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Heal the sick – but not too much

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Abstract

Through the ages, Christian medical missions have worked tirelessly in areas of need, putting faith into works. Well-functioning institutions grow organically, and as they do, so do their needs and the number of people depending on them. Ensuring the survival of the institution then requires significant resources. Prayers change.

In a busy Christian medical institution, a chaplain fervently prayed for the sick to be healed. The following field report, in the form of a fictional parable, traces the answer to that prayer to a possible logical end.

Keywords: prayer, healing, medical missions

The Chaplain

James was a chaplain who was being sent from a distant part of the country to a large multi-specialty city hospital. He had received a clear call from God that he was wanted in that hospital to be a medical chaplain. Unsure of the future, but trusting in God, he prepared to leave his rustic town for the big city. He spent many hours in prayer, and the night before he was to leave, God appeared to him in a vision.

God asked him pointedly if he wanted anything specific for his trip. James, a simple and unassuming man, replied in the negative and said that all his needs were met. The hospital had promised him a small salary and would take care of his travel expenses. His parents were well settled, and he had no obvious needs. After thinking long and hard, James asked the Lord if, as he was going to be a hospital chaplain, the patients that he prayed for could all get better. It would be wonderful if he had the gift of healing in a hospital. God said, "Sure, but that would not be the best idea, but we could try that out…," and He left. James woke up unsure of whether it was all a dream, but life continued.

Upon his arrival at the hospital, James was greeted by a hot, dusty, and bustling environment. He quickly familiarized himself with the hospital's rules and ethos. Assigned to a senior chaplain as a mentor, James eagerly absorbed the hospital's atmosphere, assisting in the chapel services and teaching. He delved deep into the theology of health and sickness.

After two months, he was ready to go to the wards himself. It was a hospital practice that chaplains visited the sick and offered to pray for those who were willing for them to do so. He was allotted ward X with a senior chaplain and, full of joy, set out one morning for his first single prayer.

As they entered the ward, the senior chaplain suggested that in order to finish the ward prayers faster, James could handle the right side of the ward, and the senior chaplain would take the left. That seemed quite ok to James, and they started.

He started slowly. He listened more than he ought to have. It took him almost double the time to finish the prayers compared to his senior chaplain who seemed to be so efficient. On the way back, the senior chaplain told him it was natural for the juniors to spend too much time with each patient. As he became more experienced, he would be able to listen and "diagnose" their needs faster and pray for their specific needs more efficiently. James was impressed.

He had never heard someone describe the efficiency of prayer. Truly, it was wonderful how the senior chaplain was able to make such a valuable resource satisfy so many!

Something, however, happened as soon as James finished praying.

The Effectual Fervent Prayer

The senior chaplain had strategically given him the side of the ward with sicker patients. He thought this would be a learning experience for the junior chaplain to explain to patients that God was in control of their lives, even if their prayers were unanswered. However, as soon as James left the ward, the nurses noted that the patients' blood pressures started improving. Their saturation increased. Temperatures normalized. Pretty soon, those on ventilators were extubated. And to the surprise of all the doctors on the following morning's ward rounds, the patients were sitting up and ready for discharge.

The doctors were pleasantly surprised. The patients were so grateful. When blood culture reports came in, the doctors attributed the rapid healing to the bacteria that were sensitive to the ongoing antibiotics. There were pats on the back all round for the correct choice of antibiotics. It was reiterated that good antibiotic choices were a matter of science and experience. However, just to be safe, the patients were kept under observation for another day.

James went on his prayers in the ward twice a week, unaware of the effect of his prayers.

However, the nurses began to notice something strange. They started to see that the patients on the left side of the ward had longer hospital stays and were not getting as well as the patients on the right side of the ward. They were discharging patients on the right side of the ward more often than those on the left. Beds were available more on the right of the ward. Something was wrong. They brought this up to one of the junior consultants.

The junior consultant, however, was incredulous. He was not inclined to believe them. However, once during rounds, the department head noticed there were more patients on the left side of the ward. He asked the ward nurse what the reason was for this uneven distribution. The ward nurse explained what she had noticed.

