

Changing Priorities and Practices in Christian Missions: Case Study of Medical Missions

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Abstract

This paper utilizes some of the literary research utilized in the grounded theory study dissertation of missions work titled: STRATEGIC USE OF MEDICAL MISSION EVENTS IN LONG-TERM LOCAL CHURCH OUTREACH: A CONSULTANT-STYLE FRAMEWORK FOR MEDICAL MISSION PRACTITIONERS IN THE ILOCOS REGION, PHILIPPINES. This article looks at change of priorities and practices in mission work based on the range of valid mission practices and changes in the human condition in time. This article seeks to show that development of missions priorities and practices is a creative process, rather than discovery of “one true method.” Medical missions is used as an example case to demonstrate that there are many forms of ministries that may be valid, and many changes in the human condition over time that effects proper prioritization and best practices.

Roland Allen's classic book “Missionary Methods: St. Paul's or Ours”¹ has a title that appears to suggest that missionaries should simply repeat the methods of Paul. In fact, however, the title is misleading since the book is really about missionary strategy more than methodology. Still, Evangelical Christians, among others, often return to the early New Testament church for guidance regarding Ecclesiology and ministry, and at times takes cases from this time as normative or even necessary. It begs the question, “Is there one way to do Missions?” or “Is the practice of developing missiological methods one of creativity or discovery?” Or “What is the basis for “Biblical” missions and are missiological methods timeless?”

The breadth of these questions is too great for this article. It would need to come from a well laid-out Missions Theology. Sadly, Missions Theology is poorly grounded-- often little more than justifying present methods and strategies with convenient Biblical prooftexts. The goal of this article is far more limited. Medical ministry will be used as a specific example of Missions work. Two interrelated points will be made.

- First, the Bible has a wide range of activities that are recognized as valid medical ministry.
- Second, societal and technological changes result in change of needs/priorities in medical ministry.

If these two points are true for medical missions, then developing practices for medical missions is a creative act. Likewise, if medical missions is a creative and flexible discipline, it may be safe to assume that other forms of Christian missions and ministry are as well.

Range of Medical Ministry in the Bible and the Early Church

The Old Testament describes medical ministry in some diverse ways. Some references of medical ministry in the Old Testament include Ezekiel 34:4, Numbers 21:8-9, Leviticus 13-14, and I Kings 17. The Ezekiel passage refers to political and religious leaders in Israel. These leaders fail, in part, because they neither heal the sick nor bind the broken. Although the passage is written as a parable, it seems reasonable to assume that physical care is part of their responsibility. This point is supported with the other listed passages. The Numbers passage describes Moses, a political leader, addressing the problem of people who have been bitten by poisonous snakes. The Leviticus passage describes the responsibility of priests to diagnose, quarantine, and evaluate the cure of various skin diseases. The chapter in Kings is one of the passages where prophets do miraculous physical healing. Political and religious leaders in Israel were to be involved in addressing the medical concerns of the people. Within the Old Testament alone, valid medical ministry included public health policies and enforcement, basic medical practices (such as evaluation), preventive medicine (such as quarantine), and miraculous healing.

The New Testament has a great amount of information regarding medical care within the context of Christian ministry. Much of this revolves around the role and calling of Jesus Christ. Since Jesus provides the basis for Christian faith and living, his relationship to medical/physical ministry (as well as that of his disciples) is highly relevant.

Jesus did healing as part of His ministry. Luke 4:18-19 gives Jesus' self-understanding of His ministry. He stated that, among other things, He was to give healing and sight to the blind. This cannot simply be taken as figurative language since Jesus did heal as part of His ministry. Additionally, Luke 7:20-23 states explicitly that caring for the blind, deaf, lame, and leprous was part of His work. These passages show that healing was not a trivial part of His ministry. They also show that Jesus understood that healing was a sign of His being the fulfillment of prophecies since the two passages reference back to prophecies in Isaiah 61 and Isaiah 35 respectively.

An important passage that speaks of a medical ministry is Luke 10:25-37. This section involves the parable of the Good Samaritan. In this parable, a Samaritan discovers a man who had been robbed and brutalized by highwaymen. The Samaritan applied oil as a salve, wine as a disinfectant, and bandages to protect the wounds and promote healing. Then he transported the injured man to a place for healing, nursed him for one day, and paid the innkeeper money to continue nursing. The purpose and application of the parable demonstrate that this story describes a sound Christian ministry. The purpose of the parable was to explain the meaning of the phrase, "and love your neighbor as yourself." The application is, perhaps, even more direct since in verse 37 Jesus tells those listening that they are to "go and do likewise." This passage demonstrates that non-miraculous healing care to minister to someone in need is good and, indeed, is commanded by the call to love one's neighbor.

