Physician and Pastor - Co-Laborers
Part 2: Where the Power Is, and Applications of It

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Part 1 appeared in Volume 7, Number 1.

In the previous section some of the limitations of the currently dominant medical model of disease were reviewed. Some of these limitations are: (1) reductionism - a proclivity to reduce our understanding toward the smallest component parts of causality, (2) materialism - consideration only of the material aspects of a human being when looking for etiology, (3) numerator medicine -failure of medicine to consider the denominator populations from which patients are drawn, skewing probabilities, and, (4) a pointed refusal to consider spiritual features in etiology, that patients suffer physically because of wrong belief systems. If we were to begin to correct these failures, what kind of issues would we consider?

THE POWER OF FAMILY GOVERNMENT FOR HEALTH

We would consider the power for health that intact families which have biblical authority structures possess. "Children in single-parent families are 20 percent to 40 percent more likely to suffer health problems."[1] Pastoral counselors who work to sustain marriages are also very powerfully engaged in the physical health of the household. You are strengthening a locus of government which is far more powerful to maintain health than is medical care. Would we in medicine not dream to be able to reduce health problems by 20% to 40%? Physicians who prescribe for a family member need to consider the "side effects" of our prescription on the family structure and authority. If what we prescribe weakens that structure, then that prescription would have to be very powerful indeed to be more important for health than what it weakens.

THE CHALLENGES TO FAMILY GOVERNMENT

Pastoral counseling which points out the family's primary responsibility to care for its own has health power. As one example, the widespread use of group day care facilities needs to be challenged. 'While it seems reasonable that a family may delegate at times portions of its child care duties to others, the family retains the responsibility for what occurs. Day care just cannot be as healthy as a biblical family. A toddler enrolled in day care can expect to be bitten by another child within an average of 73 days.[2] While siblings within homes also bite one another, the toddler at home is not going to be surrounded by 20 other toddlers who are in the prime "biting age." One mother just cannot give birth to that many children in a short period of time. It requires collecting them from many households.

The risk of infectious disease in day care is two to four times greater than for children cared for at home.[3] This includes gastrointestinal infections, which are also carried to other family members at home.[4] Otitis media also is increased in day care children.[5]

You would expect such information would impel reasonable people toward a view that small children, if possible, are better cared for in homes than in group day care, and that policies to support that end would be the best ones. Instead, as example of the narrow way medicine has of conceiving of problems and their solutions, listen to the "answer" of the researchers of a major review of illness and day care, persons at the Bush Institute for Child and Family Policy at the University of North Carolina at Chapel Hill. "...

government intervention is justified when a market fails to measure adequately the true costs or benefits of a given market transaction. ... It seems reasonable ... to recommend specific regulatory provisions ... regulations requiring parents to demonstrate that they have been following a schedule of health visits for their child, (such as that recommended by the American Academy of Pediatrics.)"[6]

That government policies encouraging two-parent wage earner families built into the tax structure and otherwise is the problem is not even considered. That changing policies to reduce the demand for group day care is a better approach is ignored.

I witnessed recently a clear instance of chasing your tail on this issue. A young Christian family, young in Christ also, with two small girls who had many visits to their pediatrician because of otitis media. There were numerous prescriptions of very expensive antibiotics. Finally, both of the girls were sent to an ENT doctor to have myringotomy tubes placed. One of the girls had a complication from the procedure. Actually, she didn't have a complication. In routine blood work done after the procedure, it appeared that she was having a rare, dangerous reaction to some medicine or other that she had received, possibly an anesthetic, it was thought. A worrisome hospitalization ensued, with consultation from other specialists. Finally, it was decided that there never had been a problem and the child went home. The medical bills were very substantial.

Both parents worked. The mother had a medical insurance policy which covered the family. The father did not, though he made more money. Both girls were in group day care. No one mentioned to the mother the connection between day care and otitis media. When the topic finally came up incidentally, her notion was that she couldn't afford to keep the children herself at home because she would lose their health insurance. In fact, she said, her medical insurance for the children was the main reason she was still working. She would otherwise much prefer to be at home.

Thus, you work in order to have medical insurance for the children, whom you place in day care in order that you may work, where they contract otitis media, making you glad to have medical insurance. You work to have the medical insurance for the children, whom you place in day care in order that you may work, where and around the circuit goes this family and many others. How narrow our medical view can be! Our presupposition that things that matter most in health are physical things -microbes in the middle ear space -is diverting us sometimes from more powerful actions. Counseling the mother to stay home with the children while they are small, while not "medical" on its face, could be powerful for health and not so damaging for the pocketbook.

As Semmelweis in the case of the infectious agent in childbed fever was thwarted by the presuppositions which framed the issue, so also are we being thwarted by a framing of medical issues by a false presupposition that mankind is a material entity only, and that only material entities may be practically considered in illness and injury.

A TYRANNY OF EXPERTS

From early medical training on, the message to the physician results in a kind of tyranny of the experts. These experts consider only the material, the soma, the physical sine qua non of disease. These are experts who know more and more about less and less until they know everything about nothing. I wish to be a bit more like the philosopher who knows less and less about more and more until I know nothing about everything. Actually, we need experts, we just need each expert to recognize his or her area of expertise and to stay within it. To know all about one sine qua non of disease is a far cry from knowing about other features of the disease, including other sine qua non, some of which might well be spiritual.

EXAMPLE OF THE SUPERIORITY OF PASTORAL COUNSELING FOR PEDIATRIC LIFE EXPECTANCY

Here is part of the opportunity for the pastor. What may have been behind a particular episode of illness? We have been overly impressed by the fact that not every episode of illness has a particular sin that caused

it Jesus did teach us that not all illnesses are due to particular sins in the person or his family. [John 9:31 In John 5:14, Jesus met again a man whom he had healed of 38 years of lameness, and told him, "See, you have been made well. Sin no more, lest a worse thing come upon you. In the United States, it is definite that, while most deaths may not relate that much to lifestyle choice, most years of potential life lost is due to "lifestyle" choices.

