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Christian Medical and Dental Fellowship of Australia



Love Your Neighbours

Being a Guest

Do I Really Need Sixteen Crowns?

Out of the Box Hospitality

Philoxenia

Practical Ideas for Hospitality

Hospitality at Pentecost

CHRISTIAN HOSPITALITY

June 2024 – Christian Hospitality



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Editorial: Christian Hospitality – Dr Annetta Tsang

There's no such thing as one-size-fits-all Christian hospitality



Art by TaTa

Hospitals.

Hospitality.

Hospitality in Hospitals.

Christian Hospitals.

Christian Hospitality.

Christian Hospitality in Hospitals.

These possibilities floated in our minds when the Luke's Journal editorial team was deciding on the theme for this issue.

In the end, we selected Christian hospitality.

In this issue of Luke's Journal, we wanted to explore Christian hospitality and how it differs from hospitality in general. Christian hospitality is not simply welcoming guests occasionally, providing a meal here and there, or performing random acts of kindness. The kind of hospitality described in God's Word is an attitude and a lifestyle rooted in love, love for God and love for others, including strangers, and even enemies. Done well, Christian hospitality can change lives. The Bible is filled with examples of hospitality, God's style. In this issue, Georgina Hoddle takes us back to Biblical times with Hospitality at Pentecost. We also follow Dr Anthony Herbert as he reflects on the root of hospitality in Hospitality: Greek and Latin Perspectives. In Being A Guest, Dr Irene encouraged me to reflect on God's lavish hospitality to humankind. I'd love to know what your response is?

In today's world, it is hard enough to offer hospitality on our own terms, focusing on what we have to offer, doing things our way and according to our schedule, yet Christian hospitality challenges us to be welcoming, attentive, generous, and considerate, even when it is not convenient. Emeritus Professor Laurie Walsh's example of extending hospitality to someone in distress in the Los Angeles airport in Reaching Out To Others reminded us that opportunities to be hospitable are everywhere if only we'd take the time to notice. To practise hospitality the way Jesus teaches means prioritising others over ourselves, meeting the needs of others (physical, emotional, spiritual, and/or other needs) even when it costs us, as well as being vulnerable and open to different possibilities. The articles, "Do I Really Need Sixteen Crowns, Doc?" by Dr Caleb Park and "The Mysterious Joys of The Therapeutic Relationship " by Dr Johanna Lynch explored these aspects of hospitality in clinical settings, which resonated with me. If you are a clinician, I'd highly recommend these articles! I also enjoyed being challenged by Dr Robert Yee in Love Your Neighbours to consider a Biblically-based hospitable care approach. To follow God's examples of hospitality, we need more than just good intentions. Miriam White's honest consideration of the costs and benefits of hospitality in Hospitality In The Home is a must-read.

Hospitality as God intends, draws people to Him. I have personally experienced the radical hospitality of faithful Christians during my growing years. One family in particular drove me to and from church most Sundays for a number of years. Not only did they provide me with transport, but also countless meals, and included me in many of their family outings, and we shared both joys and disappointments. What's more, they extended their hospitality to my family, drawing my Grandma and Mum to God. In Stories Of Hospitality In Our Hospitals , Dr Rena Ng also shared her encounters of faithful hospitality during her medical training. which led me to praise our Lord! Dr Bo Wong, in his article, Philoxenia , highlighted that "It often takes someone who has been a visitor to be a considerate host ". I agree wholeheartedly. Having experienced radical hospitality, I understand how it feels to be on the receiving end, and how important authenticity, attentiveness, and acceptance are. Discover the "right" way of doing hospital in Practical Ideas for Hospitality in CMDFA by Dr Natasha Yates. Or you may wish to explore practical hospitality with Melody Goh in Hospital in The Home and Dr James White in Second World Ministry By An Accidental Doctor.

Christian hospitality can come in many forms. There is no one-size-fits-all. Both guests and hosts come with a range of personalities, likes and dislikes, strengths and weaknesses. As Dr Kristen Dang shared in her article, Come, Prepare The Welcome, "Jesus tells us to come as we are and let Him use us to bless ". Indeed, several of our authors shared how God used their uniqueness for hospitality. The Joy Of Connection Through Creativity by Dr Joanne Ma put a smile on my face as I followed her journey from "not-so-creative" to creative entrepreneur. In Being Found And Offering Help, Dr Catherine Hollier invites us to join her in building a hospitable community of Christian healthcare professionals. I hope these articles, as well as Out-of-the-box Hospitality encourage you to get excited and creative.

If you would like to invite fellow Christian healthcare professionals and students to join you in your Christian hospitality endeavours, please email us via lukesjournalcmdfa@gmail.com.

Every issue of Luke's Journal is a team effort involving many volunteers and many hours of work. Would you join me in especially thanking our reviewers/proofreaders including Elise, Kristen, Melanie, Sarah, Shaun, Simon, and Tammy, and our "unsung hero" webmaster, Peter?

I also want to thank you, our readers, for supporting Luke's Journal. I pray that this issue on Christian Hospitality will encourage you to bless those around you.



Dr Annetta Tsang

Dr Annetta Tsang is a member of the Luke's Journal editorial team. She enjoys serving in children's ministry at her church and contributing to student learning at university. An experienced clinician and educator, Annetta has qualifications in paediatric dentistry, medical science (pain management), disability studies, and higher education.

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Artist Statement: Heart Of Hospitality – Dr Kristen Dang

We are the "hands and feet" of Christ



Artwork by Dr Kristen Dang

When I was first asked to create a design for this issue of hospitality, the idea of "hands reaching out" popped into my mind. When we extend hospitality to others, we often also extend our hands – serving food, giving a handshake, ushering someone into a warm home, or a warm embrace.

