Leader’s GuideA logo with blue and orange letters

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Episode 5

Spiritual Interventions

Summary

Medical evangelism is a natural overflow of who we are in Christ. We communicate to our patients the Good News with respect, sensitivity and permission, metering the dose based on where they are in their spiritual journey, thereby seeking to bring them one step closer to Jesus.

Speaker

Dr. Jacob Greuel was raised in church, but as a young adult faltered until he had an encounter with God during medical school that dramatically altered the course of his life. While in family medicine residency, a faculty member led him and others through CMDA’s *The Saline Solution*. Subsequently, sharing the love of Christ became paramount in his Alabama private practice. Then he and his wife realized a call beyond that practice and short-term missions to “multiply medical ministry.” To that end, he completed a fellowship in obstetrics and currently serves on the faculty at In His Image Family Medicine Residency Program in Tulsa, Oklahoma. Dr. Greuel is passionate about training others to magnify the Lord, especially through the practice of medicine. He also enjoys being active in the outdoors and spending time with his wife and their four sons. Dr. Greuel can be contacted at [greueljv@yahoo.com](mailto:greueljv@yahoo.com)A person smiling for the camera

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Discussion Questions

1. What from this video inspired, edified or challenged you?
2. John 1:14 says Jesus was “…full of grace and truth” (ESV), and Dr. Greuel calls us to exude these same two attributes in sharing the gospel. If our proclamation of the Good News is lacking in grace, how is it likely to be received? How about if it is lacking in truth?

**Truth Without Grace:** Oftentimes, when someone thinks they are speaking truth, without grace, they are in fact communicating legalistic expectations in a harsh manner. There is a certain undeniable offensiveness inherent in the gospel (1 Corinthians 1:18, 1 Peter 2:8), and it is the concurrent communication of God’s gracious love that the Holy Spirit uses to overcome this offense. See also 1 Corinthians 8:1.

**Grace Without Truth**: On the flip side, some genuine attempts to be gracious at the expense of truth are in fact harmful because they do not motivate a person to move from their current reality into the deeper reality offered in the gospel. See 2 Timothy 4:3.

**Grace AND Truth:** The correct combination, as Jesus perfectly illustrates, is grace AND truth. Also consider Colossians 4:6, “Let your speech always be gracious, seasoned with salt, so that you may know how you ought to answer each person” (ESV).

1. In the agrarian model of evangelism, which of the following seems most natural for you: cultivating, sowing, harvesting or multiplying? Which do you find the most challenging?

Of course, there is no “right” answer here, but the hope is the discussion will cause people to realize we should look forward to participating in each of these roles, and also realize there will be other Christians supplementing our efforts and moving our patients toward Christ. In summary, we should be willing to be involved in each stage, but it is unlikely we will have to take a person through all of these stages by ourselves.

1. Why are respect, sensitivity and permission so important when talking with patients regarding spiritual things?

There are several reasons why these three elements are important. First, our patients are all image-bearers of God, and, as such, we are to obey Jesus’ admonition to treat them as we would want to be treated. Secondly, any attempt to steamroll someone with the gospel is likely to make them less open and more hostile toward the message. Thirdly, our over-zealous efforts to “convert” someone are a denial of the fact that only God can open a person’s heart. Fourth, if we show respect and sensitivity to a patient and they deny us permission to address spiritual issues, the Lord can use such an incident to soften the patient’s heart toward future efforts by other Christians.

1. Dr. Katie Musser speaks of her treatment of a denture patient and how it took a year for the patient to express an interest in the Bible. What are some factors in how we treat our patients that could eventually contribute to their eventual desire to know more about what the Bible says?

If our treatment is excellent and compassionate, and if we have empathy for our patient’s situation, and if we are raising faith flags that communicate the importance of the Bible to us, these factors can lead the patient to want to know the reason for the hope that is in us (1 Peter 3:15).

1. Dr. Greuel stated in closing. “Medical evangelism is a natural overflow of who we are in Christ.” He also describes the idea of partnering with God in what He is doing in a person. As you think about these ideas, in light of the material we’ve seen so far in this series, do you feel like you are coming from a place where your actions could be described this way?

By now, five sessions into the material, individuals in your group may be motivated to start changing the way they communicate with people in their practices. Take time to reiterate that evangelism should be a natural overflow of a person’s relationship with Christ and never an obligation expected from a person who is not being transformed by their walk with Christ already. This does not mean we have to be some sort of spiritual superheroes, but it may require acknowledging our weakness and dependency on Christ in our daily lives.

Leaders may want to consider reading 2 Corinthians 12:9, “…My grace is sufficient for you, for my power is made perfect in weakness. Therefore, I will boast all the more gladly of my weaknesses, so that the power of Christ may rest upon me” (ESV).

1. Think of someone in your life you would like to see come to Christ. Using the ideas covered in this segment, how could you specifically help them take one step closer to Christ?

This could be a patient or colleague, but it does not have to be. Almost everything in this episode can be applied to all of our evangelistic efforts, and it’s all theoretical until we seek to apply what we have learned to specific people. Perhaps the meeting can be ended with prayer for some of those who come to mind in response to this question.

1. What is one take-home item from today’s session that you hope to implement?

Additional Resources

1. *Your Best Life in Jesus’ Easy Yoke* by Bill Gaultiere, PhD
2. *The Saving Life of Christ* by Major W. Ian Thomas
3. *Don’t Waste Your Life* by John Piper
4. *I Once Was Lost* by Don Everts and Doug Schaupp