The famous "leading causes of death" in the United States are heart disease and cancer. However, since these two causes tend to strike near the end of the life span, conquest of them would lead to a surprisingly small increment in average life expectancy, maybe three to four years. We would only have two new leading causes of death. Accidents, homicide, and suicide, on the other hand, tend to kill the young, subtracting a much larger portion of potential life. These events tend to be associated with "lifestyle," which is an expression of what people believe. Abortion by definition takes life at its youngest and removes the most years of potential life, about thirty times more than all the other causes of pediatric deaths under one year of age. Pastors, physicians, or pro-life counselors who try to impart reverence for life, even if they succeed only 3% of the time, will save as many years of potential life as would the total eradication of all deaths during the first year of life!

Pastors and teachers who teach God's law are promoting preventive medicine when they teach what are now called "parenting" skills from Scripture. The number of medical contacts resulting from unbiblical parent-child relationships is large, including: preventable accidents, drug abuse, venereal disease, functional abdominal pain, tension headaches, illegitimate pregnancy and more. Small children whose parents, for example, tolerate "sass or disobedience, as in a church nursery, can be provided with inexpensive, powerful health maintenance without any physician involvement whatsoever. Nouthetic counselors can admonish the parents on the fifth commandment and its applicability in the present life and in the life to come.

Bernard Cohen produced what he calls a "catalog of risks" in which he tries to put the various risks life has to offer into order according to their "riskiness."[7] He uses the method of years of potential life lost which he terms "lost life expectancy." The results of his work are eye-opening, revealing the narrow mindset medicine has developed. For example, a person who lives an alcoholic lifestyle on the average lops 4 thousand days (about 11 years) off of his life. If a counselor were successful only 5% of the time in seeing an alcoholic changed, he would save as many years of life as would the medical profession if the medical profession were able to save all burn victims, or all poisoning victims. If the counseling were an effective instrument in getting people out of poverty by means of getting them back to work, and was effective only 3% of the time, the counseling would save as many years of potential life as would be saved by eliminating all deaths by motor vehicle accidents if the relationship that poverty has with mortality is causal.

MORE CHALLENGES TO FAMILY GOVERNMENT

At this and many other points, nouthetic counselors will necessarily run headlong into medical dictums. For example, the medical profession is building pressure rapidly to do away with corporal punishment of children. Listen to this from the American Family Physician: "We believe that corporal punishment should not be used in children. It does not usually have a lasting effect, and it may impair the child's confidence and trust in the individuals to whom he or she looks for love and guidance. Moreover, if administered in anger, it may lead to child abuse."[8] "No lasting effect!?" Prov. 23:13-14 states, "Do not withhold correction from a child. For if you beat him with a rod, he will not die. You shall beat him with a rod, and deliver his soul from hell [Sheol]." In plain revelatory words, then, correctly administered corporal punishment actually withholds children from death. How long-term can you be? The "studies" upon which the anti-corporal punishment dictum are based are doing very well if they have 5 year follow-up. The vast majority of them are retrospective studies, in which older children or adults who are judged to be doing very well are compared with those who are in some kind of financial, legal, vocational, or health trouble. Typically, they will be asked to recollect

how they were disciplined. Some difference is found in corporal punishment patterns and that difference is pegged as the one which caused the later problem in life. There is a cause and effect issue here. There is also a problem with the probability of selective recall. Even if the studies are splendid, does one assume that clear revelation is somehow overturned by empiricism?

BACKING DOWN SOME CHALLENGERS

Let's imagine a scenario between a physician and nouthetic counselor over this issue. You have a family in your church in which a child is misbehaving. The child has already been to a pediatrician or family physician and has received some counsel and, perhaps, even some medication. The parents relate to you that they have been advised against the use of corporal punishment on the misbegotten theory that behind every crooked behavior there lies a crooked molecule. You see spanking as one of the appropriate options in this given case. One option you may not have utilized is to "rattle the physician's cage." Kindly. Firmly. To this date, the majority of pediatricians and family physicians still support corporal punishment.[9]

While trying not to catch the parents in the middle between conflicting advice (that may not always be possible), you may call or write the physician, with the family's permission, stating your advice and your reasons for it in brief. Hopefully, a conversation might ensue. The physician's cage can be rattled in several ways, but one would to engage the physician at a metaphysical level.

Counselor: "I was wondering on what basis you recommended to the family that they not use corporal punishment for their child. As I have indicated, I am advising differently."

Physician: "I don't believe that spanking works."

Counselor: "Doesn't work to accomplish what end ?"

Physician: "You know, to see that the behavior changes."

Counselor: "Which behaviors did you have in mind ?" Physician, now a little irritated perhaps: "Pinching his sister, cursing, and flinging paint on the walls at home. Things like that. Didn't they tell you? (Lapsing now into the lecture-of-ignoramuses mode) Violence begets violence. If you use violent means to combat violence, the child learns that violence is an appropriate way to solve problems."

Counselor: "Well, we certainly have some major differences on this. It seems to me that all 'violence is being lumped together. Be that as it may, how do you know that violence is wrong?"

Physician: "Well, don't you believe that it is wrong?"

Counselor: "My question was how you know that it is wrong. If your answer is to consult my opinion for your own, I am first of all flattered. Secondly, you'll have to change your views, because I don't believe that all 'violence' is wrong. If corporal punishment is violence, it is mandated in the Bible."

Physician: "Well, I am not a theologian. (Intonation indicates that the physician holds theologians only a half-notch above mass murderers in esteem.) I just practice medicine. I don't drag the Bible into everything." Counselor: "How do you know that the Bible does not belong in everything?"

Physician: "Well, research shows that children do better if they are not spanked, if other methods of discipline are used. If the Bible says otherwise, somebody must be interpreting it wrong."

Counselor: "Then you assume that research is the guide to how we ought to live and how we ought not to live. That its answers are sort of self-authenticating."

