

CHRISTIAN MEDICAL JOURNAL OF INDIA



CMJI

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VOLUME 32 NUMBER 1 : JANUARY - MARCH 2017

Partnering Together in the Healing Ministry of the Church





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JANUARY - MARCH 2017

PARTNERING TOGETHER IN THE HEALING MINISTRY OF THE CHURCHES

EDITORIAL

Equally Yoked! 3

BIBLICAL REFLECTION

Partnering Together in the Healing Ministry of the Church
Rev. Dr. Roger Gaikwad 4

FEATURE

Healing Ministry - A Calling for Partnership and Innovation
Dr. M. C. Mathew 8

FEATURE

Go Ye into the World and Get Involved
Mr. Anand Peacock 12

FROM OUR ARCHIVES

14, 15

SPECIAL FEATURE

Spirituality - The Most Unidentified Need
Ms. Premlata Prakash 16

SPECIAL FEATURE

Healing Ministry
*Rev. George Varghese, Rev. Paul Pragasam, Dr. Nitin Joseph
Rev. Sharath David, Rev. Dr. T. Aruldas* 20

INSTITUTIONAL FEATURE

Frances Newton Hospital, Ferozpur, Punjab
Dr. Anurag Amin 26

FEATURE

Church Leaders Consultation on "Healing Ministry and the
Role of the Churches and Hospitals"
Dr. Ronald Lalthanmawia 29

HUMAN RESOURCES / ANNOUNCEMENT

7, 34, 35

ANNOUNCEMENT

36



LETTERS TO THE EDITOR

I am a member of CMAI since few years. As a Physician in private practice in Mumbai since 1996, and as a born again believer since 2002, it is a privilege and joy to be a part of the Christian Medical community in India. I am encouraged to see the CMJI coming out regularly with wonderful articles. In private practice there is a great need for the light of Jesus to shine in the darkness. I have been blessed to be a light in Mumbai, with the encouragement of my wife and also the local church we are part of. I do write at times, mainly related to the interaction between faith, spirituality and medical practice. May the Lord guide and bless you always.

Dr. Mathew S P
Mumbai
www.drspmathew.com

LETTERS / ARTICLES FOR CMJI

We invite your views and opinions to make the CMJI interactive and vibrant. As you go through this and each issue of CMJI, we would like to know what comes to your mind. Is it provoking your thoughts? Please share your thoughts with us. This may help someone else in the network and would definitely guide us in the Editorial team. E-mail your responses to: ronald.l@cmai.org.

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- Every effort is taken to process received articles at the earliest and these may be included in an issue where they are relevant.
- Articles accepted for publication can take up to six to eight months from the date of acceptance to appear in the CMJI. However, every effort is made to ensure early publication.
- The decision of the Editor is final and binding.

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- Readers of CMJI are encouraged to send comments and suggestions (300-400 words) on published articles for the 'Letters to the Editor' column. All letters should have the writer's full name and postal address.

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- Contributors are requested to send articles that are complete in every respect, including references, as this facilitates quicker processing.
- All submissions will be acknowledged immediately on receipt with a reference number. Please quote this number when making enquiries.

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EDITORIAL

EQUALLY YOKED!



Dr Nitin Theodore Joseph

It may be an observation to many that of the three-fold earthly ministry of Jesus- preaching the word with zeal and teaching its great truths with sincerity is carried on in our churches, while the healing aspect is of course the main mandate of our mission hospitals. This is very convenient and also the norm but it is far from what Jesus expected of His followers. When we mention the word 'church' the Greek equivalent is *ekklesia* which literally means "called out of the world in order to live free of its dictates and to belong fully, at every moment, to God and to one another". While this may seem to be a utopian impossibility the idea is that the church is far from the common idea of a majestic sanctuary, a meeting place, a particular denomination or region. It rather is a community of believers with Christ as its head. It therefore follows that preaching, teaching and healing are the functions of not only the Church but also of the mission hospitals and Christian health professionals that all constitute the Church. The divine attribute of God, *Jehovah Rapha*, or God our Healer is found when Moses was leading the liberated Jews through the wilderness, "if you diligently heed the voice of the Lord your God and do what is right in His sight, give ear to His commandments and keep all His statutes, I will put none of the diseases on you which I have brought on the Egyptians. For I am the Lord who heals you" (Ex.16:26). The same thought is again reiterated by God at the consecration of Solomon's Temple that if the people humble themselves, pray and repent then God will hear their prayers and bring healing (2Chron.7:14). God therefore brings about healing and

the church becomes a channel of healing.

Jesus performed several healing miracles and also combined them with forgiveness of sins. Human faith and/or human effort played a very important role in the healing process though that was not necessarily present in all cases. Interestingly His mandate to the 70 disciples that were sent was, "heal the sick that are there, and say to them, 'The kingdom of God has come near you'" (Lk.10:9). It therefore means that we who are working as health professionals cannot discount ourselves from the responsibility of proclaiming the kingdom of God. The theme for this Biennium therefore is ***Partnering together in the Healing Ministry of the Church*** in order to bring the focus back on the mutual strengths and responsibilities of the Church and its institutions.

This issue contains articles that bring out this idea of Partnership and if our Churches and Health Institutions can internalize this there can be an exponential effect in our witness and service. We have also included the Bible studies of our Healing Ministry week which I am sure were useful to you. Your valuable feedback is earnestly solicited.

A handwritten signature in cursive script that reads "Nitin Joseph".

Dr. Nitin Theodore Joseph

PARTNERING TOGETHER IN THE HEALING MINISTRY OF THE CHURCH

As we reflect upon this important subject of “Partnering Together” in the Healing Ministry of the Church, let us remind ourselves of this significant parable:

“The Parable of the Lifesaving Station”

On a dangerous seacoast where shipwrecks often occur there was once a crude little lifesaving station. The building was just a hut, and there was only one boat, but the few devoted members kept a constant watch over the sea, and with no thought for themselves, they went out day or night tirelessly searching for the lost. Many lives were saved by this wonderful little station, so that it became famous. Some of those who were saved, and various others in the surrounding areas, wanted to become associated with the station and give their time and money and effort for the support of its work. New boats were bought and new crews were trained. The little lifesaving station grew.

Some of the new members of the lifesaving station were unhappy that the building was so crude and so poorly equipped. They felt that a more comfortable place should be provided as the first refuge of those saved from the sea. They replaced the emergency cots with beds and put better furniture in an enlarged building. Now the lifesaving station became a popular gathering place for its members, and they redecorated it beautifully and furnished it as a sort of club. Less of the members were now interested in going to sea on lifesaving missions, so they hired life boat crews to do this work. The mission of lifesaving was still given lip-service but most was too busy or lacked the necessary commitment to take part in the lifesaving activities personally.

About this time a large ship was wrecked off the coast, and the hired crews brought



Rev. Dr. Roger Gaikwad

in boat loads of cold, wet and half-drowned people. They were dirty and sick, some had skin of a different color, some spoke a strange language, and the beautiful new club was considerably messed up. So the property committee immediately had a shower house built outside the club where victims of shipwreck could be cleaned up before coming inside. At the next meeting, there was a split

in the club membership. Most of the members wanted to stop the club’s lifesaving activities as being unpleasant and a hindrance to the normal pattern of the club. But some members insisted that lifesaving was their primary purpose and pointed out that they were still called a lifesaving station. But they were finally voted down and told that if they wanted to save the life of all various kinds of people who were shipwrecked in those waters, they could begin their own lifesaving station down the coast. They did.

As the years went by, the new station experienced the same changes that had occurred in the old. They evolved into a club and yet another lifesaving station was founded.

If you visit the seacoast today you will find a number of exclusive clubs along that shore. Shipwrecks are still frequent in those waters, but now most of the people drown!

The “crude little lifesaving station” with its “devoted members” could be said to be the dedicated medical missionaries working in different parts of India at the beginning of the 20th century. Mission Bodies and Churches then became very enthusiastic about healing ministry. Therefore many of the mission bodies and their churches became involved in healing ministry. This led to the development of mission hospitals, the growth of the medical fraternity, and the formation of Christian Medical Association in India. However as

They were dirty and sick, some had skin of a different color, some spoke a strange language, and the beautiful new club was considerably messed up.

time passed by, churches thought that healing ministry is the specialized work of experts (doctors, nurses, paramedics, technicians, chaplains, administrative staff, etc.) committed to the work, and thus congregation members distanced themselves from their enthusiastic involvement in the same. A few of the church leaders however took part in the governance of medical ministries.

Medical ministries were thus confronted with several problems: council members expected help from erstwhile mission bodies abroad which was gradually diminishing; there was disagreement on who should be the CEOs of hospitals – medical professionals or management experts of clergy; medical institutions were expected to fund themselves - some made healing a commercial enterprise, while many struggled to keep hospitals going; some medical professionals quit the institutions they were serving and started their own services which now became private enterprises, having no direct connection with churches. Consequently many hospitals have been closed down, while again several are struggling for survival, and yet there are some hospitals which are doing well, a few of which being exemplary. In the present scenario of globalization on the one hand, in particular

However as time passed by, churches thought that healing ministry is the specialized work of experts (doctors, nurses, paramedics, technicians, chaplains, administrative staff, etc.)