This reaching out has to come from somewhere. Matthew chapter 25 tells the Parable of the T en Virgins . The wise virgins waited for the bridegroom with their lamps and with extra oil in jars, representing a living and continuing relationship with the Lord. The foolish virgins did not bring oil, and found that eventually their lamps started going out. If we are to continue joyfully extending hospitality to others, we first must know the hospitality that God has extended to us, bringing us into his heavenly kingdom through Christ Jesus and adopting us as His very own. It is out of this personal relationship and experience that the love, servanthood and compassion of Christ can shine through us to lift and warm the hearts of those around us. It is this very "heart of hospitality", a wonderful prompt given by the editor of this issue, that I have sought to capture in the artwork.

Finally, in considering what Christian hospitality is, I think of these words from St Teresa of Avila which so beautifully articulate the notion of being the "hands and feet" of Christ:
"Christ has no body but yours,
No hands, no feet on earth but yours ."



Dr Kristen Dang

Dr Kristen Dang is a GP who loves music, writing and anything artsy . She lives in Adelaide with her husband, young daughter and son.



The Joy Of Connection Through Creativity – Dr Joanne Ma

Encouragement and support from creative clay makers



Image Pixabay

I am not naturally creative. When I was 7 and my younger sister only 3 years old, she could already draw better than me. My whole life I have steered towards science, maths and sports, avoiding all other school subjects where possible. I did not take a single art class in middle or high school.

Any thought of creative ventures did not have a chance to bloom during medical school since I was busy with ministry, part-time jobs and regularly travelling between Newcastle and Sydney. Once my children were born. I was preoccupied with attending to their changing needs, continuing with ministries and returning to work after maternity leave.

Fast forward to the COVID pandemic. I had just made some new friends at Bible Study Fellowship which I had been attending since my firstborn was three months old – wonderful mums from different denominations and walks of life. I met a single mother of four who really made an impact on me, especially the way she took her faith seriously in the face of great adversity. She had started a new business teaching people how to make polymer clay jewellery. I had never heard of polymer clay and just thought it was playdough for adults. I honestly wasn't interested and wondered if I could just donate some money towards her business.

Eventually, I was encouraged to sign up for a beginner group class, and so I did… just as the second COVID lockdown hit NSW. This resourceful mum leapt into action and changed what would have been a several-hours workshop into weekly lessons over Zoom. Week after week on a Thursday night a bunch of mums would meet online, haggard from juggling homeschooling with our jobs and household maintenance. We were taught a new technique each week and shared both laughter and tears – this basically kept us going through the lockdown.



Photo Dr Joanne Ma

It was therapeutic on so many levels: a break from lockdown doom, engaging another part of our brains, using our hands to produce a tangible product. It was relaxing to mould, shape and colour the clay into meaningful forms. As a GP, I really

found value in taking a break from despairing at rising outbreak numbers, adjusting to new lockdown rules on an almost-daily cycle, and being literally and figuratively weighed down by wearing personal protective equipment (PPE) all day. I finally realised that perhaps there was some creativity inside me that had previously been buried, waiting for a chance to be nourished.

Before I knew it, I was churning out more earrings than I could give away, so my talented software programmer husband offered to help me build a website. I found a niche market in creating anatomy earrings in the shape of hearts, lungs, kidneys, brains and uteri. Over time I added femurs and intestines as well. I experienced great joy in receiving feedback from nurses, midwives and doctors regarding these unique creations. I also felt a deep connection to our Creator God, taking inspiration from His creativity seen in nature and human anatomy.



Photo Dr Joanne Ma

Over time, I built up the courage to start hosting stalls at local markets. Some local primary schools approached me to provide earrings for their Mother's Day stalls. Meeting new people from the community and seeing their reactions first-hand has been so encouraging for this 'non-creative' person. In fact, the joy that comes from connecting over these small objects has caught me by surprise. I now even have 'market buddies' – other stall holders that sign up for the same markets and we set up next to each other.

My Clay Club still meets in person. We aim for once a term since we're all busy mums. It's so exciting to sit around a table full of equipment, nibbles and drinks with so much creative potential. We share clay blocks, cutters, techniques and swap stories of what's been happening since the last time we met.

> "Some gospel conversations have risen from this group of both Christians and non-Christians and for that, I am eternally grateful".

The community we have built is truly special and other clay makers have expressed a bit of envy at our little club. The other women in this group have been so encouraging and supportive. Whether we meet in person or chat online, there is a deep connection with these other creative souls. I'm glad for the opportunity to build a community with women I may never have met otherwise. Some gospel conversations have risen from this group of both Christians and non-Christians and for that, I am eternally grateful.

Since starting this hobby, each year I have chosen a different charity to donate the revenue. Whilst this means I have minimal profit, and am financially 'in the red', there is joy in being able to give with a cheerful heart. I have been fortunate to be able to support local refugee outreach safe houses, women's rehabilitation centres, organisations assisting women and children fleeing domestic violence, and this year I am donating towards Bears of Hope which supports families grieving pregnancy and infant loss.



Photo Dr Joanne Ma

Unexpectedly, I have been able to connect with some of my patients over their creative ventures, from milliners to photographers, crafters and candle makers. I would never have this depth of relationship with them if we hadn't connected over our creative outlets.

Next year is a significant birthday for me and I'm thinking of hosting a Crafternoon Tea for women in my life. Who have I become?! I wouldn't have imagined being this kind of person just a few years ago. Now that I have finished writing this article, the most relaxing thing I can imagine is heading to my craft room to clay the day away.



