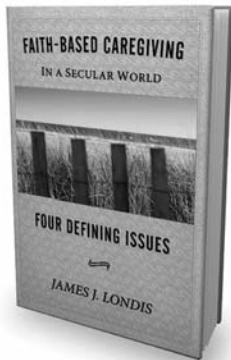


## Faith-Based Caregiving in a Secular World: *Four Defining Issues* | A REVIEW BY LAUNA RASMUSSEN



Dr. James Londis, below, discusses Christian health-care issues in his latest book, above.



In his book, *Faith-Based Caregiving in a Secular World: Four Defining Issues*, Dr. James Londis addresses what he feels are some misguided beliefs concerning healing that Christian caregivers need to be aware of in order to better fulfill their ministry.

The first misconception he addresses is that the important thing is curing the disease. The second, that a caregiver's connection with a person is unnecessary to the person's healing. The third, that caregivers giving their all is more important than caring for themselves. And the fourth, that God has a delineated plan for each person's life.

In each chapter, Dr. Londis demonstrates that one of these misconceptions is a commonly held belief, often through anecdotes that will likely be representative of the experiences of his readers. He then argues that the belief is, in fact, detrimental and suggests how caregivers should alter that belief to strengthen their healing capabilities. I agreed with much of what Dr. Londis had to say and feel that every Christian could gain from reading it, as we all are caregivers at some point in our lives. The book is definitely aimed, however, at health-care professionals.

My main qualm with the book was the disconnect between the title and the content. Londis' phrase "in a secular world" led me to expect a discussion of Christian caregiving in secular hospitals and clinics. I expected the four issues to include topics such as the culture shock Christian caregivers may feel in secular hospitals, how Christians can defend a whole

person approach to health care, the importance of helping patients feel like a person and not a number in a secular hospital, and maybe the difficulty of getting a day of rest (which in fact is easier at secular hospitals than Adventist ones). Instead, the book addresses how to revolutionize faith-based caregiving.

Londis' first two misconceptions could have been combined into a single chapter. In discussing the first misconception about curing disease being paramount, Londis reminds readers that Jesus healed people as opposed to merely curing them—which means, to Londis, that he restored them to their communities in addition to ending their physical ailments. This essentially provides historical background and reasoning for the misconception Londis deals with in his second chapter—the need to address the whole person when healing them and not just work to cure their disease. A title of *Faith-based Caregiving: Three Defining Issues* would have better prepared me for the content of the book.

While all of the book's main points—to heal the whole person not just the disease, to make sure to take time for ourselves to rest and recuperate, and to remember that God doesn't minutely control every aspect of our lives—are relevant; the last point is probably the most relevant to everyone. The average person, only regularly called to be a caregiver to an ill family member, doesn't risk losing sight of the "patient's" humanity. Such a person is not working to cure a whole floor of patients but only has one family member to care for and so is more likely to already work towards healing the whole

person, especially with the Adventist emphasis on wellness.

Likewise, the emphasis on Sabbath rest is something the Adventist community is already familiar with and has, in fact, been overzealous towards in the past. Now, perhaps, the pendulum has swung too far in the other direction. Dr. Londis reminds us of the original reason behind our Sabbath rest; and it is refreshing to remember that this injunction is not all about the dos and don'ts but rather about taking the time to be with family and community and to be refreshed by God's Spirit so that we will then have the energy to continue our work.

The third and most widely relevant point concerns the common platitudes given to those who are suffering. They are often told that God is in control or that their suffering is part of God's plan; and some may suggest that their suffering is caused by a lack of faith. All of these are harmful to those who hear them and those who say them because they imply that either God or the afflicted is responsible for the suffering. Londis' view is that just as the sun shines on the good and the bad, suffering happens to both the good and the bad. It isn't God's doing—it's just the result of living on this Earth. To a suffering person, reassurance that God is there to help us through our suffering and affirmation of hope in a new world free from suffering can be the most encouraging.

For our own Adventist hospitals, I feel they at least have the first point down. After working as a nurse in both Adventist and public hospitals, I have found that Adventist hospitals actually do a pretty good job in working to heal the whole person. Nurses are still busy in Adventist hospitals, but somehow there is more of an emphasis on actually talking to and caring for the patients. Far more patients in the public hospitals than in Adventist hospitals have shared their frustrations with me about being treated like a checklist or waiting for hours for someone to discharge them, turn them over in bed, or silence the irritating, unnecessarily beeping medical devices.

As to the second point, taking a Sabbath rest, I found that this was easier in public hospitals than our own. At a public hospital, there are many people willing to work weekends for the extra money, and so there is no problem for employees wanting to take Sabbath off. In Adventist hospitals, that doesn't work as well because you can't have an empty hospital on Saturdays. However, rather than treating this as a problem, it seems we haven't addressed it at all; and so some people may end

up working every Sabbath and not getting that important rest time. I wonder if we could address this by treating Sabbaths like holidays and having employees rotate through so that everyone gets an equal opportunity at taking their Sabbath rest.

As to the third point, I think our chaplains especially should (and many do) share Dr. Londis' views regarding God's relationship to suffering.

