



# Participant's Guide

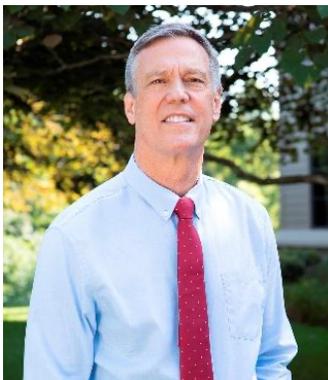
## Introduction

If you are a Christian healthcare professional, then you recognize that our greatest calling is to honor the Lord in our efforts to help our fellow man. The apostle Paul instructs in Colossians 3:23, “Whatever you do, work heartily, as for the Lord and not for men” (ESV). This divine calling is most obviously an exhortation to provide excellent, compassionate care for our patients. If we recognize that our patients are more than just physical beings—that they are made in God’s image and have a soul that will never die—then we will seek to communicate the love of Christ through the care we provide them.

The mission of *Faith Prescriptions* is to equip Christian healthcare professionals to communicate the love of Christ, in word and in deed, to our patients, students and colleagues. What does this look like each day as we practice? How does the love of Christ motivate us to do our very best for our patients? How can we encourage our patients to confide in us regarding their spiritual needs? How do we verbally communicate the power of the gospel with sensitivity and respect? Many healthcare professionals from across the country will be sharing what the Lord has taught them regarding these and many other pertinent topics.

This series is best undertaken by groups with two or more people. As each segment is viewed, it can be immediately followed by discussion regarding how to best understand and apply what has been presented. The brevity of the videos (15 minutes or so) means there is much more that could be said than time permits, so expect to go beyond what is taught as you chew on these topics with your colleagues. Expect your group discussions to both edify and encourage you as you experience God’s continuing honoring of Jesus’ prayer in John 17:21, “that they may all be one, just as you, Father, are in me, and I in you, that they also may be in us, so that the world may believe that you have sent me” (ESV). To God be the glory for what He will accomplish through your demonstration of Christ’s love to your patients, students and colleagues.

*William T. Griffin, DDS*



William T. Griffin, DDS, has been a CMDA member for almost four decades, and he currently serves as CMDA’s Vice President for Dental Ministries. He is a graduate of the University of Notre Dame, and he received his DDS degree at Virginia Commonwealth University School of Dentistry. His career in healthcare has led him to discover the strong ties between physical health and spiritual health, and over the years he has been greatly inspired by CMDA’s medical outreach teaching programs, *The Saline Solution* and *Grace Prescriptions*. He may be reached at [bill.griffin@cnda.org](mailto:bill.griffin@cnda.org).



*Your Faith in Practice*

# Table of Contents

---

1. **Faith Prescriptions Introduction**, *William Griffin, DDS*
2. **The Case For Practicing Medicine Christianly - Part 1**, *Farr Curlin, MD*
3. **Keeping It Natural**, *Patti Francis, MD*
4. **Taking a Spiritual History**, *Andrew Wai, MD*
5. **Spiritual Interventions**, *Jacob Greuel, MD*
6. **Staying On Schedule**, *Selina Lin, MD*
7. **Praying With and For Patients**, *Mike Chupp, MD*
8. **Sharing the Good News**, *Cathie Scarbrough, MD*
9. **Will Our Patients Listen?**, *Francis Nuthalapaty, MD*
10. **Considerations For the Medically Underserved**, *David & Janet Kim, MD*
11. **Training Segment for Medical & Dental Students**, *Cathie Scarbrough, MD*
12. **Good News For the LGBTQ Culture**, *Jennifer Kang, MD*
13. **Addiction and The Good News**, *Timothy Allen, MD*
14. **Abstinence Counselling**, *Selina Lin, MD*
15. **Not For Dentists Only**, *Kevin Aduddell, DDS*
16. **Good News Academically Speaking**, *Jonathan Tsai, MD*
17. **The Case For Practicing Medicine Christianly - Part 2**, *Farr Curlin, MD*
18. **Practicum Makes Perfect**, *Jacob Greuel, MD*
19. **Hope in Depression**, *Thomas Okamoto, MD*
20. **Caring for Refugees and Immigrants**, *Andrew & Esther, MD*
21. **Communicating the Gospel Internationally**, *Scott, MD*
22. **Race Relations: Crossing the Divide**, *Omari Hodge, MD*
23. **For Educators: Equipping Students and Residents**, *Francis Nuthalapaty, MD*
24. **End-of-Life Care – Part 1**, *Kathryn Butler, MD*
25. **End-of-Life Care – Part 2**, *Kathryn Butler, MD*



# Participant's Guide

## Episode 1

### Faith Prescriptions Introduction

## Summary

*Faith Prescriptions* is the third program developed by the Christian Medical & Dental Associations to help Christian healthcare professionals to live out their faith through their practices. Similarities and differences as compared to the prior programs are considered. Also included are cameos by Dr. Bill Peel and Dr. Walt Larimore (who originated the prior programs), what to expect from this series and an overview of how the Lord can utilize healthcare professionals to plant and nurture faith in the lives of their patients.

## Speaker



William T. Griffin, DDS, has been a CMDA member for over four decades, and he currently serves as CMDA's Vice President for Dental Ministries. He is a graduate of the University of Notre Dame, and he received his DDS degree at Virginia Commonwealth University School of Dentistry. His career in healthcare has led him to discover the strong ties between physical health and spiritual health, and over the years he has been greatly inspired by CMDA's medical outreach teaching programs, *The Saline Solution* and *Grace Prescriptions*. He may be reached at [bill.griffin@cnda.org](mailto:bill.griffin@cnda.org).

## Discussion Questions

1. What from this video inspired, edified or challenged you?
2. What would it look like for you to follow Paul's example in 1 Corinthians 9:22 to "become all things to all people"? (NIV).
3. Read Galatians 1:8-9 and then consider: (a) Why do you think Paul was so adamant regarding the purity of the gospel?; and (b) What are some of the essential elements of the gospel, the non-negotiables, which should not be compromised in our verbal proclamation of the Good News?

4. **What similarities exist between physical disease and spiritual disease? Between physical health and spiritual health?**
5. **Discuss further what Dr. Larimore meant by “a Christian who happens to be a doctor” versus “a doctor who happens to be a Christian.”**
6. **Pastor Bill Peel states, “I believe that the most incredibly strategic place for the spread of the gospel worldwide is the medical workplace.” Agree, disagree, comment?**
7. **Do you have any patients like Crystal in your practice—patients who seem to reject your attempts to show them the love of Christ? Why might they be oblivious to your efforts, and what could make them more permeable to God’s love?**
8. **What is your understanding of how God could “establish the work of (your) hands” in healthcare? Psalm 90:17)**
9. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. *The Case for Christ* by Lee Stroebel
2. *Mere Christianity* by C.S. Lewis
3. *A Faith Worth Sharing* by C. John Miller
4. *Telling a Better Story* by Joshua Chatraw
5. *Jesus, MD* by Dr. David Stevens
6. [“Interview of a Patient”](#) article from *Today’s Christian Doctor*, Spring 2010
7. [“The Saline Solution Opened My Eyes”](#) article from *Today’s Christian Doctor*, Summer 2008



*Your Faith in Practice*

# Participant's Guide

---

## Episode 2 The Case for Practicing Medicine Christianly – Part 1

### Summary

Our identity in Christ is the foundation for our efforts to provide excellent care for our patients. Any attempt to artificially separate our faith from our professional lives will be detrimental to both our well-being and that of our patients. Our faith may make us a bit “different” from our colleagues, but this is a difference that God can use for His glory.

### Speaker



Farr Curlin, MD, is the Trent Professor of Medical Humanities and Co-Director of the Theology, Medicine, and Culture Initiative (TMC) at Duke University. Dr. Curlin's ethics scholarship takes up moral questions that are raised by religion-associated differences in physicians' practices. He is an active palliative medicine physician and holds appointments in both the School of Medicine and the Divinity School, where he and colleagues offer Christian theological formation to those with vocations to healthcare.

### Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **Dr. Curlin explains the change in terminology that has occurred in our society's reference to physicians as providers. How have you felt this distinction in your own practice? How do you react now that you've had the chance to think about it?**
3. **If a Christian healthcare professional strives to separate their faith from their practice, how could this affect their:**
  - a. **quality of care?**
  - b. **tendency toward burnout?**
  - c. **calling into healthcare?**

4. Consider Romans 12:2. How might we apply this verse to the perceived “secular-sacred” dichotomy?
5. Dr. Curlin states, “Medicine is a human practice, and as a human practice is subject to distortion and corruption.” What could be preventing us from realizing this?
6. How have you seen imperfections of humanity show up in your practice in a push to embrace progress?
7. Dr. Curlin states, “I’ve talked to many Christians around the country in the past two decades in healthcare and heard them say things like, “You know, they would never allow one to do this,” or “You can’t do that,” or “You can’t say this,” or “This is not allowed.” And when I ask them, “Really? How do you know that?” It’s few of them who have actually tried to do the things they “know” they cannot do.”

Have you ever been reprimanded by an authority for spiritual interventions with patients? If so, what was your response?

8. How can we be discerning when new information or technology is introduced?
9. Consider 1 Peter 3:15. Can you recall a time when someone saw your life and asked you for a reason for the hope that you have? What sort of actions would it take to provoke that response?
10. What is one take-home item from today’s session that you hope to implement?

## Additional Resources

1. Curlin FA, Hall DE. Strangers or friends? A proposal for a new spirituality-in-medicine ethic. *J Gen Intern Med.* 2005;20(4):370-374
2. Curlin FA, Tollefsen C. Conscience and the way of medicine. *Perspect Biol Med.* 2019;62(3):560-575
3. Curlin FA, Tollefsen C. *The Way of Medicine. Ethics and the Healing Profession.* Notre Dame University Press (forthcoming 2021)



# Participant's Guide

---

## Episode 3 Keeping It Natural

### Summary

Interactions with our patients will be richer and deeper if we let our lights shine through our practices. It is not just for the benefit of our patients; it also frees us up when we realize the gospel equips us to share God's grace with others.