Another important passage is Matthew 25:31-46. This section contrasts those who please God and those who displease Him at the final judgment. Those who please God and are welcomed by God include those who care for the sick, along with those who minister to other physical and social problems such as hunger, thirst, homelessness, exposure, and imprisonment. Jesus states in verse 40, "Inasmuch as you did it to one of the least of these My brethren, you did it to Me."

The Luke 10 and Matthew 25 passages together close a logical loop. Matthew 25 states that loving God/Jesus compels one to care for the sick. The Luke 10 passage states that loving one's neighbor also compels a person to care for the sick. Therefore, while Luke 10:27, known as the Great Commandment, may have two components, they are inseparable. Medical care is a normal and necessary application of the Great Commandment.

An additional passage is James 5:14-15. It shows that caring for the sick is a normal ministry in the early church. The sick were to come to the church elders for anointing with oil and prayer. The practice of anointing with oil was a common part of medical treatment (such as in the Luke 10 passage); so the oil could suggest medical care, at least symbolically. However, the anointing with oil could suggest the Holy Spirit. It may be too limiting to be dogmatic as to whether or not this passage is about miraculous or non-miraculous healing. Paul healed miraculously, but also gave Timothy medical advice for a nervous stomach (I Timothy 5:23). Either way, caring for the sick was seen as an important part of the ministry of the church.

Combining the Old Testament and New Testament, one can see several things. Miraculous medical ministry was a valid activity both within the Jewish and Christian settings. However, non-miraculous medical ministry was equally valid. This could include medical evaluation and quarantine, first aid, and standard medical care and treatment of the sick. Medical ministry can be done by government or the church or individuals (leaders or otherwise).

The early church took seriously its role of caring for the sick and dying. The early church fathers and missionaries provide insight as to the church's attitude and role in the area of medical care. Polycarp stated that church leaders (presbyters) are to be compassionate and merciful. Part of this behavior is to be demonstrated in visiting the sick.² Justin Martyr noted that Christians of financial means were to give money to the church to help those who are in need. Among these who need financial help are those who are sick.³ Irenaeus wrote that all Christians were to use the gifts given to them by God for the good of others. One was the gift to heal the sick.⁴ Eusebius noted that Christian witness was often clear to outsiders during times of plague or other emergencies.⁵ Cyprian saw the necessity to care for the sick, both Christian and non-Christian alike. He encouraged his church members to have no fear of illness and death caused by providing care.⁶ Dionysius clearly noted the danger associated with providing such care.⁴⁴

These passages add additional insight. The early church saw themselves as continuing the patterns set and described in the Bible. However, new things are emphasized. In addition to what is described in the Bible, the early church saw that providing finances for caring for the sick was an additional valid ministry. Certain individuals were gifted in caring for the sick (this

seems to include both miraculous and non-miraculous care). The single biggest insight gained from the early church was that valid medical ministry is not only preventive or curative, it may also be palliative. It appears that a wide range of activities to prevent or cure illness, or reduce suffering can be seen as ministerially valid.

Changes in Medical Ministry Priorities in the 20th Century

Two millenia of Christian history and changes in society and technology is a lot to look at. Perhaps the biggest single change in medical care in the first 1900 years wasn't so much what we classically describe as medicine, but rather innovations in sanitation. Rather than looking at this broad expanse of time, focus will be placed on the 20th century. Some of these changes are pretty obvious. For example, over 100 years ago, good surgical practice would involve cutting without knowing fully what or where the problem was. However, with ultrasound, MRI, X-ray, and a whole host of other non-invasive evaluative tools, sound practice from the 1800s would now be considered malpractice. This may be obvious, but some changes are more subtle. The following changes in 20th century medical missions demonstrate some of these changes.

Thomas Ayers, a medical missionary working in Asia in the early part of the 20th century, wrote in 1930, about medical mission work, focusing on the role of foreign missionaries in full-time medical service. He felt that evidence of successful medical mission work is seen in the increase of

- medical missionaries
- mission hospitals
- medical colleges
- scientific research
- quarantine policies

in the ministry field.⁷ These evidences/priorities were based on the unequal distribution of medical innovation and technology in the world. Additionally, the countries where medical advancements existed were also the countries where Christianity was the dominant faith. Therefore, missions work was seen as acting in conjunction with the advancement of Western medicine.