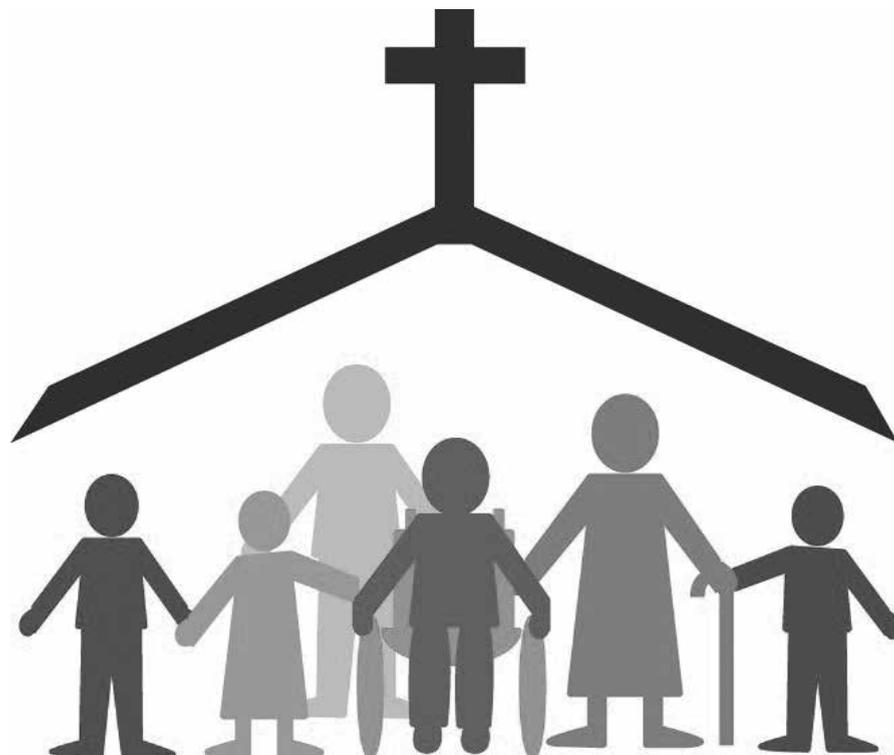
the powerful control of medical corporates, and that of right wing ideologues and cadres on the other, who seek to restrict and even eliminate Christian medical ministries, concern about partnership in healing ministry assumes greater importance and urgency.

It is in such a context that we are reflecting on the importance of partnering together in the healing ministry of the Church.

To start with, we need to do away with the ideological dichotomy we have tended to follow, whereby the healing ministry of hospitals/medical associations and the ministry of churches have been compartmentalized in two boxes. Perhaps the reason for this dichotomy is the narrow understanding and definition of mission which Christians generally subscribe to. In the section entitled “Mission as Healing and Wholeness” in the WCC Document Together

Towards Life: Mission and Evangelism in Changing Landscapes, (presented to the WCC 10th Assembly at Busan, Republic of Korea, in 2013), healing is described as follows: _

Health is more than physical and/or mental well-being and healing is not primarily medical. This understanding of health coheres with the biblical-theological tradition of the church, which sees a human being as a multidimensional



BIBLICAL REFLECTION

“Spirit empowers the church for a life-nurturing mission, which includes prayer, pastoral care, and professional health care” we need to realize and reiterate that healing ministry is the work of the whole church and not merely of professional medics.

unity and the body, soul, and mind as interrelated and interdependent. It thus affirms the social, political, and ecological dimensions of personhood and wholeness.

The Spirit empowers the church for a life-nurturing mission, which includes prayer, pastoral care, and professional health care on the one hand and prophetic denunciation of the root causes of suffering, transformation of structures that dispense injustice, and pursuit of scientific research on the other. (emphasis added)

Since “health is more than physical and/or mental well-being and healing is not primarily medical” and since the “Spirit empowers the church for a life-nurturing mission, which includes prayer, pastoral care, and professional health care” we need to realize and reiterate that healing ministry is the work of the whole church and not merely of professional medics.

Since healing ministry is the work of the whole church, the church should responsibly “own” and “practice/facilitate” all expressions of healing, be it prayer, pastoral care and professional health care. Therefore the above mentioned document goes on to say:

Christian medical mission aims at achieving health for all in the sense that all people around the globe will have access to quality health care. There are many ways in which churches can be, and are, involved in health and healing in a comprehensive sense. *They create or support clinics and mission hospitals; they offer counselling services, care groups, and health programmes; local churches can create groups to visit sick congregation members. Healing processes could include praying with and for the sick, confession and forgiveness, the laying on of hands, anointing with oil, and the use of charismatic spiritual gifts (1 Cor. 12).* (emphasis added)

Healing ministry therefore calls for the committed service of the church congregations where all can contribute, through their people and creation-friendly ministries, with the talents/qualifications/gifts that we possess:

Now there are varieties of gifts, but the same Spirit; and there are varieties of services, but the same Lord; and there are varieties of activities, but it is the same God who activates all of them in everyone. *To each is given the manifestation of the Spirit for the common good.* (1 Cor.12:4-7)

Let us get rid of denominational/institutional competition. When John reported to Jesus, “Master, we saw someone casting out demons in your name, and we tried to stop him, because he does not follow with us” Jesus said to him, “Do not stop him; for whoever is not against you is for you.”(Luke 9:49-50)

In the year of the 500th anniversary of the Reformation which Martin Luther started, we need a reformation of our healing ministry in terms of our vision, our governance, our administration, and our services. Let us go in for becoming partners ministerially, organically or ecumenically so that *symbolically we become like the tree of life, on either side of the river of life, with its twelve kinds of fruit, producing its fruit each month; and the leaves of the tree are for the healing of the nations.*(cf. Rev.22:2)

Rev. Dr. Roger Gaikwad is the General Secretary of National Council of Churches in India (NCCI)

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HEALING MINISTRY - A CALLING FOR PARTNERSHIP AND INNOVATION

The St. Andrews Church (The Kirk) at Egmore, Chennai used to have a healing service on the first Sunday of every month in the evening. We were invited as a family to attend this service in November 1987. We were already residents in Chennai to initiate the activities of ASHIRVAD Christian Concern for Child Care. At that service, Rev. David Singh explained the purpose of the service in his introduction. It was a gathering of many visitors and his briefing about the service that gave us an overview about the mission of healing of Jesus of Nazareth. An hour-long service had songs, prayers, Bible reading, a brief message, and sharing by one person on his healing experience after attending the service about three months back. At the end of the service, all those



Dr. M. C. Mathew

who desired prayer were invited to kneel at the altar. After the minister prayed for all those who came forward, the minister spoke to each person, assisted by a few elders of the church. The minister would remember the needs of those who were prayed for and visit a few homes during the week if invited to do so. The minister on the same evening would visit homes of one or two families with flowers from the altar, if the families were unable to come for the service after they had requested for prayer.

Rev. David Singh inherited this tradition from his predecessor, Rev. Peter Miller.

This experience was something unusual. It is this experience, which inspired us to seek membership in



this congregation, which we continue even after leaving Chennai in 1997. This introduction to the ministry of healing organized by a congregation had a deep impact on my subsequent thinking and exploration of the mission of healing in a contemporary context. Shortly thereafter, while meditating on the healing narration of the paralysed person carried by four men to Jesus (Mark. 2:1-13), I was moved to discover the following four dimensions of healing.

First, healing is an experience of **Recovery**. Jesus enabled the paralysed person to get up and walk (v.11). The physical recovery is the felt need of those who have an illness. An illness is triggered by a cause. It is the cause we try to attend to by medical treatment, which is usually offered by a medical doctor. This can be true while treating an infection or an illness such as Diabetes. But it does not hold good for a person who developed cirrhosis of the liver due to habitual drinking of alcohol. In this instance the cause is the choice of the person to drink alcohol. So recovery has a lot to do with the choices a person would make while faced with an illness. The words of Jesus to the paralysed person, 'My son, your sins are forgiven' (v.5) is a strong suggestion that recovery is linked to more dimensions than just a medical intervention.

Secondly healing is an experience of **Restoration**. The physical recovery is an initiation to wellness and wholeness. From the first part of verse 5, we know that Jesus attributed considerable significance to the faith of the four persons who carried him in a couch; because it was by 'seeing their faith' Jesus offered forgiveness. So recovery has association with other personal dimensions. Zaccheus, who was hiding in a sycamore tree (Luk.19.1-10) received an invitation from Jesus, 'hurry and come down, for today I must stay at your home' (v.5) to which he responded by confessing his wrong doing and offering to return four times any one whom he defrauded (V. 8). It was in response to this desire for wellness that Jesus pronounced 'salvation'

for him and for his household (v.9). An illness whether minor or major would usually cause some inconvenience, disturbance or turbulence in one's life. It is from this, a person needs to be restored. An illness might have been cured, but the hurts, guilt, anger or grief associated with the illness need full attention for experiencing wholeness.

Thirdly healing is also an experience of **Reconciliation**. In the narration of the story of Zaccheus, there was an inner reconciliation with his past and with those from the wrongfully gathered riches for himself. There is a 'hidden' dimension in our life, where we meet with our own thoughts, attitudes, values and aspirations. They govern our choices and regulate our behaviour. Jesus in his teaching on the Beatitudes (Mat. 5.8) said, 'Blessed are the pure in heart for they shall see God'. There is an inner orientation to ourselves and to others that we are called to consider, which Jesus brought to our attention by referring to the intra and inter personal relationships. In my professional work with parents, who care for children with neuro-developmental challenges, I come across this baggage of inner distress, on account of perception of some wrong doing of theirs being responsible for the developmental disadvantage of their child! They carry this burden for long years. Recently a father who has a teenager, who is struggling with his academic learning, asked me, 'Is my son suffering because I was not honest in my business practices?' The words of Jesus to Zaccheus, 'For the Son of Man has come to seek and to save that which was lost' (Luk. 19:10) is the good news for all those who are engaged in any form of healing mission.



FEATURE

It is an inclusive invitation for everyone irrespective of anything one would have done in the past!

Fourthly, healing is an experience of **Renewal**. In the narration of the healing experience of the paralysed person, there is a climax to the story, when 'he rose immediately, took up the pallet and went out in the sight of all...' (Mark2:12). This can be a reality only as much as a person is open to process the different dimensions of an illness. When I fell ill three years back, needing a coronary bypass surgery, I was taken by surprise. I thought I had lived a healthy life following all the good practices for sound health. However, when Anna and I returned to live and work in Kerala after having been away for forty five years, there was a demand to adapt to different circumstances. I succumbed to the pressure to conform and consent to a particular mindset! I lived a disturbed life, the effect of which was stress and cardiac consequences. A resident doctor who briefed me about my surgery on the eve of the operation was most helpful to let me see life beyond the surgery. He encouraged me to embrace life in hope and trust! Three years after surgery, I am moving towards greater freedom to live according to my calling! There is an inner ambience of celebration of life and living! There is a growing sense of gratefulness and appreciation of the good around us. The good effects of that illness stay with me. I had a long

journey towards healing even after the blood circulation in the coronaries was re-established.

This experience of healing with recovery, restoration, reconciliation and renewal is a lot more than what is practiced in medical care. There is a need for partnership between health care professionals and hospital chaplains to allow this to happen. There is a need of partnership between congregations and hospitals for it to be a sustainable reality.