### Speaker



Patti Francis, MD, joined CMDA as a first-year medical student and has stayed involved ever since! She is in private practice in pediatrics in the San Francisco Bay Area since 1985. She has been married to Ron for more than 40 years and has two adult daughters. She loves the outdoors and working with women physicians in CMDA. Dr. Francis may be contacted at [gohikingwithpatti@comcast.net](mailto:gohikingwithpatti@comcast.net).

### Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **What does it mean from John 15:5 to “abide in Christ?” Is “abiding in Christ” necessary in order to communicate the gospel? Why or why not?**
3. **When might be a good time for a faith flag? For a faith story? For a faith prescription?**
4. **Regarding Matthew 10:14, why do you believe Jesus communicated this wisdom to His followers? How does it speak to us as we seek to share the love of Christ with our patients?**
5. **Do you ever pray with your staff? Why or why not?**

6. **Dr. Bobbie Sperry gave us some examples of non-verbal faith flags. Are these a part of your spiritual interventions? How could they be?**
7. **Dr. Karl Benzio states, “You have this incredible natural opportunity to ask them questions that nobody else can ask them.” Is this an instrument in your spiritual toolbox?**
8. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. *Experiencing God* by Henry Blackabee
2. *Practicing the Presence of God* by Brother Lawrence
3. *Winning the War in Your Mind: Change Your Thinking, Change Your Life* by Craig Groeschel



# Participant's Guide

---

## Episode 4 Taking A Spiritual History

### Summary

The rationale for including a spiritual history as part of the health history is explained and illustrated. The questions we ask can help us discern how to best care for our patients, while also communicating to them that we care about more than just their physical health.

### Speaker



Dr. Andrew Wai is a combined internal medicine and pediatrics (Med-Peds) physician at Loma Linda University (LLU) in Southern California. He has been involved with CMDA since his first year of medical school and continues to host the LLU student group at his home. He is passionate about raising up the next generation of Christian healthcare professionals. For further information or to contact Dr. Andrew Wai, please email him at [andrew.w.wai@gmail.com](mailto:andrew.w.wai@gmail.com).

### Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **Have you ever taken a spiritual history? Why or why not?**
3. **Jesus is recorded as having asked hundreds of questions during his three years of ministry. What can questions accomplish more effectively than statements?**
4. **Dr. Wai states, “A spiritual history can help you make a spiritual diagnosis.” How might this spiritual diagnosis affect your future spiritual interactions with the patient and also the treatment you might provide?**

5. **What are some of the questions that could be most helpful to ask as part of a spiritual history?**
6. **Which of the following questions Jesus asked are possible questions you might ask your patients?**
  - “Do you want to be healed?” (John 5:6b, ESV).
  - “What do you want me to do for you?” (Mark 10:51a, NIV).
  - “Can any one of you by worrying add a single hour to your life?” (Matthew 6:27, NIV).
7. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. Curlin FA, Chin MH, Sellergren SA, et al. The association of physicians' religious characteristics with their attitudes and self-reported behaviors regarding religion and spirituality in the clinical encounter. *Med Care*. 2006;44:446–53.
2. Koenig, H.G., Perno, K. & Hamilton, T. The spiritual history in outpatient practice: attitudes and practices of health professionals in the Adventist Health System. *BMC Med Educ* 17, 102 (2017). <https://doi.org/10.1186/s12909-017-0938-8>
3. Koenig HG. Religion, spirituality, and health: the research and clinical implications. *ISRN Psychiatry*. 2012;2012:278730. Published 2012 Dec 16. doi:10.5402/2012/278730.
4. Larimore W. Spiritual Assessment in Clinical Care. Part 1—The Basics. *Today’s Christian Doctor* 2015(Spring):46(1):22-26.



# Participant's Guide

## 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).

### 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?

3. **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?**
4. **Why are respect, sensitivity, and permission so important when talking with patients regarding spiritual things?**
5. **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?**
6. **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?**
7. **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?**
8. **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



# Participant's Guide

## Episode 6 Staying On Schedule

### Summary

Time waits for no man or woman—even healthcare professionals—and staying on schedule is one of the biggest challenges healthcare professionals face. Our desire to honor the Lord through spiritual interventions with our patients requires both efficiency and sensitivity to the Holy Spirit. Faith encounters with our patients need not be lengthy, and when extended spiritual opportunities present themselves, there are practical ways for us to work out the details.

### Speaker



Dr Selina Lin is a private practice physician in Katy, Texas (suburb of Houston). She is on the CMDA Houston Council. She is a board member of the mission sending agency Interserve. She has been a member of CMDA since medical school. She plays the violin and enjoys meeting and discipling medical and pre-med students. For more information or to contact Dr. Selina Lin, email her at [selina.lin77@gmail.com](mailto:selina.lin77@gmail.com).

### Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **Early in the video, Dr. Lin said that if she is focused on controlling the schedule, the schedule controls her. Do you feel controlled and constrained by your schedule on a daily basis?**
3. **See Psalm 39:4-5. How could this passage relate to how you view your daily patient schedule?**

4. **Have you experienced times when you felt prompted by the Spirit to minister to your patients? What does ministry look like in your context?**
5. **What are some regular, ongoing elements of good patient care that do not require additional time, but can set the stage for spiritual interventions with your patients?**
6. **What are some examples of unplanned, further steps of ministry that may require time beyond one's normal schedule?**
7. **When circumstances create the potential for an extended spiritual conversation with a patient, what factors should be considered before determining how to proceed?**
8. **Dr. Krystal Mattox speaks of having a Spiritual Care Referral Network. Do you have others, either inside or outside of your practice setting, to whom you can refer patients for spiritual care? If so, to whom can you refer patients for their spiritual needs? Whom might you want to add?**
9. **What is one take-home item from today's session that you hope to implement?**

## Additional Resources

1. *Tyranny of the Urgent* by Charles Hummel
2. *Margin* by Richard Swenson



# Participant's Guide

## Episode 7 Praying With and For Our Patients

### Summary

If we believe in the power of prayer, and if we pray regularly, there are excellent reasons to continue this wonderful habit into our patient interactions. The Lord can work through prayer in healthcare to bless both the patient and the caregiver. Various aspects of praying with and for patients are considered including why, when, how to and how to document, along with some delightful examples.

### Speaker



Mike Chupp, MD, FACS, is a board certified general surgeon and a Fellow of the American College of Surgeons who spent most of his clinical career as a missionary general and orthopedic surgeon at Tenwek Hospital in Southwest Kenya. He also enjoyed nearly seven years of private practice as a surgeon partner of Southwestern Medical Clinic, a large Christian multispecialty practice in Berrien County, Michigan. In 2016, Mike joined the executive leadership team of

CMDA as the Executive Vice President, joining then CEO Dr. David Stevens. The CMDA Board of Trustees appointed Dr. Chupp to be Dr. Stevens' successor and CEO of CMDA in late 2018, a position he has held since September 2019.

### Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **Are you currently praying with or for your patients? If so, under what circumstances does this usually happen?**
3. **What are some of the ways God works through our prayers for our patients?**

4. **How can clinicians appropriately pray with patients without offending them or violating ethical standards?**
5. **What are potential responses from patients or family members when you respectfully offer to pray?**
6. **Dr. Sherry-Ann Brown states, “Anything that happens in a visit ought to be documented. So, I might write, ‘Prayer is important to this patient, prayer was offered and received and seemed to bring her comfort.’” Do you document prayer in a patient’s chart? Why or why not?**
7. **What steps could you take to make prayer for your patients a more regular occurrence?**
8. **Dr. Malieka Johnson speaks of how the Lord can relieve anxiety through prayer (Philippians 4:6-7). What are some reasons why prayer can be so effective in relieving anxiety?**
9. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. Curlin, FA, Sellergren, SA, Lantos, JD, et al. Physicians’ Observations and Interpretations of the Influence of Religion and Spirituality on Health. *Archives of Internal Medicine*. 2007(Apr);167(7):649-654.
2. Berlinger, N. Quoted in: O’Reilly, KB. When a patient visit includes a request for prayer. *AMA News*, June 11, 2012.
3. Koenig, HG. Religion, Spirituality, and Health: The Research and Clinical Implications. *ISRN Psychiatry*. 2012, Article ID 278730.



# Participant's Guide

---

## Episode 8 Sharing The Good News

### Summary

Jesus calls us to confess him before men in Matthew 10:32, and at times this can be an intimidating responsibility. What is the basis for our apprehensions, and how can the power of the gospel transform both us and our patients? This session demonstrates how our fears can give way to a greater recognition of God's grace in our lives, turning this responsibility into a privilege.

### Speaker



Dr. Cathie Scarbrough is a faculty physician with the Gadsden Regional Medical Center Family Medicine Residency Program in Gadsden, Alabama. Her interests include women's health, whole-person medicine and global health. She has been a member of CMDA since medical school and enjoys teaching family medicine overseas. In her spare time, she likes gardening, baking and hanging out with her French bulldog, Stella. For further information or to contact Dr. Cathie Scarbrough, please email her at [cpscarbrough@gmail.com](mailto:cpscarbrough@gmail.com).

### Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **What are some of your own reservations about sharing the gospel with patients? Are you personally comfortable with sharing? Why or why not?**
3. **Read Luke 9:2. What was the dual mission Jesus sent His disciples to do? How does this concept apply to our practices today?**

4. **Dr. Scarbrough stated, “Fear is not dispelled, it doesn’t go away, by having a storehouse of answers...fear is dispelled by having a right attitude toward the Lord.” Why does our knowledge of apologetics (a defense of the faith) not dispel fear? If this is true, then why study apologetics?**
5. **What are some of the components of “a right attitude toward the Lord” that can help to dispel our fear?**
6. **Why is it important to bring Scripture into our presentations?**
7. **Dentist/physician Dr. Linda Huong shares how a dental office manager came to Christ through her willingness to share personal protective equipment (PPE) with their office during the COVID-19 pandemic. Were any of you pointed to Jesus by the unexpected kindness and generosity of those motivated by His love?**
8. **As a student, you just returned to the call room and report that your patient was agreeable and happy to accept prayer prior to their surgery planned later today. Your upper-level resident looks at you and says, “Why did you do that? We have chaplains that come around for that kind of stuff.” How would you respond?**
9. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. Lennox, J. C. (2018). *Have No Fear*. Leyland: 10Publishing.
2. Stevens, MD, David (Host). (2014, October). *Witnessing in Practice*, an interview with Randall P. Owen, MD, MS, FACS [Audio podcast]. Retrieved from <https://cmda.org/christian-doctors-digest-october-2014/>.
3. Rudd, G. (2017). *Potential Reactions*. *Grace Prescriptions*, pp. 99-100.
4. Williams, P. (2016). *Intentional: Evangelism That Takes People to Jesus*. Leyland: 10Publishing.
5. Tice, R. (2015). *Honest Evangelism: How to Talk About Jesus Even When it is Tough*. Croydon: The Good Book Company.
6. Prime, D. (2011). *This Way to Life: Discovering Life to the Full*. Leyland: 10Publishing.
7. Hummel, C. (1994). *Tyranny of the Urgent*. Downers Grove: InterVarsity Press.



# Participant's Guide

---

## Episode 9 Will Our Patients Listen?

### Summary

Our ability to care for our patients, both physically and spiritually, will greatly depend upon our ability to truly empathize with their difficulties and struggles. Every person is made in the image of God, and we have opportunities to communicate this truth to our patients in a powerful way. If they recognize our care for their physical condition, they will be more likely to consider what we say regarding what only the Great Physician can do for them.

### Speaker



Dr. Francis Nuthalapaty is a maternal-fetal medicine physician and Obstetrics and Gynecology Residency Program Director at the Northeast Georgia Medical Center in Gainesville, Georgia. He became a committed Christ follower during his fellowship and is sensitive to the power of the gospel in training environments. He and his wife Elizabeth have three children. For further information or to contact Dr. Nuthalapaty, email him at [fsn@nuthalapaty.net](mailto:fsn@nuthalapaty.net).

### Discussion Questions

1. What from this video inspired, edified, or challenged you?
2. Dr. Nuthalapaty's experience growing up, despite being in a Christian home, left him confused that the way to be right with God was through right performance. Are there any lingering conceptions of faith and practice that remain from your upbringing that affect your view of the gospel today? Do you have examples of how you have moved past incomplete views in the past?

3. **How did Dr. Nuthalapaty’s recognition of mankind being “fearfully and wonderfully made” influence how he communicated physical imperfections to his patients?**
4. **Has there been a situation in your own life that devastated you, as occurred in the lives of Dr. and Mrs. Nuthalapaty, but now enables you to better empathize with your patients and minister to them? (See Romans 8:18-25, Romans 12:15 and 2 Corinthians 1:3-5.)**
5. **See 2 Corinthians 12:7-10. What does this verse tell us about how God will use our sufferings, weaknesses and imperfections? Why are healthcare professionals hesitant to be vulnerable with patients?**
6. **Dental assistant Harriette Forry illustrates in her video clip the “team” approach to spiritual care for patients, that the love shown by one team member could open the door for a different team member to point patients to Christ. Do you have Christian teammates at your workplace? How can you support each other in communicating the love of Christ to your patients? (See John 17:20-21.)**
7. **Dr. Matt Montgomery shares the following reflection: “I’ve found that both Christian patients and non-Christian patients are anxious to hear what I have to say once I can display to them God’s love in person.”**
  - a. **Are most of your spiritual patient discussions with Christians or non-Christians?**
  - b. **What are some similarities and differences regarding these discussions?**
8. **Dr. Krystal Mattox exhorts us towards “caring about our patients enough to know what’s going on in their life.”**
  - a. **What makes this hard?**
  - b. **What makes this valuable?**
9. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. *The Practical Art of Spiritual Conversation* by Schultz, James Harrison and Rogers, David



# Participant's Guide

## Episode 10 Considerations For The Medically Underserved

### Summary

When it comes to material wealth, it has been said that what we humans strive for is “just a little more.” But in the Lord’s economy material wealth can often be a roadblock to true faith and can create snares that entangle and preoccupy us. Conversely, Jesus showed great compassion for the poor, the oppressed and the physically challenged, and He calls us to do likewise. Both we and each of our patients suffer from a poverty of spirit, and the Gospel fills our accounts like nothing else can.

### Speakers



Drs. David and Janet Kim are physicians, co-founders and the CEO and Chief Medical Officer, respectively, of Beacon Christian Community Health Center ([www.beaconcchc.com](http://www.beaconcchc.com)), which strives to live out the gospel daily serving a medically underserved community in Staten Island in New York City. David and Janet have been involved for many years with teaching and mentoring students and residents in New York City and beyond, most recently with the health center’s teaching ministry, [www.Beacon360.org](http://www.Beacon360.org). They have been blessed with four incredible children. For further information about Beacon’s

work or to contact Drs. David and Janet, please email them at either [davidk@beaconcchc.com](mailto:davidk@beaconcchc.com) (David) or [janetk@beaconcchc.com](mailto:janetk@beaconcchc.com) (Janet).

### Discussion Questions

1. What from this video inspired, edified or challenged you?
2. What does it mean to be “poor?” How do we as Christians move past politically-motivated divisions in gospel-centered compassion?

3. **Dr. Daisey Dowell states, “... all of us in healthcare have been called to serve those who are without resources.” What are some of the many ways we can do this?**
4. **How can Philippians 2:3-11 help us in our attitude toward the underserved?**
5. **Consider Jesus’ words in Matthew 19:24: “...it is easier for a camel to go through the eye of a needle than for a rich person to enter the kingdom of God” (ESV). How does that verse resonate with you? How do you live as a disciple of Jesus despite the financial opportunity your place as a healthcare professional affords you in our society?**
6. **In response to the difficult plight of the Jews who had survived the exile, Nehemiah 1:4 says, “When I heard these things, I sat down and wept. For some days I mourned and fasted and prayed before the God of heaven” (NIV). What circumstances in your life have caused your compassion for others to grow? How could you live out that compassion for the benefit of others and the glory of God?**
7. **How does your faith shape how you think about your work? About the “poor?”**
8. **Dr. Kathryn White says that caring for those in poverty is “... just loving my neighbor...when I care for someone in poverty, they have something to teach me.” What have you been taught by the “neighbors” for whom you have cared?**
9. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. [www.beaconcchc.com](http://www.beaconcchc.com)
2. [www.beacon360.org](http://www.beacon360.org)
3. Matt Chandler, Sermon on the Mount: <https://www.tvresources.net/resource-library/sermons/character-and-influence/>



# Participant's Guide

## Episode 11 Training Segment for Medical and Dental Students

### Summary

The very best time for a healthcare professional to begin integrating spiritual interventions into patient care is during their initial training. Even during their training years, students can begin communicating their faith by praying with patients and taking a spiritual history, as well as various other ways. The development of a healthcare professional's capacity to meet a patient's physical needs should ideally be accompanied by training to address spiritual needs as well.

### Speaker



Dr. Cathie Scarbrough is a faculty physician with the Gadsden Regional Medical Center Family Medicine Residency Program in Gadsden, Alabama. Her interests include women's health, whole-person medicine and global health. She has been a member of CMDA since medical school, and she enjoys teaching family medicine overseas. In her spare time, she likes gardening, baking and hanging out with her French bulldog, Stella. For further information or to contact Dr. Cathie Scarbrough, please email her at [cpscarbrough@gmail.com](mailto:cpscarbrough@gmail.com).

### Discussion Questions

1. What from this video inspired, edified or challenged you?
2. As a student or resident, have you had the opportunity to interact with a patient on a spiritual level (take a spiritual history, discuss a faith flag, offer or share prayer, etc.)? How did it go? Would you do anything differently next time?

3. **What are some of your own reservations about sharing with patients? Are you personally comfortable with sharing? Why or why not?**
4. **Liz Flaherty began a student Bible study at the University of Minnesota. What are some ways God could work through a Bible study at your school? How might you go about starting one or making it better?**
5. **1 Peter 3:15 – Dr. Scarbrough discussed providing hope to our patients. According to Peter, how can we do that?**
6. **Dr. Edmund Thomas speaks of being invited to a Bible study during dental school, then going on a mission trip where he “heard that same gospel message preached by a completely different set of people.” Has God used multiple sources to confirm the truth of the gospel in your life? Perhaps there is a seeker in your life, waiting for a confirmation from someone like you!**
7. **James 5:16 – James emphasizes prayer having a place in our healing. How do you think prayer can benefit our patients?**
8. **As a student, you just returned to the call room and report that your patient was agreeable and happy to accept prayer prior to their surgery planned later today. Your upper-level resident looks at you and says, “Why did you do that? We have chaplains who come around for that kind of stuff.” How would you respond?**
9. **Dr. Farr Curlin calls students to “be light and salt” (Matthew 5:13-14). In the world of healthcare, what are some ways you can do this, even as a student?**
10. **Matthew 9:35-38 – What does Jesus ask His disciples to pray for? How can you answer that call from Jesus?**
11. **What is one take-home item from today’s session that you hope to implement?**

#### **Things to Consider:**

- In a survey of 1,591 patients at the Mayo Clinic, 70 percent of hospitalized patients wanted to see a chaplain, but only 43 percent were visited by a chaplain.
- The Mayo Clinic rate of inpatients actually seen by chaplains is over double the national rate, which is only 20 percent.
- Spiritual needs are widespread among medical patients. When these needs are not addressed by the medical team, the patient’s quality of life and satisfaction with care is reduced and healthcare costs double or triple, at least toward the end of life.

