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Should I run the code or preach the gospel?: a qualitative reflection of Christian critical-care doctors and nurses

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Abstract

Doctors and nurses are bound to their oath: to serve the patients and provide them with the highest standard of professional care. However, as every medical personnel will understand, there are times when, despite best efforts, the patient is still dying in their duty shift. Dying is a human thing, and medical workers are more familiar with this than anyone else ever. But then, there are Christian medical workers. Christians are called to share their faith. But when?–or rather, when else? The patient is now critical, and it is unknown where the precious soul is going based on their faith. When the patient–who, based on the medical personnel's best knowledge, does not know the Savior–finally dies, Christian medical caregivers may feel devastated: they may think they just lost the patient here on earth and there in eternity. This research aimed to identify the potential stress among Christian medical workers due to their inability to save terminal/critical patients and not having the chance or courage to share the gospel.

Introduction

Doctors and nurses are bound to their oath: to serve the patients and provide them with the highest standard of professional care. However, as every healthcare professional will understand, there are times when, despite best efforts, the patient is still dying on their duty shift. Dying is a natural human process, and healthcare workers are more familiar with this than anyone else. But then there are Christian healthcare workers. Christians are called to live and share their faith. But when? The patient is now in a critical condition, and it is unknown where this precious soul is destined based on their faith. When the patient–who, based on the medical personnel's best knowledge, does not know the Savior–finally dies, Christian medical caregivers may feel devastated, thinking they just lost the patient here on earth and for all eternity. Or do they?

The Bible does not mention specific instructions for this in-hospital context. Christian healthcare workers could feel that it is their responsibility to share the gospel during the patient's last moments. In fact, throughout history, Christian missionaries have established hospitals and schools as the arms of their ministries to preach and spread the "Gospel of God" and to save the "soul" of the target people.[1] Hospitals could be seen as both medical and spiritual efforts.[2] Therefore, it is possible that Christian doctors and nurses consider themselves to "double-fail" when a patient dies during their care without having the chance to bring them to their own personal faith. This survey aimed to identify the potential stress among Christian healthcare workers due to their inability to save terminal/critical patients without the chance or courage to share the gospel.

Imposing, preaching, or sharing faith by medical personnel in secular hospitals is not encouraged in most western countries.[3] This has led to western Christians establishing ethical guidelines for evangelism at the bedside.[4] By contrast, Indonesia is highly religious, and almost all aspects of life are related to religion.[5] It is still a common practice for inpatients to be visited by their religious leaders to pray for healing.[6] Indonesian public hospitals are often equipped with pastoral care services from all six official religions (could be less depending on demographics). These facts make this inquiry relevant within the Indonesian context (and perhaps elsewhere), as most medical workers are also religious. In fact, religiosity has been positively linked to resilience among healthcare personnel during the pandemic,[7] routine patient care,[8] and organizational commitment.[9]

As previously reported,[10] Minahasa is a Christian-majority region in the Moslem-majority country of Indonesia, thanks to the Nederland Zendeling Genootschap (Dutch Missionary), among others, who introduced Christianity to this area. Similar to the general population of Indonesia, Minahasa is also religious, including their healthcare personnel, albeit to different degrees.

Methods

The setting of this inquiry is in Minahasa, Indonesia, where most of the society is Christian (as written on their identity cards). Whether they are born-again Christian or just "culturally" Christian is subjective to each person. I interviewed five born-again, evangelical Christians who are working or have worked in the critical care area as doctors or nurses (Table 1) to answer whether they are susceptible to the "double fail syndrome" when they could not save a critical patient, and, for any reason, have not shared the gospel with them. These discussions were conducted informally in Indonesian and, later, translated into English by the author during writing this report. All respondents gave permission for the author to use their responses to write this piece.

Table 1. Respondents characteristics

Code	Occupation	Current Position	Age (year)	Sex	Length of working (approx. year)
D1	Doctor	Primary care and family physician	45	M	15
N1	Nurse	Emergency room RN	44	F	16
D2	Doctor	Emergency room physician	28	M	3
N2	Nurse	ICU RN	28	F	5
D3	Doctor	Emergency room physician	40	M	12

The primary question was "How do you feel when a patient dies during your job, and you are unsure about their faith?" Additional questions were (1) Have you ever had the urge to share the gospel with a critical or terminal patient because you feel responsible for their salvation? (2) Have you ever actually shared the gospel? How did it go? (3) During an emergency, will you prioritize life-saving or soul-saving, i.e., will you run the blue code or pray/share the gospel?

I did not study sharing faith with ad bonam patients (i.e., non-critical or non-terminal patients). Instead, I focused on examining the experience of Christian medical personnel who were taking care of terminal or critical patients—where death is imminent. Moreover, I will not discuss whether it is ethical to impose a certain faith at an end-of-life event, nor attempt to do a theological analysis, as this enquiry only aimed to know whether the loss of a patient could lead Christian healthcare workers to experience stress.

