much less to respond to them, unidentified e-mails were simply deleted, unopened. Letters and memos were often neglected for weeks at a time while waiting for that elusive hiatus when I could “get caught up,” perhaps over a weekend, if I was not on call.

By the time I had covered all the bases with those who daily looked to me for leadership, assistance, support, or guidance, I had little energy left to focus on myself.

Through the fog of extreme weariness, I saw opportunities to make inroads into the lives of those

who crossed my path in the neighborhood or at the work place. Yet, more often than not, I found myself too physically and emotionally spent to follow through on those who expressed spiritual interest.

Spiritually, I was running on empty.

About two-thirds of the way into the 26-mile Boston Marathon, participants encounter Heartbreak Hill, a long and tortuous climb through the streets of Newton, Massachusetts. At this point in the race, the best runners break away from the pack, while lesser athletes are tempted to give up.

Realizing that Heartbreak Hill is where the inner battle will occur, experienced competitors learn to prepare themselves mentally for this part of the race. The racers must run the first seventeen miles with this in mind. To be a winner, a runner must know how to harness the kind of reserve mental energy needed, to parcel it out at critical junctures in the race, and to restore that inner source of power as it is depleted during the race.

The Christian life is more like a marathon than a 100-yard dash. We must enter the race for the distance, not just for the easy part of the race. The wise spiritual athlete is one who knows how to look ahead, to anticipate the places where fatigue—the loss of spiritual passion—is likely to set in, and to pace himself accordingly so that he will not become disqualified.

What causes us to lose our vitality? When we do, how can we spiritually “refuel” ourselves?

As I considered what transpired during the move and after to make me “run on empty,” I recognized several conditions that can make us run out of spiritual gas. As a physician, I have a drive that can cause problems for the distance run. This good quality can also cause problems. If I’m not careful, I can lose my spiritual perspective.

I’m sure you have experienced this same lack of vitality in your busy life.

In the next issue of *FireSeeds*, I will address these concerns. Perhaps what God is teaching me will be useful for you also.



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