The **partnership between health care providers and chaplains** takes place in many mission hospitals. When we lost our three months old baby in 1980, the chaplain at CMC Hospital, Vellore, late Rev. A.C.Oommen, mentioned at her funeral service, that the home call of our daughter was for a purpose for which he invited us, 'to wait in prayer for healing and find a mission in life!' That was a turning point to move into openness before God from a state of shock and grief. It took several months for us to experience some measure of recovery, reconciliation and renewal. The conversations and pastoral guidance from people who befriended us helped us to find our vocation, which was concealed in our bereavement! As health care professionals, we are limited to be resourceful to patients and relatives beyond a level. A hospital chaplain is trained in pastoral care, counselling and personal formation.



I got a sense of it from what I heard from a family whose first baby was born two months before the expected date of arrival. While their baby was receiving care in the nursery, this family had regular visits from the chaplain. Although the complications their baby had to endure was distressing to them, the visit of the chaplain helped them to value the good care they received at the Bangalore Baptist hospital. They found the attention given to them most valuable

He helped to form a small group of volunteers in some congregations that he was able to visit and equip them through introductory lessons for pastoral care visits. He invited the presbyters to come for conversations and dialogue on pastoral care of those who suffered from illnesses.

and recalled it as complementary to the care of their baby. They found prayer as an inner resource of comfort and hope. The partnership between a **congregation and hospital** is another valuable association we need to explore more actively. One of the moving experiences in this learning journey for me was what late Dr George Joseph offered through the council of healing of the Church of South India from 1989. Dr Joseph encouraged the congregations to consider hospital visits and home visits as part of the mission of the congregation. He helped to form a small group of volunteers in some congregations that he was able to visit and equip them through introductory lessons for pastoral care visits. He invited the presbyters to come for conversations and dialogue on pastoral care of those who suffered from illnesses. It was during that time the care of those who were affected by HIV was being formulated with a Christian perspective. Some congregations even volunteered to support the care of patients by subsidising their cost of treatment and supporting them for their follow up. I remember attending some meetings, where the presbyters and doctors conveyed a collaborative approach in leading patients towards a healing journey! I know of some congregations beginning healing services on one Sunday in a month and encouraging volunteers to make home visits to meet with those who were convalescing.

One immediate outcome of this initiative was that the members of the congregations began to learn and discuss on the different dimensions of healing. I remember one congregation having small group meetings which led to a resolution of conflicts between people which were pending for too long! In another congregation, the members of the congregations helped to welcome and guide patients on arrival at the hospital. There was an increased awareness about the services of the hospital as a ministry of the congregation. Some mission hospitals received an impetus through this partnership to continue amidst the challenges they were facing.

Let me conclude. I have shared some Biblical and personal experiences on this journey into healing! The therapeutic help we offer to people who have physical, emotional or mental illnesses is the first step towards this journey in to healing. Any healing experience ought to have a holistic impact leading to wellness and fullness of life. The message of Jesus of Nazareth is that, He came to give us 'life in all its fullness'! We live in a hurting world. People live reduced lives and find the burden to live too difficult to cope with. While travelling in a public transport recently, I sat next to a man who had weakness of one side of his body. He sustained a head injury on a road traffic accident at the age of 20 years while studying for engineering and lost functions of the right side of his body including that of the speech. For the last five years he has experienced the discovery of a mission in his life, because a catholic priest employed him to work in his office as a computer operator. That gave him an opportunity to experience recovery from his depression and is looking forward to further wellness! It was not physiotherapy and speech therapy alone that was restoring him, but the acceptance he received and a growing sense of mission in his life! For all those who profess to be followers of Jesus of Nazareth, there is a mission- become 'wounded healers'!

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GO YE INTO THE WORLD AND GET INVOLVED

Conventionally Western influenced Christianity/ Churches have looked upon health care and healing as the prerogative of the medical establishment. In fact those directly involved in medical missions have far too often relied on medical professionals to get on with the job; this is in contrast to a regular mission of the local church. The clergy have been very responsible in isolating their members and churches from the need to be a healing community. But health care is not the job of the health care professional only; it is also the calling of the church. A biblical mandate for this is found in Luke 9:2 where the gospel includes *preach the kingdom of God and heal the sick...* In other words when Jesus summoned his disciples (You, me and us) he sent them out not only to preach, but also heal the sick.

Notice John the Baptists' query to Jesus: *Are you the one who was to come or shall we expect someone else?* (Matt 11:3) To which Jesus replies: *Go back and report to John what you have seen and heard: The blind receive sight, the lame walk, those who have leprosy are cured, the deaf hear, the dead are raised, the good news preached to the poor. Blessed is the man who does not fall away on account of me.* (Luke 7) Jesus' concern for healing was central to his personhood and ministry, in other words as the extended body of Christ, it needs to be pivotal in our own ministry and functioning.

Consequently, healing is a manifestation of the Kingdom of God. In Luke 9:11, Christ proclaims the Kingdom of God and then heals. Nevertheless, there is a great degree of foreignness when it comes to the concept of the kingdom of God today. It often becomes "other" to our existence.



Mr. D. Anand Peacock

The Kingdom of God which was inaugurated by Christ is to be lived and experienced here and now. When healing is administered as part of the proclamation of the kingdom, that is when the medium becomes the message, to use the words of Marshall McLuhan (Canadian philosopher)

Sadly, today healing has not found itself as part of the vocabulary or practice in the expression of the Kingdom of God. By way of habit, we portray salvation as related to moral forgiveness and transformation but hardly related to suffering. Guilt is not only met by forgiveness but also in healing as one of its consequences. The case of the paralytic is one such illustration; forgiveness followed by healing. And that is where the congregations need to demonstrate the kingdom by rising up, taking up their beds and moving forward.

In itself preaching is inadequate. Take the many that are hurting and suffering within congregations and even outside of it. Does our gospel include them in it? Are they made aware of the God who forgives all sins and heals all diseases? Psalm 103:2-3.

The church today has been unable to understand health. Hospitals and care centres are to be seen as the extension of the healing arm of the church in community. Because of our inability to recognize the importance of health we have broken down the individual into various spheres and not cared for the whole person. Such dualism deals with various aspects of the human as distinct identities. A healthy person is one whose body, mind and spirit function harmoniously together. And this is where we need to move towards the cross. The cross is a symbol of brokenness and yet

A healthy person is one whose body, mind and spirit function harmoniously together. And this is where we need to move towards the cross. The cross is a symbol of brokenness and yet wholeness.

wholeness. In its symbol of brokenness, it symbolises the areas where we need healing, and in its function of wholeness it glues those broken areas together. It challenges us in both body and mind. It brings healing then of mind, spirit, social relationships and our relationship to the environment.

Regrettably the church has become a place of theatricals where liturgy and robes and clergy and their demonstrations take centre stage. We need to move out of this masquerade and turn our gaze from those who are well to those who are sick. The church thus needs to move out of its rehearsal of empty rituals and get involved with those it prays for by establishing community and considering healing of the body, mind and soul.

The Swiss psychoanalyst of the last century, Balint, depicts the concept of the good ole family doctor. One who was seldom paid but highly loved and revered. His conclusion was that the doctor as a person was a more powerful drug than the medicines in itself and was used generously to relieve suffering. In recent times the good ole doctor has given place to professional care, where medical care is highly specialized. The personal touch is soon becoming a thing of the past. We have become conditioned in such a way that the sick is not restored to community but is a number that is to be adjusted and fitted into a world of baffling statistics.

In the gospels what stands apart is the power of the person of Christ. About himself, he proclaimed in Luke 4:18: *The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free.* His ministry addressed the needs of the whole person; something we lose perspective of. We over emphasise the spiritual and overlook the emotional and physical aspects. But not so did Jesus, he never compartmentalized his ministry into spiritual and clinical facets.

The medical professional is responsible not only of the soul, but also of the bodies of the patients. The clergy is responsible not only for the bodies but also for the souls of the congregants. The church is responsible for both bodies and souls in the world in which she dwells. This will only add credibility to what we say and do. It will breathe life into death and have the word become flesh.

Add to this the sensitivity of Jesus. The ones whom we have dismissed as untreatable, the lepers, the outcasts, he is drawn to them as they need him more.

Partnership that liberates

The promises in Matthew are to two or three not to one. Who then are we to partner with? The Christian is to partner with anyone in need of healing. And that is inclusive in nature, reason being; we live in a broken world. We respond to the needs of those around us by sharing what we have received.

The principle of partnership in Christian ministry runs through the Bible. Jesus did send his followers to heal and preach in pairs which explain the notion of sharing, of lifting each other up. The promises in Matthew are to two or three not to one. Who then are we to partner with? The Christian is to partner with anyone in need of healing. And that is inclusive in nature, reason being; we live in a broken world. We respond to the needs of those around us by sharing what we have received. Partners relate on the same level. Once again we turn our gaze towards the cross: a symbol of weakness and that becomes our starting point. To relate not on a level where there is a transfer of power from the strong to the weak, but to establish relationships that empathize with as friends. To give, to share when finally, the distinction between the giver and

the receiver is blurred.

However, even as I propose a partnership, this is yet to be realized. Its time has not yet come. It is a goal to be worked towards rather than a goal which has achieved fruition. It is thus a process that reaches out to a certain goal, rather than something to be achieved. The process will disintegrate relationships of dominance and dependence.

The long-established dependence of the weak on the strong, a dominance of the strong over the weak, the giver over the receiver, is not one that speaks of community. It reflects vested interests and frustrates freedom. When I talk of a partnership I am referring to a mutual relationship likened as friends. To use the words of French philosopher Michael Foucault: *Power is neither given, nor exchanged, nor recovered but rather exercised and only exists in action.* Such a partnership liberates, it demonstrates accountability and is expressed in humility.

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FROM OUR ARCHIVES

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MEDITATION

1942

THE CHRISTIAN MINISTRY OF HEALING

There are certain thoughts which God seems to have implanted in the mind of man and which we can trace through all human history from earliest times right down to the present. One of these is that there is a relation between healing of disease and religion.

If today we were to go to a village preaching about God of Love, the first demand which would be made of us by any who were sick and who heard us would be 'I am sick, help me in my sickness', and others too in the village would look to us to help these sick ones; it would be expected of us as messengers of God.