David Seel, a medical missionary working in Asia in the middle of the 20th century, wrote in 1979, with a different perspective on medical missions. Although, his work focused on mission hospitals, he noted problems with this traditional form of medical ministry. He emphasized medical training centers, clinical excellence, disease-orientation, and science as problems.⁸ He believed that medical missions must be more people-centered where compassionate care takes priority, and more focused on promoting healthy lifestyle and providing pastoral care.⁹ This author saw the problem that Western medicine was becoming focused on technology rather than people. Additionally, the focus of this medicine had mistakenly been placed on curative care to the detriment of preventive care. He felt that medical ministry needed to address and solve (or at least mitigate) these problems.

Robert Wenninger, nearly ten years after Seel, noted that growth of primary health care eroded faith in the mission hospital. He noted that many people during that period felt that primary health should replace medical hospitals. Others felt that the two complement each other. Wenninger noted that few are going into full-time medical mission work because of the sense that it is a dying ministry.¹⁰ Related to the problems noted by both Seel and Wenninger was actual an element of success. Because of the effective dissemination of medical advancements into traditionally mission-receiving countries and the growth of public health systems in these countries, the role of mission hospitals were becoming more in doubt. And with the addition of decentralized Christian health programs, and health training, the success of Missions hospitals led to their obsolescence.

Grundmann, writing in 2008, showed a continuation in the trend noted before. He tracked medical ministry back to the compassion work of the early church. He also reported that medical missions had moved beyond narrow definitions of medical doctors healing diseases in hospitals, to a full range of promoting well-being in a community.⁵³ Mission medical care needed to move beyond the mission hospital to meeting specific needs that the local health infrastructure could not, or did not, handle. This may include serving the poor in urban areas and those with HIV and AIDS.¹¹

This survey of medical missions shows a gradual, yet radical, transformation. Medical missions, over time, has moved from a focus of medical doctors treating diseases in hospitals and clinics to a decentralized health care utilizing a mixture of professional and non-professional healthcare workers. Also there has been a movement from focus on curative toward preventive treatment and an associated broadening of definition of wellness. These changes are not random but come from seeking to provide Christian medical care in a changing environment.

Conclusions

Simply put, Christian medical ministry has been constantly evolving to adapt to the changing needs within society. Medical ministry, like any other ministry, must meet a real or felt need in a society. To do this over a long period of time requires adaptation. Since the Bible in the early church clearly shows that medical ministry can be done in a variety of forms based in the particular situation, it is clear that medical mission priorities and practices must change creatively. If this is true in Christian medical ministry, it seems reasonable that this should also be true in other forms of Christian mission work such as evangelism, church-planting, and community development (among others). It is necessary for Missions to be founded on sound theology (well-beyond the scope of this article). What should not be done is to seek a single correct method of missions, or a single model to copy.

¹Roland Allen. *Missionary Methods: St. Paul's or Ours* (Grand Rapids, MI: Wm. B. Eerdmans Publishing, 1962).

²Polycarp, "Epistle of Polycarp to the Philippians" in *Ante-Nicene Fathers*, vol. 1. ed. Philip

Schaff (Peabody, MA: Hendrickson Publishers, 1995), 60.

³Justin Martyr, "First Apology of Justin Martyr" in *Ante-Nicene Fathers*, vol. 1. ed. Philip Schaff (Peabody, MA: Hendrickson Publishers, 1995), 291.

⁴Irenaeus, "Against Heresies, Book II" in *Ante-Nicene Fathers*, vol. 1. ed. Philip Schaff (Peabody, MA: Hendrickson Publishers, 1995), 676.

⁵Paul L. Maier, *Eusebius-The Church History: A New Translation with Commentary* (Grand Rapids, MI: Kregel Publications, 1999), 328-29.

⁶Cyprian, "On the Mortality" in *Ante-Nicene Fathers*, vol. 5. ed. Philip Schaff (Peabody, MA: Hendrickson Publishers, 1995), 16.

⁷Thomas W. Ayers, *Healing and Missions* (Richmond, VA: Foreign Mission Board- Southern Baptist Convention, 1930), 29-30.

⁸David J. Seel, *Challenge and Crisis in Missionary Medicine* (Pasadena, CA: William Carey Library, 1979), 6-9.

⁹*Ibid.*, 32-35.

¹⁰Robert Weninger, "Missionary Medicine Must Face the Future Now." *Evangelical Missions Quarterly* 24, no. 2 (April 1988): 111-13.

¹¹Christoffer H. Grundmann, "Mission and Healing in Historical Perspective." *International Bulletin of Missionary Research* 32, no. 4 (Oct 2008): 187.