Results and discussion

All five respondents felt "sadness" or "grief" when they lost a patient, regardless of the patient's faith status. However, when they were confronted with the fact that the patient had not been "born-again," several responses arose. D1 stated that he would "feel disappointed but won't blame myself," because "salvation comes from the Lord based on His timings," and "it

is a "divine mystery." D2 mentioned similar things, "feel sad, but life must go on. Regarding salvation, only the patient and God know." When asked whether D2 felt responsible for not sharing the gospel, he mentioned, "If I haven't got the chance to share about Jesus at the ER because the patient is critical or unconscious, I am sure that the patient had ever heard the gospel from somewhere else." D3 stated that "when I first worked in the ER and could not save a not-born-again patient, I questioned everything; but then, I realized that God is a greater savior, more than I could understand." The responses from the nurse were also similar: N1 reported that she may question "where the patient's soul will go," but "will not be stressed," while N2 responded that she will feel sad but "God has a beautiful plan for all his creation."

None of the respondents reported falling into depression or stress.

The responses above may reflect several important points. First, Christian medical workers may feel sad when they cannot save a patient, but it is general to all patients irrespective of their religion or faith. Thus, the grief that they express is more suitably attributed to their humanity, not to religious superiority (e.g., grieving for a "pitiful lost soul"). In fact, the medical workers may have constructed a "compensational belief" that God's grace can extend beyond their ability to share the gospel at that moment. This can be extrapolated from their answers, such as: "it is a divine mystery" and "God is a greater savior more than I could understand." Their opinions may be viewed as a compromise in order to feel less guilty about the patient's missed opportunity for salvation, especially when directly confronted with the Christian's view that hearing the gospel, repentance, and conversion are compulsory for salvation. However, I would argue that this view is necessary to protect Christian medical workers from moral injury and stress. Despite their best medical efforts, people are still dying, and the healthcare workers are already prone to grief—even without the "additional" pressure of fulfilling the Great Commission (Matt 28:18-20, Act 1:8). Their "compensational belief" is also important to keep them working professionally: knowing and believing that these events were still within the providence of God, they can focus on performing proper medical interventions.

This theme continued throughout the rest of the interviews. When asked whether they would prioritize life saving interventions or sharing the gospel during an emergency, all of them boldly responded that they would perform the medical life saving interventions first. Some of the respondents actually found this question ridiculous, as mentioned by D1: "the answer is clear, of course we will do life savings first." D3 mentioned, "I will run the code and not share anything about my faith. I will do what I can do best: to do resuscitation and let Jesus do what he can do best: to save souls." N1 said, "Resuscitation first, because it is our duty; the best that I can do is pray while resuscitating." N2 recapitulated this beautifully: "I will do life savings because that is what the patient needs at the moment. It doesn't mean that sharing the gospel is not important, but the priority at that time is that the patient needs God's help *through us*. This can be an initial way to tell the patient about God's love later when he/she recovers." (emphasis added).

I then thought that perhaps these respondents had already lost the motivation and desire to share the gospel. Therefore, I asked, "Have you ever had the urge to share the gospel with a critical or terminal patient?" All of the respondents said "Yes" or "Of course," showing that this group of respondents is still aware of the Great Commission. Interestingly, the way they fulfilled the commission was unique in their own way. All three doctors have prayed silently for ICU patients during their round visit; one of them did that regularly: he even declared absolution when possible (D3); the other two (D1, D2) have whispered "God loves you" or "Jesus died for you" to unconscious but stable patients on several occurrences. N1 and N2 did actually encourage the patient's families with scriptural encouragement. Again, these behaviors reflect an internalized belief and personalized integration about how to share the

gospel and God's love with critical patients in hospital settings, in addition to providing a full-hearted high quality medical service.

Concluding remarks

Healthcare workers are God's extending hands to heal the world. They are already prone to stress and grief, as they will take care of diseased and dying patients on this side of the fallen earth. However, knowing that there is a loving and saving God, instead of only a judging and condemning one, has protected them from being stressed when mortality occurs. Mortality may be viewed as a failure in the sense of being a consequence of the collective failure of human beings to fully submit to God's sovereignty. As the battle against diseases continues, healthcare workers and God are on the same side: They are both pro-life. A difference, however, exists: healthcare workers are limited, while God is not.[11] Mortals may fail, but God will not.

This is the message to global healthcare workers to know that even through our "failures," God will succeed whether or not we see it on this side of eternity. I initially planned this exploratory activity to identify potential moral stress among Christian medical caregivers. Instead, I found God's sovereign grace protecting them—even without their permission—by showing that He is a greater Savior, more than they can imagine. And, I think this grace also applies to all lives, patients and caregivers, whom God treasures.

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