- Furthermore, randomized clinical trials show that when physicians conduct a spiritual assessment, the result is a better doctor-patient relationship, better compliance with visits, lower depression and greater functional well-being.

### References:

- <https://spiritualityandhealth.duke.edu/images/pdfs/CME5%20Guide.pdf>  
Balboni et al. (2011). Support of cancer patients' spiritual needs and associations with medical care costs at the end of life. *Cancer* 117(23):5383-5391
- Kristeller et al. (2005). Oncologist Assisted Spiritual Intervention Study (OASIS): Patient acceptability and initial evidence of effects. *International Journal of Psychiatry in Medicine* 35:329–347
- Huguelet et al. (2011). A randomized trial of spiritual assessment of outpatients with schizophrenia: patients' and clinicians' experience. *Psychiatric Services* 62(1):79-86

## Additional Resources

1. Healthcare Education and the Christian Faith. (1999, May 1). Retrieved from CMDA Position Statements: <https://cmda.org/wp-content/uploads/2018/04/Healthcare-Education-with-References.pdf>
2. Sharing Faith in Practice. (1997, May 9). Retrieved from CMDA Position Statements: <https://cmda.org/wp-content/uploads/2018/04/Sharing-Faith-in-Practice-with-References.pdf>
3. Koenig, H. (2012). Religion, Spirituality, and Health: The Research and Clinical Implications. *ISRN Psychiatry*, Article ID 278730.
4. Koenig, H. G. (2007). *Spirituality in Patient Care. Why, How, When, and What*. Second Edition. West Conshohocken: Templeton Press.
5. Larimore W. Spiritual Assessment in Clinical Care. Part 1—The Basics. *Today's Christian Doctor* 2015(Spring):46(1):22-26.
6. Larimore W. Spiritual Assessment in Clinical Care. Part 2—The LORD's LAP. *Today's Christian Doctor*. 2015(Fall):46(3):26-29.
7. Rudd, G. (2017). Potential Reactions. *Grace Prescriptions*, pp. 99-100.



*Your Faith in Practice*

# Participant's Guide

---

## Episode 12

### Good News For The LGBTQ Culture

#### Summary

Many of us find it difficult to address spiritual issues with patients whose lifestyles are significantly different from our own. Jesus is a powerful example for us in His willingness to leave the comforts of heaven behind, in order to rescue us from our inappropriate lifestyle. We have far more in common with the LGBTQ community than we might first realize. Everyone struggles with identity issues, and our ability to share the Good News of Jesus Christ with others is directly related to finding our identity in Christ.

#### Speaker



Dr. Jennifer Kang is an obstetrician-gynecologist in Redding, California, where she owns a faith-centered private practice. She has a passion to care for the medical and spiritual needs of her patients by creating a space where they can readily encounter the love of God. She enjoys sharing that passion through medical education and speaking. She also leads a non-profit organization, Selah Health International, whose mission is to connect Christian healthcare workers with projects that promote the health and well-being of women and children. She and her husband Nick are dedicated to raising their own four young children to know and live the love of Christ. For further information or to contact Dr. Jennifer Kang, you can email her at [jennifer.kang@selahwomenshealth.com](mailto:jennifer.kang@selahwomenshealth.com).

## Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **What fears come up when you think about sharing good news with LGBTQ patients? What have you learned about the love of God that would help you with these fears?**
3. **Carefully read over John 4:7-26. What can we learn about dealing with marginalized and rejected people from Jesus? How can we specifically imitate Him?**
4. **How can we notice things to affirm in people around us? For motivation, check out Philippians 4:8. How can we practice this with LGBTQ patients?**
5. **Read Proverbs 15:1. What reminder does this verse give us in dealing with angry people? Give some examples of “soft” or “gentle” words.**
6. **How can we communicate comfort to patients when they express psychological or emotional pain? What phrases or stories can we use to tangibly give comfort to LGBTQ patients?**
7. **Read Ephesians 1:3-14. What does Paul list here as aspects of our identity in Christ? How has God taught you about your identity, and how could you share your story about that?**
8. **What aspects or attributes of Jesus would you want your LGBTQ patients to experience in their interactions with you?**
9. **When we deal with patients who have experienced great pain, how can the following verses help us? Lamentations 3:22-23 and 2 Corinthians 1:3-4. Give some specific examples of how we can show compassion and comfort.**
10. **How has God taught you about your identity, and how could you tell your story about that?**
11. **Colin Smothers references the fact that some think of God as a “cosmic kill-joy.” Does this thought ever enter your mind? How do you seek to combat it?**

**12. What is one take-home item from today's session that you hope to implement?**

## Additional Resources

1. Williams, Ken. (2021). The Journey Out: How I Followed Jesus Away From Gay. Destiny Image.
2. Woning, Elizabeth. Loving Lesbians: Experiencing The Love of God For Gay People. Audio recording.
3. Woning, Elizabeth. (2018). Surprised by Love: God's Heart and Homosexuality. Audio recording. SoundCloud.
4. <https://www.equippedtolove.com/>
5. Yuan, Christopher. (2018). Holy Sexuality and the Gospel: Sex, Desire, and Relationships Shaped by God's Grand Story.
6. Yuan, Christopher. (2011). Out of a Far Country: A Gay Son's Journey to God. A Broken Mother's Search for Hope.
7. Domen, Jim. Not a Mistake



# Participant's Guide

---

## Episode 13 Addiction and The Good News

### Summary

Addiction treatment can be one of the most trying aspects of healthcare. The temporary euphoria of a drug-induced high can make one oblivious to the long-term damage that is occurring. Yet, so often it is through weakness that people come to know, or grow in, their relationship with Christ. God can use our efforts to unleash the power of the gospel in the lives of our patients.

### Speaker



Timothy Allen, MD, and his wife Nikki Allen, MD, view themselves as missionaries to Cudahy, Wisconsin, an economically depressed suburb of Milwaukee. They run an independent clinic that provides general medical, addiction and psychiatric care focusing on those whom society often ignores. As part of their ministry, they are involved in a church plant that currently meets in their waiting room on Sunday mornings. He and his wife have been involved with CMDA since medical school, have been married since 2000 and have four children and one grandchild. For further information or to contact Dr. Tim, email him at [timothyallenmd@gmail.com](mailto:timothyallenmd@gmail.com).

### Discussion Questions

1. What from this video inspired, edified or challenged you?
2. Jesus said that our patients will know we are followers of Christ by our love in John 13:34-35. What might that love look like to patients battling drug addiction?

3. **Dr. Allen makes the point that patients who are addicted (and other patients as well) need to feel that they have value as human beings. How could Genesis 1:26 and Ephesians 2:10 be used to help patients know they have value?**
4. **How can we help people with addiction find something better? See Romans 6:21, Ephesians 4:22-24a and Galatians 5:19-22.**
5. **Dr. Allen notes that patients who have a spiritual transformation are those most likely to overcome an addiction (92 percent success rate). How might Romans 8:1-2, Romans 5:1-2 and 1 Corinthians 6:19-20 be useful in talking to patients about their relationship with God?**
6. **Do you have any underlying biases against treating addiction that could interfere with showing God's love with those who struggle? Drs. Karl Benzio and Val Tramonte speak of the fact that we all struggle in various ways. How can this fact equip us to deal with any underlying biases against caring for our addiction patients?**
7. **When Dr. Allen's patient asked him, "What the bleep is wrong with you?", how does this illustrate a principle from 1 Peter 3:15?**
8. **What is one take-home item from today's session that you hope to implement?**

## Additional Resources

1. [www.asam.org](http://www.asam.org)
2. [www.celebraterecovery.com](http://www.celebraterecovery.com)
3. [www.samhsa.gov](http://www.samhsa.gov)



# Participant's Guide

---

## Episode 14 Abstinence Counseling

### Summary

In our “whatever feels good” society, our efforts to guide our patients toward biblical standards of sexual relations can seem archaic and inconvenient. However, the Bible reveals the behavior to which we are called, and it also communicates the source of power by which we can live a God-honoring life. Morality is most powerfully taught in light of a relationship, and the most powerful relationship we have is with Jesus Christ.

### Speaker



Dr. Selina Lin is a private practice physician in Katy, Texas (a suburb of Houston). She is on the CMDA Houston Council. She is a board member of Interserve, a mission sending agency. She has been a member of CMDA since medical school. She plays the violin and enjoys meeting and discipling medical and premed students. For more information or to contact Dr. Selina Lin, email her at [selina.lin77@gmail.com](mailto:selina.lin77@gmail.com).

### Discussion Questions

1. What from this video inspired, edified or challenged you?
2. How have you been counseling your patients with regard to abstinence? How has it worked? How has it not worked?

- 3. Do you agree with Dr. Lin’s point that merely trying to scare patients with statistics and moral standards is unlikely to promote abstinence? Why or why not?**
- 4. Dr. Lin notes that adolescent patients need to feel love, acceptance and validation. How might Deuteronomy 26:18, Matthew 6:26 and Romans 8:38-39 help us communicate how God views them?**
- 5. As we relate to our patients, how can we model for them how Christ has shown love for us? How can we practically show the kind of love demonstrated in Romans 5:8 to adolescent patients?**
- 6. Dr. Lin points to the desire that most adolescent patients have for intimate loving relationships. How might Colossians 3:12, Isaiah 54:10 and Psalms 100:5 apply to their quest?**
- 7. Both Dr. Sandra Christiansen and Dr. Kathy O’Connell recognize the inability of any human relationship to fulfill us as only Jesus can. How would a relationship built upon the foundation of the gospel be different from one that is indifferent toward Jesus?**
- 8. Dr. Lin states, “Morality is most powerfully communicated in light of a relationship.” What are examples of loving relationships that can powerfully communicate biblical morality with regard to sexual morality?**
- 9. What is one take-home item from today’s session that you hope to implement?**



# Participant's Guide

---

## Episode 15 Not For Dentists Only

### Summary

Those fortunate enough to be practice owners have a tremendous opportunity to direct every aspect of their practice according to the timeless wisdom of the Scriptures. Although fewer and fewer doctors own their own practices than in prior times, the many spiritual advantages are worth serious consideration in our prayerful determination of the best practice setting for us.