The head, being quite a scientific person, said that this was an interesting observation and told his team that all research began with a good clinical question. This was a question. He asked the junior consultant to use this as an exercise to check the validity of the hypothesis and asked the junior consultant to get some quick retrospective data to see if this was true and present it at next week's academic meeting.

Surprisingly, the data did not lie. Patients on the left had a higher morbidity, a higher mortality, and a longer hospital stay. Patients on the right seemed to have a better outcome. This was flummoxing. But the data showed exactly that. The difference, more than being statistically significant, also pointed out that something seemed really wrong on one side of the ward, and this needed urgent investigation.

The head of medical services and the infection control team were brought into the picture. Swabs were taken from the beds, from the fans, and even from the cleaning solutions. Every possible site that needed to be swabbed was, but still, no clear answer emerged to the puzzle.

Week passed after week. James continued his prayers, and the doctors, nurses, and specialists continued their investigations.

One day, something changed.

The Crossover Test

While getting discharged, the mother of a young teen who had "miraculously recovered" spoke to the ward nurse and said that they had given up hope until the chaplain came and prayed. The mother tearfully said that everything changed after prayer. The nurse was puzzled, but kept this in her mind and watched the chaplains come over that week.

As usual, James prayed for the right, and the other chaplain prayed for the left. This continued as the nurse watched. She realized what was happening. Indeed, it looked like James' prayers were getting answered!

Knowing that she would not be believed, she thought of a simple way by which she could test this. When the chaplains came the next time, she met the senior chaplain and asked him if he would mind praying for the right side instead, as she wanted him to personally pray for two patients there. The chaplains agreed. James prayed for the left that day, and the Chaplain prayed for the right.

There was a sudden buzz. The data pattern had reversed! Patients on the left were getting better now. While no one knew why, the nurse gently put in a word to the head as to what she had suspected and how she had confirmed it.

Although the head was inclined to be dismissive, his curiosity made him realize that this could easily be checked. He asked the nurse to ensure that the prayers continued in this manner. True enough, the mortality pattern reversed, and keeping all the parameters constant, with only one changed parameter, he was left with what was truly a crossover study.

Well, the data did not lie again. The results stared the team in the face. Chaplain James's prayers were indeed being answered. There was even statistical significance for the same.

The head of the department contacted the head of chaplaincy as to how to take this forward. This was both surprising as well as unsettling at the same time. It was new territory for him and for his team. On one hand, they had the science to prove what they seemed to observe, but on the other hand, they were not sure that they really agreed with what was going on.

The head of chaplaincy was puzzled too. There was no extra spirituality that they noticed in James. His prayers seemed to be quite the same as others. When prayed for food, it tasted the same. In fact, they had run out of food when he had prayed at an event, so his prayers did not seem to be overly miraculous. His sermons were not anything to write home about. His Bible studies were not very well attended, but that was the case anyway for most chaplains in the hospital.

But since the head of the department was adamant that the data was right, they both decided to bring this to the notice of the head of medical services.

The Hard Cases

The head of medical services listened patiently to what was being discussed. He had been preparing himself to deal with a conflict between these two heads and was relieved that there was no major issue between them. He was pragmatic. He suggested that if indeed this was true, the hospital should be practical about using this God-given resource. If it was not true, nothing was lost. He suggested that the chaplain start praying for patients in the intensive care unit (ICU) as this was the place where there was the longest waiting time for a free bed. If there was a need for healing, it was here.

This suggestion was logical and made sense to everyone. James did realize that perhaps his prayers were working, although no one made it clear to him as to what was actually going on.

He started praying in the ICU, and patients were getting healed. Very soon, the ICU started to have a few empty beds on some days. That was unheard of. The ICU staff, who had been hard pressed for many days, were happy that the number of patients was reducing. It was not actually the number of patients that was reducing. But somehow, twice a week, they were able to have a few hours during which there were empty beds. No one except the head of the department and the head of medical services knew what was going on.

The Fall Out

However, at the time of the semi-annual financial audit, it was noticed that the revenue from the ICU had dropped compared to the same period in the previous year. The administration was concerned that patients were being referred to other competing hospitals while there were free beds in their own ICUs. However, the data showed that this was not the case. It just appeared that there were not enough sick patients to fill the ICUs. That was concerning.