Physician: "Yes, I believe that."

Counselor: "You have faith in the ability of research to answer questions of that sort?"

Physician: "Yes, I believe it does answer questions.

Counselor: "Well, then, since I don't believe you really

meant for me to determine for you that violence is wrong, explain to me how research shows that violence is wrong.

Physician: "It hurts people! I'm here to help people."

Counselor: "That only removes the question one step. How is it that you know that hurting people is always wrong?"

Physician: "This is crazy. Everybody knows that is wrong. Everybody, maybe, but you.

Counselor: "I really doubt you want to maintain that you know what is right and wrong based upon what 'everybody knows.' There are times and places in which 'everybody' knew that blacks were inferior, that Jews were scum, that cannibalism was okay, and that stealing from enemies was acceptable. (Lapsing into his lecture mode) What I believe you are doing is using information from research about the state things are in - what is, - to try to answer questions about the way things ought to be. That is logically inadmissible. You cannot legitimately use a statement about what is, to answer a question about what ought to be. For questions about what ought to be, we need a self-authenticating standard. That is why I use the Bible to advise people. You are using research as your self-authenticating standard. I don't share your faith that research can answer questions of that sort. You believe it does. We are both moving from a faith position, though I recognize you probably don't like the religious connotations of that word, and I am not trying to foist my religion off on you. I am, rather, trying to convince you of the value of mine, and to convince you that you are foisting your moral beliefs off on your patient, who is my church member. My faith position is up front. Yours is surreptitious. I'd rather work with you, but if we cannot resolve this issue, I am going to have to advise the family to find another physician."

Now that is all a confrontational type of encounter. You aren't likely to convert a physician with that approach. However, you will probably introduce some much-needed caution into that doctor before he spews his error quite so casually in the future. You will hurt him a little bit economically, if you can convince the family. You will have the further advantage that his "methods" don't work, whereas God's methods do work. Instead of being on the defensive, you may occasionally put the medical professional legitimately on the defensive. The majority of physicians who deal with children still believe in corporal punishment and will have far different conversations with you. They can be strengthened in their witness by you, if only you will risk it. Many of them are cowed by the vocal minority who despise the teachings of the Bible.

LIMITATIONS OF THE DISEASE MODEL: HOW TO MISS THE POINT WHILE BEING VERY SCIENTIFIC

The medical profession's perception has become so limited to the theoretical constructs known as "disease entities," by which is meant only the physical causes and manifestations of disease, that it is unable and unwilling to see that mankind is a living, breathing spirit folded into a body. Pastoral counseling offers one major avenue to instruct the medical profession and other onlookers, as it instructs the direct recipients.

Of the many possible examples, one of my favorites is a two-page ad for the anti-viral drug Zovirax appearing in many medical journals. Page one of the ad shows a downcast young woman seated alone in a sidewalk cafe lamenting that genital herpes has put her into "solitary confinement." Page two shows the same girl smiling and in the convivial company of another young woman and two very nice-looking young men. The girl was in "solitary confinement" only in that she could not fornicate. Better living through chemistry "solves" the problem by enabling her to fornicate somewhat more freely. The ad treats of the issue of genital herpes as though it is merely a matter of viruses, their DNA structure, and chemically substituting a different base in the thymine, guanine, etc., pairs. The acceleration of this kind of narrow thinking is traceable to about 1960. Since that time, all of our venereal diseases have increased in frequency, greatly, with the addition of new diseases such as AIDS.

How far afield we have gotten in medicine, off on zebra hunts! The world's most prestigious medical journal may be the New England Journal of Medicine. In a recent

index we find titles such as "Controlled trial comparing foscarnet with vidarabine for acyclovir-resistant mucocutaneous herpes simplex in the acquired immune deficiency syndrome."

Imagine these article titles of obscure issues being superimposed on a TV screen of some current events of health significance - a sort of MTV for medicine. That one, for example, could go on an image of the doorway to a sodomite liaison center masquerading as a bath house. With a little musical accompaniment we have articles addressing "rare bird" medical issues overlying views of much more potent causes of disease.

"Inhalation of a coin and a capsule from metered dose inhalers." Dancers in a bar heavy with cigarette smoke.
"Ratio of low-density lipoprotein cholesterol to ubiquinone as a coronary risk factor." An argument begins in the bar.
"Outbreak of herpes gladiatorum at a high-school wrestling camp. Fists fly; a woman is struck. A gunshot. The bar clears, leaving only the smoke, a trail of blood, and a prostitute too drunk to leave.

"Inability to attribute susceptibility to primary sclerosing cholangitis to specific amino acid positions of the HLA-DRw52a allele." Cut to the legendary fiddling of Nero while Rome bums, then fade out.

No cheap shot at basic research is intended. The point is not that we don't benefit from the sort of information addressed by researchers examining a material sine qua non of obscure diseases. The point is that that kind of information has ceased to be nearly as relevant to the health and safety of people in the United States as are the issues of the heart of mankind. Our priorities in medicine are badly skewed. The heart is the neglected sine qua non of health in the U.S. today. Jesus said, "For from within, out of the heart of men, proceed evil thoughts, adulteries, fornications, murders, thefts, covetousness, wickedness, deceit, licentiousness, an evil eye, blasphemy, pride, and foolishness. All of these things come from within and defile a man. Mark 7:21-23] We need this kind of "kardiology" for our spiritual and physical health.

NUMERATORS OVER DENOMINATORS

Physicians deal mainly with sick numerators, persons who have presented their bodies a living sacrifice for us - our community is the sick. There have been efforts within medicine to deal with the whole community, and public health medicine is its best expression, but for most practicing physicians, the community is more or less out of reach. As far as sickness is concerned churches deal with denominators - both the sick and the well within the community of faith. The Church also deals with the "fields white unto harvest," the pagans, both sick and the well in those fields. While medicine has incorrectly restricted itself to empirical, evidential data[10] it has also drawn its data too often from numerators only. The Church has the opportunity to see these sick numerators in the illuminating context of their spiritual denominators - how sickness relates to spiritual condition. Furthermore, medicine has cut off revelational data - input from the Bible. Pastoral counseling can restore this missing feature of revelation to its powerful role in maintaining and regaining health.