### Speaker



Dr. Kevin Aduddell is a private practice general dentist in Plano, Texas. A member of CMDA since dental school, he has treated patients from countries around the world at Watermark Urgent Care in Dallas, Texas. He and his wife Chloé stay busy with their three children and serve together in their church's marriage ministry. For further information or to contact Dr. Aduddell, email him at [kevin@aduddelldentistry.com](mailto:kevin@aduddelldentistry.com).

### Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **What fears or apprehensions do you have about leading a Christ-centered office?**
3. **Dr. Aduddell mentions Galatians 2:20 in his initial comments. How might the concepts of being crucified with Christ and letting Christ live His life through you change your practice? Be specific.**

4. **Dr. Aduddell mentions that idols in our lives can keep us from making our practices Christ-centered (profitability, false sense of professionalism, complacency to the call of Christ, etc.). Which of these or other idols most strongly tempt you?**
5. **Consider 1 Peter 3:15.**
  - A. **How does this verse speak to the topic of idols?**
  - B. **As we are enabled by faith to say no to idols and yes to Christ, what could happen according to this verse?**
6. **Dr. Aduddell says, “‘Doctors don’t pray’ is just pride wearing a white coat.” What are your thoughts?**
7. **Why can it be spiritually dangerous if we treat patients with excellence and compassion but refuse to acknowledge the Lord along the way?**
8. **Dr. Aduddell discusses several ideas to help make a practice Christ-centered: praying over your schedule, using faith flags, dealing with conflicts biblically and stepping into a patient’s pain. Which of these strategies do you employ currently or would like to employ in your practice?**
9. **Drs. Huong, Allen and Griffin give examples of how owning one’s practice can open the door to some profound spiritual opportunities. If you own your practice, what are some ways you could utilize this benefit to bless both your employees and your patients?**
10. **Who do you have in your life that could regularly encourage you to persevere in your desire to have a Christ-centered practice? Why is this important?**
11. **Take some time and imagine looking back on your practice at the end of your career. What “fruits” will you want to see?**
12. **What is one take-home item from today’s session that you hope to implement?**



*Your Faith in Practice*

# Participant's Guide

---

## Episode 16

### Good News Academically Speaking

#### Summary

The academic environment can sometimes be a hostile place for people of faith. A big part of the problem results from those who have a truncated view of the nature of truth, thinking it can only arise from empirical reasoning. In this episode, Dr. Jonathan Tsai speaks about what we can know empirically and what we can only know by faith. This distinction is not a problem for the Christian, who recognizes that all truth comes from God. Ultimately, empirically-based truth and rationality are tools to be used for the glory of God, not excuses to deny His existence or supremacy.

#### Speaker



Dr. Jonathan Tsai is an ophthalmologist specializing in oculoplastic surgery on faculty at the Baylor Scott and White Eye Institute and Texas A&M College of Medicine, where he teaches medical students and trains residents in ophthalmology and plastic surgery. He is a lifetime member of CMDA and first became involved 26 years ago as a medical student in South Carolina. He and his family enjoy hosting medical students in their home for Bible studies and serving on medical mission teams delivering eye care in Peru. He and his wife Mandolyn have been entrusted with five sons and six daughters ranging in age from age 17 years to three months. For further information or to contact Dr. Jonathan Tsai, please email him at [jhtsai@mac.com](mailto:jhtsai@mac.com).

#### Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **What motivates you to share your faith?**
3. **Dr. Tsai mentions that his “faith informs what I do, not detracts from it.” How do you see your faith “informing” your practice? Be specific.**

4. **Dr. Tsai speaks of God revealing truth in two ways, through General Revelation (all that God has created) and through Special Revelation (God’s Word, the Bible). What are similarities and differences between the two? Explain the following quote from this episode in light of these two sources of truth: “You can still use reason to support your faith, but just don’t let reason supplant your faith.”**
5. **How would you answer a friend who asks, “Is Jesus the only way to God?”**
6. **How might transparency with colleagues and co-workers bring glory to God? How does Acts 24:16 apply to transparency in your workplace?**
7. **Do you see your calling as a healthcare professional and as an ambassador for Christ as a duty or a delight?**
8. **Who has had the greatest impact on your faith through the years and, retrospectively, how intentional were they in investing in you (though it might not have been as apparent at the time)? Where is God calling you to sacrificially invest in others in the same way?**
9. **Dr. Pascal Magne describes his search for Christ as involving the consideration of several different religious perspectives before he adopted the Christian faith as his own. What might you say to someone who claimed that all religions are equally valid ways to reach God?**
10. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. Discipleship Essentials
2. Transforming Discipleship: Making Disciples a Few at a Time  
*by Greg Ogden*
3. Every Good Endeavor: Connecting Your Work to God's Plan for the World Gospel in Life: Grace Changes Everything
4. Making Sense of God: An Invitation to the Skeptical
5. The Reason for God: Belief in an Age of Skepticism  
*by Timothy J. Keller*
6. Gentle and Lowly: The Heart of Christ for Sinners and Sufferers  
*by Dane Ortlund*



# Participant's Guide

---

## Episode 17

### The Case for Practicing Medicine Christianly – Part 2

#### Summary

Of all the ways Jesus could have demonstrated His power, the most frequent display was through healing. He also commanded His disciples to go out for the purposes of preaching and healing, linking these two together in a way that should make us want to go and do likewise. Overall health must include spiritual health, or else the benefits will be short-lived. There are many demonstrable benefits for those of our patients who are walking with Jesus, and we can help our patients more fully appreciate the physical blessings connected with spiritual health.

#### Speaker



Farr Curlin, MD, is the Trent Professor of Medical Humanities and Co-Director of the Theology, Medicine, and Culture Initiative (TMC) at Duke University. Dr. Curlin's ethics scholarship takes up moral questions that are raised by religion-associated differences in physicians' practices. He is an active palliative medicine physician and holds appointments in both the School of Medicine and the Divinity School, where he and colleagues offer Christian theological formation to those with

vocations to healthcare.

#### Discussion Questions

1. What from this video inspired, edified or challenged you?
2. During the course of your study of the *Faith Prescriptions* resource, has your ability to address your patients' spiritual needs increased? What changes have you seen?
3. Dr. Curlin makes a strong case for integrating our personal (spiritual) and professional lives, and for viewing all patients and colleagues as spiritual beings. How do the following Scriptures speak to his points?

- a. *Luke 9:2*
  - b. *Matthew 9:1-8*
  - c. *Matthew 25:34-40*
4. **Dr. Curlin states regarding the practice of medicine, “We should make use of it, it’s a gift of God, but don’t put our hope in it, as if it is the physician who saves.” See if you can create a statement to a patient that would communicate this reality to a patient in a way that honors Christ. (Perhaps give each participant time to create a statement, then allow multiple people to read what they came up with).**
  5. **Do you believe the overall health of a patient includes their spiritual health? If so, what are some ways you demonstrate this belief to your patients?**
  6. **Dr. Curlin states, “We don’t treat the profession of science as somehow self-vindicating, as somehow beyond critique. Science does not give us direction about how to use technology.”**
    - a. **Why might some believe science is self-vindicating?**
    - b. **What are some examples of how medical science, in the absence of proper moral grounding, has progressed in ways that make immorality more prevalent?**
  7. **Dr. Harold Koenig states, “People who are a part of a faith community, people who attend religious services regularly, have enormous health benefits from that...And that gives physicians a really good reason for encouraging patients to engage in their faith community.” Have you ever shared with patients the empirical benefits of religious involvement? Why or why not?**
  8. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. Curlin FA, Hall DE. Strangers or friends? A proposal for a new spirituality-in-medicine ethic. *J Gen Intern Med.* 2005;20(4):370-374
2. Curlin FA, Tollefsen C. Conscience and the way of medicine. *Perspect Biol Med.* 2019;62(3):560-575
3. Curlin FA, Tollefsen C. *The Way of Medicine. Ethics and the Healing Profession.* Notre Dame University Press (forthcoming 2021)
4. Grace Prescriptions, Module 2 – *Are Spiritual Interventions Appropriate in Clinical Care?*
5. Grace Prescriptions, Module 3 – *The Case For Spiritual Interventions.*



*Your Faith in Practice*

# Participant's Guide

## Episode 18

### Practicum Makes Perfect

#### Summary

This episode is primarily for resident groups who study *Faith Prescriptions* and would like to become more comfortable with what they have learned. Residents practice spiritual interventions while exercising the important principles of treating patients with sensitivity and respect, while also asking permission along the way. Those interested in providing this highly useful opportunity for residents will appreciate the description of how it works, as well as illustrations of potential benefits. Also included are some great testimonies of former residents who studied under Dr. Greuel and others at the In His Image residency program in Tulsa, Oklahoma. See below for a step-by-step guide to Practicum patient visits.

#### 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 he and others through CMDA's *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).

#### Recommended Practicum Protocols

1. The lead person greets the patient and family, if present.
2. Introduce the team, explaining "We're not a part of your primary medical team, but are medical professionals trying to improve whole-person care. Could we visit with you for a few minutes regarding your spirituality or religion?"