Primitive medicine and primitive religion are intimately connected, largely because of the generally accepted ideas of the origin of disease. These ideas were not only found in olden days but are still found in many parts of India today. Sickness is thought to be produced by the entrance into the body of an evil spirit, by the malignant attentions of some god or goddess, by the effect of sorcery or magic on the body, or by the withdrawal of a good spirit from the body. Who then should control or help with the healing of disease but those with the most intimate knowledge of God or the gods? So we find priest, physician, medicine man, combined and nearly all treatment religious in character – sacrifices, rites of propitiation, purifications, atonements, and the physical treatments involved such as purgatives, emetics, cauterizing, blistering, pummelling, stinking drugs, are only efforts to make the body uncomfortable for the evil spirit, and even trephining, an attempt to let the spirit out of the head.

Many nations including the Babylonians, Assyrians, Greeks and Romans, have left records in which healing is shown to be the work of the gods....

The Gospel was not only saving for the sick soul but saving for the sick body- our Lord uses the same word for 'save' for both soul and body. The love and compassion of God, which, because of His nature, proceeded out of Him, extended to the whole of man. 'When He saw the multitude He had compassion on them and healed their sick' (Matt. 14:14)

Not only did our Lord Himself heal as part of His mission and ministry, but He taught that others should do it also. 'He called unto Him His twelve disciples, and gave them authority over unclean spirits to cast them out, and to heal all manner of disease and all manner of sickness...

'As ye go, preach, saying, The kingdom of heaven is at hand. Heal the sick, raise the dead, cleanse the lepers, cast out devils: freely ye have received freely give'.(Matt. 10:1,7,8)

FROM OUR ARCHIVES

The Journal of the Christian Medical Association
of India

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1968**‘ A SPIRITUAL MINISTRY IS CENTRAL ’**

Daniel Sandstedt

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In the book ‘Dr Zhivago’ is a scene which pictures the ruling class of Russia as they are enjoying the superficial niceties of life. They are at an elaborate party, and are all dressed for the occasion. You get the feeling that this is their regular way of life. Outside are some of the working peasants passing out tracts calling on their fellow workers to join a cause. It is apparently necessary for them to do it in a secretive sort of way so that they will not be too noticed, and their cause be lost. Little by little they again in strength until one day the revolution comes, and those who have remained oblivious to what has been going on are either annihilated or left behind as being unimportant or impotent.

Just one little cameo from that great novel, but in it is summarized a picture of life and change, which are all around us. We are in a revolution so great that it is hard to know from one day to the next as to how things really are. The management of Hospitals is so different today that it was just two or three years ago. Administrators must spend so much time going to seminars or reading the latest bulletins and directives to determine how they are going to have to organize or reorganize their working force to be able to continue to function. The old methods and thinking and organization are not good enough for this space age.

Medicine is on the move. The doctor who does not continue to read and study and listen to what others are saying, in order to learn of the latest techniques and therapies is soon left behind. There is not much room for him anymore. Soon he is asked to leave the staff, because his treatment is antiquated and inadequate.

Religious leaders too, be they Pastors in congregations or in institutions, find the methods and means of their communication constantly shifting in an effort to be where people are in their life and expectations. If this sensitivity does not continue or even exist, a ‘Spiritual Ministry ceases to be Central’. Soon we are passed by as irrelevant out of touch.

SPIRITUALITY-THE MOST UNIDENTIFIED NEED

“Remember every nurse should be one who is to be dependent upon. She must have respect for her own calling because God’s precious gift of life is often literally placed in her hands.”
 Florence Nightingale



Mrs. Premlata Prakash

A person who experiences God’s love is able to see himself as a person of worth. This frees him to love God, himself and other people. Nurse becomes a channel of God’s love for patients when she communicates. God’s kind love and faithful presence in crisis, makes him realize that God is with him in his illness e.g. Isaiah 43:2-3

Meaning and Purpose

“Spirituality is an abstract concept with many facts. It is the care of a person’s being evolving one’s relationships with God’s power.” And it’s manifested in numerous religions based on faith in the existence of God. (Taylor 2002)

The existential aspect of spirituality for meaning and purpose is well documented in literature. Recognizing this, the element of spirituality is inherent in holistic nursing theory. Spirituality is also referred to as the corner stone of holistic nursing and spiritual care is considered as ethical obligation. Moreover, in health care settings spiritual care is ranked as a high priority during hospitalization.

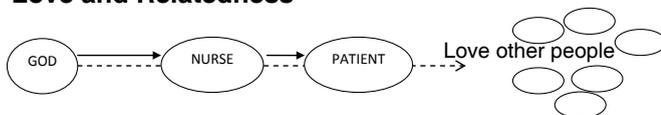
Concept of Spirituality



Spiritual Needs

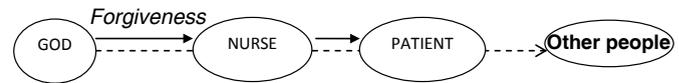
A person who senses God’s direction in his life is able to adapt to on the expected path. He has hope even when his usual support system fails; here he knows that God will never let him down. A nurse can assist a patient in finding meaning and purpose in crisis by being a catalyst in his relationship with God. E.g. Job 42: 1-6

Love and Relatedness



Forgiveness

A nurse can become a channel for communicating God’s forgiveness or point a patient about Jesus Christ the



source of forgiveness. (John 3:16)

Nursing Standard

Spiritual needs may also be expressed in terms of nursing standards.

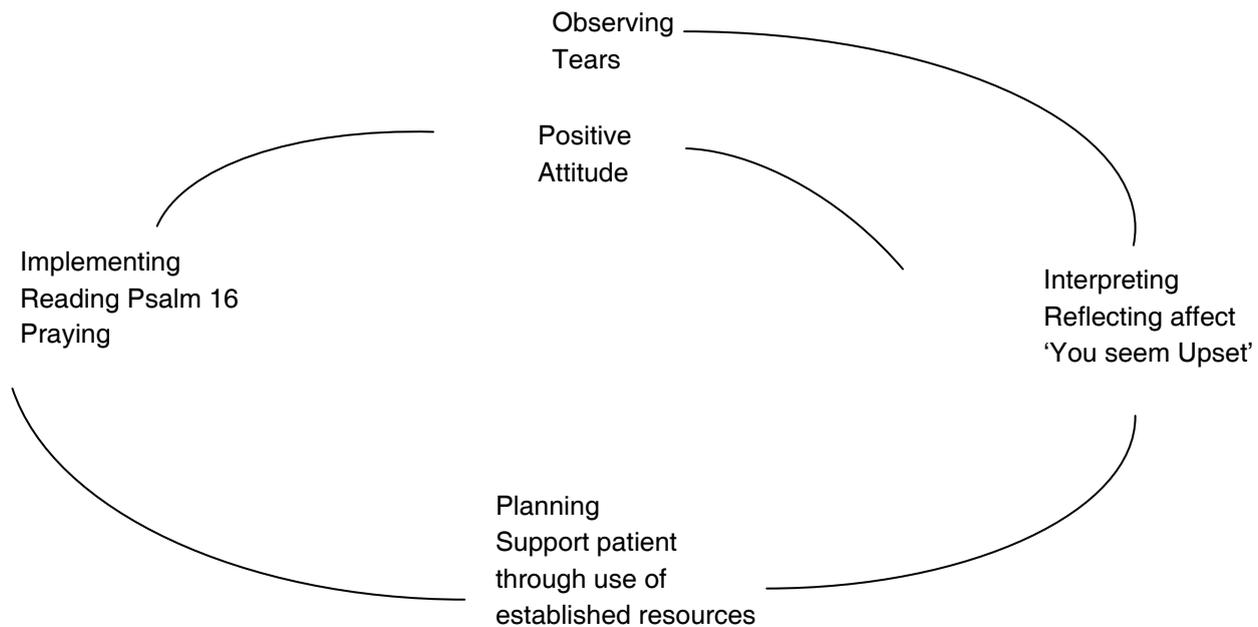
- **Standard** -The Client and family maintain or improve level of spiritual health.
- **Rationale** - Spiritual health affects psychological and physiological health.
- **Outcome** - Demonstration of a hopeful attitude.

Therapeutic use of self (Nurse) in individual spiritual needs:

Listening carefully enables nurse to perceive some of the reasons behind patient’s verbal communications. At times we may fail to hear clear verbal expressions of a person’s needs. There are unconscious barriers to listening, which cause us to use *selective listening* – hearing only what we feel equipped to handle. As we become aware to these barriers, we can begin to overcome them and hear what our patients are really saying.

Empathy is the ability to understand what a person is feeling and communicate that understanding to him while remaining objectives enough to see why he feels as he

Relationship of Spiritual needs and Nursing Process



Relationship of Spiritual needs and Nursing Process

Observing	Interpreting	Planning & Implementing
Does his conversation and affect express hope or despair?	On what is his hope, lack of hope, founded? Does God provide meaning and purpose for the patient?	Use question technique.
Does the patient show any evidence of religious commitment (Bible reading, asking for chaplain or pastor, prayer before meals)?	Does he gain hope from these practices? Does the patient feel God is listening, or he feels alienated from God?	Encourage the faith the patient has through praying , reading and discussing appropriate Bible passages, talking about his relationship with God (and/or your own—put without preaching) Help the patient secure anything necessary for practicing his faith (Bible, rosary, prayer books, clergy). Family and chaplain’s office should be able to provide these items.

SPECIAL FEATURE

Love and Relatedness

Observing	Interpreting	Planning & Implementing
What is the patient's behavior toward his personnel?	Does his behavior reflect his true feelings, or either he is expected to behave ("good patient") or redirecting fear and anger towards personnel?	Encourage the patient by your presence. Show empathy. Facilitate communication with family, friends and clergy. Encourage the patient to verbalize both positive and negative feelings about relationships. Reinforce God's love and concern for patient through prayer. Use appropriate Scripture.

Forgiveness

Observing	Interpreting	Planning & Implementing
Does the patient make comments like, "God is punishing me," "What did I do to deserve this?" "Why me?"	What is the patient's concept of God?	Listen empathetically without moralizing or offering platitudes.
Does he confess about thoughts or actions of which he is ashamed?	What is the meaning of this confession?	Encourage patient to confess to God. Communicate God's forgiveness through prayer, scripture, own attitude toward patient. May need clergy referral for complex problem. The patient may desire communion.

does and to be able to assist him. Empathy is a process involving both the intellect and the emotions.