Dr Joanne Ma

Dr Joanne Ma is a GP in Sydney . She is married to Jonno and they have two children in primary school, Elijah and Abigail. She grew up as a missionary kid in South Korea and has lived in several other countries so the question,"Where are you from?" always has a long answer. She graduated from the University of Newcastle in 2008 with some wonderful friends still active within CMDFA. She is a passionate supporter of cricket, KFC and anything purple.
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BOOK REVIEW: Boomerang Joy: Joy That Goes Around, Comes Around by Barbara Johnson

Reviewed by Dr Annetta Tsang

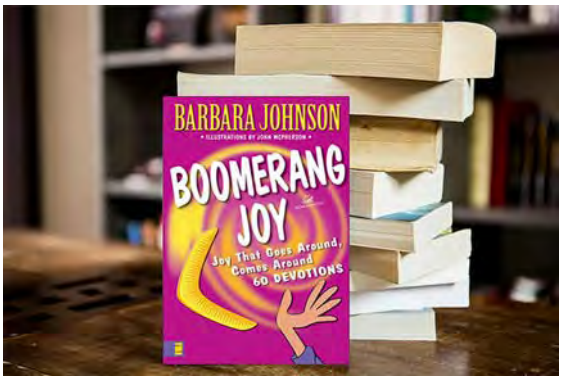


Photo Pexels

Hospitality generally refers to receiving and welcoming guests and being kind and friendly to strangers. This is most often associated with "opening our homes" and "inviting others to a meal". However, if we consider 1 Peter 4:9-10, right after being instructed to "be hospitable without complaining", the passage goes on to include "using our gifts to serve others". As Christians, hospitality helps us to shine God's light and share His love. Our desire to be hospitable and to serve is motivated by our love for God.

"Be hospitable to one another without complaining. Based on the gift each one has received, use it to serve others, as good managers of the varied grace of God"
1 Peter 4: 9-10 HCSB

Fundamentally, hospitality is about generously loving and serving others without expecting any return. It is about cultivating a relationship, being interested in others, valuing others, and putting others before ourselves. From this perspective, as Christians, hospitality is less about the home or the meal, but more a matter of the heart.

That's the kind of hospitality I felt while reading Boomerang Joy , by Barbara Johnson. Through her 60 devotions about spreading joy, Barbara exuded joy and encouraged me to do likewise. Barbara's personable writing style and her delightful sense of humour made this a joyful read, even as she recalled her share of life's unpleasant moments. Spreading joy was, without a doubt, her act of hospitality. Her motivation? A constant thankfulness for God and a deep desire to share His love.

In the opening devotion entitled "Fling out Jesus' joy", Barbara shared that she ran Spatula Ministries. Every year, from her birthday (Dec 14) to Christmas, she would telephone each family from Spatula Ministries who had lost a child during the year. Having lost two sons herself, she wanted to let them know that she understood and cared that it would be the first Christmas without their child and be a listening ear. In her writing, Barbara encouraged us to reach out and express care to someone in need, a sentiment that resonated with the underlying message of Proverbs 11:25, which was also reflected in each devotion's conclusion, featuring a relevant Bible verse and a prayer.

"He who refreshes others will himself be refreshed." Proverbs 11:25 NLT

In another devotion titled, "Nestle, don't wrestle", Barbara recalled an episode from The Oprah Winfrey Show with guest, Billy Graham, who was interviewed about his way of drawing people to the Lord. She shared, "I'll never be a Billy Graham, but I hope to be a woman who is real and compassionate and who might draw people to nestle within God's embrace". In this devotion, Barbara suggested that we can all do that, "Each of us can pull another shoulder under ours. Each of us can invite someone in need to nestle next to our hearts. We can give a pat on the back, a simple compliment…We can smile at a stranger, say hello when it's least expected…speak to a person who shows up alone at church…".

In "God's spiritual stove", Barbara shared her perspective of the church as "God's spiritual stove" explaining how we are to fuel each other "in the form of encouraging words", and "stand[ing] by someone who is standing alone". In this devotion, she includes a story about a little girl who was late going home because her friend tripped and broke her doll. The little girl told her mother, "We knew we couldn't fix it, but I stopped to help her cry". Although a far cry from providing a meal or welcoming someone into our home, this resonates the spirit of hospitality by being interested in others, putting others before ourselves, and making others feel wanted and valued. May you be encouraged to use your gifts to serve others, to spread joy, and to come up with creative and unique ways to be hospitable to those around you.

Boomerang Joy: Joy That Goes Around, Comes Around
by **Barbara Johnson**

ISBN: 9780310231998
Harper Collins Australia 2000



Dr Annetta Tsang

Dr Annetta Tsang is a member of the Luk e's Journal editorial team. She enjoys serving in children's ministry at her church and contributing to student learning at university. An experienced clinician and educator, Annetta has qualifications in paediatric dentistry, medical science (pain management), disability studies, and higher education.



Reaching Out To Others
– Emeritus Professor Laurence J. Walsh

Hospitality can be a powerful part of our life's witness and our outreach to others



Photo Eminent Luggage, Pexels

When working in healthcare, hospitality can be a powerful part of our life's witness and our outreach to others. Whether to colleagues or trainees, or the person on the street, our reaching out to provide genuine hospitality provides a way for us to let others into our lives, and share with them our lived experience, extending beyond the settings of the patients for whom we care.

Part of our call as Christian healthcare workers is to make our lives more open to others, to bear witness to the power of the Gospel. We need to recognise that each person we encounter is like a fellow traveller on a train. We share time and space with them for a period of time in the journey of our lives. Then we change trains or platforms, and we each continue on our journey. What are the consequences of those moments that we share together, however brief? Will our life's witness point people toward our final destination, which for us is to be with Christ in glory? Or does our life witness from that moment set people on a different direction? Do we show the reverence and gentleness (1 Peter 3:15) that attracts people to the divine light that we reflect? Or is our light buried under a bushel (Matthew 5:15)?



Photo Andrea Piacquadio, Pexels

Many cultures have strong traditions of welcoming strangers, and providing support and lodging to them. Is the hospitality that we provide to others as Christians a reflection only of our cultural background, or does it go well beyond that? Is there an openness that invites others in, to share our lives, much as Jesus accepted the children coming to him, and then connected with them at their level. It is clear from the parables that God welcomes the undeserving, the lonely and the hungry, and does this in an unselfish way. It is not merely about welcoming and being present to another person because of expectations of reciprocity, and therefore, advantageous to us.

> "It is not merely about welcoming and being present to another person because of expectations of reciprocity, and therefore, advantageous to us."