EVIDENCE FROM SOCIAL SCIENCE
(If You Aren't Used to Standing on Revelational Evidence)

House, et al., in a community-based study, examined some features relating to health as they related to the crude measure of mortality.[11] They found suggestions of relationships for a number of activities which, in themselves, don't look at all like "health care:" pleasure drives and picnics, visiting friends and relatives, attending church, attending meetings, attending spectator events, classes or lectures. At moderate levels of involvement these appear to reduce your likelihood of death, with the effect more pronounced for men in most cases. While these were correlations and not causations, they are interesting. As has long been known, being married is a healthy estate.

Can doctors in today's regime encourage this? Not without strident criticism. Can the Church? Yes. On the grounds of evidence such as these researchers accumulated? No, rather because the Bible commends it as the norm for most people. Yet the general consistency with what biblical counseling might at times recommend is illustrative. In his "catalog of risks,"

Bernard Cohen, mentioned earlier, found that poor social connections - living a relatively isolated life - ranked fourth among the causes of loss of life expectancy, after smoking, alcoholism, and poverty.7 He estimated a loss of about 3 years of life expectancy for such persons, exceeding suicide, murder, AIDS, drowning, electrocution, natural hazards such as floods and earthquakes, and many other things that we get all worked up about.

WORK FOR HEALTH

For another example, consider work. To be employed is health-promoting. Counseling from Eph. 4:28 ("He who has been stealing must steal no longer, but must work, doing something useful with his own hands, that he may have something to share with those in need.") will have healing and preventive qualities. We have too much, "I can't work because I'm too sick." We have too little, "You're sick so much because you are not employed."

Christian teaching for the denominator population is a powerful force for health. If Churches were more obedient, it would be an even more powerful force. The medical profession needs the input from the Church to clean up its act, to put its powerful tools into the right perspective, to make sure that our methods are harnessed to the right questions.

While science pretends to abhor the method of authority, and tells tales about the bad old days in which medicine kow-towed to authorities who did not do experiments, we still live in an authoritarian system. The authorities tell us not only that the only method of any real use is the "scientific method," they also insist on casting the questions in materialistic terms only, throwing revelational epistemology off the playing field.

They are applying their epistemology where it does not legitimately apply, to normative issues. We have a "tyranny of the expert," who knows much more than we do, yet who does not see that the depth of vision has been gained at the substantial cost of a breadth of vision. The Church can restore the breadth of view to illness and health, can reclaim the validity of the method of revelation, and pitch out the method of natural science from its stolen territory.

Medicine has become somewhat like the man who knows the cost of everything and the value of nothing. There is a need for a generalist -not speaking here of a medical generalist, which I am, though that is true, - but of someone who has the whole person in view, -in the context of the family, church and society, as well as a time span that extends beyond a six year follow-up study. We need someone to have a view all the way to the deathbed and to eternity beyond. Medicine demands now an illegitimate thing of its practitioners - that we give up our general office of believer and priest in order to become a body mechanic. The body mechanic image is a very dangerous one for medicine.

While it is generally believed that the day of the Renaissance man -the one who could by dint of intelligence and hard effort still encompass all the branches of knowledge adequately - is gone due to the explosion in knowledge, there needs to be at least a collusion between physician and pastors over the matter of the spirit and body in health and illness. If no one can encompass it individually, then the Church with its gifts should try to do it corporately.

Christianity is the only key to full health and the best key to health even in a limited, physical sense. Medicine needs help of the gospel ministry in accomplishing this. Medicine is under the Gospel. It functions too often as though it were apart or parallel. The pastor and physician are ideally co-laborers, not adversaries. We exist in a hierarchical relationship. The pastor represents to us the overarching Word of God. The physician is under the gospel - both the natural science aspect and the spiritual aspect. The gospel applies to all of life. Medicine is not excluded. The special problems of the relationship of spirit and body, their sometimes unfathomable blend, require that we work together, both under the Word of God.

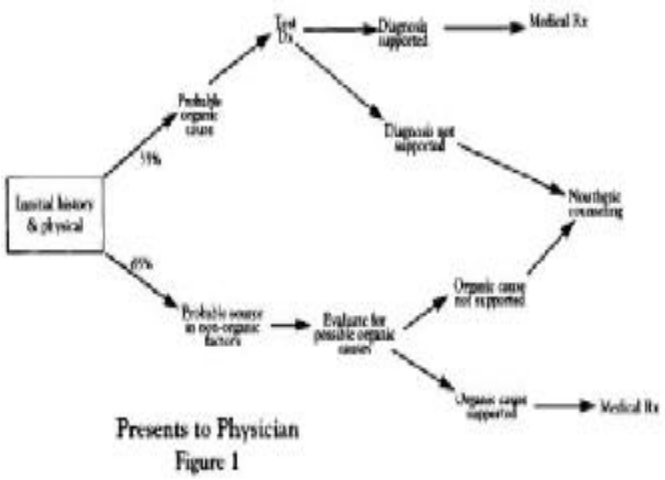
PRACTICAL MODELS FOR CONSIDERATION

How might we accomplish this co-labor? Let's look at it from two perspectives. One, where the ailing person presents him/herself first to a physician (Figure 1). In Figure 1 the percentages given at the first decision node reflect conservative estimates of the frequency of

organic causes versus non-organic causes in new problems presenting in primary care medicine. The other perspective is that in which the person presents first to a pastoral counselor (Figures 2 and 3). In this instance, two outcomes can follow depending upon the orientation of the physician with whom the counselor may communicate.

One of the problems is that the physician who is not willing to be a co-laborer will divert the patient from a spiritual problem represented in Figure 2. I believe this to be unfortunately the norm within medicine, including with Christian physicians. Figures 1 and 3 represent the preferred flow of cooperation between physician and counselor.

