

Voice



September 2013



Volume 11 : Issue 3

The Journal of the Evangelical Medical Fellowship of India

Voice

Voice is produced with the intention of inspiring, igniting and initiating thought, prayer and action. Your views and responses are crucial to this process. Please e-mail your responses, rejoinders and reflections to

voice.emfi@gmail.com

The author of each article is responsible for the point of view expressed, which may or may not represent the official position of the EMFI

The Editor

Dr. Anna Mathew, Kolenchery

The Editorial Board

Mr. Andi Eicher, Thane
Dr. James Zachariah, Vishakapatnam
Dr. Chering Tenzing, Hebertpur
Dr. Santosh Varughese, Vellore

Acknowledgements

Printing: Mr. Timothy Velavan, Vellore
Cover photo: Dr. M C Mathew

Address

The Editor, Voice, EMFI, 4th Floor,
Rainbow Vikas, 9, Varadarajulu Street,
Egmore, Chennai 600 008.
Tamil Nadu, India.

No	Contents	Page
1	Editorial	1
2	The Joys of Life at Duncan Hospital	2
3	Quotes from Community and Growth	4
4	Relating to the Mentally Ill	5
5	Our Relationship with the World	9
6	The Ethics of Caring	11
7	Lights and Shadows	17
8	Relationships Bring Fullness to Life	21
9	A Time to Laugh...	29
10	Crossword 11:3 - Relationships in the Bible	30
11	The Raphah Bible Study	32
12	Christian Doctors Testify about Healing	34
13	Sheltered Rest	35
14	Find the Hidden Books of the Bible	35
15	The Authors	36
16	Answers to Crossword 11:3	36
17	The Parable of the Cookie	Back cover
18	Leonardo da Vinci's "Last Supper"	Back cover

The voice of one calling in the wilderness;
Prepare the way of the Lord; Make
straight in the desert a
highway for our God.
Isaiah 40:3.

Editorial

Kolenchery

September 2013

Dear friends,

This issue of Voice is on the theme "Relationships". Meaningful relationships at home, at work and in the community are a fruit of abiding in Christ. We become mindful of others when our fragmented lives are restored to "wholeness" by His work of grace. It is this 'wholeness' in our inner person, which enables us to relate meaningfully to others as peacemakers (*Matthew 5:8-10*), people-builders (*Ephesians 4:28-30*) and problem solvers (*Galatians 6:1-3*), despite external contradictions and pressures.

The American journalist, Sydney Harris, tells a story that illustrates that we can be kind even when we are provoked. One day he was accompanying his friend to a newsstand. His friend greeted the news-man very courteously, but in return received gruff and discourteous service. Harris' friend accepted the newspaper which was pushed rudely in his direction. He smiled politely and wished the newsman a nice week-end.

As the two friends walked down the street, the journalist asked: "Does he always treat you so rudely?" "Yes, sadly he does." "And are you always so polite and friendly to him?" "Yes, I am." "Why are you so nice to him when he is so unfriendly to you?" "Because I don't want him to decide how I'm going to act."

Wise people realise that we can find the inner resources to "act" rather than "react" and so we are not at the mercy of the pettiness, the meanness, the impatience and the anger we come across in daily life. With the immense resources available to us in Jesus, we are enabled to be "just and merciful" as He wants us to be (*Matthew 23:23*).

Paul Tournier (1898 - 1986) the Christian physician from Switzerland is acknowledged world-wide for his work in pastoral counselling and approaching people in a 'wholistic' way. In his book "To Understand Each Other" he says, "Listen to all the conversations of our world, those between nations and those between couples. They are for the most part dialogues of the deaf. Each one speaks primarily in order to set forth his own ideas, to justify himself, to enhance his position and to accuse others. Very few exchanges of viewpoints manifest a real desire to understand the other person."

We as Christian doctors, living out of the fullness of life that Jesus brings (*John 10:10*), can counter this trend. We can create time and space for others and not spend all our time with our own interests. We can stop and listen to people and be blessed by their stories. We can allow interruptions in our busy schedules to help those in need. Let us make use of the myriad opportunities we are given each day to be "present" to people around us and so to become peacemakers, people-builders and problem-solvers.

We on the editorial team look forward to receiving your responses. Your comments and reflections on the issues raised here will add depth and perspective to the dialogue that 'Voice' initiates - so do write back. With all good wishes

Anna



The Joys of Life at Duncan Hospital, Raxaul

Steve George



My name is Steve George and I belong to the batch of 2004, the third batch from Pushpagiri Medical College, Thiruvalla, Kerala. I have many fond memories of college life and I do miss those days.

I would like to share what I have been doing after my college days. As you all know, 99% of medical students are convinced that after they complete internship, the next step is to take time off to prepare for post-graduate entrance. Hardly anyone decides to work because, the firm assumption is that, the more you delay, the more difficult it is to qualify. However this is a myth, because we know many do get a post-graduate seat after compulsory rural service or fulfilling sponsorship obligations.

Like them, I too decided to work after internship, and that too, in a mission hospital in North Bihar. Looking back, I think, this was one of the best decisions I have ever made!



The Duncan Hospital, Raxaul, Champaran, Bihar.

There were some good reasons for choosing this hospital. Firstly, I wanted to work in a needy area, where there were few doctors. I believe that Kerala has enough and more!

Secondly, I wanted to work in a hospital providing good clinical care so that I could improve my clinical skills and also discover which area of clinical medicine I should take up. Unless you work in all the departments, you really won't know what your strengths and weaknesses are.



The main road in Raxaul.



Ward rounds in the medical ward

You can plan the area you want to specialise in, based on what you learn about yourself as you work.

Some may argue that during internship, you have an opportunity to work in all departments, but, I think that is not adequate. The mission hospital gives you a much wider exposure and opportunity for patient care.

Thirdly, I had agreed to work in a needy area for a year after internship as a part of a verbal agreement made for receiving the Eapen's Scholarships during my MBBS days.

I had been to visit Duncan hospital in Raxaul in 2008, during my final year. The life, work and dedication of the doctors there inspired me to work in a place such as this. So, though the salary was meagre, I decided to work in this 200 bedded secondary hospital called "The Duncan Hospital" in a place called Raxaul, near the Indo-Nepal border in North Bihar.

I was soon joined by one of my dear friends from college, Dr Novin Chacko John. In the year and a half that we have worked here, we have seen how remarkably our clinical skills have improved since we came.

The clinical experience I have had has been truly amazing. I feel grateful

that I can manage a good number of common conditions with a measure of confidence, by God's grace.

I had the opportunity to work in the departments of surgery, obstetrics and gynaecology, internal medicine, neonatology, anaesthesiology and paediatrics. I also had the opportunity to do the Family Medicine distance education diploma course from CMC, Vellore. I found this programme extremely useful for someone who works in a secondary level hospital.

More than anything else, I had the privilege of working in an entirely new situation. I learnt a new language, learnt to take independent decisions and was taught by highly qualified doctors both from India and abroad. In fact, I was taught the Caesarean section by a German obstetrician, Dr Diana Plattner, and have had the opportunity to perform about a 100 Caesarean sections by God's grace without any major complications.

The doctors who work in this hospital are our role models and they have now become our mentors. They may not have an enormous bank balance by working here, but the satisfaction of serving people who are really disadvantaged in every way can be truly seen on their faces.



Duncan Hospital, Raxaul Facilities: A. Intensive care unit B. Operation Theatre C. In-patient Ward

They are not called heads of departments, though they run the services of the hospital beautifully and work well together. They are not designated professors though they are constantly teaching their juniors and the visiting students. In fact, even though they are deeply motivated, highly qualified and extremely skilled, they are little known outside mission circles. Yet, they are quietly making an impact on the people they care for and a whole lot of others like me and Novin.

It is my desire to work in such a hospital, making an impact on people. Being a part of the community at the Duncan hospital, makes us feel we belong to a big family not only in India, but all over the world. Even though we are miles away from our native places we feel at home here.

The wonderful fellowship of godly people around us keeps us in tune with God and makes the seemingly

hectic life a meaningful experience. To an extent, I can say that no amount of money can buy the satisfaction we get in caring for the poor and the marginalised. There is a quality to life that brings inner peace and life has a meaning and purpose.

Last January, I got married to Merin Varghese who is also from 'Pushpagiri Medical College and we are happily working together as a family in this place. We are not sure how long we will continue here, but it is our desire to be of blessing to the people around us wherever we are.

We don't know how much we can change the world around us, but this experience has changed us. We pray that, God may guide many during the decision making time to choose to work in mission hospitals where they will both learn clinical medicine and also be transformed through the life and fellowship in the hospital.



Community and Growth

Community is a sign that love is possible in a materialistic world where people so often either ignore or fight each other. It is a sign that we don't need a lot of money to be happy - in fact, the opposite.

When people love each other, they are content with very little. When we have light and joy in our hearts, we don't need material wealth. The most loving communities are often the poorest. If our own life is luxurious and wasteful, we can't approach poor people. If we love people, we want to identify with them and share with them.

Love doesn't mean doing extraordinary or heroic things. It means knowing how to do ordinary things with tenderness.

Jean Vanier in "Community and Growth"

Relating to People with Mental Illness

Kuruville George



We are tempted to keep away from people with mental illness because of the reactions they evoke in us. Some common responses to people with mental illness are

- *fear and suspicion
- *dislike and disgust
- *anger and rejection
- *amusement
- *distrust
- *sympathy and pity

However as Christians we are called to treat them differently, with compassion. I would like to share with you some pointers to help us in dealing with people with mental illness.

1. Be a good listener

Hearing is a term used to describe the physiological sensory processes by which auditory sensory responses from the ear are transmitted to the brain. Hearing is a natural process and requires little effort. Listening on the other hand is a complex psychological process by which the person makes sense or understands the auditory impulses. Being a good listener requires our attention and active involvement. Listening is hearing with understanding and concern.