When reflecting further on this topic, I was reminded of a situation where I was travelling home from a training course in Boston late in the winter. Heavy snowfalls and bad weather had caused many flights to be cancelled, and there was pandemonium as people tried to reorganise their travels. Waiting for my flight to Los Angeles airport (LAX) at the airport gate, I picked up the sound of a strong Australian accent, and heard a man whose travel plans had just been thrown into disarray tell the airline desk he had never been through LAX, and didn't think he would be able to make the new connecting flights he had been given. He was clearly in some distress. As it turned out, we were on the same flight to LAX. I went over and said that I would take care of him at LAX, and make sure he made his flight. He was at first surprised and then relieved. After landing at LAX, I waited on the airbridge for him, and took him to the airport lounge for a meal, and then to his terminal and boarding gate, and made sure he was safely on his way back to Sydney.

We shared a lot of conversation over our time together. Initially, he said that he could not figure out why someone would take their time to help somebody else in this way. It was a perfect opening to share some of my life with him, and to explain that Jesus went out of his way to reach the outcast, the stranger and the person in need. He was the person in need, and I was the one prompted by the Spirit to be there, to support him, and bring blessing into his life. I let him know that thirty years before when I was a foreigner moving to the US to study and work, Christians there had reached out and supported myself and my young family when we were the strangers in need. This is the spirit of unconditional hospitality. It goes beyond helping those who have social status and who are like us, to a genuine compassion to those who are at a moment of need in their lives. The phrase, "I have no hands but yours" captures this very point.



Photo Andrea Piacquadio, Pexels

It is often said that the best qualities of people come out in situations of emergency and distress, such as natural disasters. Why should we have to wait until there is a calamity before we open our hearts and lives to our neighbours and colleagues? Or are these people, who we may see almost every day, the aliens in our lives? Why do we refuse to provide a generous welcome to them?

How much is the hospitality we provide metered out only to our friends and relatives? Do we go out of our way to perform random acts of kindness, and reach out to others in need in an unselfish way that is not based on reasons of self-advantage, or driven by guilt? Does our hospitality come from a true generosity of spirit?

> "If the answer to these questions is, "No", we need to reflect on our personal relationship with Jesus, and how much of His spirit is filling our life."

If the answer to these questions is, "No", we need to reflect on our personal relationship with Jesus, and how much of His spirit is filling our life. If we cannot make ourselves available to welcome others with a generous spirit, how much has the door of our lives been closed off to He who would stand at that door and knock (Revelations 3:20)?

May we all be open to the opportunities in our lives, to offer a kind word, welcome the stranger, and extend kindness to the people around us in their moment of need. May we have a generous heart of compassion, to extend the love of Christ who is in our midst to those around us.



Emeritus Professor Laurence J. Walsh
Emeritus Professor Laurence J. Walsh has been on the academic staff of The University of Queensland (UQ) School of Dentistry for over forty years. He retired from his full-time academic role and specialist clinical practice in special needs dentistry in late 2020, and now remains involved in specialist training at UQ, and in postgraduate research with UQ and several other Australian universities.

Stories Of Hospitality In Our Hospitals – Dr Rena Ng

Hospital fellowships can be a huge source of support



My husband David and I have been enormously blessed to have encountered faithful offerings of hospitality that have moulded, comforted and spurred us on through our years of medical training. Here are some of our stories. I pray these encourage you to reflect on God's remarkable hospitality, and to be a vessel of this hospitality to others – in small or big ways.

"Here I am! I stand at the door and knock. If anyone hears my voice and opens the door, I will come in and eat with that person, and they with me".
(Revelation 3:20 NIV)

As a medical student on rotation in Armidale NSW, we were introduced to a local Christian GP. I would see him on his rounds of his nursing home patients at the hospital. One evening, he and his wife invited me and another Christian medical student over for dinner at their beautiful country home. The conversation was easy and light, and they showed genuine interest in our lives. I was humbled by how they spoke to us with no pretension – as peers rather than a generation below them, which we were. I still remember the dinner of salmon with smashed potatoes, along with a salad from her phenomenal country dream backyard garden. For them, that night would have undoubtedly been less memorable. But for me, it was a treasured moment of homeliness, a stark difference from the lonely dinners I had been having while away from home.

One Christmas Day as a junior medical officer in Newcastle NSW, I was unable to fly home to be with my family as I was rostered to work. I didn't recognise at the time how homesick I was. It was serendipitous that I bumped into a wonderful Christian occupational therapist whom I had met while in Armidale. I received an immediate invitation to her family home to join them for their Christmas Day Lunch. We had a simple yet delicious lunch with her elderly grandparents, parents and sister's family. We were joined by another young mum with children who they had extended the same hospitality to. She even bought me a small kitchen canister as a gift so I wouldn't feel left out when presents were exchanged, which I still use to this day. She felt embarrassed by the last-minute purchase, but I felt incredibly loved to have been invited into her family for that special day.



Photo Fox, Pexels

During my rural term in an Emergency Department as a junior medical officer, I encountered a patient experiencing a complex psychosocial dilemma. It was a confronting and confusing experience. It was God's providence that I was paired with a godly Christian GP as part of the CMDFA Newcastle Mentoring program. We already had a few meetings in her home, meeting her friendly dogs and having cups of tea. That evening, I walked out of the Emergency Department and found her number on my mobile. She patiently and gently encouraged me to employ the same empathy and dignity towards all, just as Jesus did. Rather than minimising my distress, she gently encouraged me to lift it up to God in prayer.

> "Throughout my years as a medical student and junior medical officer, formalised hospital fellowships became a huge source of support and strength for me".

Throughout my years as a medical student and junior medical officer, formal hospital fellowships became a huge source of support and strength for me. My experience began with Ian Johnston, who was the late Baptist chaplain at the John Hunter Hospital. Over lunch at the basement cafeteria, he filled our hearts with extraordinary stories of his daily conversations with patients earnestly seeking God within our hospital corridors. It was humbling to witness and partner with God's incredible work of hospital chaplaincy in prayer. It opened my eyes to God's mysterious work in seemingly secular places.

The next fellowship I joined was at another hospital in Newcastle, where a local pastor joined us for a weekly lunch meeting. The structure was simple. We discussed a bible verse, and then discussed two questions: What is this verse saying? And how does it speak to our work here? That visual placement of God within the four walls of my workplace was unforgettable. It helped me see my colleagues and patients as they are – immortal beings deeply and ineffably loved by God. It also helped me recognise that God cared immeasurably more about who I am in Jesus and my character, than any apparent 'success' of my work.