From the physician's end, I find that real pastoral counseling is difficult to locate. It seems that the pastors are all too willing to leave such problems to the medical model. One thing I have tried with limited success is to define for the patient that I believe the problem is spiritual (after having gone to that point in an evaluation). I then offer to go with the patient to see his pastor. This offer serves several functions. It sorts out the serious patients from the trifling patients. The latter won't let it happen. I won't treat it medically, and they are left to wallow in their pit of despair. When I can go with them, my major function is to keep the issue from being "medicalized." In a sense, it keeps the pastor's feet to the fire, to uncover and manage the spiritual issues involved. The counselee often continues to use the psychological or medical terms in which they have cast the problem up to that point. Due to their training or reading, pastors are often prone to such terminology and deviate toward the psychological or medical models. With both the pastor and the counselee so prone, a physician present can prevent them both from avoiding their responsibilities by medicalizing what is not biomedical.



Presents to Physician
Figure 1

A CAVEAT ON COUNSELING MERELY TO CHANGE FEELING STATES

Again, from the physician's end of this collusion between medicine and pastoral counseling, consider briefly the matter of counseling for bad feelings. While many bad feelings stem directly or indirectly from sinful behavior, many do not, but stem from poorly understood bodily problems. Once a nouthetic counselor has reviewed a situation sufficiently to see that there is no reasonable connection between a persons beliefs and his feelings, and has established as well as possible that there is no sinful behavior pattern ongoing, we don't need to resist medical efforts to relieve bad feelings. We in medicine, too, may have no idea what it is that is making the person feel bad. However, we may have a tool to relieve the bad feeling at least to some extent. As long as it is safe to do so, and not idolatrously expensive, what is the harm in doing it?

We don't understand all that much about many of our medicines - how they work. A handy example is that of aspirin. It has been known for over a century, but not really understood in its mechanism until the last couple of decades. If would not be wrong to use aspirin for chronic headaches in a person whose body has been combed through for
known physical causes, with none found, and whose life has been combed through by nouthetic counseling for causes rooted in sin, with none found. Pastoral

counseling need not be exclusivist in its approach to bad feelings. Bad behavior, yes. Despite the incursions of psychology, it is Biblical turf. Defend it. Bad feelings, no. That is not the exclusive turf of pastoral counseling.

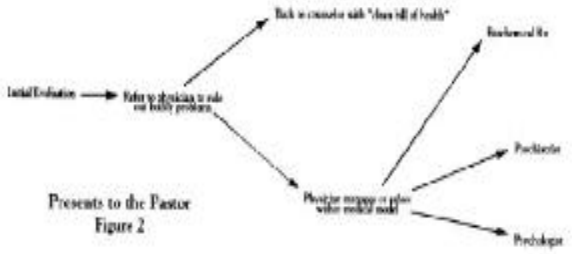


Figure 2

SOME AREAS IN WHICH PASTORAL COUNSELING IS DESIRABLE:

1. Approaching death. The issues of "living wills" or (the preferred) durable power of attorney for health care should not be left to the medical profession alone. Homosexuality may have exited the closet in the 1970's, but death and dying entered the closet beginning in the 1950's, as the new social taboo. Until the 1950's, the majority of deaths in the U.S. occurred in the home. Since that time dying has largely been an institutional phenomenon. Why should dying be inevitably medicalized? (It is clearly a metaphysical event. The enfolded spirit leaves the body. [James 2:26] Inasmuch as the spirit is by definition beyond the method of natural science to measure, we depend only upon indirect measures.) Pastoral counselors, prepare your church members for the inevitability of death. Prepare them in detail. Prepare in grisly detail. The techno-wonders of medicine so capture families that the hard, needful questions never get asked:
(a) what are the prospects for recovery without treatment?
(b) what are the prospects for treatment with treatment?
(c) what is the treatment like?
(d) what is life like with treatment?
(e) What is life like without treatment?
(f) how much does it cost?
(g) what kind of treatments are available to maintain function as long as possible?
(h) what kind of treatments are available to relieve suffering?
(i) why do I have to go into a hospital? what can be done there that can't be done somewhere else?
(j) will the family and close friends be allowed access if the patient wants it?
(k) bring up the issue of "CPR" or "Code status."[12]

2. Pastors and elders may want to lead the diaconate into practical counseling with regard to the choices being made in medical care by members, including costs and alternative choices available in therapy. Someone needs to help some patients and families to ask these same hard questions in many situations, not just dying. Especially carefully should hospitalization be considered. Few things isolate us from our family and friends the way a hospital does. The routine of the hospital takes precedence over the conversation of visitors. Family members often are fearful even of touching a patient for fear of dislodging a tube or interfering with some other device in the room. Even in battles to restore physical health which we are very likely to lose, the physical ministrations displace approaches to spiritual matters.

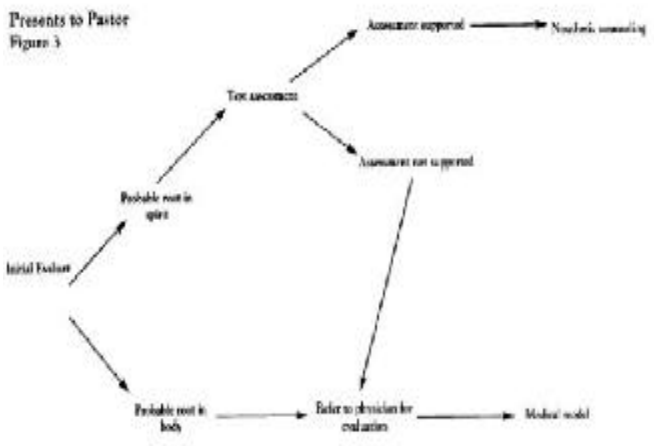
3. Reproductive issues. Do you have physician church members counseling against fornication with their mouths and counseling for it with their hands as they write prescriptions for birth control pills for the unmarried, or install Nor-plant?[13] Do you have a resource you can call on, and some background knowledge of your own, regarding the new technologies for married couples to achieve conception? Have you thought about the implications of artificial insemination by donor? Are you aware of the common practice for all forms of artificial insemination to fertilize large numbers of eggs, but to freeze or throw away some? There are some excellent references available to you for these kinds of questions. There is no need for every pastor to plow through these issues without help.