In the book of James we are exhorted to be slow to speak and quick to listen *James 1:19*.

To be good listener of people with mental illness we need the motivation to listen. Every person is a human being made in the image of God. What each person has to say is important to them and worthy of being listened to with empathy and without any form of pre-judgement. We can convey our concern and interest by focusing our attention on what is being said and making good eye contact with the person.

2. Accept people as they are

People with psychiatric illness are not the most attractive people and therefore they are often shunned by society in the same way as the lepers were treated in Old Testament times. When God looks at us, he finds us unattractive, imperfect, sinful and dirty and yet He has accepted us as we are with all our moles and warts. He loves us so much that he sent His only son to die for us. When this reality grips us, we will be able to accept others as they are with all their problems and faults without judging or condemning them.

Being a good listener requires our attention and active involvement. Listening is hearing with understanding and concern.

It is easy to develop a judgemental attitude when we deal with people with mental illness. We need to learn to hate sin and not the sinner.

I am reminded of the Christian psychiatrist who kept a stone and a rusty nail on his table. When asked, he said that the stone was to remind him of the story of the woman who was brought to Jesus after having been caught in the act of adultery. Jesus said to the men who wanted to stone her, "Let him who is without sin cast the first stone." The rusty nail reminded him of the love of Jesus for him, that was displayed on the rugged cross.

It has been found time and time again that the most important aspect of any counselling therapy is not the type of counselling but the relationship the therapist builds with the patient. It is only when the person feels accepted that there will be any self-disclosure or meaningful sharing.

3. Learn to Empathise

Empathy enables us to feel with people who are suffering. Sympathy is feeling sorry for someone who is suffering while empathy is attempting to think and feel like the person who is going through the suffering. There is no real communication till we learn to communicate at a feeling level.

4. Distinguish Cause from Symptoms

We need to know and distinguish the difference between the cause and the symptoms. For example, we may come across people who are very shy and sensitive. They have developed this behaviour of avoiding being with people, because of some cause in their childhood. This could have been a very strict father who was always judgemental and negative. This would have resulted in the person having a very poor self-image causing the shyness and over-sensitivity. When helping the person we should concentrate on the cause rather than the behaviour. Causes like the roots of trees can be hidden and we will understand the person better if we keep this in mind. We read in Isaiah " ... he will not judge by what His eyes see, nor make a decision by what his ears hear" *Isaiah 11:3*.

5. Decide to keep Confidence

When we listen to people, we are often entrusted with personal and intimate details and we are honour-bound to keep what is committed to us in confidence. This is a sacred trust and we do not have the freedom to share the details even with another Christian for prayer without the prior permission of the person concerned. If we break confidence, the person is not likely to trust us again.

It has been found time and time again that the most important aspect of any counselling therapy is not the type of counselling but the relationship the therapist builds with the patient.

We read in Proverbs, “A gossip betrays a confidence; so avoid one who talks too much”. *Proverbs 20:19.*

6. Be Balanced.

As Christians we have the tendency to spiritualise all issues when people who have mental illness come to us for advice. We feel that we need to have all the answers and should be giving advice or offer solutions to all the person’s problems. There may be some who need our advice and others who need their problems solved by others. However there are many who just need a listening ear and some understanding of what they are going through.

It is best if people are enabled to find their own solutions to their problems. This will help them to learn to face similar problems in the future. It also builds confidence that they have the resources to solve their problems.

Many already feel guilty if they have done something wrong and they do not want to hear words of condemnation but of forgiveness to release their guilt and suffering.

There are others who may need correction in love. We should not jump to conclusions or give pat answers. This is where we need to listen and pray for discernment to lead them on to find their answers.

A gossip betrays a confidence; so avoid one who talks too much. *Proverbs 20:19.*

We should be careful not to over-spiritualise and quote numerous Bible verses without reference to the situation of the person. Appropriate Bible verses at the right time and in the right context may be helpful and this is where we need to be sensitive to the leading of the Holy Spirit.

7. Wise Use of questions

The wise use of questions can often help to bring the problem out into the open and also help the person to come to understand the problem and find solutions. Listening carefully will bring up appropriate questions that will help the person to move on.

We should not ask questions to satisfy our own curiosity but out of a genuine interest to enable the person to find the way. This is why we should avoid asking too many “Why” questions.

It is best to ask questions that are open ended and not questions where the person can respond by saying just “Yes” or “No”. An example would be “How did you end up behaving the way you did?” rather than “Did you behave badly?”

It is best if people with problems find their own solutions to their problems. This will enable them to learn for the future when similar or other problems face them. It also builds confidence that they have the resources to solve their problems.

It is also good to avoid asking either/ or questions and instead to ask more indirect questions such as, "What do you think could happen when you behave the way you did"?

The person needs to reflect on the question before answering and so allow enough time. Avoid asking a series of questions one after the other and when the person answers, reflect back a summary of what has been shared, thus clarifying issues. Avoid giving advice and instead help the person to think the issues through in an atmosphere of genuine interest and concern.

8. Watch your body language

Communication consists of verbal and non-verbal components and often the non-verbal component is more important. Any message between two people consists of three parts, the actual words, the tone of voice and the non-verbal behaviour. Research suggests that the actual words convey only around 7% of the message, with the tone of voice conveying 38% and non-verbal behaviour about 55%. Thus, it is often not what we say but how we say it that matters

We need to be aware of non-verbal messages that we are giving out that may be incongruent to what we say. When there is incongruence, people will believe the non-verbal messages more than the verbal.

If we tell someone, who is talking to us, that we care but keep looking away at what is going on around, then the non-verbal communication, is often believed by the person. This may restrain the person from sharing what he is going through, as he feels we are not paying attention.

We need to be conscious of cultural differences, but on the whole it is good to sit at a ninety degree angle from the person and to have direct eye contact during communication. Avoid fidgeting with the hands or having the arms folded while talking. Be relaxed and still and inclining forwards slightly towards the person.

9. Know your limitations

It is going to be impossible to help everyone and we are not expected to. Even Jesus did not heal all the sick in Judea or Samaria where he ministered. He took upon Himself the limitations of time and space when He took on His earthly nature.

It is essential when we are helping people with mental health issues that we recognise our limitations and know when to refer the person to someone who is better trained or experienced. Otherwise we may end up doing more harm than good. In some instances these efforts have ended in disasters. It is not a failure to refer people for professional help.

We can tell the person that we can still listen to them but that they need

Communication consists of verbal and non-verbal components and often the non-verbal component is more important..... Thus, it is often not what we say but how we say it that really matters.

to receive help from someone who is better able to help. People will respect our honesty and even after we refer people to others, we can still continue to show our love and concern to them in several ways.

10. Humility

People who are helped will naturally be grateful. We need to be careful not to take the credit due to God. St. Paul in his epistle to the Corinthians

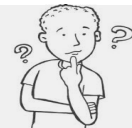
says, "What do you have that you did not receive? And if you did receive it, why do you boast as though you did not?" *1 Corinthians 4:7.*

We are God's instruments and it is a privilege to be in partnership with God in the healing ministry. Healing comes from God, ultimately and the glory belongs to God and God alone. When people who are helped come to praise us or honour us let us point then to the Lord.



Our Relationship with the World.

Mathew Peedicayil



As the world of medicine changes, doctors are often caught in the midst of the change - pulling them in different directions. On one side we have rapid technological advances in Medicine, and at the other end we have the human side of Medicine, with its changing paradigm of relationships between the various so called "stakeholders", to use a current term for the people involved either directly or indirectly.

How can we, as Christian doctors relate to this changing scenario?

Are we called to relate to our patients, or are we expected to relate to the various other people who form part of the medical scene, including the diagnostic centres, speciality hospitals, pharmaceutical companies, drug distributors among others.

Let me give you an example from my own experience as a physician in private practice in Mumbai, the

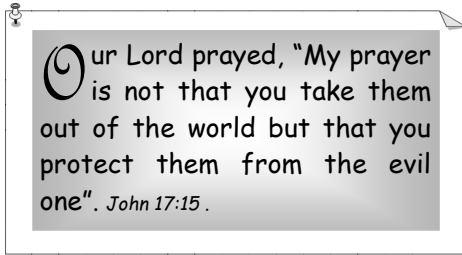
commercial capital of our nation. This is specifically about my relationship as a Christian doctor to the diagnostic centres to which I refer my patients for imaging.

Over the years, the advances in diagnostic technology have meant that diseases can be identified earlier and with greater precision. These facilities, while being expensive, are also becoming more easily available, as people invest in them for profit.

If I as a doctor have to choose between two diagnostic centres both equal in terms of technology, which would I choose? Of course, here the human side of medicine surfaces.

I am sending you out like sheep among wolves, therefore be shrewd as snakes and innocent as doves.

Matthew 10:16.



Which of the doctors is the better in interpreting the results of the diagnostic tests? Other factors like economics must be considered. Where is the test cheaper? Does cheaper mean a compromise on the results? Now if all these factors are similar, what would be the deciding factor to choose a particular centre?

Here lies the catch. Do they offer some incentives? Incentives! What do you mean by incentives? Money... gifts... favours. The fact is, these diagnostic centres, intent on getting business from clinicians, woo the doctors by offering incentives.

The nature of these incentives, and how clinicians see them, are two subjects which I will touch in a little bit of detail here. Usually the incentive offered to the referring doctor is a percentage of the patients' bill. It is up to the clinician what to do with this money. If a clinician has no qualms about accepting such income, he will take it. We must remember here that the Medical Council of India stipulates that it is illegal to offer or receive monetary inducements.

I asked my local pastor for wisdom and we prayed that I may be able to find a way out of the predicament of receiving unlawful remuneration.

I then communicated to the various diagnostic centres, where I send my patients for their investigations, to do something different. I would not receive the money but if they wished to part with that money they could donate it to help patients in need.