Vulnerability, the therapeutic use of self requires that nurse be vulnerable to "feel with" the patient, opens to the possibility that we too will experience pain. Nurse who are vulnerable are those who are willing to open themselves up to rejection, criticism and pain, as well as to joy and praise of other people as they respond to these people in a caring relationship. Vulnerability means a willingness to share another person's experiences.

Humility demands that we give the same level of care and understanding to each patient regardless of his moral standards, socioeconomic level, or physical and mental condition.

Commitment is a willingness on our part to share the solitude, anxiety, suffering and grief of our patients. Ultimately, commitment is the reflection of God's relationship with humanity.

Nurses resources for Spiritual Care:

Prayer- it is a response to God's initiative. It took me a few minutes to decide what to pray or even whether to pray. I was thankful that Mrs. Singh's eyes were closed so she couldn't see my struggle. I just wanted God to grant peace in her struggle and unfortunate time. Finally I went ahead and prayed asking God to forgive my lack of faith. I prayed that God would relieve Mrs. Singh's pain and He really cared for her e.g. Mathew 8:1-13. Amen

Scripture – Romans 15:4 - Means word of God can provide hope in crisis.

The sharing of scripture like shared prayer should bring a patient and nurse closer together and open the door for further communication.

Referral to Pastor - Crisis ministry has been part of pastoral care throughout many centuries in which Christians hand learned to expect their pastors to be with them at crucial times (Howard W.Slone). For nurse and

Love and Relatedness

Variables	Nurse	Clergy (Pastor)
Availability	Daily 8 hour shift Present at time of crises of increased stress. Responsible for many patients, may have to interrupt conversation to attend others.	Occasional visits Seldom at the scene when crises occur. Able to concentrate full attention on person during visit.
Involvement	Short term and intensive Unfamiliar with past history other than what is on patient’s chart or what patient reveals. Knows only the family members who visit. May be less threatening, so patients can show doubts, fears, weakness. Relationship ends with discharge.	Long term and extensive Has known patient prior to illness and during past crises. Knows family and family dynamics. Patient may feel embarrassed to show weakness, express doubts.
Education and Experience	Nursing and Nursing care Focuses on health and illness. Theological understanding may be limited to personal beliefs.	Theology and Pastoral care Focuses on spiritual growth and development. Understands patient’s religious framework and can relate accordingly.
Context and authority	Hospital community Hospital is ‘home turf’; experience relatives comfort with environment and illness; not usually overwhelmed by patient’s condition; knows patient only in the context of his illness.	Church community Hospital is foreign soil; may feel intimidated by atmosphere and equipment; distributed by illness especially if formerly healthy person is disfigured or disabled.

the clergy (Pastor) to function together effectively several conditions must exist.

Conclusion

We may never see a patient picketing the nurse’s station with a sign reading, “Give me spiritual rights!” but we may often care for patients. The 1973 Code for Nurses adopted by the International Congress of Nursing states that the fourfold responsibility of the nurses is to, “promote health, to prevent illness, to restore health and to alleviate suffering inherent in nursing respect for life, dignity and rights of man.

An understating of the nature of man as a physical, psychosocial and spiritual being is fundamental to both

medicine and nursing. Spiritual care is considered to be a right. Yet spiritual needs make no sense at all apart from an understanding of God. The right to receive spiritual understanding ultimately comes from Him. If we believe that man is created by God and the need for a relationship with God is fundamental to a person’s nature, then this need becomes our primary mandate to give adequate spiritual care that can promote and help to restore health and contribute to the well-being of the whole person.

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GOD THE HEALER

“For I am the Lord that healeth thee”. (Exodus 15: 26)

By Rev. George Varghese

This verse which is a part of a passage portrays the story of the Israelites who after a triumphal victory against the Pharaoh and his army found themselves in the wilderness of Shur without water to drink. Their natural reaction was to murmur against Moses who in turn cried to the Lord and the Lord intervened and resolved the crisis by turning the bitter water of Marah into potable (sweet) water. This event discloses the true nature and identity of God. The God of Israel is not a warring God who gives victory to the Israelites but also is One who heals and protects them from all diseases and calamities. Although the Egyptians were punished for what they did to the Israelites, God warns the Israelites that in spite of their self-understanding as God’s chosen people, God can equally punish them if they fail in their relationship with God. Human made or natural tragedies, calamities, and diseases separate us from the true purposes of God. However, God as the Healer liberates, redeems, and restores the humans and the whole creation to God’s true intention. God punishes and heals.

The passage also gives some insights into the dynamics and instruments of healing. If your relationship with God is broken, it affects all aspects of your life. God through Moses used a tree (which probably has medicinal value) to sweeten the bitter water of Marah. Healing, thus, involves a right relationship with nature and created order. Moreover, by using natural resources (tree) to heal, God demonstrates that God’s ways of healing surpass human ways, reasoning, and abilities. This is a powerful message to the world today which pollutes Mother Nature by its unbridled consumerism and extravagance. Right relationship with God and with the created order is interrelated and both affirm that God is the ultimate source of healing.

Food for thought/Points for further reflection:

1. What is the lifestyle that the Christians/the churches should promote to experience healing from God?
2. If God alone is the Healer, how do we understand the inordinate claims made by many health institutions, health professionals, faith communities, and their leaders about healing?
3. If God is the ultimate Healer, how do we understand suffering today?



Prayer: Healing God, enable me to acknowledge you as the source of all healing. Let me be an instrument in your hands. May we help others to join in your ministry of healing, through your Son and our Savior Jesus Christ, Amen.

COMMISSIONED TO HEAL

“You received without payment; give without payment”. (Matthew 10:5-8)

By Rev. Paul Pragasam

God's loving care and concern for the suffering people is seen in every single move Jesus made. Jesus in his prayer says that He received those (the twelve) who were chosen by the Father. He trained His disciples with the (John 17:6) plan of reaching out to the sick and the suffering which is accomplished through His disciples. God heals; God uses His disciples as His healing hands. Jesus commissioned His disciples to go heal, educate, serve and to make disciples. Multiplication of the disciples, improves the healing mission and helps the suffering humanity.

Everyone who believes in the Lordship of Jesus cannot disobey but obey His commission to care for the sick and suffering. We are called to provide selfless care for the sick and suffering and share the burden of Jesus. The words of Jesus in verse 7 and 8, “As you go... proclaim... cure... raise... cleanse... cast out”. It resonates the heart of God highlighting his expectation to partner with His disciples in healing the wounded world. God expects our commitment for partnership in healing mission is associated with a graceful obligation. “You received without payment; give without payment.” We have received countless number of blessings from the loving hands of God. How are we to reciprocate God's love that lavished bounteous goodness upon us? Jesus' invitation to accept His calling and obeying His command to “go” is the greatest among all privileges. Blessed are we the members of the church because the heart of God is flowing in us to make us whole by serving Him and by doing His will.

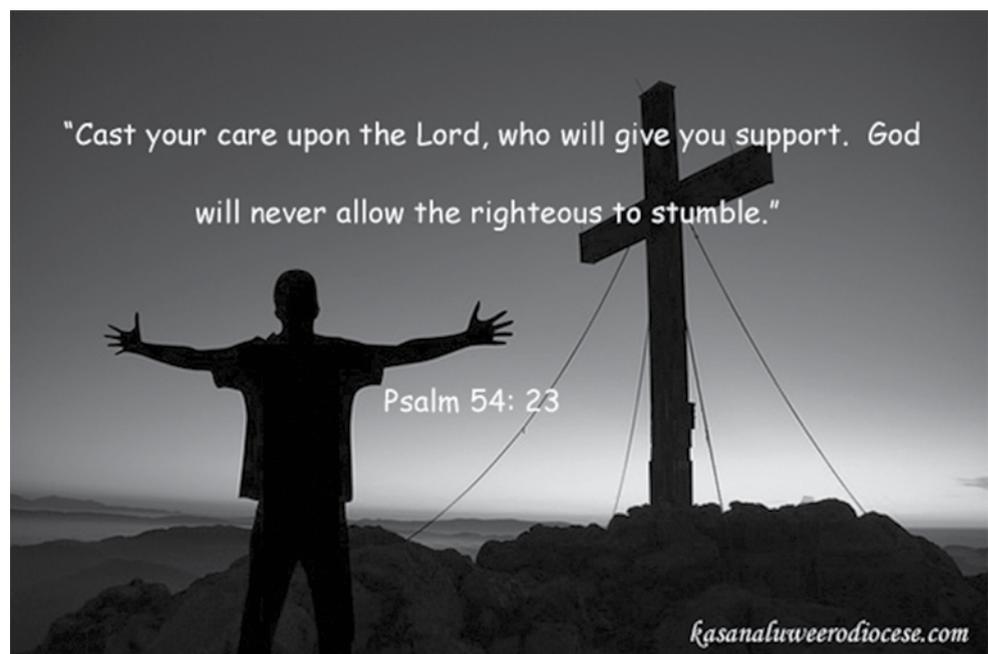
God's commissioning us to become stakeholders in healing mission reveals His generous heart to count us faithful and to entrust such a noble task. Even though we are found unworthy, God in all His love for us has not only saved us from the bondage of evil and sin but also perfected us to be His partners in His mission through His generosity.

Proclaim the good news of nearness of the kingdom. “The Kingdom of heaven has come near”. Proclamation is more than saying. It means “showing ourselves”, “a living witness”. When Jesus sent out His disciples on a mission, even though they went as they were but the difference was made by the nearness and dynamism of the Almighty upon them. The Good news challenged and changed not merely the conditions of individual life but also caused a social change. The call is to revive communities from reflecting oppressive nature and marginalizing human kingdom values to liberating and empowering the Kingdom of God. The commission is a combination of decision, direction, dedication and dynamism. Jesus sent out the disciples with authority to set people free.

Food for thought/Points for further reflection:

1. How can we give freely, the healing that comes from God?
2. How can we demonstrate through our life that ‘proclamation is more than saying’?

Prayer: Thank you for enlisting me to join with the hands of the Almighty in His mission. Lord, here am I. Have your way in using me in the ministry of healing. In Jesus name, Amen.