4. Addictionism.[14] Are you relieved to be able to refer your counselees (or your patients, if you are a physician) to addiction specialists? They are so hard to deal with. Nothing much seems to work. They take up so much time. They pull whole families down with them. Surely, they need "expert" help. Study the issue from a biblical perspective. If II Tim. 3:15-17 is true, where is the foundation for your answer in Scripture? Again,

there are excellent resources now for you to read. Do not be deceived by claims that addictionologists are all that successful. They are using the classic ploys:
(a) expanded definitions of "addiction" capture persons who are less afflicted than the "classic" skid-row drunk. With less afflicted persons to begin with, your outcomes will look better,
(b) early diagnosis is supposed to yield a better outcome. Not only does early diagnosis inevitably include a number of people who are not afflicted, it also may identify them earlier in the progression of the problem. As is the case in the early diagnosis of incurable cancers, to find someone early gives the false impression of effective therapy just because they were found early.
(c) sobriety cannot be the sole criterion for success for Christians. Those who say, "I'd do anything in order to be sober," need to be shown that that is a careless statement. We are not free to use any and all means to achieve even a good end. If a person stays sober by exercising some New Age technique, for example, the accomplishment for their eternal "health" is most unimpressive, however impressive it may be temporally.
(d) redefining the problem as a relapsing disease, thus permitting exoneration of bad results which might otherwise cast doubt on the disease theory of alcoholism and its methodology. We are often told that Christian religious dogmas of blame don't work for alcoholics, only serving to drive them further from help, with the evidence being those for whom it obviously didn't work. Then, while our attention is diverted by quasi-medical talk, we are told that the disease theory includes prominently that the disease is chronic and relapsing. That's why you cannot use failures of that model against the model itself.

5. "Parenting." Habits for life may be established early, for good or for bad. Are your church's parents abandoning their responsibility? Don't trust the schools to do the parents' job. "A paternalistic state has no room for fathers." (David Chilton) Neither leave part of it up to physicians. The orthodox practice in medicine now, including, of all things family medicine, is to hold what dependent young people say to their doctors confidential from their parents! This tenet has it that the value of that confidentiality with a doctor exceeds in health value the value of having informed parents. Explain not that parents often do not care. Of course, many do not. For those outside the church, the physician will not be able to make much of a parent. For those inside the church, the chore for such children begins with holding the parents accountable for their responsibilities.

6. Family involvement in illness. Often an ill person will need some sort of assistance that is not strictly medical - financial, nutritional, transportation, information, etc. I have noted a reflex has developed within medicine to turn first to civil governmental agencies of a social service nature. While not necessarily implying that the family or church should duplicate services needlessly, I have found it illuminating to ask a patient who expresses such a need, "Does your family know about this need?" Most commonly, the answer is, "No." If I ask why not, a common response is, "They have their own lives to live. I don't want to bother them." I restrain myself, usually, from saying, "You don't seem to mind bothering anonymous taxpayers with your request that they underwrite what God gave families the privilege and duty of providing." Sometimes I discover that the reason the patient is reluctant to let their family know is some unresolved family conflict. What an opportunity! I recommend that the family be notified of the need and offer to be the one to do so. In almost every case, when I have notified a family, they have responded -either out of love, duty, or perhaps merely because they would be embarrassed to say 'no' to a doctor.



Not only is the need met, the family is strengthened by doing what it is designed to do. The family has been instructed by the very asking of the question. We

physicians are so consequentialist in our practice. If we know it won't "work" to accomplish a given end, we economize by not bothering. The problem comes when our focus is sometimes on too narrow a set of consequences. Both pastors and physicians can teach by maneuvers of this sort. We need to see if there is some way to diaconally institute it.

7. At the risk of sounding like Jim and Tammy Faye Bakker, churches need to talk about money. Not only the kind that members give, but how the portion that members retain is spent. Church members give something on the order of 2% or so of income. Medical care is consuming 13% of the gross national product. There is an idolatrous disproportion here. The gospel message has competition in the world, and it is measurable at a pocketbook level. Where a man's treasure is, there will his heart be also. Some of the other places in which money can be spent than on services labeled "medical care" may have as much or more actual productivity for health.

SUMMARY

How may overarching supervision of the medical care by Christians be recaptured by the Church?[15]

1. Church discipline of physicians who are practicing gross sins. So you have no abortionists in your congregation? Do you have those who refer for abortion?
2. Church discipline of members who are practicing gross sins. It is neither kind nor healthy to overlook gross sin.
3. Preaching the Word to the Church, with applications to health where they are present. This is not the same as locating biblical "support" for current medical practice.
4. Teaching the word to the Church, with applications to health where they are present.
5. For # 3 & 4 above, the issues which relate to health taught in Scripture include: "parenting," marital relations, indebtedness, work habits, Sabbath-keeping, addictionism, education, etc.
6. A diaconal ministry instructed and involved in helping Church members ask the right questions of physicians during illnesses, politely but persistently.
7. Visitation of the sick. For the hospitalized ill, seeing to it that appropriate visitation is taken seriously by the hospital staff.
8. Anointing with oil and prayer for the sick.
9. Developing a working relationship between physicians and pastors in which the pastor is not the junior partner, for the identification of the source(s) or patients problems.
10. Nouthetic counseling for Church members. De-medicalize the management of problems-in-living through the use of cooperation with a physician who appreciates the proper position of medicine in the health equation. Not everything felt in the body is originating from the body.
11. Escape the straightjacket. The medical profession's viewpoint on health and disease is very narrowly conceived.
12. Physicians at every level of the system need to have an appreciation of the prior probabilities of disease, and to use it in helping patients prioritize their health issues among the other issues of life.