I introduced them to a genuine local charitable trust known to me. I have given them the option to make a cheque of whatever amount they would have given me, and pay it to this charitable trust. This trust helps my poor patients, who apply in their prescribed form for financial aid and cheques are made out in the patient's name by the Trust. Over the last many years, the results have been amazing, and lakhs of rupees have been given to genuinely needy patients. Praise God for this.

In return, the diagnostic centre gets a receipt with an 80-G certificate, and receives the satisfaction of having helped poor patients, in a legally acceptable matter. Let the glory go to the Lord alone.

Daniel and his friends purposed in their hearts that they would not defile themselves and God showed them a way to transform the difficult situation for His glory. Though they were given only lentils to eat and water to drink they showed up better than those who ate the king's meat and drank his wine. *Daniel 1:8-16.*

I pray that this testimony proves to be an encouragement to you too, as you relate with the world around and seek to find ways to live uprightly.



The Ethics of Caring

Gill Mathews



Caring is a living expression of God's character of love and should be highly valued. People who need care should be seen as an asset to the community rather than a burden. 'If caring were enough, anyone could be a nurse' read a 1990's American nurse recruitment advertisement. It promoted nursing as an intellectual, science-based profession rather than a caring-based profession. The implication is that caring is no longer valued within our society.

Why care?

Caring is seen as something all healthcare professionals do. But young people appear to be increasingly reluctant to enter these careers, partly because they lack glamour and excitement and because they are also often poorly paid.

This could eventually lead to a growing disregard for the weak and helpless who are unable to contribute to a nation's wealth and productivity.

Unless caring becomes important we could end up in a society where we fear old age or sickness, because we know we won't be cared for. The question 'Why care?' is worth asking because it reveals the different ways that people approach ethical issues.

Let us look at possible ways to complete the sentence, "**It's right to care for people because...**"

All the options look alright at first, but a closer examination reveals some potential problems.

It's Right to Care for people because...

a. ... it's a natural human instinct

This suggests that caring comes from a combination of hormones and the memory of being cared for as a child. The most obvious example of this is the natural protective instinct most parents feel towards their children.

The American feminist philosopher Nel Noddings is so convinced of the existence of this natural instinct, particularly amongst women.

Let us look at possible ways to complete the sentence,
"**It's right to care for people because...**"

- ... it's a natural human instinct
- ... I'm a naturally caring person
- ... it ensures human survival
- ... it gives me satisfaction
- ... it could be me one day
- ... it expresses God's love



She has argued for a complete ethical system based upon it. She proposes a feminine emotion-based approach to morality, as opposed to the masculine reason-based one.

[Noddings N. Caring; a Feminine Approach to Ethics and Moral Education. Berkeley Los Angeles; University of California Press. 1984].

The problem is that simply being natural does not necessarily make a feeling right. A doctor may have a 'natural instinct' to ignore a rude smelly patient, though if she cares, yet she will still respond to the patient's needs.

b. ... I'm a naturally caring person

This suggests that while you feel drawn to care, you don't think that others necessarily need to share your feeling. In fact, this argument is more often run from the opposite viewpoint: 'It's right for them - they have naturally caring personalities'.

Most of the people who care for the sick in hospital and at home are women. Can men legitimately argue that they are let off the hook because they are not naturally caring?

c. ... it ensures human survival

This says that caring is driven by a sense of evolutionary self-interest. Human survival is the primary ethical value and we control and work out our own evolution *[Simpson GG. The Meaning of Evolution. New York Mento Books. 1951, p149].*

What does this say to the mother who devotes years to the care of her severely handicapped child? This act of caring will not further the human race. So was her care misplaced?

Surely, the best way to promote the survival of the human race is to look after healthy people and not to care for the sick or dependent at all?

At its extreme, this could lead to the extermination or enforced sterilisation of any with apparently 'faulty' genes, to control our own racial evolution.

d. ... it gives me satisfaction

This is another self-centred view of caring. The person does it because they gain satisfaction. For many the satisfaction comes from a sense of personal development. Nursing training often has a maturing effect on students. They learn to respond to serious real-life situations, and many nurses find their jobs are satisfying.

However, this lacks any compulsion to care. You could claim that if you don't want the satisfaction of caring, you don't have to do it.

And what of the person who has to provide care to the point of exhaustion? Isn't this caring, even if it could hardly be called satisfying?

e. ...it could be me one day

This motivation to care comes from our anxiety that we could be in a similar situation ourselves one day and would want to be cared for. So it is in our best interests to perpetuate the ethic of caring.

However, this does not provide us with any moral imperative to care for those who are in situations we are highly unlikely to end up in ourselves. For example, why care for drug addicts if you are not a drug addict yourself?

f. ...it expresses God's love

It's easy to say, 'it's right to care for other people, just because it's right'. But where does this assumption come from? Could this moral instinct have come from the God who created you? The Bible says that God is good. 'Give thanks to the Lord for He is good, His love endures forever' *Psalm 106:1*. But what then is love? At the heart of the Judeo-Christian religion is the belief that God shows his love for people by caring for them. People are called to care for each other as an expression of God's love.

All people are made in the image of God - in many ways we are like Him. This applies even to people who are easily dismissed either through age or disability. On top of this the Bible shows that God's son Jesus died for all human beings, even the most unlovely. If God cares for every human being, and if we are made to be like God, then we are made to care for each other.

The father of British medicine, Sir Thomas Sydenham, also pointed out that a doctor 'must remember that it is no mean or ignoble animal that he deals with. We may ascertain the worth of the human race, since for its sake God's only begotten Son became man and thereby enobled the nature that He took upon Him.' *Sydenham T (1668). Ideals in Medicine. Ed. Edmunds V Scorer, Tyndale Press, London, p155.*

All people are made in the image of God - in many ways we are like Him.

Here we find a consistent ethical basis for caring. The act of caring is 'right' in all circumstances, because the moral imperative and equipping come from an external authority, God

What does it mean to care?

There are several options to consider

A. Comfort or Cure?

Curing people sounds exciting. Simply providing comfort like food, personal hygiene and pain relief is much less glamorous.

Consequently, money is allocated to research into potential cures for disease in preference to comfortable beds or appetising food for patients.

Sometimes terminally ill patients suffer discomfort in the pursuit of a cure. If the treatment only prolongs the patient's life for a few months, but makes those months a miserable experience, is this caring?

Care is different from cure. Care considers the needs of the whole person - cure just treats the disease. From the Christian worldview, it is clearly not wrong to desire cure. For example, Jesus felt compassion for the two blind men He met near Jericho who asked to be able to see and He cured them *Matthew 20:29-34*.

Jesus died for all human beings, even the most unlovely. If God cares for every human being, and we are made to be like God, then we are made to care for each other.

But we try desperately to find a cure because we don't want to face up to the hard truth that we are mortal. Illness, ageing and death may be kept at bay, but they will never go away. Caring needs to occur whether or not there is a cure.

B. Dependence or Independence?

A person can become too dependent on care and end up being dominated by the carer. This could arise from the person being unwilling to help themselves, or from the carer having a desire to feel needed. Most rehabilitation programmes aim to give maximum independence. However, if a person can't become independent, he or she could end up feeling worthless or a burden.

God created us to be interdependent. For example, God created Eve with the words: 'It is not good for the man to be alone. I will make a helper suitable for him'. *Genesis 2:18*.

The idea of interdependence may make us flinch. We attach so much value to independence that it appears to be an insult to be referred to as a helper or in need of help. When interdependence is working well, caring can be seen as enabling each other to live the fullest possible lives.

C. Professionalism or self-giving?

For many healthcare professionals caring is part of a professional response. A nursing care plan, for example, itemises a series of interventions that promote the best interests of the patient. Caring is moved from the sphere of morality into one of professionalism. To be uncaring is to be unprofessional rather than immoral.

Some argue that professional care is a service that needs to be provided as efficiently and effectively as possible, where one stranger with resources helps another stranger in need.

In this case it ceases to be the response of compassion from one human being towards another. Professional bodies become the ultimate reference point for 'right and wrong' behaviour. The ultimate fear is to be disciplined or struck off their register. This gives enormous power and responsibility to the governing bodies as they define what is right and wrong behaviour.

Being caring also becomes restricted to people in the caring professions.

Exercise

Which media influences you most? TV, magazines, teaching materials etc. How highly does that medium promote independence?

How often are interdependent relationships portrayed, as opposed to individual achievements?

How often are the mentally or physically disabled featured in a positive light, without focusing specifically on their handicap?

However, even they, once home from work, rid themselves of any obligation to care. Obviously a desire to be professional is praiseworthy. But as a sole motivation to care it could reduce patients to objects of professional practice, rather than fellow human beings in need. It strips caring of any notion of love. Jesus set a model of caring that goes beyond the demands of professional requirements. He showed that caring is an expression of self-giving love, deriving from God's character of love.

D. Quality or quantity?

In a society with many elderly people and life-support technology, the question of quality as well as quantity of life has become an issue of debate. Is it still 'caring' to sustain the life of someone who is in a persistent vegetative state, unable to move, eat, speak, wash themselves or apparently to respond to others?

Jesus set a model of caring that goes beyond the demands of professional requirements. He showed that caring is an expression of self-giving love, deriving from God's character of love.

Should we aim to increase the quality or the quantity of a person's life?

One of the problems is measuring quality of life. Various systems have been tried, but they all tend to value people by asking how much they can achieve. A treatment is then measured by how much extra achievement it allows the person.

From a Biblical perspective, quality of life has far more to do with our spiritual lives, God's relationship with us, than it has to do with physical disease or limitations.

Consider this...

In the healthcare profession, would you be biased towards the patients who fit the following criteria?

- * People who will be restored to being productive in society?
- * People who are not convicted criminals?
- * People who are good-looking?
- * People who are our own relatives?
- * People who are patients under our care?
- * People who have not brought their illness upon themselves?