With all of the current public scrutiny of health care and attempts to create a new health-care system in the United States, it did not surprise me to find that one of our own had written a book addressing four issues in Christian health care. His advice is sound and relevant for every Christian today, but especially for those who are involved in the work of caring for the sick. Aside from feeling that the title is a bit misleading, I highly recommend this book to all caregivers and, probably most importantly, to their administrators who can perhaps lift a bit of the paperwork burden, as well as plan for the Sabbath rest and allow caregivers to truly fulfill their calling. This book should be on the gift list for every unit manager to give to their nurses, respiratory therapists, and doctors. ■

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## Londis Responds to Rasmussen

NO GREATER GIFT can be given an author than a thoughtful, critical review by a knowledgeable reader. My thanks to Ms. Launa Rasmussen for her appreciative comments on my recently published book *Faith-Based Caregiving in a Secular World: Four Defining Issues*. Still, I would like to clarify what I intended to say in the book, since the reviewer's comments suggest I may have failed to be entirely clear.

First, the title: I never intended that the book be about faith-based caregiving in secular hospitals, only that it address how believing caregivers can better focus on their ministry in a secular health-care culture. For whatever reason, I never anticipated readers interpreting the title in some other way, which perhaps I should have. Nor was the book intended for Adventist audiences or hospitals alone, which is why I treated the Sabbath's meaning rather than focusing on the

specific day it should be observed.

Second, the reviewer's suggestion that I combine the first two chapters into one: I thought of that and tried to do it, but it did not work for me. Chapter 1 makes the point that in the time of Jesus, "curing" and "healing" were virtually one and the same. If a culture assumes that all sickness is a divine punishment and ostracizes the sick as "polluted," the only "healing" possible (convincing the sick and the community that the divine punishment has been lifted and they can live again in hope) is to "cure" the sickness. You cannot be "forgiven" of whatever caused God's displeasure apart from being "physically" cured. This was the thrust of Jesus' healing ministry: to "cure" sickness and to "heal" the person through forgiveness.

The second chapter makes clear that the link between "curing" and "healing" no longer exists in our scientific era. We can be "cured" of our physical problem (like the war veteran whose wounds have been sutured) but not healed of our depression; or we can be healed of our depression even while we are missing a limb. Faith-based caregivers can help patients realize that when no cure is possible, peace and hope for the future is still possible. Or, that even if one's physical problem has been solved, your challenges as a total human being may not be. That's what we call "whole-person care."

Rasmussen believes that Adventist hospitals do this pretty well. I agree, but believe we could do better. I have also found that while most non-SDA employees are devoted Christians and committed to the Adventist health-care mission, they are not always clear about how we understand the healing ministry of Jesus.

On issue three, the Sabbath, Rasmussen picks up my concern that caregivers rest but overlooks my point that the caregiver (Christian, not simply Adventist) most in danger of ignoring her rest is the one who most cares about her patients. I wanted all faith-based caregivers to understand that God's command to rest does not disappear because we are engaged in self-denying caregiving (though, admittedly, there are emergencies when we need to stretch ourselves to the limit).

I hope these comments clarify my intentions in the book. I can only hope that everyone who reads my book will give it as careful a review as has Ms. Rasmussen.

—James Londis

## Discussion

Most major denominations agree that illegal immigrants must be treated humanely. But the leadership often goes much further and takes the position that illegal immigration is caused, at least in part, by not letting in enough legal immigrants. They then call for increases in the number of workers and family members allowed into the country. For example, early this year, the National Association of Evangelicals (NAE) issued a resolution stating that, "Due to the limited number of visas, millions have entered the United States without proper documentation." The NAE then calls for increases in the number of immigrant workers allowed in. The Catholic Church states that the law must be reformed so that more "laborers from other countries can enter the country legally." The Episcopal Church adopted a resolution in July of this year stating that, "Immigrants are filling the jobs that go unwanted and unfilled by U.S. citizens." The resolution makes clear more immigrant workers need to be allowed in legally. The Evangelical Lutheran Church in November 2009 adopted a document that states illegal immigrants do jobs that "citizens often will not do" and that legal immigration should be increased to meet, "the annual need for foreign workers." A Commission of the Union for Reform Judaism argues that limits on immigration contribute to illegal immigration, and calls for legislation that "increases the number of visas allowing unskilled laborers to work in the U.S."

Most parishioners believe that enforcing the law and improving the wages and working conditions of unskilled workers to attract more Americans is the best way to deal with illegal immigration. The huge divide between leaders and members means that if there is a full-blown immigration debate next year it will be all the more contentious, with Jewish and Christian leaders on one side of the issue, their members on the other, and elected officials in the middle.

## Methodology

Zogby International was commissioned by the Center for Immigration Studies to conduct an online survey of 42,026 adults. Zogby used its online panel, which is representative of the US population. Zogby International weighted the data slightly to more accurately reflect the U.S. population. Zogby conducted the survey from November 13–30, 2009. The margin of error for the three Christian groups is +/- 1.1 percent and +/- 2.4 percent for likely Jewish voters. ■