

# How to Pray “Good News” with Patients

**DR. BILL MOREHOUSE**

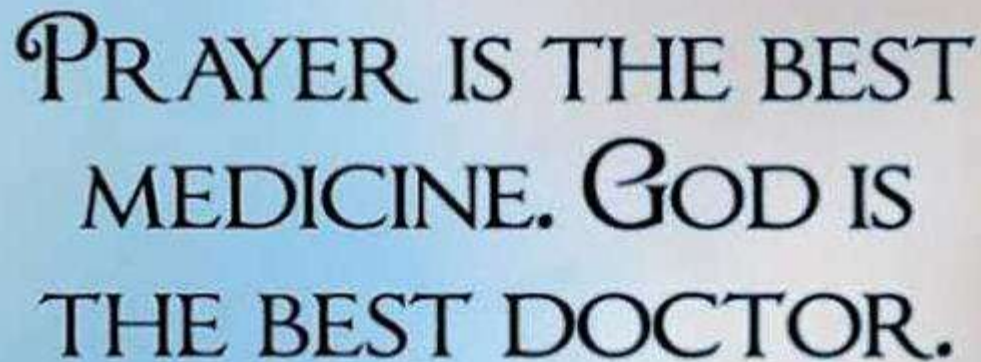
**His Branches Health Services**

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# The Problem

- We spend a lot of time taking **clinical care** of people, but how and **where does prayer fit in?**
- Does God want us to **pray openly** with people?
- Is verbal prayer **appropriate?**
- How can we do it so that it will be **received?**



PRAYER IS THE BEST  
MEDICINE. GOD IS  
THE BEST DOCTOR.

# Session Description

- **We all know** that prayer is "where the rubber hits the road" in our faith, but how do we demonstrate and incorporate the powerful instrument of intercession in our daily lives and especially in our patient encounters?
- **How do we carry** the difficulties faced by patients to God and communicate the relevant aspects of the "Good News" back to patients in the clinical setting?

# Objectives

1. **Identify the difficulties** that faith-based providers have overcoming barriers to praying with patients in the clinical setting.
2. **Develop a better understanding** of how the "Good News" specifically addresses conditions and situations that providers encounter with patients every day.
3. **Outline opportunities for personal growth** and fruitful ministry in actively praying with patients.

# Difficulties

## Sphere of Life

- **Body** (*soma*) – the physical aspects
- **Soul** (*psyche*) – the “self” or mind, heart, emotions, memories, experience
- **Spirit** (*rhema*) – our connection with God and spiritual realities

## Attention Spent

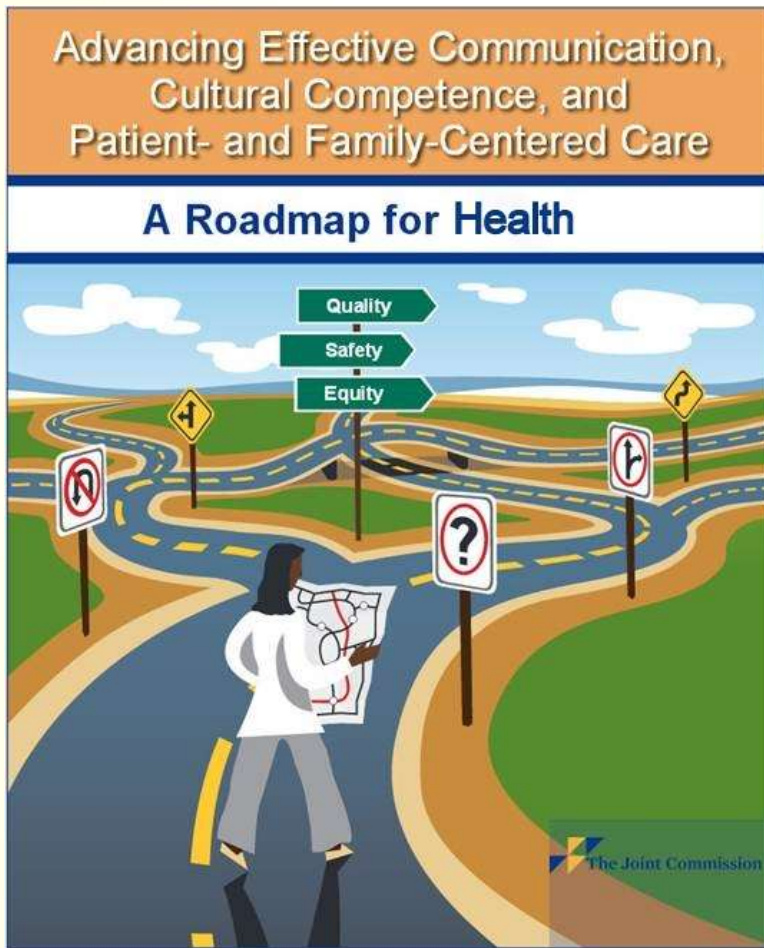
- **Most** of our clinical time is devoted here
- **Some** time may be spent here if it seems to be clinically relevant
- **Little** time is often set aside for this vital area of human well-being