THE CRY FOR HEALING

“Jesus, Son of David, have mercy on me!” (Mark.10:46-52)

By Dr. Nitin Joseph

The healing of the blind man in Jericho is recorded by all the synoptic gospels, but Mark tells us that his name was Bartimaeus the son of Timaeus. 'The cry of the dying nerves' is severe pain as a result of ischemia of the nerves in neuropathy and peripheral vascular disease and here was Bartimaeus similarly crying out loudly in desperation, imploring to Jesus for healing. By addressing Jesus as “Son of David”, he not only established Jesus' royal lineage but he also affirmed surety that Jesus was the promised Messiah who could heal him. When Bartimaeus cried out to Jesus many around him tried to silence him but that only made him cry out louder knowing that this was the chance of a lifetime to regain his sight so that he would be restored to life of dignity and wholeness. No one was going to take from him his chance to escape from his world of darkness. His persistent cries made Jesus stand still and ask him, “What do you want Me to do for you?” It is so interesting that just a few verses earlier in Mark 10:36 Jesus asked two of His disciples, James and John, the same question that He asked Bartimaeus to which they requested for special positions of power in His kingdom. In sharp contrast, Bartimaeus knew precisely what his need was. Not only did he ask for what was most essential for him but also demonstrated perseverant faith in Jesus.

This passage compels us to reflect on several issues. Are we trying to silence the cries of the silent majority that are so desperately in need of Jesus' healing? As a Church are we obstacles rather than enablers in bringing the lost to salvation? Have we got so sensitized to the poor and the have-nots that we are no longer sensitive to their cries? After murdering his brother, Cain feigned ignorance when confronted by God. “Am I my brother's keeper?” he asked. And the Lord said, “The voice of your brother's blood is crying to Me from the ground” (Gen.4:10). Jesus too was very receptive to the earnest cries of the people who needed Him. When Zacchaeus resolved to make a positive change, Jesus said, “For the Son of Man came to seek and save that which was lost” (Luke 19:10). As members of the body of Christ, the Church, we are mandated to further the healing ministry of Jesus and this is not restricted to the health professionals, hospitals and health agencies. It is in fact the calling and responsibility of every believer to look out for opportunities to reach out beyond the confines of our church boundaries to the marginalized, oppressed and ostracized people and exercise our spiritual gifts to be agents of positive change and transformation.

Food for thought/Points for further reflection:

1. “The difference between cure and healing”, how Jesus made him whole after listening to his cry as a marginalized person?
2. How can we partner with local health institutions and health professionals to bring about healing and wholeness to our communities?

Prayer: God of Light, we pray that You may make us sensitive to the cries of the people around us. To know their needs, and to help them whenever we can. In Jesus name, Amen.



INSTRUMENTS IN HEALING MINISTRY

“Is any one of you sick? He should call the elders of the church to pray over him and anoint him with oil in the name of the Lord. And the prayer offered in faith will make the sick person well”. (James 5:13-16 NIV)

By Rev. Sharath David

Healing Instruments of God are the people of the Church who believe in Christ and in the power of His resurrection.

Prayer as an important tool in the Healing ministry: Prayer is the key that opens and releases jammed, lost and broken lives. It is not to be used as a mantra but as a simple, gentle, lovely nice talk with God expressing our needs to God our maker and redeemer. Prayer is a tool that makes us feel that God has listened and responded to our requests and needs. Casting all your care upon Him, for He cares for you 1 Peter 5:7 NKJV. In healing ministry, prayer of a righteous person can make a lot of difference to an individual. It is like bringing Gods presence to an individual who has doubts, questions and unwanted powers that are influencing him and to be touched and healed by a righteous person's prayer which is an intervention.

Faith as an important factor in the Healing Ministry: “Now faith is being sure of what we hope for and certain of what we do not see” (Hebrews 11:1NIV). Faith in situations is the ability to work with God and extol Him in all contexts. Faith of His people challenges God to act and bring about the demonstration of His love in action. Faith moves God to restore people to their fullness and help them to understand the situation and experience healing. Faith is relatively a bridge that connects the past and the present making it known to His peoples that God loves and is constantly working for them.

Support of one another multiplies our outcome in the Healing ministry: Team work, support and cooperation amongst us help to multiply the work of God. It is important to acknowledge God for the healing he provides for His people. All healing comes from God - so whatever the healing that takes place amongst His people, God has worked there and He is the source. There is a tendency to ignore or not attribute the healing to God when it takes place in a hospital through medical intervention like taking medicines/ surgery/ or medical procedures. When we hold our hands together and attribute to God for his Gift of healing, more healing will take place through our work. It can be also through counseling, listening, responding and empathizing with the individual at a time when they need help and support.

Food for thought/Points for further reflection:

1. How can prayer and righteousness be counted for effective healing?
2. Is multiplication of our efforts possible in today's world?

Prayer: Thank you for making me an instrument and healing through prayer, faith and our togetherness in partnership. In Jesus name, Amen.



BODY OF CHRIST IN HEALING MINISTRY - PARTNERSHIP

“God has appointed in the church ... gifts of healing...” (I Corinthians 12: 27-30, 12)

By Rev. Dr. T. Aruldhas

We live in a world where everyone needs healing. We are all called to be healers along with God. It is important to see the larger picture of where we are and what we do. In the Indian context, we have a specific role to play and to achieve healing for our society. Apostle Paul in his letter describes the nature of the church and its various gifts to the saints in Corinth. This letter is addressed to all who call on the name of the Lord Jesus Christ as their Lord. In the earlier section he describes that every Christian is a member of Christ's body whether prominent or hidden. Every member of the body is related to each other; in need of each other; and worthy of respect from each other. In good times and in times of suffering, they are together. When contributions of different parts of the body are appreciated, there is a beautiful harmony.

'Gifts of healing' refer to people with the power to heal diseases. Paul clearly notes that some people in the church have this gift and they are called to use their gifts of healing. In the church today, 'healing ministry' is one aspect of her total ministry. Therefore, we who are called to be part of this ministry should take this calling seriously and be part of Church's mission. As partners, we have some challenges today. One area pertains to the acceptance of others in God's ministry like teaching, preaching, etc. Often there is lack of understanding, acceptance and mutuality with members involved in the other forms of ministry. 'My calling is greater'; 'My ministry is bigger', more important, and so on. This thought comes because of the lack of a larger vision. In addition, we in the healing ministry feel that our ministry is too critical for the body of Christ, unlike other forms of ministry. Is this thinking reasonable and justifiable? Definitely not.

Secondly, among those who are in the healing ministry, there is a sense of superiority among some co-workers (e.g. medical staff, nursing staff, allied health staff, etc.). Definitely this is a reflection of what is happening in the outside world (where Christ is not understood and upheld as the head). Often the value, worth and importance of a team member is assessed based on the education, training and the monetary value of a member (as assessed by the world). How pathetic it is! When Christ is the head of the Church; our value, worth and importance come from the faithfulness and commitment we show in our given role and responsibility. That value system should be a model for the world to emulate.

Questions for discussion and reflection:

1. As members of Christ's body, how do we understand and respect those who are not directly involved in healing ministry?
2. What are some practical aspects we can implement to communicate that different members in the healing ministry are equally valued and respected?

Prayer: God of healing, we thank you for the gifts of healing you have given us. Help us to accept those who do not have this gift, yet part of your mission. Help us to value and respect each other even those who are in the healing ministry. Heal us, O God. Amen.

WE ARE GOD'S CHANNELS OF WHOLISTIC HEALING OF THE NATIONS

**“And the leaves of the tree are for the healing of the nations. No longer will there be any curse”.
(Rev 22:1-5 NIV)**

By Rev. Sharath David

Tree of life is fed by the water of life that is flowing and bearing fruit. The leaves of the tree of life are for the healing of the Nations. There are no more curses which is a significant change to the quality of life as Jesus has promised abundant life to his people. The curse that brings disparity, sickness, pain, suffering, injustice, will be neutralized through our efforts when we are attached to the tree of life as leaves. The verse has eschatological connotations but it is not something to happen later but the healing has begun through us.

The partnering effort of the church is to make the leaves of the tree of life for healing the nations. It is the church and its constituent believing members in Jesus who will nullify the curse through the fall of human race and its repercussions of the curse on every nation and its citizens. All have sinned and come short of the glory of God (Rom 3:23) and this is reversed in by the leaves of the tree of life. The church and its members are the channels of God's blessing in healing of the nations. We are the glimpses of that hope for the people to see, feel and experience life that God can demonstrate through each one of us as members of the body of Christ. We are the leaves that bring healing to the nations.

Human beings constantly ask this question where is God in my time of despair, need and crisis and illness. It is our role as the Church to reveal God and the gift of that is possible by accepting and acknowledging God as the source of life who wants to use us as the healers of His Creation. It's a special privilege and honor to serve a God who is constantly calling us to respond to the needs of his people to be his hand, feet thus reflecting His love. Human beings are in need to discover the God of their creation and realize who the owner of every individual is. I am fearfully and wonderfully made, I want to discover/see, feel and experience my creator. As Paul exhorts the Colossian church that Christ is the image of the invisible God, today we the Church give that visibility of the love of God in healing the nations.

Food for thought/Points for further reflection:

1. How can we bring forth the healing presence of God to help human beings experience the healing?
2. How can we partner with Christ in healing of nations?

Prayer: Loving God thank you for identifying me as a source of healing. Help me to be transformed to transform others. In Jesus name, Amen.

FRANCES NEWTON HOSPITAL FEROZEPUR, PUNJAB



The medical missionary work in this border town was begun by the Presbyterian Church of USA. Rev Janvier Francis Newton and his wife Mrs Frances [on whose name the hospital stands] arrived in Ferozpur in year 1877. But due to health issues he returned to USA. He took two years short condensed medical course at the Jefferson Medical College, Philadelphia. In 1882, he returned and took charge of mission work in Ferozpur. He connected medical work with preaching and travelled to neighbouring villages on camel back carrying medicines and equipment in the saddle but he mainly worked among man.

Mrs Frances Newton was very much concerned about women who were not having any medical facility available for them. She started running dispensary for women and children from her residence with the help of her daughter who joined her mother taking a short medical course from America. Due to her health she went back to USA and while lying in Women's hospital at Philadelphia –she thought of building a hospital for women and children in Ferozpur. She started talking and praying about it, she collected \$2000 for the hospital. That was the beginning

of Frances Newton hospital and the 50 bedded hospital for women and children in 1894.

Dr. Maud Allen from California was the first fully trained missionary doctor to join the hospital. She owned Model-T Ford car which was a very rare thing. She worked for 30 years as medical superintendent, an outstanding doctor and liked by all.