Photo Los Muertos Crew, Pexels

We moved to Sydney in 2018 for my paediatric training at the Children's Hospital at Westmead. I was invited to a fellowship with some of the paediatricians in their offices. We lifted up Christian doctors in leadership. We grieved together over deeply personal issues in the lives of our group. We prayed for families of dying patients undergoing complex grief, and the teams caring for them. We rejoiced in God's constant faithfulness and providence which never failed to amaze and sustain. Again, the amazing humility and godly dependence modelled to me were transformative.

As we moved around to Sydney and Tamworth, we were blessed to join various hospital fellowships in Blacktown Hospital, Belmont Hospital, Calvary Mater Hospital, the Children's Hospital at Westmead and Liverpool Hospital. What did we learn about facilitating a successful hospital fellowship? It was as simple as picking a time and place, and committing to it. It was always amazing to see Christians come out of the woodwork, once the word spread! The fellowships took various forms, ebbing and flowing in number with the constant flux of staff at different sites. But never once was it time wasted, even if it was just one person lifting the others up in prayer.

The fellowship opportunities opened our eyes to the spiritual and existential dimension of the physical suffering of our patients, and encouraged us to offer referrals to the local chaplains. Involvement of the chaplains was often the hallmark of long-lasting fellowships.



Photo Jessica Lewis thepaintedsquare, Pexels

Each encounter of hospitality was accompanied by the call to pray personally and corporately, and at all times – on the way to work, at work, and after work. Before work, to open our eyes to the work God has prepared for us to do that day. During work, especially when feeling stretched and in need, usually in between tears from a bathroom stall! After work, to viscerally thrust all the burdens of our day upwards. Some of those busy exam-sitting lonely days and nights were only managed with upward glances for strength.



Photo Dr Rena Ng

Being with seasoned workers helped us cast our eyes forward, past our next college exams, past our next supervisor meeting, past our suffering and dying patients, to the Ancient of Days.

Would you consider starting a hospital fellowship at your hospital this year?



Dr Rena Ng

Dr Rena Ng is an Advanced Trainee in General Paediatrics, currently working in a busy metropolitan hospital in Victoria. Rena is married to David and they have two children. They have lived in various locations in NSW for the last 10 years, but have recently moved to Victoria. In their spare time, they enjoy going out for brunch or going on walks along the local creek.

The Mysterious Joys Of The Therapeutic Relationship – Dr Johanna Lynch

Clues to help us become not just technicians or clinicians – but healers



Photo Karolina Grabowska, Pexels

Declaring that hospitality underpins the task of healing is perhaps an anathema to modern consumerist attitudes to healthcare, and to everyday realities that clinicians face as they navigate the logistical pressures of their roles. And yet – the word 'hospital' has its roots in the Latin words for 'guest'. Perhaps clinicians can reclaim some of the heart of medicine by remembering we are hosting guests each time we connect in a therapeutic relationship.

There are many forces that push the practice of medicine away from a healing-orientation and toward transactional encounters. These include financial or time limitations; patient expectations to be related to as customers; policies that value precision and efficiency over time with people who are distressed; bureaucratic healthcare rationing; siloed disciplinary fragmentation of care; misguided positioning of professional boundaries as equating to emotional distance; or clinician weariness and moral injury. These forces are a real threat to quality healthcare. They risk undermining the core task of healthcare: therapeutic relationship.



Photo Cristian Rojas, Pexels

There is extensive evidence that the quality of therapeutic relationship predicts outcomes and therefore is a crucial element of all clinical care. One study of outcomes from a raft of therapy techniques concluded that 30% of therapeutic change could be attributed to the quality of the therapeutic relationship (which they described as empathy, warmth, congruence, alliance and therapist attitudes), while only 19 % of change could be attributed to the technique being used.[1] A key study of healing relationships in primary care identified important processes and competencies that build hope, trust and a sense of being known. These centre around valuing the patient, managing power and abiding with the patient over time.[2] These were driven by essential competencies of the clinician including a sense of confidence, emotional self-management, mindful awareness of the encounter, and clinical knowledge. A recent Australian study of deep general practitioner-patient relationships (as defined by both clinician and patient using a standardised measure) were marked by

collaborative clinical rigour; genuine personal care that embraced their shared humanity; trust built over time; and strategic investment in preparation for times of trouble.[3]

> "A key study of healing relationships in primary care identified important processes and competencies that build hope, trust and a sense of being known".

This study, entitled 'Where the joy comes from: a qualitative exploration of deep GP-patient relationships ' reported that clinicians reported finding both cost and joy in these types of relationships, mediated through navigating boundaries and uncertainty within their own human limitations. Other sources that remind us of the core skills in the therapeutic relationship that attend to the patient as a person include works describing the patient-centered approach,[4] the need to attend to the selfhood of the patient,[5] experienced clinicians who reflect on the embodied process of attending [6] and the writing of Nouwen about being a wounded healer[7] and about reaching out to others.[8] The First Nations concept of 'dadirri' which means "inner deep listening and quiet still awareness"[9] (p.14) is also deeply instructional for the would be healer.

Assuming the underlying professional competence of all clinical care, while aware of the logistical limitations of practice, clinicians who seek to also be healers do need to reflect on these themes of valuing the person, managing power, deep listening, attending, and abiding. They also need to heed the themes of genuine personal care that sees the self, shared humanity, and boundary management highlighted in these writings. Perhaps the roles of host and guest implied in the concept of hospitality can guide us and can help frame and clarify our thinking.