Review Bio-Psych-Social-Spiritual (BPSS) Model

Investigate efficiencies, scheduling, priorities



# JCAHO Mandate



The Joint Commission requires organizations to include **a spiritual assessment** as part of the overall assessment of a patient to determine how the patient's spiritual outlook can affect his or her care, treatment, and services. This assessment should also determine whether more in-depth assessments are necessary.

# JCAHO, CCHF, and You

Let's read this again...

- **The JCAHO Mandate:** *"The Joint Commission requires organizations to include a spiritual assessment as part of the overall assessment of a patient to determine how the patient's spiritual outlook can affect his or her care, treatment, and services. This assessment should also determine whether more in-depth assessments are necessary."*
- **The CCHF Movement:** *"Since the 1970's Christian health professionals committed to living out the gospel through healthcare among the poor have been exploring what that looks like in practice."* Clearly, we're called to become experts and leaders in this area of the healing arts, which is the "care" part of medical care, the very "art" of medicine.



# Getting to know people

## Body, Soul, and Spirit

- We pretty much know how to do the “**body**” part...
- We need to get to know people personally – the “**soul**” part – who they are, what they do, who they are related to, how they think, feel, and act. What is important to them, motivates them, inhibits them.
- And we’re invited by **JCAHO** and the **Holy Spirit** to get to know them better spiritually – what are their hopes and fears, where do they feel weak, what are their sources of strength, do they believe in prayer, where is God in their lives and current situations, why do they think they are ill, have they found support in a faith community, etc.

# Opportunities

## Sphere of Life

- **Body** (*soma*) – the physical aspects
- **Soul** (*psyche*) – the “self” or mind, heart, emotions, memories, experience
- **Spirit** (*rhema*) – our connection with God and spiritual realities

## Interventions

- **Medication**, surgery, PT/OT, lifestyle changes
- **Empathy** and **insight**, counseling, support, encouragement
- **Prayer**, impartation of living faith, sharing Biblical perspectives/practices

Review Energy Balance handout

# Is It Ethical?

- There is **nothing illegal** in any jurisdiction about a physician praying with a patient, and no ethical norm that says this should be prohibited.
- A recent University of Chicago survey revealed that **high patient satisfaction** was linked to discussing religious and spiritual issues, even when the discussions had not been requested by the patient.
- **Should the question be:** If you believe that prayer is a simple intervention that could help your patient, is it ethical for you to withhold it from them (especially if your group puts itself forward as faith-based)?

# 2 Kinds of News

## Bad News

- Life is hard, especially if childhood was hard
- People develop sinful (dysfunctional) ways of coping, like addiction
- Only a progressive awareness of and open commitment to God can set people free (Steps 1-3...)
- Life can be lonely
- It's pretty dark out there

## Good News

- God loves and forgives all the children He created
- Forgiveness can overcome dysfunctional patterns, addictions, pain/anger, etc.
- Being adopted and raised again by God as a healthy father is a wonderful and growing experience
- We can help
- Fields are ready for harvest

# “Good News” Essentials

- In the beginning was the Word, and the Word was with God, and **the Word was God**... In him was life, and the life was **the light of men**. The light shines in the darkness, and **the darkness has not overcome it**.
- He was in the world, and the world was made through him, yet the world did not know him... But to all who did receive him, who believed in his name [**Jesus**], he gave power [**Holy Spirit**] to become the children of God [**Father**], who were born, not of blood nor of the will of the flesh nor of the will of man, but of God.