In response to a question about whom we should care for, Jesus told the story of the good Samaritan who cared for a Jewish man who had been beaten up. *Luke 10:25-37.*

The high value of human life comes ultimately from God's desire to have a relationship with us regardless of our capacities. This can transcend physical disease or even severe disability. Therefore the actual or potential relationship with God needs to be taken into account when assessing 'quality of life'. Giving quality care also means providing appropriate care. It may not be possible to keep a person alive, but it may be appropriate to care for him or her at home or in a hospice, rather than a hospital.

Who should we care for?

This is the big question of resource allocation today. Should we use medical or social criteria? It is easy to disapprove of the idea of using social criteria, but medical criteria often merge into social criteria. Well-educated and affluent patients have the best chances of looking after themselves or their children. There may be no point in starting a treatment if the patient is not able to keep up with all of its demands.

Care defends the defenceless

The Bible warns that if we ignore God we will tend to ignore the needs of the most vulnerable and defenceless in society. The prophet Isaiah rebukes Israel: 'Seek justice, encourage the oppressed. Defend the cause of the fatherless, plead the case of the widow' *Isaiah 1:17*. Who are the 'oppressed' and the 'defenceless' in our society? The poor, the homeless, people who are frail, disabled or aged, unborn babies?

People who are frail and elderly? These are the people most likely to be unjustly discriminated against in the distribution of healthcare resources.

Who cares?

How can we meet the Biblical demand to care for all? Resources are finite, and the demand for healthcare will always exceed them. If the example of Jesus' caring is one of self-sacrificial love, are we not placing an enormous burden on the already over-stretched caring relatives and professionals, expecting them to 'go the second mile' when they are close to burnout themselves?

Perhaps the first step is to campaign for more national resources to be used in all aspects of caring, even at the expense of increased taxation.

Secondly, the whole community should provide 'care in the community'. We need to protect aspects of life that build communities and find ways of rebuilding a sense of community in areas of cities, towns and countryside where the drive to supply individual choice and privacy has destroyed it.

Far from being seen as a burden, the sick and vulnerable should be seen as a gift to all of us to learn how to care and to give the unconditional love to others which God gives to us. If we learn to care for them, as we would like to be treated ourselves, we need not want when it is our turn to be dependent.

CMF File No. 5 (1999) - The Ethics of Caring. Written by Gill Matthews .
Copyright CMF. Used with kind permission from CMF.
*This series arose out of discussions within the Medical Study Group of the Christian Medical Fellowship, UK.
The views expressed in these papers are not necessarily those of the publisher.*

Lights and Shadows

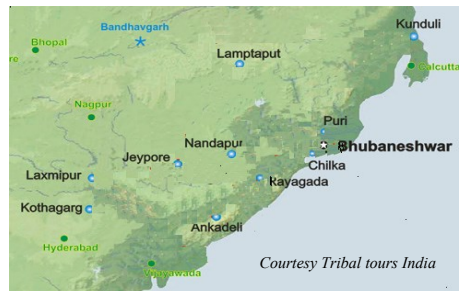
Arun Gowtham



He opened his eyes, looked at me and smiled. Eight year old Bhagat* was lying in the second bed in the paediatric ward of Ashakiran Hospital, Lamptaput, Odisha.

The scene was quite different a few days earlier. Brought from a distant hamlet called Badigod, he was the older son of a family who were finding it hard to make both ends meet. Badigod had just begun to taste the fruits of development. Mobile networks had intruded the air space; roads now connected the little hamlet to the social mainstream. Bikes, cable television and urban commodities had found their way to this remote part of tribal Odisha. However, this family could not enjoy this progress.

As if poverty was not an ailment enough, Govind* the head of the family had passed away due to an unknown illness. His wife took up the baton of leadership and worked as a daily-wage labourer to feed her young ones.



Ashakiran hospital is in Lamptaput, Odisha.

Soon another tragedy struck. Her eight year old son Bhagat developed swelling of the limbs and then the whole body. It was only considered an inconvenience in the early stages but when it continued to increase he was taken to the traditional witch doctor for help. The *Gunia* (witch doctor) treated him for a while and after extracting money, a number of chickens and all hope he gave up his efforts and said he could do no more for him.

* Name changed to preserve confidentiality.

The Tribal People of Odisha

There are 62 tribal communities scattered in various parts of Odisha today. The major tribes of the state are Kondhs, Koyas, Gadabas, Oraon, Juangs, and Santals. According to the language, the tribes are divided into four groups, Indo-Aryan group, Dravidian group, Tibeto-Burmese group and Austric group. In Odisha tribes belonging to the Tibeto-Burmese group are no longer found, and so all the tribes are from the other three groups.

Various tribes engage in different occupation, but most are involved in either agriculture, fishing or hunting. Some also work in mills and handicraft industries. A few tribes like Bondo and Gadaba have their own looms and make clothes for their own use. Settlements fall into three geographic groupings: the Bara-jangar group (also known as Mundlipada or Serayen); the Gadaba group (northeast of Mundlipada); and the Plains group.

Bhagat lay in the house moribund for a month till his mother's sister made a visit. She encouraged them to go to the hospital. After much persuasion and cajoling, she agreed and Bhagat who was by then in a state of generalised anasarca was brought to Ashakiran Hospital in Lamptaput.

It was a busy day at Ashakiran. Medical records, laboratory, x-ray and all other departments were in the peak period of daily activity when a phone call interrupted the flow of events in the consultation room. The voice of Renu, the nurse in-charge had a sense of urgency when she summoned the doctors to see a sick child who was brought directly to the casualty and admitted to the ward.

When the paediatrician and I reached the ward we found the little boy swollen from head to toe in a propped up position on the bed in the nursing station. His breathing was laboured with the lungs trapped in a constricted thorax above the fluid filled abdomen.

We examined him carefully and sent in the relevant investigations and started immediate relief measures. What had caused this malady? Were his kidneys allowing too much protein loss? Had the body lost a lot of blood? Was his heart failing to pump enough blood?



The village market

These queries needed immediate answers. The patient was seen by the paediatric surgeon, who asked for an IV cannula to drain some fluid from the tense abdomen. About a litre of straw coloured fluid was removed from the abdomen.

His skin had a plethora of skin lesions, which the dermatologist instinctively diagnosed as atopic dermatitis, though that did not explain why the child had such massive oedema.

Only after the physician entered the scene did we realise that the child's blood pressure was high. In fact so high that the medical diagnosis was 'hypertensive emergency, hypertensive heart disease and encephalopathy'.

The magic diuretic drug to draw out the excess fluid was given and he started passing copious amounts of urine.



A, B, C - Bondo woman in tribal attire with their bangles, bead necklaces, silver necklets, rings and head-bands. D. Gadaba women at the Ashakiran hospital.

Soon the oedema began to subside and with it Bhagat's discomfort and prostration.

The mother in the meantime had shared the details of her sad story with our counsellor who has been a great source of comfort to many patients. While they were in the ward they heard the story of Jesus. His love drew both the mother and son to Himself and they put their faith in Him.

Our prayer as Christian medical professionals is that our patients may become whole in body, mind and spirit. Our ministry does not end when the vital signs become normal, but we persevere in meeting the needs of the whole person, as God gives grace, till a work of healing takes place through the love of Jesus Christ in their lives.

That evening I was on night duty and I went to Bhagat's bed. He opened his eyes, looked at me and smiled. I was deeply moved. The most fulfilling moments in one's life are not always on the peaks of achievement and success. It can be on seeing a child looking at you with a smile on his face. These moments bring a deep sense of joy and fulfilment. The misgivings that the practice of medicine inevitably brings left and a deep peace settled in my heart.



Patients waiting their turn at the Bondo village clinic.

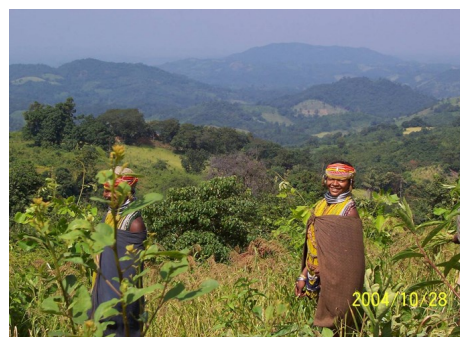
Experiencing the gratitude of a little child had touched me deeply and warmed my heart. I smiled back and told the mother that Bhagat was doing fine. As it turned out, that was not a wise thing to do.

As soon as I had said it, mother and son began the chorus that they wanted to go home. There are three things in this world you cannot stop - a cyclone, a drunken motorist and an in-patient wanting to go home.

The physician had made a plan to investigate the cause of the high blood pressure. That was not to be. The mother decided to leave promising to bring the child back in two weeks time. The bill was waived and two weeks stock of medicines were given to them free of cost.



A wayside clinic for the Bondos run by the locally trained health worker from their village



Bondos live in the remote hills overlooking the Malkangiri valley



Patients being brought to Ashakiran Hospital, Lamptaput.

For the team caring for him, there was a sense of fulfilment to see the boy well. But as four months have passed by since and there has been no news of Bhagat there is concern. The wards of Ashakiran still await the return of bhagat for review and further treatment. Is he still alive? Had poverty chained the mother to the home preventing her from giving her son the needed help? Had the family or community turned her away from modern medicine to be exploited by the witch doctors?

Many such Bhagats have come to Ashakiran and received a new lease of life only to return to oblivion. After the effort invested it is sad that they are lost to any follow-up or after care.

The Bible tells us that our body is the temple of the living God. (1 Corinthians 6:19)

We need to be good stewards in caring for the body. However no matter how much medicine we give, real transformation of attitude and outlook can come only through the light of the Gospel. Then we would realise the value of health and be pro-active and rational in our approach to well-being. Once we are convinced that God wants us to have an abundant and full life, we would make every effort to fight disease and seek help from the right sources for care and prevention.

The Gospel promises earthly wellbeing along with eternal life. Besides healing at time of first contact, our focus as health care providers should also include subsequent follow-up Till then the lives of people will oscillate between episodes of lights and shadows.