3. Respect the patient and be willing to back off politely and move on without pushing it if the patient directly refuses at any point.
4. Be aware of the patient's implied verbal and nonverbal communication and ensure the patient is comfortable continuing with the conversation. If you're not sure, just ask, "Would it be okay if we continue...?"
5. If the patient agrees to participate, the presenter could use the LORD's LAP acronym learned and practiced during the seminar (assuming we are still using this acronym).
6. During the time of conversation, the presenter may use faith flags, faith stories, offer prayer, a chaplain or pastoral referral, etc... as appropriate. Consider asking if the patient would you to pray with them, unless they have indicated that this offer would be unwelcome.
7. At the end of the session, thank the patient for their participation, and consider eliciting brief feedback (i.e., "How did you think that went with regards to your care here?") if the patient seems open to that and time allows.
8. Debrief/ questions:
  - a. What went well?
  - b. What didn't go well?
  - c. How would you do things differently in the future?
  - d. How can you, right now, enact a plan to hold yourself accountable to applying the principles learned in *Faith Prescriptions*? (Participants will take some action in this area before leaving, i.e., set a reminder in their phone, plan to meet with another participant later, etc...)

## Additional Resources

1. *Your Best Life in Jesus Easy Yoke* by Bill Gaultiere, Ph.D
2. *The Saving Life of Christ* by Major W. Ian Thomas
3. *Don't Waste Your Life* by John Piper



*Your Faith in Practice*

# Participant's Guide

## Episode 19

### Good News: Hope in Depression

#### Summary

All creation groans (Romans 8:22) as it waits for redemption to be completely applied to this crazy world. Sometimes the groaning is a response to our environment, and sometimes it's within us. In either case, we are all overwhelmed at times by the real and perceived challenges we periodically face. This episode recognizes the legitimacy of both physiologic and spiritual treatment modalities, and how the gospel can be foundational in the treatment we provide for all patients, both believers and non-believers.

#### Speaker



Thomas H. Okamoto, MD, is a board certified adult psychiatrist. After previously serving as Medical Director of the Minirth-Meier Clinic West Adult and Adolescent programs, he is currently an Assistant Clinical Professor of Psychiatry at the University of California Irvine School of Medicine. He is Co-chair of CMDA's Psychiatry Section, married with three grown children and practicing in Santa Ana, California. Dr. Okamoto can be reached at his office at 714-558-2460.

#### Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **Dr. Okamoto mentioned the importance of discovering a patient's spiritual values. What questions might you ask to help do that?**
3. **Dr. Okamoto suggested that we need to "represent" Christ's love to our patients, especially those struggling with depression. What are some of the ways we can do this?**

4. **In treating patients with depression, how might your approach be different for those who seek to walk with Christ, compared to those without an active faith?**
5. **Would you seek out professional treatment for depression if you knew you had the disease? Why or why not?**
6. **How might you use these verses to specifically encourage patients in their struggle with depression?**
  - a. “Do not fear, for I am with you; Do not be afraid, for I am your God. I will strengthen you, I will also help you, I will also uphold you with My righteous right hand” (Isaiah 41:10, NASB).
  - b. “Who comforts us in all our affliction so that we will be able to comfort those who are in any affliction with the comfort with which we ourselves are comforted by God” (2 Corinthians 1:4, NASB).
  - c. The story of Elijah and his depression – 1 Kings 19
7. **Although Christians are certainly susceptible to bouts with depression, Dr. Harold Koenig states that they “certainly seem to have the resources to get through these times better than those who don’t have a faith.” What are examples of some of the resources to which Christians may have access?**
8. **Dr. Karl Benzio references how the wisdom of the Bible can be a great asset in treating depression, and this is true even for those who may not have a personal faith. He also mentions the possibility of biblical wisdom leading someone to consider the ultimate Author of the Bible and what He has done for His people. Have you ever seen a patient or colleague come to faith in Christ? What humbled them, and how did they discover God’s grace in Jesus Christ?**
9. **Dr. Timothy Allen, in reference to Elijah, suggests sharing with patients, “Just because you feel like a failure doesn’t mean that God thinks that you are.” How could such a statement open the door for the gospel?**
10. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. *Changes That Heal* by Henry Cloud



# Participant's Guide

---

## Episode 20

### Caring For Refugees and Immigrants

#### Summary

The greatly increased number of immigrants and refugees seeking healthcare in the U.S. provides a wonderful opportunity to communicate the love of Christ through the care we provide. However, special challenges are also caused by cultural and attitudinal differences. This episode denotes some of those unique challenges and how we can overcome them as we share the love of Christ with our international friends.

#### Speaker

Drs. Andrew and Esther are both family medicine physicians currently working at a clinic that serves a large population of refugees and immigrants. They love coming up with creative ways to serve their community. They enjoy spending time with their two kids, going on hikes and making meals together. Email them at [DrsEandA@gmail.com](mailto:DrsEandA@gmail.com).

#### Discussion Questions

1. **What from this video inspired, edified or challenged you?**
2. **What can we learn from the Bible with regard to our calling to show kindness to refugees from the following passages:**
  - a. Mark 12:31 -
  - b. Leviticus 19:34, Exodus 12:49 -
  - c. Deuteronomy 14:28-29 -
  - d. Deuteronomy 27:19 -
  - e. Hebrews 13:1-2 -
  - f. 1 Peter 1:1, Philippians 3:20 -
3. **What are some of the barriers to caring for refugees and immigrants?**
4. **Is there sometimes a language barrier between you and your patients? What are some possible ways to overcome this barrier?**

5. **What qualities do we need to cultivate in order to “understand” our sojourner patients? Consider Philippians 2:3-5, Ephesians 4:2, James 1:19, etc.**
  - a. Philippians 2:3-5 –
  - b. Ephesians 4:2 –
  - c. James 1:19 –
  
6. **Dr. Andrew tells a story of a refugee patient, a physician in his home country, who was having a panic attack. This patient received the treatment he needed, and the compassionate care he received eventually led him to faith in Jesus Christ. Have you seen any patients who turned to Christ during the course of their treatment? What were the key factors in their transformation?**
  
7. **What are some practical steps we can take to address the barriers to refugee treatment?**
  
8. **Dr. Jeff Amstutz cites the fact that approximately 25 percent of U.S. doctors (both physicians and dentists) are immigrants, and he shares a story of a cardiologist who received the gospel as it was shared with him by a medical colleague.**
  - a. **Do you have any colleagues who are immigrants?**
  - b. **Have you had any spiritual conversations with them? Why or why not?**
  
9. **Dr. Kristin Martel exhorts us to make our treatment area a “sanctuary” for our international patients. What are ideas of how we can do this, and how might the Lord work through our efforts in such an environment?**
  
10. **Dr. Andrew and Esther’s clinic has regular times of celebration. Do you celebrate at your office? Consider the following verses as they relate to the benefits of regular times of celebration:**
  - a. Proverbs 15:15 -
  - b. James 1:17a –
  - c. Psalms 126:3 –
  - d. Nehemiah 8:10 –
  
11. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. *Cross-Cultural Servanthood: Serving the World in Christlike Humility* by Duane Elmer
2. *Ministering Cross-Culturally: A Model for Effective Personal Relationships* by Sherwood G. Lingenfelter



# Participant's Guide

---

## Episode 21

### Communicating the Gospel Internationally

#### Summary

Jesus calls us to “Go, therefore, and make disciples of all nations...” (Matthew 28:19a, NASB), and His followers have, by God’s grace, succeeded in spreading the gospel throughout the world. This calling, however, comes with unique challenges. Respect for the differences between various cultures can enable us to communicate the universal need we all have for a Savior, and how the saving power of Jesus Christ can uniquely minister to the hearts of all.

#### Speaker



Dr. Scott trained at the Medical College of Virginia and Truman East Family Medicine Residency in Kansas City, Missouri. Dr. Scott and his family lived in South Asia from 1999 to 2015, providing medical care at a village mission hospital including a year and a half stint in a Gulf country where the security situation in South Asia worsened. Since 2015, Dr. Scott has taught family medicine at the [Virginia Commonwealth University \(VCU\) School of Medicine](#) and has worked part-time as CMDA staff at VCU. At the School of Medicine, he started the month-long International Medical Mission elective for senior students, during which he takes a group annually to Karanda Mission Hospital in Zimbabwe. He completed VCU’s TIME (Teaching in Medical Education) certificate course. He loves teaching and has received teaching awards in the Practice of Clinical Medicine program at VCU and

from the Society of Teachers of Family Medicine. He is very keen on the professional, moral and spiritual formation of students, and he is eager to motivate and train them to serve internationally in cross-cultural contexts. He is active with the South Asian refugee and immigrant population in Richmond, Virginia. His wife JoAnn is an ESL teacher, and they have three grown sons. For further information or to contact Dr. Scott, email him at [sarmistead123@gmail.com](mailto:sarmistead123@gmail.com).

#### Discussion Questions

1. What from this video inspired, edified or challenged you?
2. One of the biggest challenges for a missionary is that of contextualization—relating the gospel to a particular culture. Dr. Scott speaks of the challenge of sharing the gospel in an “honor-shame” culture. How might the gospel speak to an individual for whom personal honor and shame are dominating considerations?
3. We are told to “count the cost” of following Christ in Luke 14:27-32. What would be some of the costs of serving Christ in another culture?
4. Dr. Scott describes his efforts to “intentionally talk about my own weaknesses in the context of friendships” because it allowed him to become “a more safe person for people to reveal their struggles....”
  - a. Why might this be hard for healthcare professionals to do?
  - b. How could God use our transparency in the lives of our patients?
5. Westerners tend to see faith as a private matter, whereas in many parts of the world faith discussions are a normal part of life.
  - a. Why might this be so?
  - b. What adjustments could help a Westerner better fit in with those for whom spirituality is more integral to their conversations?
6. Dr. Cathie Scarbrough, having visited more than 30 countries to provide healthcare, concludes, “People are people, no matter where you go.” Despite the differences we encounter as we interact with those from other countries, what are some of the similarities that can give us confidence in sharing the love of Christ with them?
7. Dr. Trish Burgess tells of a patient unable to hear, who just needed her ears cleaned out: “I cleaned her ears, but God opened her ears to hear the gospel message.” Have you ever had a similar experience in your “mission field,” either domestically or internationally?
8. Jaime Saint exhorts short-term mission teams to recognize that “the physical is the best door to the spiritual” and empower the local church so “you can have a long-term impact on a short-term trip.” What are some ways mission teams can empower the local church before they head back home?
9. What is one take-home item from today’s session that you hope to implement?