*John 1.1-13*

# Sharing “Good News”

The Spirit of the Lord God is upon me, because the Lord has anointed me **to bring good news to the poor**; he has sent me

- to **bind up the brokenhearted**,
- to **proclaim liberty to the captives**, and the opening of the prison to those who are bound,
- to **proclaim the year of the Lord's favor**, and the day of vengeance of our God,
- to **comfort all who mourn**, to grant to those who mourn in Zion
- to give them **beauty for ashes**, the **oil of gladness** instead of mourning, the **garment of praise** instead of a faint spirit

*Isaiah 61.1-3*



# Who and Why?

Therefore **the redeemed of the LORD** shall return, and come with singing unto Zion; and everlasting joy shall be upon their head: they shall obtain gladness and joy; and sorrow and mourning shall flee away.

*Isaiah 51.11*

That they may be called oaks of righteousness, the planting of the Lord, **that He may be glorified**.

- **They shall build up** the ancient ruins;
- **they shall raise up** the former devastations;
- **they shall repair** the ruined cities, the devastations of many generations.

*Isaiah 61.3-4*

# Shining the Light

## Jesus, the light of the world

- Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light.

*Matthew 11:28*

## Christ in you, the light made manifest

- No one after lighting a lamp puts it in a cellar or under a basket, but on a stand, so that those who enter may see the light.

*Luke 11.33*

# How to Pray - Format

- Obtain patient's permission, OK to touch if appropriate
- Offer brief spontaneous summary petitions in prayer at end of encounter rather than form prayers
- Prayer effective for “ordinary things” not just critical ones



# How to Pray – Model

## The Lord's Prayer

*Our Father in heaven, hallowed be your name.*

*Your kingdom come, your will be done, on earth as it is in heaven.*

*Give us this day our daily bread,  
and forgive us our debts, as we also  
have forgiven our debtors.*

*And lead us not into temptation,  
but deliver us from evil.*

## Keys:

- To the Father
- For His will
- For provision
- For forgiveness
- For release

# How to Pray - Guidelines

- Develop a very familiar understanding of God's will as indicated in His Word by establishing a habit of regular Bible reading, meditation, and prayer.
- Be sensitive to the guidance of the Holy Spirit while listening to patients tell their stories so that you can pick up what's really on their hearts.
- Pray about hopes, concerns, and issues that have been shared using common, concise language rather than lengthy or religious-sounding terminology.
- Find out what your gifts are and operate within them.

# How to Pray - Caveats

- Make sure patient is in agreement with prayer being offered (may be based on knowing patient and previous experience with them).
- Don't use prayer aggressively at all to proselytize, instruct, correct, rebuke, or preach at patients
- Avoid lengthy prayers, religious jargon, and chapter and verse Scripture quotations.
- Since prayer is personal and based on relationships of established trust, it should probably only be offered regularly by providers in the office.