Photo Cristian Rojas, Pexels

Henri Nouwen writes beautifully about the intertwining of hospitality and healing. He states, "What does hospitality as a healing power require? It requires first of all that the host feel at home in his own house, and secondly that he creates a free and fearless place for the unexpected visitor ." (Henri Nouwen, The Wounded Healer)

This phrase holds so much wisdom and has guided my reflections on clinical practice for years. It assumes the inherent value of hospitality as a contributor to healing. It assumes the healing impact of treating a person with dignity, tuning in to them, standing by them, and welcoming their presence into our own space. Hospitality is commanded a number of times in the Christian scriptures – a needed reminder of the dignity of each guest and the intentional ways that the host needs to open their heart towards each person no matter their condition, no matter how wounded or distressed. It is a way of being with others that lends hope and knows the important transcendent experience of truth, beauty and love that Maslow named.[10]

> "Nouwen's phrase also reminds the healer to tak e care of themselves – to create a space for their work where they 'feel at home' ".

Nouwen's phrase also reminds the healer to take care of themselves – to create a space for their work where they 'feel at home'. How many of us work in spaces that do not offer that kind of experience for the clinician? How many of us find it difficult to settle ourselves and feel at home anywhere? This is a call for deep healing for the healer – healing from restless striving, from perfectionist checking, from fearful insecurities, and from dutiful over-responsibilty for the suffering of the world. It is also a call for clinicians to ensure that their own working environments are safe enough and 'like home' enough for their bodies to have rest, refreshing, creativity, connection, clarity and curiosity as part of each day. This task of building our own sense of safety at work is also sacred – as it requires the clinician to have tasted living water that soothes and heals in order to let refreshing water overflow to others.



Photo Cottonbro Studio, Pexels

At a recent conference with young medical students and clinicians, I described how remembering the nature of God can help us to find rest. We reflected on snuggling up close to God – with no assessment, judgement or any need to earn that love. A place where our heart and respiratory rate settle, where our autonomic nervous system and stress response systems become regulated, where we can imagine new stories, and digest conversation and nourishment and be refreshed. A place where it is well with our souls. Clinicians of faith have a chance to reach out for this kind of healing from the God who is Love – to never walk alone – to always have a safe haven to return to when they are distressed.

Lastly, Nouwen's phrase reminds us about the kind of space that healers create for the 'unexpected visitor': a 'free and fearless space' . This space has edges – boundaries that make it safe, that enable the clinician and the patient to keep their integrity and remain generous (not resentful) towards each other ("Boundaries. Integrity. Generosity." as Brene Brown says). It is a space that offers both a safe haven and a secure base. These concepts are fundamental to the circle of security parenting training used to teach parents how to meet the attachment needs of their children.[11] In therapeutic relationships, the space we create also offers a safe haven in which to be welcomed and comforted, attended to and listened to; as well as a secure base to encourage and enable the person to step out from that relationship to 'reconnect with ordinary life'.[12]



Photo Loren Castillo, Pexels

In my research into trauma-informed and healing-oriented approaches to the whole person in distress, I have had a revelation of the importance of sensing that we are safe.[13,14] Humans have an overarching need for safety[15] that often drives behaviour and is a prerequisite for resting, learning, growing, belonging and healing.[13] Providing a clinical space and trying to build a life space where people sense they are safe is a central aspect of healing care – relevant to both physical and psychosocial aspects of healing. Trauma-informed goals of care name the first phase of care as 'establishment of safety'; the second as 'remembrance and mourning' and the third as 'reconnecting with ordinary life'. The sense of safety approach that I have been developing sees these processes as intertwined. It proposes instead that healers who offer a 'free and fearless space' should provide a place that builds safety, grieves safely and enables growth.[13]



Figure 1: *Used with permission from Lynch, J.M (2021) A whole person approach to wellbeing: Building Sense of Safety*

So – hospitality, healing, attending, listening, protecting dignity, feeling at home ourselves, and creating spaces that are free and fearless. Could these be clues to help us become not just technicians or clinicians – but healers? Creating this welcoming space for each guest is a mysterious joy of the therapeutic relationship worth honing and protecting.



Dr Johanna Lynch

Dr Johanna Lynch is a retired GP who writes, researches, teaches, mentors and advocates for generalist approaches to distress that value complex whole person care and build sense of safety. She is President of the Australian Society for Psychological Medicine and is a Senior Lecturer with The University of Queensland's General Practice Clinical Unit. She spent the last 15 years of her 25 year career as a GP caring for adults who are survivors of childhood trauma and neglect.

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“Do I Really Need Sixteen Crowns, Doc?” – Dr Caleb Park

Are we practising what we preach?



Artwork by TaTa

It’s a Monday morning and you see your first patient of the day: a new patient scheduled for a check-up and clean.

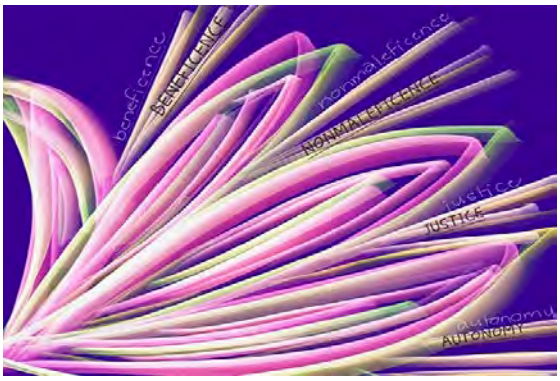
The patient comes in and opens with, “That last dentist I saw was just drilling teeth so they could pay off their new Lexus”.

I’m sure many of us have heard it time and time again.

While the majority of such claims may be tall stories, have you ever stopped to think how much power and autonomy dental practitioners (or any practitioner in a highly specialized field) hold? Ever thought how easy it is to manipulate vulnerable people (patients who are in pain and are afraid) into consenting to invasive treatment that will cost them thousands, even tens of thousands of dollars? I’d be lying if I said I hadn’t been tempted, or even actually overserviced a patient myself, fuelled by financial gain or pressure to meet KPI’s. If you’re a dentist, have you ever been tempted to take intra-oral photos of teeth that have stains around existing fillings that look worse than they are, enlarge them so they fill the computer monitor in front of the patient, and try to convince the patient (and yourself) that the tooth is not stable unless it is held together by a crown?