Trained Community Health Workers of Lamptaput block after training with their medicine kits.

* The photographs have been contributed by Dr. Manoj Jacob, who has earlier worked at Ashakiran.

Relationships Bring Fullness to Life

M C Mathew



Every morning and evening, Anna and I are greeted by the watchman who regulates the car parking services at the hospital where we work. The other day, he said: 'Thank you for greeting me and stopping to say something to me!' As human beings we have a longing to connect with others and stay in touch.

The emerging culture encourages interaction on business, politics, sports, movies, weather, and talk about everything else except our personal lives. Even when we sit down to have a personal conversation, we talk about what we do or have achieved and there is seldom true self-disclosure. With our busy life-styles, many settle for business relationships, where giving and receiving is mutually beneficial and this evolves into a form of symbiotic association. Thus relationships have become contextual, seasonal, and transient. Even the marriage bond has become tentative and temporary.

In the Scriptural setting, we are fully alive only in the context of meaningful personal relationships. We are truly created for shared journey and living.

Historically, through the ages, people groups formed 'settlements' when they conquered a new geographic territory. This provided security against invasion from 'foreigners' and self-sufficiency of human and material resources. The tribal communities, who live in the forests represent a continuum of that culture. The 'gated community', which many real estate builders propagate, is the modern counterpart of the earlier colony or settlement, where healthy neighbourly relationship is integral to its existence and functioning.

Let me make an attempt to define the dynamics of personal relationship under the following themes i. the calling, ii. the context, iii. the contours iv. the constraints and v. the character of relationship.

1. The Calling for Relationship

This calling was announced by Jesus of Nazareth, in His Nazarene manifesto. "The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor... to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free *Luke 4:18*.

The Dynamics of Personal Relationship

1. The calling for relationship
2. The context for relationship
3. The contours of relationship
4. The constraints in relationship
5. The character of relationship

In Mark's gospel, this calling is made explicit. "And, He went up to the mountain and summoned those whom **He Himself wanted**, and they came to Him. And He appointed twelve that **they might be with Him** and that He **might send them out** to preach and to have authority to cast out demons." *Mark 3:13-15*. This passage brings out the **motivation, intention and mission** of the call.

The **motivation** was, '*..He himself wanted..*'. Jesus felt the need to be in the company of others, with whom He would have an emotional, volitional and relational resonance. It was a choice, Jesus had to make to live and function in relation to his disciples. He willingly subjected Himself to the discipline of a corporate life journey with his chosen followers.

The **intention** of the calling was that '*... they might be with Him*'. This phrase reflects the mutual dimension of relationship. The followers of Jesus also had a choice to make to honour this invitation. The disciples were given an opportunity and a privilege. The opportunity was best expressed, when Jesus asked the two enquirers who would later become His disciples to 'come and see' *John.1:39*. The privilege conferred is explicit when He said to His followers, in another context, 'Follow me, I will make you fishers of men' *Matthew.4:19*. Jesus envisaged a relationship free of obligation, or servitude - only love, mutuality and trust. As they remained with Him, they would learn from Him and be prepared for the task that lay ahead.

It was a choice, Jesus had to make to live and function in relation to his disciples. He willingly subjected Himself to the discipline of a corporate life journey with his chosen followers.

The **mission** was '*..that He might send them out..*'. to live and serve mindful of the needs of others. There was no hidden purpose of promoting the popularity of Jesus. The relationship Jesus was seeking with the disciples was for enabling them to experience God's love and healing and then to go out and serve others.

This foundational understanding of relationship shows us that there is a choice to be made. We need to invite others to listen, discern and walk together in companionship. For some this is natural, others are more content to be on their own. Some choose to go all the way; some begin on this journey and abandon this path sooner or later. Some others do not even consider it worth the effort. However we will discover that any relationship that transcends all self-seeking interests will bring wellbeing that becomes a resource to bless our lives and to serve and support others.

As they remained with Him, they would learn from Him and be prepared for the task that lay ahead.

Many relationships stay as social contacts and remain at the level of acquaintance. People get in touch with each other only in times of need. Some may deepen into friendship, where life stories are shared and there is some degree of mutuality. Some others venture into a journey of companionship where there is mutual trust and care and deeper levels of communication. They find common expressions of interest, come to terms with their differences and work at up-building each other. This companionship is reflected in the way Jesus related to his disciples.

The late Dr. Stanley Jones attempted to foster fellowship, by inviting people to live together in the an 'ashram'. That was how the Sattal ashram came into being, marking the beginning of the Christian ashram movement in India in the 1940s. However today, those ashrams no longer attract younger people to commit themselves to live together in community. There are 'brotherhood communities' still in existence like the "Brudershof" community (see box).

However people may be drawn together in fellowship by a common vocation without physically staying together. Can congregations of the Church become such mutually edifying communities?

2. The Context for Relationship

The gospels are narratives of Jesus reaching out to build relationships with people, who felt alienated, disabled or displaced and unable to earn any favour by right.

Founded in 1920 in Germany, the Bruderhof is an international community movement of families and single men and women who seek to put into action Christ's command to love God and neighbour. Similar to the first Christians (Acts 2,4), they feel called to a way of life in which all are of one heart and soul, no one possesses anything, and everything is shared in common. They desire to set an example of discipleship in full community.

The context for building relationships in the gospel is love. Jesus of Nazareth is presented to us, as the 'good shepherd', going after the 'lost sheep' by the gospel writers. The parables of the prodigal son and the good Samaritan reveal the compulsion of love vividly. In the parable of the prodigal son, the father's heart is welcoming, loving and forgiving. The good Samaritan demonstrates self-giving compassion and going the second mile in caring.

Those of us, who are health-care providers encounter this challenging context continually. Any form of sickness has biological, economical and social implications. One of our neighbours, who is a daily wage earner, sustained an injury to his foot. The wound got infected and soon formed an abscess. He had to visit a hospital where an incision and drainage was done for the abscess. He could not go to work for the whole week and so there was no daily wage to meet the expenses.

One can pontificate that he could have sought free service from the government hospital instead of going to a private clinic, or that he should have been careful and prevented the injury in the first place or that he should not have delayed going to hospital. But none of those judgments are helpful at the moment. What he needs now is an understanding attitude and an offer of help.

There is a faculty-student meeting in some medical schools, at the beginning of the academic year, to prepare the students to welcome the 'freshers' (first year students). It is customary, during this session, to warn the students about the consequences of 'ragging'. It is presumed, this would instil a sense of fear that would act as a deterrent to any action to intimidate the first year students.

In spite of this, every year there are untoward events and senior students get punished or suspended. Fear as a deterrent has only limited appeal. During a conversation with some senior students, one student asked me, "What if you explained the harmful effects of ragging and appeal to us to respect, regard and care for the first year students!" He was asking us to reason with the students instead of threatening them with dire consequences.

After three rounds of conversations spread over three weeks, there is a group of senior students who are now volunteers, committed to build bridges with the first year students. One of them came back to say, 'the first years are a good bunch of students'. I was touched by this mellowing of their attitude. Later I met some of the first year students in the badminton court. One of them said, 'we had not expected the seniors to be caring'. It was a relief to see that the context is changing towards building healthy relationships between the seniors and the freshers because a few decided to change. As we read in the book of Proverbs '...a kind word cheers the heart.' *Proverbs 12:25*.

For Jesus, love was the language of communication. When provoked, intimidated, humiliated, or angered, love became even more manifest in the behaviour of Jesus. This love, was what the heterogeneous and self-driven group of disciples experienced. Jesus' love touched and transformed them to become messengers of love. Human behaviour was modified by love.

Once after a meeting, where there was intense disagreement about costing of hospital services, a person with whom I had disagreed called me on the phone. He said: 'Thank you for helping us to see another aspect'.

For Jesus, love was the language of communication. When provoked, intimidated, humiliated, or angered, love became even more manifest in the behaviour of Jesus.

The ability to trust in the worth of others is an inner orientation, which we can cultivate.

I was grateful for his response as it showed me that it is possible to be loving, even while disagreeing on an issue.

Pope Francis was asked a question by his interviewers, 'what to you is the greatest of all virtues?'

He answered, 'Well, the virtue of love, of giving oneself to another and doing that from a position of gentleness' (*Pope Francis, His Life in His Own words by Francesca Ambrogetti and Sergio Rubin, Penguin books, 2013, page:159*)

3. The Contours of Relationship

The defining factors which affect the quality of relationship are **trust, tenacity and temperance.**

The ability to **trust in the worth of others** is an inner orientation, which we can cultivate. During a recent visit to Dimapur, Nagaland, I noticed that there are some wayside shops in the outskirts of Dimapur, with no shopkeepers. The buyer is expected to put the cost of the article in the moneybox provided. There are some instances when this is trespassed. And yet, some shopkeepers still continue this practice. To me, this is a reflection of their resolve to propagate trust as a virtue.

We often hear about a trust deficit between nations, religious groups, social classes, politicians, etc. The need of the hour is trust building. The Principal of a college in New Delhi told me about a time of communal

violence in the city spilling over to the college, which threatened to divide the student community. He met with groups of students to sense the mood and their feelings. They had resolved to transcend the climate of tension prevailing in the city. The students had an assembly in the lawn of the college to affirm their camaraderie, and expressed their solidarity by holding hands and singing, 'We shall overcome, we shall overcome some day...'. This had a salutary effect on pacifying tensions in the city. Trusting one another carries the inherent risk of betrayal, but there is no other alternative.

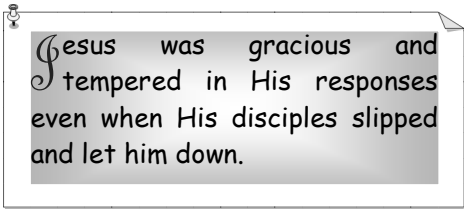
Another factor that defines the contours of relationships, is **tenacity** or the capacity to stay firm holding on to one's conviction and calling undeterred by compulsions to quit, defend, react or retaliate. When there is discord in families or groups, the most common consequence is the break down of communications. The atmosphere becomes vitiated with anger, reaction and retaliation or cold with withdrawal, suspicion and resentment. This is the time patience and steadfastness are most needed.