Endnotes

1. Christensen, Bryce J.' In Sickness and in Health, Policy Review, Spring, 1992, p.72.

2. Smith, Garrard, Epidemiology of Human Bites to Children in a Day Care Center, AJDC, Vol. 142, June, 1988, pp. 643-650.

3. Thacker, Stephen, et al., Infectious Diseases and Injuries in Child Day Care: Opportunities for Healthier Children, JAMA, Vol. 268, October 7, 1992, pp. 1720- 1726.

4. Haskins, Ron, and Kotch, Jonathan, Day Care and Illness: Evidence, Costs, and Public Policy, Pediatrics, Vol. 77, Supplement, June, 1986.

5. Froom, Jack, & Culpepper, L., Otitis Media in Day Care Children: A Report From the International Primary Care Network, The Journal of Family Practice, Vol. 32, 1991, pp. 289-293.

6. Haskins, R., op cit., p. 974.

7. Cohen, Bernard, Catalog of Risks Extended and Updated, Health Physics,Vol. 61, September, 1991, pp. 317-335.

8. Leung, Alexander, Robson, Win, & Lim, Stephen, Counseling Parents About Childhood Discipline, American Family Physician, Vol. 45, March 1992, p. 1188.

9. McCormick, Kenelm, Attitudes of Primary Care Physicians Toward Corporal Punishment, JAMA, Vol. 267, June 17, 1992, pp. 3161-3165.

10. Even Christians have fallen into the error that God's revelation is secondary to empiricism. As example, take the comment of Douglas Culver, who wrote: "We are unable to accept a profound, empirically-verified fact: Man cannot live by bread alone, though every loaf is guaranteed by a seemingly omnipotent state." (emphasis added) [The Moral of a Great Failure, World, October 17, 1992, p. 21.1 Verification is the establishment of the truth or accuracy of something. How is it that a Christian could believe that anything could establish the truth of what Jesus has spoken? The greater confirms the lesser. If empiricism verifies Christ, then our observations are the greater, and His words the lesser. Revelation is thus subjugated to science.

11. House, James, Robbins, Cynthia, & Metzner, Helen, The Association of Social Relationships and Activities with Mortality: Prospective Evidence from the Tecumseh Community Health Study, American Journal of Epidemiology, Vol. 116, 1982, pp. 123-140. See also in this regard, Berkman, Lisa & Syme, S. Leonard, Social Networks, Host Resistance, and Mortality: A Nine-Year Follow-Up Study of Alameda County Residents, American Journal of Epidemiology, Vol. 109, 1979, pp. 186- 204.

12. When a person knows that he is near death, there may be some final business to transact, such as those seeking reconciliation or a final word of encouragement or instruction. When nothing else physically speaking can be retrieved in a case of someone dying, sometimes something spiritual can. Teaching at the end can be potent. Thomas Hooker, a formerly well-known Puritan pastor of Connecticut, on his death bed was asked, "Sir, you are going to receive the reward of all your labours." He answered, "Brother, I am going to receive mercy." (Mather, Cotton, Magnalia Christi Americana, 2 vols., Edinburgh: Banner of Truth Trust, (1852), 1979, as quoted by Steve Wilkins, in lecture #5, America: The First 350 Years, p. 22.) At his death last year, my father's last words were, "My cup runneth over." A summary for the entire family, who knows it to be true, to reflect on for ourselves. For the likes of that, in pursuit sometimes of the last full second of life, we have notably unmemorable deathbed scenes from the ICU: "Is that a flat line?" "Set it at 300 joules." "Another amp of bicarb." "Let's check the ET tube placement."

13. Is this practice an example of "speaking lies in hypocrisy" (I Tim. 4:2)? What about the practice of prescribing birth control pills to a young unmarried woman and then warning her to see that her consort(s) also use a condom so that she won't get AIDS, etc? Is the condom not good enough for both? What is the lie? Not merely that condoms aren't sure enough in the prevention of pregnancy, but more fundamentally the lie is that fornication can be made safe through the chemistry of norethindrone or the physical properties of latex. The narrow conception here is that pregnancy is "caused by" spermatozoa meeting ovum and that STD's are "caused by" infectious agents such as viruses, protozoa, or bacteria. The broader biblical teaching is that illegitimacy is caused by fornication. The choice to abide by the narrower conception is not one mandated by the natural science data, it is a moral choice. Pregnancy is not evil. Yet the medical profession treats it as if it were the evil to be avoided.

14. Addictionism teaching is rampant and enjoys almost unchallenged hegemony in medicine. For example, the Journal of the Medical Association, JAMA, in its January 13, 1993, issue (p. 213) printed an exchange of letters. A Minnesota physician wrote in criticizing an article which, he said, failed to seriously consider the virtues of health insurance with premiums adjusted to lifestyle choices such as smoking and drinking alcohol. The challenged author's answer as to why such a type of insurance is not a good idea included the following: ".... what class and ethnic biases are manifest or latent in these strategies [of making people pay premiums adjusted to health risks.]? Smoking and drinking in certain subcultures and income groups are the norm. Not to join in would be bizarre. The people in these cultures usually have grueling lives and little money. Are we upper-middle-class professionals going to punish them for their habits of relief and pleasure? Moreover, most of their occupations are higher risk, but how much choice did they have?" The public is listening to the medical profession's teaching. We need to counter this sort of lying illogic. The first thing we need to do to counter it is to abandon equivalent teaching ourselves. A key in nouthetic counseling is the idea of responsibility. The whole addictionism lie undercuts responsibility. We cannot have it both ways.

15. Not much has been said here about the civil smoothness of communication between pastors and physicians. My observation has been that things on the surface proceed rather smoothly. I am more concerned that the functioning relationship implicitly and powerfully excludes practical use of spiritual features. Change which incorporates practically the spiritual nature of man as it relates to health, can be expected to make things, in some cases, proceed less smoothly. There will be no gain without some pain.