The Four Principles of Ethics in Clinical Practice

Before proceeding any further, it is important to note the four fundamental principles of ethics: beneficence, nonmaleficence, justice, and autonomy, and how they apply to clinical dental practice[1]. Beneficence is the duty of the practitioner to act in a manner that benefits the patient[1]. Generally, this involves removing the source of pain affecting the patient and providing treatment that will improve their condition (such as removing a heavily infected tooth). Nonmaleficence is the duty of the practitioner to do no harm, and together with beneficence, provides patients with the best treatment for their ailments[1]. Justice in a clinical setting is the equitable treatment of all patients, removing all bias or prejudice when providing treatment[1]. The basis for the principle of autonomy is that all people have unconditional worth, and thus, must be afforded the power to make rational decisions for themselves[1]. Autonomy does not apply to those that lack the capacity to act autonomously (such as minors, or those with a mental or physical impairment). The principle of autonomy forms the foundation for informed consent, where patients must have the competence to understand and make decisions, have been given full disclosure of all necessary information, have shown the ability to understand the given information, and have acted on their own volition[1].



Artwork by TaTa

Clinical Beneficence over Justice and Autonomy?

I have been to a few Continuing Professional Development (CPD) courses, designed to maximise profits by changing the way dentists communicate to patients. I was taught that by structuring the way practitioners present treatment, they are able to essentially guide patients toward "ideal" treatment. Ideal treatment was taught to be the best possible treatment for a particular problem if money were not an issue. Scripts were given to participants to memorise, noting the order in which to present treatment, what key words to use, and phrases to avoid. Participants were even advised how to position themselves in the room for maximum effect. The lecturer then promised that if said techniques were utilised, one would see the number of crowns (a highly profitable dental procedure) that they performed in a week increase dramatically. Now, I agree that learning the art of case acceptance is a useful tool to help patients improve their oral condition. However, it is a tool that can be easily abused. Dentists and other specialised practitioners are rarely monitored when they present treatment to patients, and can easily steer them towards the most extensive treatment options. It is the practitioner's job to inform patients and help them understand the extent of their condition/ailment. They must present treatment options without bias, thereby allowing patients to make an informed decision. The AHPRA (Australian Health Professional Regulation Agency) Shared Code of Conduct for Health Professionals[2] states that treatment should be patient-centred, and that it should aim to meet the best possible outcome. It mentions that practitioners must work with patients through effective communication and build trust with patients in order to allow patients to understand and participate in the care they are to receive[2]. I believe that the best possible outcome doesn't always have to equate to the most extensive and expensive treatment.

> "…the best possible outcome doesn't always have to equate to the most extensive and expensive treatment."

Although it is our duty of care to present all treatment options, especially when pertinent to the overall health and well-being of the patient, it is equally important not to give weight to elective or non-urgent needs. I honestly do not believe that such a high proportion of patients require crowns when their existing fillings have been sound for many years. In the past, I have been advised by previous employers to "convert those amalgams into crowns", and "see every checkup and clean as an opportunity". This opportunistic approach goes against the principles of justice and autonomy. Losing a second lower left molar is not the end of the world, especially if it is the only tooth that the patient is going to be missing. Dentists, however, are taught to tell patients that losing a tooth is "like pulling a book out of a bookcase – you take one out and the rest collapse in". We are taught to exaggerate the problem. Putting a crown on every single tooth that has a large amalgam restoration (even though they have been asymptomatic for 25 years) puts heavy emphasis on dental beneficence (the best possible dentistry available for a given problem). However, it may not be the most beneficial treatment for the patient if the extensive dental work causes financial stress and causes the patient to withdraw from their superannuation. By overemphasising dental-specific beneficence in this instance, the patient's autonomy is hindered as they are guided toward a pre-planned treatment option that will financially benefit the practitioner under the guise of beneficence. Therefore, justice does not prevail, as prejudice has taken over.



Artwork by TaTa

Do No Harm

Now in my seventeenth year of dental practice, I have seen a shift towards dentists wanting to perform increasingly more complex treatments themselves. When I graduated from dental school in 2007, many general dental practitioners would not dream of treating patients with fixed orthodontics, placing their own implants, and doing full mouth rehabilitations with implant-retained hybrid bridges (e.g. "all-on-4", "all-on-X", etc.). I have been pressured ("encouraged") by previous employers and even by peers to upskill in such areas. Some practitioners may be motivated by a desire to learn new skills, and others by a genuine fascination with dentistry. However, I would say a majority of those wishing to upskill in these lucrative areas would be doing so in hopes of better remuneration in the future. Although I believe having a passion for dentistry and maintaining CPD requirements is necessary, I also believe that a competitive culture of 'one-upping the dentist across the road' can be dangerous, and can lead to dentists performing treatments that are beyond their capabilities. Therefore, there is a greater risk in the community for general dentists to break the principle of nonmaleficence, and cause iatrogenic damage to patients. Providing the best treatment for patients, in my honest opinion, often requires eating humble pie, and knowing when to refer, either to a colleague or a specialist.

Be a Hospitable Practitioner

What does any of this have to do with hospitality? We as hosts (practitioners and staff), especially as representatives of Christ, should be caring towards our guests (our patients), and act in their best interests. I challenge each of you to start each day by asking yourself – am I being the best example of Christ in my workplace in the way I present and provide treatment to my patients? Our staff are observant and have a good insight into the types of people we are by the way we conduct ourselves at work. The receptionist knows that Dr A charges like a wounded bull, while Dr B seems to be fair and equitable in their approach to treatment planning.

The Apostle Paul writes to the Colossian church and instructs them "Whatever you do, work at it with all your heart, as working for the Lord, not for human masters, since you know that you will receive an inheritance from the Lord as a reward." (Colossians 3:23-24 NIV).

Are we practicing what we preach to our kids, our Sunday school students, and our congregations within our surgeries?

Are we providing genuine care for our patients in the treatment that we provide, and doing what is truly best for them?