Dorothy Clarke Wilson in her book "Ten Fingers for God", on the life of Dr. Paul Brand, has recorded a moving story. A patient whom he had treated for leprosy turned hostile and made a complaint to the local Collector at Vellore.

He said that Dr. Brand had forced him to become a Christian. However the Collector did not entertain that complaint, although the incident caused much distress to Dr. Brand and his team in the hospital. Some-time later, the same patient returned to the hospital with a non-healing ulcer. Dr. Paul Brand's colleagues were weary of him, but Dr. Brand welcomed him to the hospital. He personally dressed his accuser's ulcer till the man was ready to leave the hospital. By then the patient was so moved by Dr. Brand's loving care that he made a public apology to him.

The third factor, which defines the outcome of any relationship is **temperance**. Temperance is the habitual moderation and self-restraint used in action, expression and language. In the encounter experience Jesus had with Peter, after the fishermen had toiled all night without catching any fish, Jesus approached Peter with compassion, understanding and consideration. (*Luke 5:1-11*). There was acceptance of their situation and affirmation of their skills. He reached out to them in their need and even enabled them to draw in a large catch of fish. Jesus graciously tempered his responses even when His disciples slipped and let him down. He continually encouraged those who had chosen to follow Him.

We do not build relationships just by reprimand, correction and exhortation. There has to be an overriding temperance which governs the way we relate to people. This will allow people to feel valued and responsive.



Jesus was gracious and tempered in His responses even when His disciples slipped and let him down.

Those in leadership positions need to continue to be gentle and kind-hearted towards those who are sincere yet tend to falter or slip. Leaders who are supportive of those who make earnest efforts, even if progress is slow, will encourage them to do better. Appreciation and succour are the ways of up-building people and enabling them to persevere in walking the pilgrim way.

We need to guard from impulsive responses in anger, judgemental pronouncements and careless gossip that will eventually distance us from others. Paul writing to the Colossians says, "Let your speech always be gracious, as though seasoned with salt, so that you will know how you should respond to each person." *Colossians 4:6*. Recognising and respecting the intrinsic worth of every person as one created in the image of God will enable us to be kind and thoughtful to friends and strangers.

4. The Constraints in Relationship

The usual destabilising influences in any relationship are **misinformation, manipulation and malice**. These are the common realities that we encounter when people share their hurting experiences in relationship. Misinformation occurs when people withhold information, subtract from or exaggerate details.

Let your speech always be gracious as if seasoned with salt, so that you will know how you should respond to each person. *Colossians 4:6*

One of the comments we hear currently during political media debates is that we have not had such a failure of governance since independence with no benefits to people or economy. Such a one-sided statement is misinformation.

When the chief functionary of an institution, a pastor or a leader furnishes misinformation, it usually creates strife and sets the institution on a downhill path. In effect, misinformation is the opposite of transparency and hinders relationships.

In people groups, leaders may favour some and put down others for personal advantage. Some may go even further to destabilise existing relationships by playing people against one another. This **manipulation** for personal advantage can ruin the dynamics of any institution and cause much harm. Marital disharmony occurs when manipulation takes place in the marriage relationship. One spouse may take advantage of the other, after appearing to be overly mindful of the other to gain confidence.

The spell of goodness was used to cover up the selfish design of getting an advantage. We saw this manipulation in the case of a couple who are now in an intense struggle in their marriage.

It was a good marriage and began well. The husband kept custody of the gold ornaments. His wife trusted him implicitly as he seemed such a kind man. One day when she wanted to wear her ornaments for a function, she found that her husband had mortgaged them. He had used the proceeds to bet at the IPL cricket matches.

Manipulations may be overt or subtle, but they invariably destroy relationships. That is why Jesus said, "For I say to you, unless your righteousness surpasses that of the scribes and Pharisees you shall not enter the kingdom of heaven." *Matthew 5:20.*

The third constraint in any relationship is an unforgiving spirit which leads to resentment and manifests as **malice**. Where there is malice a healthy relationship cannot exist.

An adolescent boy told me that he does not think that his parents have forgiven him for what he did when he was nine years old. He had taken five rupees from his mother's wallet to buy a chocolate for his friend on his birthday. He felt this had made them suspicious of him. They did not seem to trust him after that incident.

Jesus said, "For I say to you, unless your righteousness surpasses that of the scribes and Pharisees you shall not enter the kingdom of heaven"

Matthew 5:20

He has become resentful toward his parents and finds it difficult to relate to them and be kind to them.

Two families in our neighbourhood do not communicate with each other. It began after a quarrel between their children, which took place some years ago. Both families talk angrily about each other as resentment has built up since the incident, which took place three years ago. We live in a competitive and jealous culture. This intensifies the suspicion that builds up when there is an unforgiving spirit. Malice counteracts any prospect of building healthy relationships.

Many people end up living lonely lives in a globalised world, where access to information is at our fingertips and a lot of necessary activities and business can be done without meeting anyone. The experience of shared living is a distant reality to many of us. Building bridges that will touch lives and bring mutual enrichment, encouragement and edification is the need of the hour in our technology driven individualistic world.

The choice to overcome these constraints rests with us. During the last Christmas season, the children from two estranged families took the initiative to bring the families together by forcing the parents to visit each other.

Truly I tell you, unless you change and become like little children, you will never enter the kingdom of heaven".
Matthew 18:3

Building bridges that will touch lives and bring mutual enrichment, encouragement and edification is the need of the hour in our technology-driven individualistic world.

It is no wonder, Jesus turned to the adults and said, "Truly I tell you, unless you become like little children, you will never enter the kingdom of heaven". (*Matthew 18:3*).

5. The Character of Relationship

All relationships are intended for mutual edification. The lives of both the one who gives and the one who receives are blessed. This is what brings fullness and wellbeing. There is also self-giving and altruism in every meaningful relationship, which adds value to life and enhances harmony between people.

Jesus went about 'doing good'. This should be the character of all relationships, whether they be friend or stranger. Let me share a real story verbatim, which I received in the mail today from my friend, Dr. Jeyabalan.

It is the story of Fleming, a poor Scottish farmer. One day, while trying to make a living for his family, he heard a cry for help coming from a nearby bog. He dropped his tools and ran to the bog. There, mired to his waist in black muck, was a terrified boy, screaming and struggling to free himself. Fleming saved the boy from what could have been a slow and terrifying death.

All relationships are intended for mutual edification. The lives of both the one who gives and the one who receives are blessed.

The next day, a fancy carriage pulled up to the Scotsman's sparse locality. An elegantly dressed nobleman stepped out and introduced himself as the father of the boy Fleming had saved.

'I want to repay you,' said the nobleman. 'You saved my son's life.'

'No, I cannot accept payment for what I did,' the Scottish farmer replied waving off the offer.

At that moment, the farmer's own son came to the door of the family hovel. 'Is that your son?' the nobleman asked. 'Yes,' the farmer replied proudly.

'I'll make you a deal. Let me provide your son with the level of education my son will enjoy. If the lad is like his father, he will no doubt grow to be a man we will all be proud of.'

And that he did.

Farmer Fleming's son attended the very best schools and in time, graduated from St. Mary's Hospital Medical

School in London, and went on to become known throughout the world as the noted Sir Alexander Fleming, the discoverer of Penicillin.

Years afterward, the same nobleman's son who was saved from the bog was stricken with pneumonia. What saved his life this time? Penicillin.

The name of the nobleman was Lord Randolph Churchill. His son's name was Sir Winston Churchill. Someone once said, 'What goes around comes around'.

In the initial stages, all relationships are like the mustard seed, insignificant but with the potential to grow. Some may last a long time and some only a short while. It is not the longevity of the relationship, except in marriage, that is significant but the fact that relationships add richness and meaning that can bring fullness to our daily living.

❖❖❖

A Time to Laugh...

A Woman went to the post office to buy stamps for her Christmas cards.

"What denomination?" asked the clerk.

"Oh, my goodness! Have we come to this?" said the woman.

"Well, give me 50 Baptist and 50 Catholic!"

❖❖❖

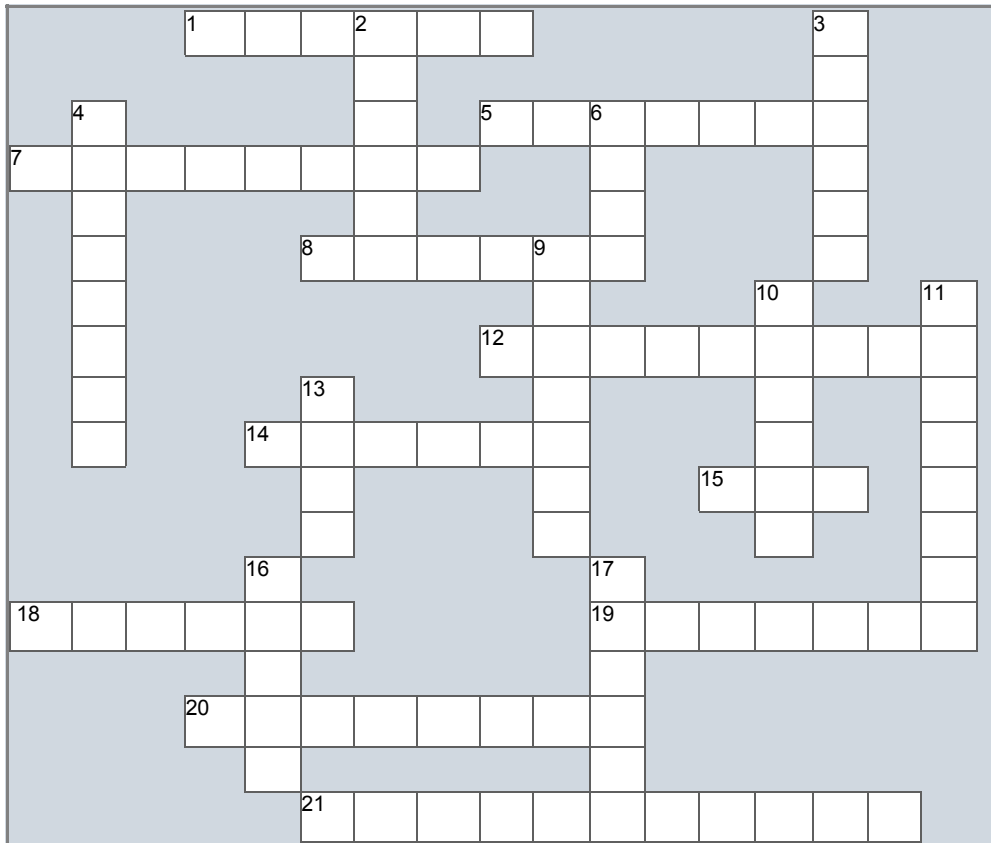
Question: Why do they say 'Amen' at the end of a prayer instead of 'Awomen'?