Dr. Grace Edwards was the next missionary who worked as medical superintendent for six years. In 1936 Dr. Dorothy Ferris took charge as medical superintendent. She was a graduate from the University of Cincinnati and took a short course at the Columbus College of Physicians and Surgeons in New York. She spent a year in language school. In 1947, at the time of independence of India and the partition, there were men patients who were victims of communal violence and got treatment at the hospital. It was then the hospital became general hospital and started treating men, women and children.

During 1947 floods 36 out of 39 buildings were razed to the ground. Dr Ferris discussed about the flood and damage of the hospital. She said, 'what are we going to do? Are

INSTITUTIONAL FEATURE



INSTITUTIONAL FEATURE

Frances Newton Hospital School of Nursing was established in 1923 and is one of the oldest Nursing School in North India. We are providing G.N.M. & A.N.M. Courses .

we going to rebuild or not.” Everybody advised that the hospital is on border-centre of conflict between Pakistan and India, do not build, you will always be in middle of it. But she made it a matter of prayer. She continued, “Lord, where do you want the hospital? Do you want it or is it time to close?” Dr Ferris said that the answer came that, “I will establish you after your old estates, and I will do better than the first and you will know that I am God.”

So, on this the foundation of a new hospital was built. The donations came from the Presbyterian Women’s Jubilee fund. In place of 85 bedded hospital prior to floods, a 200 bedded hospital was built and officially opened in 1953. Dr. Ferris along with her team worked with full dedication and carried the hospital to new heights. She is still remembered by the older generation of Ferozepur district. After her Dr. Satow became medical superintendent for two years. In 1972, Dr. Bakhshish Masih was called while he was being trained at United States.

The foreign missionaries left in 1972 and Dr. Bakhshish Masih took over as first Indian Director/Medical Superintendent. He was a dynamic surgeon who was fond of teaching and trained number of doctors. In April 1986 he left for States. Dr. Richard David was working since 1976 in Frances Newton hospital took over as Director /medical superintendent in 1986 and retired on 31st July, 2014.

Dr. Anurag Amin took over on 1st August, 2014 as present Director/Medical Superintendent who is general and laparoscopic surgeon and has been working since 2004 in this hospital.

At present, this hospital is 150 bedded hospital with specialized care of surgical ICU, Medical ICU, Coronary care unit (ICCU), Intensive care nursery and various medical services managed by expert specialists. Hospital functions 24x7 without holidays. We have air conditioned delivery rooms supported by well equipped nursery with warmers and LED phototherapy. Hospital provides general

and Laparoscopic surgery facilities and Endourology Facilities. We provide specialized services of E.N.T, Urology, Neurosurgery, Orthopaedics, Dermatology, Dental, Maxillofacial surgery and Ophthalmology. We have fully automatic analyzer, ABG machine, cell counter, in our computerised Laboratory. We have ECG , Digital X-rays, Ultra Sound with colour Doppler, C- Arm and fully functional physiotherapy department

Frances Newton Hospital School of Nursing was established in 1923 and is one of the oldest Nursing School in North India. We are providing G.N.M. & A.N.M. Courses. We take 50 candidates for G.N.M. and 40 candidate for A.N.M. every year.

We had started Allied Health Courses from 2014 in which we provide Lab Technician, O.T. Technician, X-Ray Technician, Anaesthesia Technician, E.C.G. Technician, Dental Technician, Physiotherapy Technician, B.M.W. Technician Courses .

Under Evangelical we have regular chapel service , Palm Sunday and Passion Week programmes, FNH Sunday School Programme, Annual Revival Meetings and Celebrations of Christmas month. We do Free Christmas medical camp. In Our Rural Outreach Programme the community health team does home visits, gives health talks and medical camps are held.

We are planning to open a college of nursing, Trauma centre, NICU and Digitalization of Hospital.

We have been serving the community for last 123 years by Grace Of Lord Almighty and will continue to serve with the same Spirit and vision.

Dr. Anurag Amin
Director, Frances Newton Hospital, Ferozpur

CHURCH LEADERS CONSULTATION ON “HEALING MINISTRY AND THE ROLE OF THE CHURCHES AND HOSPITALS”

Christian Medical Association of India as the official health arm of the National Council of Churches in India has the mandate to equip the churches in responding to the healing ministry. The National Consultation will bring Church leaders from various denominations and the leaders of hospitals governed by the church together for a time of introspection and review on the contribution of Christian health services to the health challenges. Moreover, it will also be a time to dig deeper into the issues preventing or stopping us from fulfilling our role in the healing ministry.

We as the network of Christian healthcare professionals, institutions and churches are facing real challenges with regard to persisting with our vision and mission. In today's context, we find most Christian mission hospitals – and some of its educational institutions –in a state of disarray, with out-dated infrastructure, poorly financed, equipped and staffed, struggling to eke out a living for those

dependent on them. Our mission hospitals are closing down at a rapid pace. From the 900-odd thriving mission hospitals in the country at the time of independence, we are barely numbering 200 or so, most of which are struggling to keep afloat. And it is NOT for the lack of relevance of these institutions, as many are still situated in areas of tremendous need – it is simply that there is no one willing to man them, with courage and conviction that they are still tremendously useful tools in the Hands of the Master¹.

Based on these insights, the common platform will facilitate discussions on strategic ways for the Church to engage with the hospitals and communities around them in a beneficial and holistic way. The question “What is stopping us?” needs to be addressed constructively.

A publication of Christian Connections for International Health, titled “The future of Christian Hospitals in



FEATURE



Developing Countries – The Call for a New Paradigm of Ministry” in the year 2000 came up with **3 scenarios and possible suggestions which are relevant today. They are as follows:

Scenario 1

What if competition diminishes the viability of Christian hospitals, including new government services that were not previously available?

Suggestion to the Church and its hospitals: Focus must be on primary and secondary level care keeping the community needs in mind. Creating of a local insurance system will be beneficial. A few years ago, the President of India’s National Board of Examinations went on record as saying that about 90 percent of India’s health needs could be managed by doctors trained in Family Medicine.

About 5-7 percent could be managed by doctors trained in Rural Surgery. Only about 2-3 percent of India’s sick needed to see a specialist!

Scenario 2

What if Christian Hospitals resources are dwindling and it is threatened with closure?

Suggestion to the Church and its hospitals: Discuss with the community to become more relevant to them from their perspective. Empower the community and create a sense of ownership of the mission hospital. For this to be realised some introspection and a change of objectives of the hospital may be required. Use of locally available resources including man power must be done. Training programmes by the hospital should be encouraged and increased in number.





FEATURE



Scenario 3

What if, in the communities it serves, the hospital has no impact on the health and the spiritual lives of people and has mission objectives that are no longer relevant to the needs of people.

Suggestion to the Church and its hospitals: An internal assessment to be done and assess whether the activities of the hospital are aligned clearly to its vision and mission. To take into cognizance the commitment of the staff and leadership. Quality Improvement of hospitals must be given priority.

With these scenarios in the background and still relevant 14 years later, in June 2014, 60 health professionals and representatives of churches, mission societies, church-based and secular organizations, academics in medicine, health economics and theology came together for the international symposium on “Christian Responses to Health and Development” in Tübingen, Germany. As a result of the meeting, “A call to health and healing – Declaration Tübingen III” was developed and published. The call clearly states that “The Christian Church continues to have a unique, relevant and specific role to play in Health, Health Care, Healing and Wholeness in changing contexts and in all regions of the world.”

With this in mind, in partnership with the National Council of Churches in India (NCCI), two Church Leaders Consultation on “Healing Ministry and role of Churches and Hospitals” were organised

- Conference Hall of the CBCNEI at Guwahati on the 16th and 17th of February, 2017.
- Sadhu Sunder Singh Hall, CNI Bhavan, New Delhi on 14th March 2017.

The main objectives of the Consultation were:

- To understand the role of the Church in the healing ministry and to effectively address the gaps.
- To establish a strong network to support the Healing Ministry

The expected outcome is to have a clear picture how the structure of the church can enhance the Healing Ministry and to engage in sharing of good practices and meaningful dialogue on the way forward.

Conference Hall of the CBCNEI at Guwahati on the 16th and 17th of February, 2017:

24 participants attended the meeting from various states of Northeast (Assam, Meghalaya, Mizoram and Nagaland) representing 5 different Churches and 12 Mission Hospitals. There was a presentation on the uniqueness of Christian Contribution to Healthcare in India and the challenges. The presentation was based on the preliminary findings from the Member Institutions in the Northeast region of the CMAI Institutional Documentation exercise. The main highlights were that our mission hospitals were serving in an average of 2-4 districts, out of which few were the high priority districts as identified by the Government of India. They all served vulnerable populations and elderly care was a priority in all the hospitals. Palliative care was not done in most of the hospitals. The Governance structures were unique to each of the institutions. Outreach work was not present in all the hospitals and this was a concern.

This was followed by the session where all the Churches and institutions presented their Vision, Mission and Governance. During the presentation, all the participants were very much open about the challenges they faced and the difficulties in performing their duties.

This was followed by a session where the best practices in Healing Ministry from different churches and institutions were presented. The purpose of this session was to promote cross learning.

Repositioning Ailing Institutions – Experience at Makunda (past 24 years) by Dr Vijay Anand of Makunda Hospital, a unit of EHA.

Best practice of Catholic Hospitals by Dr Gordon Rangad from Nazareth Hospital Shillong.

Congregation based health activities by Dr Ronald Lalthanmawia (CMAI)

The last session of the day was the Panel Discussion led by Rev Dr Roger Gaikwad and facilitated by Dr Ronald Lalthanmawia on “Where do we go from here?”

Sadhu Sunder Singh Hall, CNI Bhavan, New Delhi on 14th March 2017:

This consultation was mainly Church leaders from various Protestant and Orthodox denominations. 14 mainline churches under the NCCI were represented with a total of 28 participants. This meeting was more of a sensitisation on the challenges faced by the hospitals in the healing ministry as the Church leadership was unaware of CMAI and its activities as well as the challenges faced by the hospital. Rev Roger Gaikwad welcomed the gathering and pointed out the need for an integrated approach with the church and the hospital synergising and bringing about the much needed change. The General Secretary of CNI expressed his concern about the Christian medical

colleges and their freedom to function as minorities. Dr Vijay Anand and Dr Gordon Rangad presented their experiences in the mission field after Dr Bimal challenged the church in its mission and vision, especially with relation to hearing.