# How to Pray - Examples

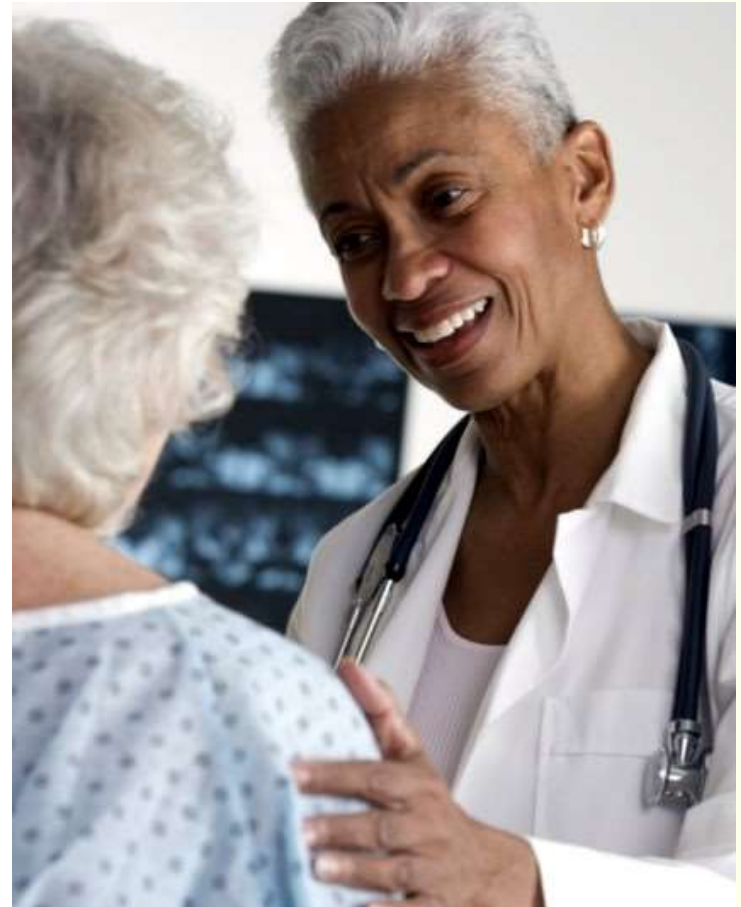
1. Mother comes in with sore throat. She is tired, stressed, going on vacation with family, and wants an antibiotic. You chat with her about the family, empathize, diagnose a common cold, and explain gently that antibiotics won't help.
  - ❖ *Pray with her for God's peace and strength for her recovery and for their trip together to be a blessing. Pray for her to receive the help she needs.*
2. Middle aged man comes in as a new patient wanting medical marijuana for chronic pain. He has an alcohol problem, has failed several rehab programs elsewhere, has early COPD and other medical problems. You pray silently for wisdom throughout encounter and indicate that medical marijuana isn't an option but that you'd like to help. Arrange to get old records and set up return for CPE.
  - ❖ *Pray with him for grace to move forward in a new relationship with you with God's help, for you to have wisdom in helping him, for strength for him to endure pain and overcome alcohol and depression while you get to know each other and work together. For his broken past and hope for the future, etc. as encounter provides more specifics.*

# Who Benefits?

- **The Patient**
  - Those of faith
  - Those of borderline faith
  - Those seeking answers about faith
- **The Patient's Family**
  - Healing and comforting are their priorities
- **The Physician**
  - Gratitude shown by patients is overwhelming
- **The Medical Support Staff**
  - They see an intimacy of caring

# Short Term Benefits

- **God answers prayer!**
- **The sincerity of your care** is demonstrated
- **A deeper relationship is established**
  - Patient loyalty
  - Patient trust
  - Family loyalty and support
- **Physician-patient connection** begins that helps overcome emotional obstacles to healthy lifestyle change



# Longer Term Benefits



- **God answers prayer!**
- **Patient compliance improved**
- **Family more eager** to be involved in care
- **Hope is established** beyond medical/surgical assurances or disappointments
- **An opening is initiated** to begin addressing other issues in their life that may require spiritual counseling

# Selected References

- **Ephesians 6.17.** *and take the helmet of salvation and the sword of the Spirit, which is the word of God, praying at all times in the Spirit with all prayer and supplication.*
- **1 Thessalonians 5.16-19.** *Rejoice always, pray without ceasing, give thanks in all circumstances; for this is the will of God in Christ Jesus for you. Do not quench the Spirit.*
- **James 5.14-16.** *Is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith will save the one who is sick, and the Lord will raise him up. And if he has committed sins, he will be forgiven. Therefore, confess your sins to one another and pray for one another, that you may be healed. The prayer of a righteous person has great power as it is working.*
- **Williams, Meltzer, Arora, et al.** *Attention to inpatients' religious and spiritual concerns: Predictors and association with patient satisfaction. J Gen Int Med 2011;26:1265-1271.*
- **Other studies** *of anonymous intercessory prayer are weak and inconclusive.*

# Handouts

- PHQ-9 and ACE Study Questionnaires
- Some Sobering Statistics (with references)
- Energy Balance and Resistance in Whole Person Care
- Depression, Gospel, and the 4 Rs
- How to Pray “Good News” with Patients (outline)

## Contact Info

- William R. Morehouse, MD – [wmorehouse@hisbranches.org](mailto:wmorehouse@hisbranches.org)
- His Branches Health Services – (585) 235-2250  
340 Arnett Boulevard, Rochester, NY 14619  
Phone: (585) 235-2250 – Fax: (585) 235-4131



# Questions?