Answer: The same reason they sing Hymns instead of Hers! And the children of Israel are called Hebrews and not Shebrews.

❖❖❖

Relationships in the Bible

Bible Crossword 11:3



Contributed by Dr. Anna Mathew, Kolencherry. Clues below. Answers on page 36.

CLUES ACROSS

1	SOLIDARITY AGAINST DEFILEMENT - He and his friends were stronger and wiser because they decided they would not defile themselves with the king's food. (6) .
5	HONOUR - The first commandment with promise calls us to honour them. (7)
7	OBEDIENCE - He brought up his uncle's daughter as his own and she obeyed him (8)
8	SELF-GIVING - This prophet received a cake made with the last hand-ful of flour and a little oil that a widow had left. (6).
12	COUNSELLING - She explained to Apollos the way of God more accurately. (9)

Relationships in the Bible

Bible Crossword - continued



CLUES ACROSS - contd.

14	CHOICE TO CARE. This mother stayed home with her child till he was weaned. (6)
15	INSENSITIVITY - He was mocked by his friends (3).
18	CONFLICT RESOLUTION - Abraham resolved the herdsman's conflict by asking Lot to choose the land he wanted and Lot chose this plain (6)
19	UNDERSTANDING - A wise woman whose advice and intervention on behalf of her husband prevented bloodshed (7) .
20	ENCOURAGEMENT - He gave a young man a second chance and took him with him to Cyprus. (8).
21	LOVE - St. Paul compares the great mystery of Christ's love for the church to the relationship between them. (7, 4)

CLUES DOWN

2	SIBLING RIVALRY - This father's special love for the son of his old age was the cause of discord among the brothers (6) .
3	FORGIVENESS - This brother could forgive great evil done against him because He believed God meant it for good (6)
4	FRIENDSHIP - He loved his friend as much as he loved his own soul. (8)
6	FIDELITY - She promised to go with her, because she loved her and wanted to stay with her till the end (4) .
9	HOSPITALITY - His hospitality to three strangers brought him the promise of a son (7)
10	COMMUNICATION - He reasoned with the men of Ephraim and their anger subsided. (6)
11	JEALOUSY - Brothers who took different paths - one found favour with God, the other did not, so one killed the other (4,4)
13	MEDITATION - This mother kept what she heard about her son in her heart and pondered over it. (4)
16	FAITH - She was saved because by faith she received strangers in peace (5).
17	BETRAYAL- The judge who was betrayed by the woman he loved in the enemy camp (6)

The Raphah Bible Study

James Zachariah

Bible Study



In 1997 Dec, bewildered by the turn of events that year in our lives, our life came to a screeching halt before these questions: "Why did God bring us here? What are we achieving?" My parents had gone through a difficult time due to certain social issues. This had caused us to leave our "dream positions" as consultant surgeon and gynaecologist at the EHA mission hospital at Herbertpur. Though we had prepared to serve in a mission hospital all through our training period, we saw no other way to solve my parents' problems without being there for them at Vizag.

Left 'alone' in the midst of a privatised and corporatised 'medical jungle', we struggled for professional identity, productivity and relevance. Our prayers led us to some serious thinking and decision making. We made many attempts to get back to 'mission hospitals', but in spite of our sincere attempts each time, blocks came along our path and we could not go ahead. We hence retreated, and began to work 'one-day-at-a-time,' and started a small clinic in Vizag, "The Raphah* Medical Centre". (*Raphah means 'to heal' in Hebrew*)

It was during that time that we got acquainted with a few Christian medical students from Andhra Medical College, my alma mater. I was drawn to them as they had little spiritual direction and guidance in their spiritual lives and the fellowship was in a "sheep-without-shepherd" condition.

We were attracted to them, as much as they were attracted to us. They met us regularly in our clinic and home to chat. We shared and prayed informally. They shared their lives with us and we shared ours with them. The Lord enabled us to minister to their needs and they in turn responded with love and gratitude.

Our new clinic routines left us with very little time to spend with our small children, Esther

and Sharon, hence, we wanted to keep Sundays as a special family time for them. However, by this time, a few students were slowly developing the habit of coming to our home on week-ends, especially Sunday evening! After the Vizag AP State conference in 1998, some of them even came saying that they needed to have regular Bible studies on Sundays, to study the Word of God. They were not regular at the churches they belonged to, as they found them distant and not relevant to their life situations.

We thus started the weekly Bible studies in the consultation room of our clinic, which we had rented for our medical practice. They sat on the clinic chairs, patient benches, the examining table and any other place they could find, crowding into that 9 x 9 feet room. These Bible studies turned out to be a great blessing in our lives and in the lives of our children.

However, we began to feel the pressure of losing our Sunday evenings to the students, when we wanted to spend it with our children, Realising this, I once considered telling the students that we could have the bible study once a month. At that time I was reading John's gospel and one day, I heard the Lord say to me, just like a bolt from the blue, "If you love me, feed my sheep." *John 21:15-17*. This became a special word to me and I never realised how much this word would shape things in the future years, as I decided to obey His voice. These words still ring in my ears each time I prepare to speak to the students on a weekly basis.

Initially there were about five or six students and slowly they brought their friends and the numbers increased to over twenty. The place was becoming over-crowded, and so we shifted the Bible study to the car park of our small rented home.

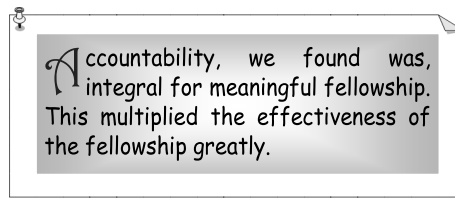
We started topical studies and book-studies as both Mary and I became MDiv students to equip ourselves to meet the challenges of what was now opening up to be a ministry of teaching and training young people in the Word of God.

We made the teaching of the Word a priority and framed a mission statement for the fellowship in 2004. We introduced structure to the Bible studies by including an attendance register and some revision tests in the topics taught. This made the students realise that the Bible study was as important as their medical subjects. We also initiated the Hans-Rudy-Weber type of group discussions. This helped the 'shy' students to become more expressive, bold and communicative. There were also times of fun and outings as a large family.

The Accountability Group concept started in 2006 January. I consider this concept as the single, greatest step that made the Bible Study have a lasting effect on the lives of the students. Accountability, we found, was integral for meaningful fellowship. This multiplied the effectiveness of the fellowship greatly. We also conveyed to the students the importance of each person being a part of an active Bible-believing local church.

Over time as the numbers grew, the car park had no privacy and neighbours often eaves-dropped and this inhibited spontaneity. We suggested to the students that we shift to a nearby school building, but they promptly refused as they loved our 'home atmosphere', however crowded it may be.

By now, the students considered the fellowship group as their own and not as James and Mary's fellowship and they started praying for a bigger place of their own accord. A year and a half passed by and in God's time, we were led to a beautiful big three bedroom house with two spacious balconies and a breath-taking sea view, and till today, this has become their place for the Bible studies, get-togethers and fellowship meetings.



Accountability, we found was, integral for meaningful fellowship. This multiplied the effectiveness of the fellowship greatly.

Fifteen years have passed by. Every Sunday between 6 pm and 8 pm, there are students meeting at our home for Bible study. This was not just a blessing for them, but for our lives as well. These students have made an impact on their medical college, church and every place of work they have gone to as doctors, and they continue to do so.

Moreover, I must also say that these Sundays contributed to the shaping of the spiritual lives of our daughters, more than we could have done if we had just spent the time with them.

We can now see that God had a reason for bringing us to Vizag for seemingly natural reasons. This student ministry has become one of the main purposes of our lives too! We believe that this fellowship survived strongly and effectively catering to the spiritual needs of the students though it was initially birthed through us, it became a student motivated fellowship. As elders, Mary and I gave our steady and continuous support to the fellowship through its ups and downs. Now other committed couples like Solomon and Venella and others have joined us in this ministry of discipling students.

Visits by people of God were a regular occurrence: mostly unplanned but divinely appointed! These godly men and women from India and abroad serve in mission fields and other ministries. Their inputs have enriched and broadened the worldviews of our students. The Bible study fellowship over the years has been kept natural and informal. We are Bible-based, outreach-oriented and integrate leadership training. But most importantly, we are focussed on consistent good Bible teaching!



Christian Doctors Testify of Modern-Day Miracles

R. Leigh Coleman in Christian Post Reporter



Christian doctors from around the world convene annually to listen to stories about "spiritual healing" for sickness plaguing the world today. More physicians today believe that medicine alone cannot deal with some of today's worst illnesses, according to a statement issued by the World Christian Doctors Network, an interdenominational organisation made up of medical professionals who believe in divine healing.