## Additional Resources

1. *Let the Nations Be Glad* by John Piper
2. *Perspectives On The World Christian Movement, Third Edition* edited by Ralph D. Winter and Steven C. Hawthorne



*Your Faith in Practice*

# Participant's Guide

## Episode 22

### Race Relations: Crossing the Divide

#### Summary

There are great advantages to serving the Lord alongside others of different ethnicities who have different life experiences and different perspectives than we have. Jesus prayed in John 17 for His followers, “that they may all be one... so that the world may believe that You have sent Me” (John 17:21, NASB). How can we overcome our unconscious biases and celebrate the brotherhood we enjoy when walking with Jesus in unity?

#### Speaker



Dr. Omari Hodge is the Program Director for a family medicine residency in Tampa, FL. He and his wife Kiera have been married for 25 years and have four children. Currently he serves on the CMDA Board of Trustees. Additionally, he chairs CMDA’s R<sup>2</sup>ED Committee and advisory panel to the board on issues of race and reconciliation. He and his wife enjoy traveling, doing missionary work, and experiencing different cultures. In their spare time, you can find them hiking, biking, or checking out local eateries around the Tampa area. For further information or to contact Dr. Omari Hodge, email him at [Omsyki@gmail.com](mailto:Omsyki@gmail.com).

#### Discussion Questions

1. What from this video inspired, edified or challenged you?
2. In seeking better race relations, Dr. Hodge exhorts us to seek not just diversity but also cross-cultural dependency.
  - a. How does this second step accomplish more than just the first?
  - b. Is cross-cultural dependency a biblical goal? (Hint: see 1 Corinthians 12:12-21.)

3. **Jaime Saint says, “We believe that God has gifted every Christ follower in unique ways for meaningful participation in His Great Commission.” How does this reality inspire us toward pursuing diversity and cross-cultural dependency?**
4. **Dr. Hodge says, “You really can’t appreciate the fullness of Christ until you begin to see Him through the lens of other people.”**
  - a. **Why might this be so?**
  - b. **Any examples of things you have learned about Christ or the gospel from people ethnically or culturally different from yourself?**
5. **Revelation 7:9-10 says, “After this I looked, and behold, a great multitude that no one could number, from every nation, from all tribes and peoples and languages, standing before the throne and before the Lamb, clothed in white robes, with palm branches in their hands, and crying out with a loud voice, ‘Salvation belongs to our God who sits on the throne, and to the Lamb!’” (ESV). How might this passage inspire you to pursue better race relations in your community?**
6. **Dr. Hodge states, “Loving cross-culturally can be one of the biggest evangelistic tools that we have at our disposal.” Why might this be? Relate this to John 17:20-23.**
7. **How might the following Bible passages move us toward greater solidarity with those who are different from us?**
  - a. **“Know this, my beloved brothers: let every person be quick to hear, slow to speak, slow to anger; for the anger of man does not produce the righteousness of God” (James 1:19-20, ESV).**
  - b. **“But the Lord said to Samuel, ‘Do not look on his appearance or on the height of his stature, because I have rejected him. For the Lord sees not as man sees: man looks on the outward appearance, but the Lord looks on the heart’” (1 Samuel 16:7, ESV).**
  - c. **“There is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus” (Galatians 3:28, NIV).**
  - d. **“All the ways of a man are pure in his own eyes, but the Lord weighs the spirit” (Proverbs 16:2, ESV).**
8. **Dr. Regina Frost is transparent in admitting that we all have subtle conscious and subconscious prejudices toward our patients and others. What are some ways in which a fuller experience of the gospel can help us alleviate prejudicial attitudes?**
9. **What is one take-home item from today’s session that you hope to implement?**

## Additional Resources

1. *Confronting Injustice without Compromising Truth: 12 Questions Christians Should Ask About Social Justice* by Thaddeus J. Williams and John M. Perkins



# Participant's Guide

---

## Episode 23

### For Educators: Equipping Students And Residents

## Summary

It is a great privilege to be able to positively influence the next generation of healthcare professionals. Those who instruct students and residents seek to equip them with the knowledge and the heart to treat patients with skill and compassion. Educators who walk with Jesus are uniquely gifted to speak into the lives of students during their training years. The difficulties encountered during this formative period of instruction can be used by the Lord to create caregivers who promote healing of both body and soul.

## Speaker



Dr. Francis Nuthalapaty is a Maternal-Fetal Medicine physician and Obstetrics and Gynecology Residency Program Director at the Northeast Georgia Medical Center in Gainesville, GA. He became a committed Christ follower during his fellowship and is sensitive to the power of the Gospel in training environments. He and his wife Elizabeth have three children. For further information or to contact Dr. Nuthalapaty, email him at [fsn@nuthalapaty.net](mailto:fsn@nuthalapaty.net).

## Discussion Questions

1. What from this video inspired, edified or challenged you?
2. Dr. Nuthalapaty speaks of encountering doctors during his medical school years who “just seemed so unhappy...it seemed like they wanted to be somewhere else, they didn’t enjoy what they were doing.” What are some of the factors that can contribute to our

overall career contentment in healthcare? See Colossians 3:23, Psalm 90:17 and 2 Corinthians 4:18.

3. Three simple and practical recommendations are mentioned to help educators engage with healthcare trainees:
  - a. Be authentic.
  - b. Make your home a sanctuary.
  - c. Learn about the students.

How can each of these steps positively affect the personal and professional development of the students?

4. Dr. Cathie Scarbrough references how residency is a crucial time when residents might be inclined to either give up their faith, or they can “*embrace spiritual care and whole person medicine and run after that for the rest of their careers.*”
  - a. What factors could lead to a healthcare student or resident falling away from the Christian faith?
  - b. Conversely, how might the training years serve as a time of spiritual growth and maturity?
5. Dr. Laurie Tam speaks of how those students who participate with their CMDA communities can develop habits during their training to enable them to thrive through residency and beyond. What are some examples of good habits that can assist us in our training years and beyond? (*Hint: Dr. Jonathan Tsai mentioned one.*)
6. Dr. Nuthalapaty shares his wonderful story of a medical student who came to faith in Christ, and dental student Liz Flaherty describes the opportunity students have to plant gospel seeds during their training years. Do you know of anyone who came to faith, or grew in faith, during their professional training? What might contribute to the gospel taking root in the heart of a healthcare student?
7. It was a mission trip with CMDA’s Global Health Outreach that introduced Dr. Nuthalapaty to the joy of the gospel. How have your efforts to treat the needy, either domestically or internationally, affected your walk with Jesus?
8. What is one take-home item from today’s session that you hope to implement?

## Additional Resources

1. *Living in the Lab Without Smelling Like a Cadaver* by William C. Peel, ThM
2. *Jesus, MD* by David Stevens, MD
3. *What I Learned about God in Medical School* by Troy Vines, MD



Your Faith in Practice

# Participant's Guide

Episode 24

End-Of-Life Care, Part 1

## Summary

The grief and heartache in treating patients near the end of their earthly existence can at times be tumultuous and overwhelming. Yet, this difficult time affords us two wonderful opportunities: to encourage those who walk with Jesus regarding the eternity that awaits them, and to extend a final opportunity for those who do not yet believe, so they might embrace the Savior in faith. This episode includes ways we can recognize the Lord's hand near the end of our patients' earthly lives.

## Speaker



Kathryn Butler, MD, is a trauma and critical care surgeon living outside of Boston. She left clinical practice in 2016 to homeschool her children and writes regularly for the Gospel Coalition and [desiringGod.org](http://desiringGod.org) on topics intersecting faith and medicine. Her book, *Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care* (Crossway, 2019), examines end-of-life dilemmas through a Christian lens. Dr. Butler can be reached through her website [www.kathrynbutler.com](http://www.kathrynbutler.com).

## Discussion Questions

1. What from this video inspired, edified or challenged you?

2. Dr. Butler states, “A century ago 90 percent of Americans spent their last days at home among families...and in our modern era 70 percent of Americans still voice a desire to die at home among family. However, only 30 percent of us do.” What are some possible explanations for this discrepancy?
3. “Christian physicians are uniquely positioned to guide patients through end-of-life dilemmas that so cut to the heart of who we are in Christ.” Do you agree or disagree, and why?
4. Why might healthcare professionals be hesitant to refer patients to, or consult with, a chaplain?
5. Dr. Al Weir states, “Near the end of their lives they (terminally ill patients) can come to a point where they can accept deep thoughts in ways that they can’t earlier in their lives.”
  - a. Why might this be so?
  - b. Can you think of any examples of end-of-life faith conversions in the Bible? For help, see Luke 23:39-43. Any others?
6. Dr. Steve Sartori uses questions to help open up his patient to the need for Christ. What are some examples of questions we might utilize in a similar situation?
7. One of Dr. Butler’s insightful suggestions is to “address questions before patients are silenced by illness and medical technology.” Who are some of the individuals who could help to address patients’ spiritual concerns?
8. What is one take-home item from today’s session that you hope to implement?