Some of the recommendations from both consultations include:

Focus and reach to vulnerable, poor and marginalized communities:

As our mandate, the institutions need to be more focused on involvement with the poor (poor-friendly, vulnerable - friendly) hearing the cries of the poor, marginalized, psychiatric patients, people/children with special needs. The institutions should have more outreach work not in terms of mobile clinics but being present in the community. We should not wait for the poor to come to us but reach out to them. Identity is pro-poor institutions but continue to strive for excellence. Church can help by calling for donations- Eg. Patient centric request. God has given us health and this has to be shared with the people. Church must share the need of the hospital. Church can request from the rich and give the poor. Better to change from a concept of giving out charity and progress toward empowerment. Church leadership expressed that there is a very big need for human resource. Healing ministry goes beyond the hospitals and we cannot equate medical ministry with healing ministry. Many Christian doctors working in the private side, a mechanism to bring them as volunteers and a human resource pool is being envisaged by CMAI.



FEATURE

Church plays an important role in student, junior doctors, nurses, and healthcare professionals' mobilization. There should be exchange programme and exposure visit. Church and hospital leaders' consultation should be held on a regular basis – strategic planning on the need and how to respond to the unmet need.

Engaging with congregations:

There should be more programme focusing on Church and lay leaders training on healing ministry at different level for better understanding. There should be volunteers training in different aspect of healing ministry. There should be Sunday school materials on healing ministry to engage and sensitize youth from young age. There should be more community/congregation owned programme – encouraged, engaged and empowered in the healing ministry. Church should identify the need and identify people for the need.

Governance and structure

To church Health Committees should include external person as part of the health committee formally and not only as invitee. CMAI can play a role of interface/facilitators between church and hospital board which should be strengthened. Church plays an important role in student, junior doctors, nurses, and healthcare professionals' mobilization. There should be exchange programme and exposure visit. Church and hospital leaders' consultation should be held on a regular basis – strategic planning on the need and how to respond to the unmet need. CMAI should take forward an Organizational Development process to develop hospital one on one basis. Research and innovation on best practices – documentation and

dissemination should be conducted and made available for membership. Self-assessment of integrity, ethical practices etc. (non-negotiable – health of the institutions) through a credit rating of CMAI hospital – mission, meeting the unmet need, best use of funds, accessibility for the poor, insurgent and war area, mentoring process, quality of leadership, best practices documentation.

Networking role of the Church

As the Church, it is important to speak up and advocate for various issues. The churches must connect with and talk to their local MP and Bureaucracy about the challenges. Ownership of the healing ministry is crucial. In the area of health promotion and prevention of diseases the church can be more efficient and effective. Advocate for equality and equity for the poor and cooperate with the Government. CMAI can help and support this through technical inputs and creating platforms for discussion and dialogue between the church and hospital.

*Dr. Ronald Lalthanmawia
Head, Community Health Department
CMAI*



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The last date for online application submission with payment is 15th June 2017 and for submission of supporting documents, where applicable is 17th June 2017

REGISTRAR

STAFF VACANCY

The Christian Medical Association of India, New Delhi, a Christian NGO and a fellowship of Christian Hospitals and Christian Healthcare Professionals in India has immediate opening for staff at its Headquarter in New Delhi.

1. Name of the Post: Secretary, Chaplains Section

Post open: One

Nature of the job: Full time; coordinates the activities of the Section; requires extensive travel all over India

Age: 28-40 yrs

Educational Qualifications: A Diploma or Degree in Theology from a Theological University/College/Seminary in India

Professional Qualifications/Work experience: Ordination in any of the NCCI member Churches; Pastoral experience in parishes; Chaplaincy experience in hospitals/caring institutions and /or exposure to Healing Ministry/Pastoral Care and Counseling.

Period of appointment: Five years with first year as probation

Last date for application: 31 May 2017

Salary and perks: As per the CMAI rules

2. Name of the Post: Secretary, Allied Health Professionals Section to be based at its headquarters in New Delhi/Bangalore

Post open: One

Job Requirements/Responsibilities

- Coordinate the activities of the Allied Health Professionals Section at the National and the regional level
- Work with other sections and departments to promote AHP sectional activities and strategize them for maximum impact.
- Visit institutions and training centers and offer appropriate technical support. Willingness to travel widely at least 7 days a month.

HUMAN RESOURCE

- Mobilize membership and involve them in CMAI technical and fellowship activities
- Work with the Central Education board to coordinate the function of the various training committees and receive their reports on time.
- Represent CMAI in public, private, NGO and church forums and present CMAI view points and reports as required
- Coordinate with the conveners of the training committees regarding the functioning and up gradation of the courses, training committee and training centers.
- Monitoring and supporting the AHP certificate verification process.
- Organizing the Sectional meetings, preparing and circulating the Minutes of the Section's General Meeting and Executive Committee, Central Education Board (CEB) Board Meetings.
- Contacting Allied Health Professional staff and students through institutional visits.

Minimum Qualification: PG Degree/Diploma in any of the Allied Health Sciences.

Experience: 5 years. Young professionals are encouraged to apply to take on a challenging opportunity.

Skills: Excellent Communication (written, spoken and listening), Analytical and relationship. Use of computers and communication technology, Use of English and one or two of Indian languages.

Other Attributes: Positive attitude, open mind, team work, multi task, faith in the church and ecumenical work and partnerships.

Last date for application: 31 May 2017

Salary: as per CMAI norms.

Send your curriculum vitae to:

The Administrative Manager
Christian Medical Association of India
Plot No 2, A-3, Local Shopping Centre
Janakpuri, New Delhi 110058

Telephone: 011-25599991, 2, 3

Email: cmai@cmai.org

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Canada



Dr Peter Saunders
UK

Theme:

In the footsteps of the Great Servant Healer

Dates:

Students & Jr Graduates
21st to 23rd August, 2018

Pre-conference
22nd to 23rd August, 2018

Main Conference
23rd to 26th August, 2018

The World Congress connects Christians in medicine and dentistry all around the world, equipping them to live out their faith at work.

International Christian Medical and Dental Association (ICMDA) is a global movement uniting national Christian medical and dental organisations in over 60 countries.

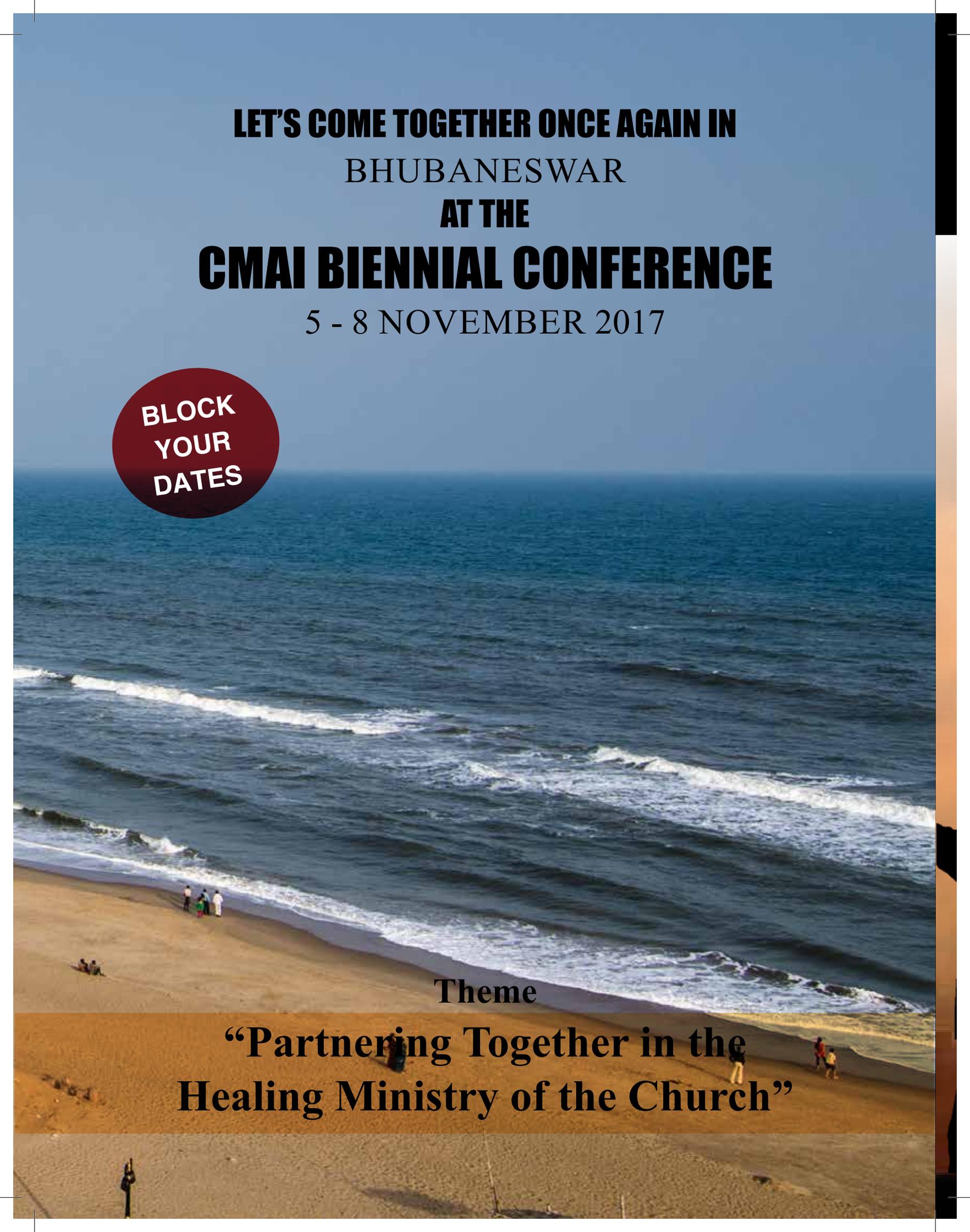
Christian Medical Association of India (CMAI) is a fellowship of doctors, nurses, administrators, chaplains and allied health professionals and a network of Mission Hospitals in India.

Evangelical Medical Fellowship of India (EMFI) seeks to be a support to doctors and dentists in the country to enable them to be a witness for Christ.

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