While the head of the medical services was gradually getting convinced as to the effect of James' prayers, he did not have the courage to voice this publicly. However, at a private dinner, he confided his thoughts to the director of the institute.

The director was puzzled. While they did, of course, pray for healing, no one really expected it to work. Now that there was a chance that healing was possible, it was imperative to capitalize on this resource at an institutional level.

A special meeting of all administrators was convened to discuss this. All were briefed on the sensitive nature of the issue. It was sensitive because a scientific community was now dabbling with spirituality. If word got out that administrative decisions were being made based on the possibilities of prayers being answered, there would be a loss of credibility. Moreover, if patient decisions were made based on such input, and there was an adverse outcome, there was a possibility of legal liability. It was decided to have legal representation in the team also. These were truly strange times

James continued to pray twice a week.

The Co-opting

The best way to utilize James at an institutional level would be, of course, to have a central command center to coordinate his prayers. James was called over to meet the administration. Over a cup of coffee and biscuits, he was told that it was noticed that patients liked his prayers and that his prayers were particularly useful for the sick. He was given a pager and was told that the institution was going to try to coordinate and maximize the efficiency of his prayer. He would be called when there was a need for prayer. He would go where directed and pray for the patients as soon as he was paged. He was happy with this arrangement. He once again marveled at how prayer was being made so efficient.

This system began to work well. All those who were prayed for were healed. The data did not lie again. But there was a problem. James was able to heal only a fixed number of people in a day. He lost time moving from patient to patient, and every minute lost was a healing lost.

It was decided that a special referral clinic would be started for him. It would be termed a "spiritual wellness clinic" or "holistic care." A special charge was agreed upon for these services, and this was incorporated into the hospital information system. It was a little difficult to explain to the common doctor as to what all the fuss was about, so it was decided that referrals would initially be only through a central office, that of the head of medical services. There was, of course, a question that was raised by some of the administrators as to whether the service should be charged, because in effect, one was billing God. However, it was argued that what was being done was in effect shortening the patient stay. In fact, the patient would actually be paying less, and there would be a net loss to the institution. A question was then raised as to whether the loss to the institution could be captured as institutional charity. However, the administrators felt that while they agreed, it would be difficult to explain to auditors.

While this was going on, it was suddenly pointed out by the risk management group that if James's ability spread to the other chaplains, the institution would not be prepared for this. Already, James' actions, although well-meaning, were causing a loss to the institution. If other chaplains were also able to heal, it would pose a risk to the very functioning of the institution.

The Constraints

This was a delicate matter. On the one hand, all were happy with God's healing, but on the other, it would be unfair to bring James's gifts out into the open. This would create interpersonal problems in the chaplaincy department. Those who did not have such gifts would feel quite inferior, and it would throw a spanner in the works of a well-functioning department. It was, therefore, decided that a healing-surveillance would be done for all chaplains. They would be given fixed areas to pray for, and every month, an audit would be done to see if the recovery rate in any one area was a cause for alarm. If there was a suspicion that the healing ability of James was spreading, it would have to be identified early so that the Institution could make arrangements. It was suggested that James should perhaps not pray for the other chaplains, in case his prayers were answered and his gifts were communicable. The head of chaplaincy was gently asked to ensure this.

Now, James had some free time in between his pages, and he thought that the best way to use his time would be to pray for patients even more. So in between his pager calls, he started praying for more patients. They were healed. In fact, the healing of James, although he was just one person, was significant enough to create a change in the slope of the outpatient and inpatient statistics.

The data did not lie. When asked about why this was happening in the financial review, the director just laughed it off and said that God must have been healing them. There were laughs all around. Little did they know how close they were to the truth.

But, this was a cause for concern. On the one hand, there was a person who could pray, and he was healing people, but on the other hand, the healing was, in fact, bringing the very existence of the healing community into danger. This was an ethical dilemma.