Some Biblical passages of note as they relate to health, obedient living, and God's superintendence of our health:

Exodus 4:11 [God answers Moses' plea of physical disability] "So the Lord said to him, "Who has made man's mouth? Or who makes the mute, the deaf, the seeing, or the blind? Have not I, the Lord?"

Leviticus 26:16ff "I also will do this to you: I will even appoint terror over you, wasting disease and fever which shall consume the eyes and cause sorrow of heart..."

Deut. 11:18-21, "Therefore you shall lay up these words of mine in your heart and in your soul, and bind them as a sign on your hand, and they shall be as frontlets between your eyes. You shall teach them to your children, speaking of them when you sit in your house, when you walk by the way, when you lie down, and when you rise up. And you shall write them on the door-posts of your house and on your gates, that your days and the days of your children may be multiplied in the land of which the Lord swore to your fathers to give them, like the days of the heavens above the earth." ["Parenting" is crucial to health.]

Deut. 28:2 1ff "The Lord will make the plague cling to you until He has consumed you from the land which you are going to possess. The Lord will strike you with consumption, with fever, with inflammation, with severe burning fever, with the sword, with scorching, and with mildew; they shall pursue you until you perish. ... The Lord will strike you with the boils of Egypt, with tumors, with the scab, and with the itch, from which you cannot be healed. The Lord will strike you with madness and blindness and confusion of heart.

The Lord will strike you in the knees and on the legs with severe boils which cannot be healed, and from the sole of your foot to the top of your head."

I Chronicles 10:13, 14 - the reasons for King Saul's violent death

Psalm 41:1-3 "Blessed is he who considers the poor; The Lord will deliver him in time of trouble. The Lord will preserve him and keep him alive, and he will be blessed on the earth. You will not deliver him to the will of his enemies. The Lord will strengthen him on his bed of illness; You will sustain him on his sickbed." [Mercy as an HMO?]

Psalm 91:9,10 "Because you have made the Lord, who is my refuge, Even the Most High, your habitation, No evil shall befall you, Nor shall any plague come near your dwelling;" [Do we overly spiritualize passages of this sort?]

Psalm 107:17 "Fools, because of their transgression, And because of their iniquities, were afflicted, Their soul abhorred all manner of food, And they drew near to the gates of death."

Psalm 119:71 "It was good for me to be afflicted so that I might learn your decrees." [After recovery from serious illness, might there be a church counseling ministry to investigate what might be learned of God's Word from the experience? This investigation would not necessarily or even usually be of the sort to find a particular sin which caused the illness, but rather to relate providence to Scripture.]

Prov. 3:1,2 "My son, do not forget my law, But let your heart keep my commands; For length of days and long life And peace they will add to you." [Why has catechizing and memorization fallen onto such hard times? When we do memorize, do we choose those passages that are more of a "pick-me-up" for momentary use and discard than deeper study?]

Prov. 4:20 - 22 "My son, give attention to my words; Incline your ear to my sayings. Do not let them depart from your eyes; Keep them in the midst of your heart; For they are life to those who find them, And health to all their flesh."

Prov. 5:7-13 "Therefore hear me now, my children, And do not depart from the words of my mouth. Remove your way far from her, And do not go near the door of her house, Lest you give your honor to others, And your years to the cruel one; Lest aliens be filled with your wealth, And your labors go to the house of a foreigner; And you mourn at last, When your flesh and your body are consumed, And say; 'How I have hated instruction, And my heart despised reproof! I have not obeyed the voice of my teachers, Nor inclined my ear to those who instructed me!'" [It is a mark of our departure from the authority of Scripture that we think we need "evidence" such as that provided by "medical research" to tell people to be sexually pure.]

Prov. 9:10 - 11 "The fear of the Lord is the beginning of

wisdom, And the knowledge of the Holy One is understanding. For by me your days will be multiplied, And years of life will be added to you." [Do not send young people off to college to pursue a degree if they do not have the beginning of wisdom. Is a fool in possession of a degree and much data more useful than one without?]

Prov. 14:30 "A sound heart is life to the body, But envy is rottenness to the bones."

Prov. 16:31 "The silver-haired head is a crown of glory, If it is found in a way of righteousness." [Longevity is related to righteousness.]

Isaiah 5:8-25 - Greed, drunkenness, falsehood, those who call evil good and good evil are in line for illness and death.

Matthew 4:4 "...It is written, 'Man shall not live by bread alone, but by every word that proceeds from the mouth of God." [Medicine is sustenance of the same sort (though of lesser necessity) as is bread. To try to live by medicine without the Word of God is destined for frustration and failure.]

John 12:27: "Now My soul is troubled and what shall I say? Father, save me from this hour? But for this purpose I came to this hour? Father, glorify Your name." [The preservation of life is not the highest value.] I Cor. 11:30 "For this reason many are weak and sick among you, and many sleep."

Eph. 6:1-3 "Children, obey your parents in the Lord, for this is right. 'Honor your father and mother,' which is the first commandment with promise: 'that it may be well with you and you may live long on the earth.'"

I Corinthians 6:15-18 "Do you not know that your bodies are members of Christ? Shall I then take the members of Christ and make them members of a harlot? Certainly not! Or do you not know that he who is joined to a harlot is one body with her? For, 'the two,' He says, 'shall become one flesh.' But he who is joined to the Lord is one spirit with Him. Flee sexual immorality. Every sin that a man does is outside the body, but he who commits sexual immorality sins against his own body." [The anemic Church of Common Morality feebly recommends fleeing sexual immorality, then counsels that you approach it with a condom in hand, tacitly teaching that flight from that immorality is not possible.] 1 Tim. 4:8 "For bodily exercise profits a little, but godliness is profitable for all things, having promise of the life that now is and of that which is to come." [My message in a Scriptural nutshell. Physical elements have a place. Godliness has a greater place, not only for the here and now, but for the hereafter, also.]