Dr. Sean Thomas George, a consultant physician in a West Australian hospital, told his amazing story at the 8th Annual International "Spirituality and Medicine" Conference held in Brisbane, Australia.

George told the crowd his story began when he was returning from a clinic on the south coast of Australia with his intern. He felt minor chest pains and was "unusually hot." He decided to stop the car and called his wife, also a doctor. She asked him to drive straight back home to Kalgoorlie.

George said he felt "divinely directed" to enter a clinic in Kambalda, where an electrocardiogram (ECG) diagnosed a heart attack. He received a few drugs there.

"The pain," he said, "was getting worse and 11 minutes after the ECG my heart stopped beating. Not only did I have a heart attack but I went into cardiac arrest."

"For the next 60 minutes", George said, "a team of doctors and nurses used more than 4,000 chest compressions and gave me 13 electrical shocks." His heart and lungs did not respond. After one hour and ten minutes, George was pronounced dead. Ten minutes later, his wife arrived, She was told to go in and say her last words.

More physicians today believe that medicine alone cannot deal with some of today's worst illnesses.

Source: <http://global.christianpost.com/news/modern-day-miracles-51263/>

Jesus really is Creator God and Sustainer of life He hears and responds to the humble prayers of His servants.

George said his wife knew that medical science had proved that if the blood supply to the brain was cut off for over three minutes the brain would begin to die, and in 20 minutes the brain would be completely dead. But as she and her husband trusted Jesus Christ as Almighty God and Saviour, she decided to humbly ask God to intervene. "Holding my hand, she prayed, 'Lord Jesus, he is only 39, I am only 38 and we have a 10-year-old boy. I need a miracle.' As soon as she said this it was as though someone had breathed life into me again and my heartbeat came back," George told the crowd. George said, "I came back from the dead."

Four hours later, George was flown to Royal Perth Hospital where doctors carried out an emergency procedure to clear a severely blocked coronary artery.

"The doctor thought I would not survive, and even if I did, I would be completely brain dead on a ventilator. In Perth ICU, I had kidney and liver failure and was still in a deep coma," he said. George said three days later, on Sunday, against all odds, "I opened my eyes." Two weeks later, he was discharged and resumed full-time work after three months of steady recovery.

"It has proved to me that Jesus really is Creator God and Sustainer of life and that He hears and responds to the humble prayers of His servants. I now also understand that eternity is only a breath away."

Testimonies by Christian doctors, who by virtue of their profession are more credible witnesses to patient's "spiritual healing", is the main theme behind the World Christian Doctors Network.



Sheltered Rest

Hans Burki



The beginning of Psalm 91 brings the image of repose under a large protecting tree, or in the sanctuary of the temple. The ultimate longing of the soul is to rest in God. "He who dwells in the shelter of the Most High will rest in the shadow of the Almighty (91:1). It is never a completely fulfilled rest, yet it is a present reality. It becomes present by my saying, "I will say of the Lord, He is my refuge and my fortress, My God in whom I trust" (91:2).

The expression of trust comes out of a resting soul and leads again to a more deeply rooted rest. The meditation of the heart makes the longing real. "If you make the Most High your dwelling ...". (91:9), you will experience His protection and His providence.

The quest for rest carries promises of land and settlement, of fruitful acres and of a dwelling place of God in the midst of an inheritance - all promises of tangible blessings and beyond these, their fulfilment in God Himself. "Keep me safe O God, for in you I take refuge." I said to the Lord, you are my Lord, apart from you, I have no good thing. You have made known to me the path of life: you fill me with joy in your presence, with eternal pleasures at your right hand (Psalm 16:1, 2, 11).

Various phrases express the activity of the soul throughout Psalm 91. He who dwells ... I will say of the Lord ... If you make me your dwelling ... I take refuge ... I say to the Lord, You are my Lord ... (91:15). In this way, the man in prayer affirms His trust in God's care and loving protection from every evil. Yet the experience of safety is accompanied by many testings and temptations, day and night (91:5). The promise is not that the psalmist will be kept from trouble, but he is promised God's presence with him" ... I will be with him in trouble." (91:15). * Taken from "Quest for Rest" - Readings in the Book of Psalms by Hans Burki,

Can you find 24 books of the Bible hidden in here, linked between words or punctuation?

This is a most remarkable puzzle. Someone found it in the seat pocket on a flight from Los Angeles to Honolulu, keeping himself pleasantly occupied for hours. One man from Illinois worked on this while fishing from his boat. Roy Clark studied it while playing his banjo. Elaine Vicks mentioned it in her column once. One woman judges the job to be so involving, she brews a cup of tea to help calm her nerves. There will be some names that are really easy to spot...that's a fact. Some people will soon find themselves in a jam, especially since the book names are not necessarily capitalized. The truth is, from answers we get, we are forced to admit it usually takes a minister or scholar to see some of them at the worst. Something in our genes is responsible for the difficulty we have. Those able to find all of them will hear great lamentations from those who have to be shown. One revelation may help, books like Timothy and Samuel may occur without their numbers. And punctuation or spaces in the middle are normal. A chipper attitude will help you compete. Remember, there are 24 books of the Bible lurking somewhere in this paragraph.

The Authors

Voice September 2013. Vol 11:3.



Dr. James Zachariah practices as a general and laparoscopic surgeon. He and his wife Mary live and work in Vishakapatnam. They have two daughters Esther and Sharon.



Dr. Kuruvilla George, Professor in Psychiatry, holds numerous offices in geriatric psychiatry in Melbourne, Australia. He and his wife Margaret and their family, Georgie, Elizabeth, Amy and Lydia live in Australia.



Dr. Arun Gowtham worked in Ashakiran Hospital, Lamptaput earlier. He is now doing his post-graduation at CMC, Vellore. He is married to Alice Hepzibah who is doing a fellowship in hospital administration.



Dr. Mathew S Peedikayil is a consultant physician working in Ashok Hospital, Mumbai. Mathew and his wife, Vinita have three children Grace, Mark and Nancy.



Dr. Steive George worked in The Duncan Hospital, Raxaul after completing his MBBS in Pushpagiri, Medical College, Thiruvalla. He and his wife Dr. Merin are now doing post graduate training at CMC, Ludhiana.



Dr. M. C. Mathew, is Professor of Developmental Paediatrics and Child Neurology at MOSC Medical College, Kolenchery, Kochi, where Anna also works. Amy and Arpit are at CMC, Ludhiana. Aswathy and Anandit are at CMC, Vellore.

ANSWERS TO CROSSWORD - Relationships in the Bible

Crossword 11:3. ACROSS			Crossword 11:3. DOWN		
1	DANIEL	Daniel 1:8	2	ISRAEL	Genesis 37:3,4.
5	PARENTS	Ephesians 6:2	3	JOSEPH	Genesis 50:20
7	MORDECAI	Esther 2:7. 20.	4	JONATHAN	Genesis 20:17
8	ELIJAH	I Kings 17:12-13	6	RUTH	Ruth 1:16, 17.
12	PRISCILLA	Acts 18:26	9	ABRAHAM	Genesis 18: 1-10.
14	HANNAH	I Samuel 1:22.	10	GIDEON	Judges 8:1-3.
15	JOB	Job 12:4	11	CAINABEL	Genesis 4:3-6.
18	JORDAN	Genesis 13:11.	13	MARY	Luke 2:19.
19	ABIGAIL	I Samuel 26:33.	16	RAHAB	Hebrews 11:31.
20	BARNABAS	Acts 15:37-39	17	SAMSON	Judges 16:4, 18.
21	HUSBANDWIFE	Ephesians 5:1,32.			

THE PARABLE OF THE COOKIE

A young lady was waiting in the airport's departure lounge. There was a delay so she bought some cookies. She sat down in an armchair to rest and read in peace. Beside the empty seat where the cookies were, sat a pleasant young man reading a magazine.



Neither spoke.

The young lady took her first cookie. Much to her surprise, the young man also took a cookie. She felt irritated but said nothing. For each cookie she took the man took one. This was infuriating her but she did not want to create a scene.

This continued until there was only one cookie left. She thought to herself, "Ah! What will this strange man do next?"

Then the man taking the last cookie, divided it in half and gave her one half.

That was too much! She was much too angry now. In a huff she picked up her book and her things and stormed to the boarding gate.

After boarding the plane, when she sat down in her seat inside the plane, she looked into her purse to take out her eye-glasses. To her surprise there was the packet of cookies she had bought untouched and unopened.

She felt so ashamed of herself when she realised she had been eating his cookies and her packet was still in her purse.

The man had shared his cookies with her without a word, while she had been angry thinking he had been helping himself to her cookies. And now there was no chance to explain or apologise.

How ready are we to share with others out of the abundance we have received ?

Voice is the journal of the Evangelical Medical Fellowship of India. It is produced every quarter for private circulation to the members of the EMFI by the Editor Dr. Anna Mathew.

The address for correspondence is

The Editor, Voice,
EMFI, 4th Floor, Rainbow Vikas,
9, Varadarajulu Street, Egmore.
Chennai 600 008. Tamil Nadu.

E-mail

voice.emfi@gmail.com

Voice



Leonardo da Vinci (1452-1519) painted his famous painting of "The Last Supper," from 1495 to 1498. The original mural is on a wall of the refectory in the Convent of Santa Maria delle Grazie in Milan, Italy. It covers the entire 460 x 880 cm (15 x 29 feet) wall. The plaster has been flaking off and people have been trying to restore it over the years. A misguided workman cut a door into the wall years later. Thankfully only Jesus' feet were removed.

'The Last Supper' is incredible because every single element of the painting directs attention straight to the Saviour, Jesus Christ. It is remarkable also because the disciples all display very identifiable emotions. "The Last Supper" is said to depict the few seconds immediately after Christ had said that one disciple would betray him before sunrise, and the disciples reaction to the news show different degrees of horror, anger and shock. Judas has his head turned so that his face is in the shadow.