The Consensus

The department of bioethics was consulted regarding this. A workshop was held to look into this matter from all angles. At the end of the workshop, a consensus statement was reached that although the work of James was commendable, it would be unwise for the administration to rely on the work of James excessively or to create too much hope in the hearts of patients. James had the gift, no doubt. If it was a gift from God, the theologically minded felt that the gifts of God were irrevocable. However, there was no indication that the gift was indeed from God, so the administration was justified in ensuring that it was insulated both from James' current abilities, as well as from the effects if James finally lost his abilities.

In order to stabilize this entire issue, James was told to first ensure that those who were sent on his pager were prayed for. This included those who had surgical complications and adverse drug reactions. A policy was made on what would be the priority of patients who were referred for spiritual wellness. Young patients, particularly those who had a higher chance of survival, would score over older patients, who had fewer years to live. Those who could afford to pay their bills could be a little lower down on the priority list, while those who anyway needed charity could be put higher up. It was important that the institution did not cater only to the rich. Therefore, this service would be preferentially offered to those who could not pay their bills. The Bible was very clear that one had a special mandate for the poor. This was both ethically and theologically sound.

James continued to pray.

About eight months had passed since James came to the hospital. Things had reached an equilibrium. The human resources office took special care to ensure that those without such gifts in the department were not discriminated against. It was clear that James was special. But if everyone else was made to feel inferior, it would spoil team morale. James was, therefore, considered more of a specialist. It was also reiterated often that he was posted in the hospital only for a short time, so no one really minded.

An event that happened one night, however, changed things.

The Unleashing

James was walking on a nearby road in a nearby market one evening, when a child collapsed with seizures right in the middle of the road. James rushed to help. He had some knowledge of what he needed to do from what he had learnt in the hospital. While they waited for help, he asked the parents if he could pray. They agreed. The child recovered. The onlookers gasped.

What followed was a blur. Others immediately asked him to come over to the lodges that they were in, to pray for their children and loved ones. James obliged. One room visit led to another. There was healing from room to room. People offered James money. He refused. They fell at his feet, and he lifted them up. They cried. He cried. It was emotional. A crowd had gathered. The lodges, of course, were narrow. Those at the periphery had no idea of what was going on inside. Word got out that there was a holy man who was healing the sick. Those at the front of the lodge started to collect a small fee to send patients up to James. Arguments broke out. There was a scuffle. People suggested that

James was trying to exploit the sick. The police were called in. James and a few others found themselves in the police station explaining the situation.

The institutional security chief assisted in getting James out of there. They clearly explained that this was something that was not planned. They explained that it was not an attempt at exploitation but rather a sincere attempt at prayer. James was released, and no case was made. James was quite surprised, but was sure that this was a part of God's plan.

The Suppressing

James was called to the administrative office the next day. He was shown the service rules, where it was clearly stated that for those working in the hospital, any form of private practice was not permitted. As James was a chaplain, and his role was to pray for the sick, as per contract, he was duty-bound to pray for the sick in the hospital alone and during working hours. Praying for the sick out of working hours would fit the definition of private practice. Moreover, since there was a possibility of people paying James, even if he did not collect money, it could be considered that he was involved in a business or employment elsewhere. For his own sake, he was asked to restrict his prayers to healing the sick in the hospital.

James was puzzled, but continued to pray.

The Releasing

A year passed, and the time came for James' contract to be renewed. A confidential meeting was held with the senior members of the chaplaincy department, along with the senior administrators. While no one really had anything negative to say about James, no one had anything positive to say either. He had not scored very well in his evaluations. His communication was poor. He was not able to learn the local language even after a year in the hospital. His classes were average. True, he could heal the sick, but in general, the feeling was that he was not so much of a team player. Although everyone realized that James had a special ability, they felt that the hospital systems were not mature enough to handle someone like this.

James was called and spoken to. His work in the hospital was appreciated, and a warm letter of recommendation was given to him. A farewell was held for him, and people recounted the many things they had learned from him. James was also grateful for what he had learned in the hospital and was glad to go back to his hometown.

On his last day in the hospital, God appeared to James again and asked him how he felt things went. James said that he did not think that asking for healing was the best thing to do. God said. "I thought so too!"

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