*Note: Dr. Butler’s four principles, included at the end of this episode, will be repeated at the beginning of Episode 25.*

## Additional Resources

1. [\*Medical Ethics and the Faith Factor: A Handbook for Clergy and Healthcare Professionals\*](#) by Robert Orr
2. [\*Hostility to Hospitality: Spirituality and Professional Socialization within Medicine\*](#) by Michael and Tracey Balboni
3. [\*Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care\*](#) by Kathryn Butler



Your Faith in Practice

# Participant's Guide

Episode 25

End-of-Life Care, Part 2

## Summary

The Bible does not give us every answer regarding how to best meet the needs of those who are terminally ill. It does, however, provide foundational principles regarding decision-making near the end of their lives. Multiple factors will influence the treatment decisions of patients and those who love them. A scripturally wise healthcare professional can be a tremendous asset to patients and their families at this critical time.

## Speaker



Kathryn Butler, MD, is a trauma and critical care surgeon living outside of Boston, Massachusetts. She left clinical practice in 2016 to homeschool her children and writes regularly for the Gospel Coalition and [desiringGod.org](http://desiringGod.org) on topics intersecting faith and medicine. Her book, *Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care* (Crossway, 2019), examines end-of-life dilemmas through a Christian lens. Dr. Butler can be reached through her website [www.kathrynbutler.com](http://www.kathrynbutler.com).

## Discussion Questions

1. What from this video inspired, edified or challenged you?
2. Dr. Butler lays out four key principles regarding end-of-life care. Do you believe these principles are biblically supported? Consider the following passages, and others that might come to mind.

**a. Mortal life is sacred, and we are all image-bearers of God.**

Genesis 1:27, Genesis 9:6, Psalms 139:13-16, Luke 12:6-7

**b. God has ultimate authority over life and death, and our times are in His hands.**

Job 14:5, Deuteronomy 32:39, Hebrews 9:27

**c. Mercy and compassion—love our neighbor as ourselves.**

Psalms 145:8-9, John 3:16, Romans 5:8, 2 Corinthians 1:3-4

**d. Our hope in Christ, and God’s love for us is so vast that nothing can separate us from Him.**

Psalms 118:14-15, John 11:25-26, Romans 8:35-39, Romans 14:8, 2 Corinthians 5:17-18

3. **How might you respond to someone who had a condition that could be treated predictably, but who refused treatment because of respect for God’s sovereignty over life and death?**
4. **Dr. Butler makes reference to “medical futility,” a potential factor in end-of-life care.**
  - a. **How could this factor be helpful in considering appropriate care?**
  - b. **How could a distorted view of “medical futility” be misconstrued as potential justification for euthanasia?**
5. **Why is it important for healthcare professionals to be having spiritual dialogue with a patient throughout life, rather than just at the end of life?**
6. **How would you address the following situations?**
  - a. **An 87-year-old man with end-stage liver disease, hypertensive cardiomyopathy with an ejection fraction of 30 percent and multiple myeloma was admitted to the ICU with urosepsis. He ultimately required intubation as his septic shock progressed to acute renal failure and ARDS. Three weeks after presentation, he is in multiorgan failure, coagulopathic, with worsening oxygenation and a rising pressor requirement despite broad-spectrum antibiotics. During a goals of care meeting, the patient’s son states, “My dad believes in the God of the Bible. Under no circumstances are you to take him off life support.”**
  - b. **A 69-year-old woman with recurrent stage IV glioblastoma multiforme, on palliative steroids but without any further treatment options, presents in septic shock from perforated diverticulitis. She undergoes an emergency Hartmann procedure, which she tolerates from a hemodynamic standpoint, but she is unresponsive post-operatively and is noted to have a dilated and fixed pupil. A CT scan confirms a large bleed from her cerebral tumor, with significant midline shift. During an urgent meeting with her family, a daughter says her mother had enrolled in home hospice services and became tearful at the mention of CPR and ventilators.**

“But I want you to keep going,” she adds. “I’m praying for a miracle, and I need you to keep doing everything until God answers.”

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

## Additional Resources

1. [\*Medical Ethics and the Faith Factor: A Handbook for Clergy and Healthcare Professionals\*](#) by Robert Orr
2. [\*Hostility to Hospitality: Spirituality and Professional Socialization within Medicine\*](#) by Michael and Tracey Balboni
3. [\*Between Life and Death: A Gospel-Centered Guide to End-of-Life Medical Care\*](#) by Kathryn Butler



## Credits/Acknowledgements

### Short-clip Videos

#### **Timothy Allen, MD**

Family Medicine  
Milwaukee, Wisconsin

#### **Jeffrey Amstutz, DDS, MBA**

Vice President for Dental Education, CMDA  
Detroit, Michigan

#### **Jazzmine Hernandez Basham, DO**

Resident, In His Image Family Medicine  
Residency  
Tulsa, Oklahoma

#### **Karl Benzio, MD**

Medical Director, Honey Lake Clinic  
Greenville, Florida

#### **Sherry-Ann Brown, MD, Ph.D, FACC, FAHA**

Director of Cardio-Oncology, Medical College  
of Wisconsin  
Milwaukee, Wisconsin

#### **Patricia Burgess, MD**

Global Health Outreach Director, CMDA  
Bristol, Tennessee

#### **Sandra Christiansen, MD**

National Medical Director, Care Net  
Frederick, Maryland

#### **Michael Chupp, MD, FACS, FCS (ECSA)**

Chief Executive Officer, CMDA  
Bristol, Tennessee

#### **Jill Cottel, MD**

Medical Director, Lackey Clinic  
Yorktown, Virginia

#### **Farr Curlin, MD**

Josiah Trent Professor of Medical Humanities,  
Co-Director, Theology, Medicine, and Culture  
Initiative, Duke University  
Durham, North Carolina

#### **Daisey Dowell, MD**

Medical Director, Lawndale Christian Health  
Center  
Chicago, Illinois

#### **Elizabeth Flaherty**

University of Minnesota School of Dentistry  
Minneapolis, Minnesota

#### **Harriette Forry**

Dental Assistant  
Newport News, Virginia

#### **Regina R. Frost, MD**

Obstetrics/Gynecology, Ascension Medical  
Group  
St. Clair Shores, Michigan

#### **Bhavitha George, MD**

Resident, In His Image Family Medicine  
Residency  
Tulsa, Oklahoma

#### **Jacob Greuel, MD**

Faculty, In His Image Family Medicine  
Residency Program  
Tulsa, Oklahoma

#### **William Griffin, DDS**

Vice President for Dental Ministries, CMDA  
Bristol, Tennessee

#### **Omari Hodge, MD**

Northeast Georgia Physicians Group  
Gainesville, Georgia

#### **Linda Huang, DDS, MD, FACS**

Flushing Oral & Maxillofacial Surgery  
Flushing, New York

**Malieka Johnson, DDS**  
General Dentistry, Adult Special Needs  
Western Regional Dental Coordinator, CMDA  
San Diego, California

**Caleb Jones, MD**  
In His Image Residency Program  
Tulsa, Oklahoma

**Jennifer A. Kang, MD**  
Owner, Selah Health Group  
Redding, California

**David Kim, MD**  
Founder and CEO, Beacon Christian  
Community Health Center  
Staten Island, New York City, New York

**Harold Koenig, MD**  
Physician and Professor, Duke University  
Durham, North Carolina

**Walt Larimore, MD**  
Family Physician  
Colorado Springs, Colorado

**Selina Lin, MD**  
Practice Owner, Katy Women's Care  
Katy, Texas

**Pascal Magne, DMD, Ph. D**  
Associate Professor of Esthetic Dentistry,  
University of Southern California  
Los Angeles, California

**Kristin Martel, MD**  
Director of Student Education at Siloam Health  
Nashville, Tennessee

**Krystal Mattox, DDS**  
Richmond, Virginia

**Matthew Montgomery, MD**  
Owner, Cornerstone Surgical  
Hanover, Pennsylvania

**Katherine Musser, DMD**  
Faculty, CMDA Dental Residency Plus  
Midwest Regional Dental Coordinator, CMDA  
Memphis, Tennessee

**Francis Nuthalapaty, MD**  
Northeast Georgia Medical Center  
Gainesville, Georgia

**Kathy O'Connell, MD**  
Peninsula Women's Care  
Newport News, Virginia

**Bill Peel, DMin**  
Co-Founder, Faith @ Work Summit  
President and Founder, Foundations For  
Living/24Seven Project  
Dallas, Texas

**Steve Sartori, MD**  
Family Doctor  
CMDA Life and Leadership Coach

**Cathie Scarbrough, MD**  
Associate Program Director, GRMC Family  
Medicine Residency Program  
Gadsden, Alabama

**Jaime Saint**  
Chief Executive Officer, ITEC  
Dunnellon, Florida

**Colin Smothers, MDiv, Ph. D**  
Executive Director, Council on Biblical  
Manhood and Womanhood  
Wichita, Kansas

**Bobbie Sperry, MD**  
Family Physician  
Hampton, Virginia

**Laurie Tam, MD**  
Internist, University of Hawaii  
Honolulu, Hawaii

**Edmond Thomas, DDS**  
General Dentist  
Stone Mountain, Georgia

**Val Tramonte, II, MD**  
Family Medicine  
Tulsa, Oklahoma

**Jonathan Tsai, MD**

Ophthalmologist, Baylor Scott and White Eye  
Institute  
Temple, Texas

**Al Weir, MD**

Professor of Medicine and Program Director for  
Hematology/Oncology Fellowship Program,  
University of Tennessee Health Science Center  
Memphis, Tennessee

**Kathryn White, MD, MPH**

Chief Medical Officer, Los Angeles Christian  
Health Centers  
Los Angeles, California

Special thanks to Study Guide contributors David Goodman, MD, William Geiger, MD and William Griffin, DDS, and to Technical Director Jamey Campbell.