Dr Caleb Park

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Come, Prepare The Welcome – Dr Kristen Dang

Balancing giving our best with what is practical



Photo Dr Kristen Dang

Recently, I began organising decade-old photos, the process reminding me of many fun and joyful moments shared with family and friends. Newly married and settled in our first home, we enjoyed quite a number of gatherings, made room for extra guests, and took the time to make table-length spreads for many shared meals.

While our current season of life raising young children limits our ability to provide the kind of hospitality we extended previously, the need and means for a welcoming home persist. It has made me search and question what hospitality means on a deeper level, and how it can be extended to others on a consistent, daily basis.

"And the King will answer them, 'Truly, I say to you, as you did it to one of the least of these my brothers, you did it to me'." (Matthew 25:40 NIV).

Come As You Are

One challenge I find with practicing hospitality in our current season is balancing my desire to give the best of what we can, with what is practical in the moment. When guests come to stay, I want to give them a hotel experience but in practice, we need to just squeeze everyone in where they can fit! The house is more messy than minimalist and kid's activities have overtaken the 'city tours' that we used to take our guests on.

When I look at how Jesus extends his hospitality, I am reminded to see that it was often provided in less-than-ideal settings. Instead, it was about sharing practical things – fish and bread on a crowded mountainside, conversation in the dark of night, and peace amidst the stormy seas.

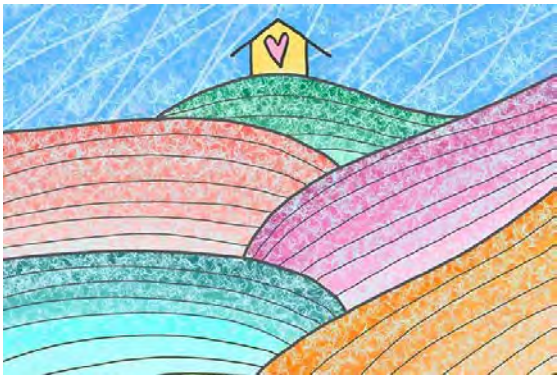
> "When I look at how Jesus extends his hospitality , I am reminded to see that it was often provided in less-than-ideal settings."

In Max Lucado's book, The Wonderful World of Wemmicks, there is a story entitled, "Your Special Gift". In it, the characters, called Wemmicks, initially struggle to help a passing family in need. Upon coming to Eli (who represents our Creator God), they realise that each of them has been given a gift perfectly fitted to themselves. Eli explains "Each of you do the most what you do the best." With that, the Wemmicks are finally able to help the family and bring them to meet Eli. God has given us all different talents and gifts, personalities and resources. We do not need to have the fanciest homes or be the greatest chefs to extend a warm welcome to others. Jesus tells us to come as we are and let Him use us to bless.

The Stranger and The Friend

Over the years, our church has grown such that I am continuously meeting so many new people! I love meeting others and hearing their individual stories of life. Yet, at the same time, I sometimes feel overwhelmed by the realisation that I cannot

regularly catch up with every old and new friend. How do we make room in our hearts for more? How do we find time in our hectic schedules for the people God needs us to welcome at a particular time?



Artwork by Dr Kristen Dang

We need to let go, be prepared, and open up. While I have mostly grown up and lived in the same city, my husband is more internationally accustomed. We recently discussed how this has affected our views and expectations of friendships. I realise that it is impossible to deeply invest in every friendship as there is just not enough time. We can, however, be prepared so that every interaction we have with others is saturated with as much love and blessing as possible. There are a number of people at my church who I have witnessed to do this well. They seem ever-ready to embrace the newcomer, whoever and however many there might be. It brings to mind Susan Eckhoff's devotional on "Open, the Hospitable Heart" which encourages us to listen to others, ask thoughtful questions and cultivate fun and joy in our relationships.

"Do not neglect to show hospitality to strangers, for thereby some have entertained angels unawares" (Hebrews 13:2 NIV).

A Matter of Heart

"Above all, love each other deeply , because love covers over a multitude of sins. Offer hospitality to one another without grumbling." (1 Peter 4:8-9, NIV).

Hospitality is not always found in the extravagant, but in the simple act of sharing. We can share our hearts, share our griefs, share a smile, and share a meal whether simply or lavishly served. We can sleep on floors, and in being together, still feel completely welcomed and accepted.

We can look to discover the different love languages of those around us and make the effort to speak in theirs. Simple things aligned with someone's predominant love language are amplified many times more. We can offer, and continue to give without complaint, drawing our own strength and joy from God who always and forever welcomes us in His arms.

Hospitality, as demonstrated in the Bible, was found in tents and palaces, homes and prisons. It was found wherever a heart was willing to welcome with God's love.

Are we ready and willing to welcome others and bring them into the comfort of God's love?



Dr Kristen Dang
Dr Kristen Dang is a GP who loves music, writing and anything artsy . She lives in Adelaide with her husband, young daughter and son.

Philoxenia – Dr Bo Wong

Showing love to strangers



Photo Roman Odintsov, Pexels

The biblical Greek noun that is translated into English as "hospitality" is "Philoxenia" (see Romans 12:13, Hebrews 13:2, and 1 Peter 4:9).

It literally means showing love to strangers. In this day and age, 'hospitality' usually refers to an industry and occupation. It is a means of generating income by providing lodging and meals to strangers. When we practice hospitality at home, we often show love to friends rather than strangers.



Photo Cottonbro, Pexels

Before the establishment of churches, most people would live and die within the vicinity of their hometowns. Only peddlers and sailors would venture to unfamiliar territories. With the establishment of churches, Christians began to travel for evangelism and to escape persecution. The establishment of Christian networks also provided safety and common languages for travellers. Early Christians were keenly aware of the experience of being strangers to the world. They could therefore readily welcome strangers into their homes.

When I started my medical degree in Sydney, I had a young family. We joined a church that was predominantly Chinese from Southeast Asia. I felt quite at home living in Sydney as most of the medical students were Asians and we mostly socialised with Asians. Soon after graduation, we had to look for a rural town to complete my rural general practice (GP) training. We made some visits to places that offered this. One of the places we visited was Tamworth, where we attended church on Sunday. I think we were the only Asian family in that church of about two hundred people. After the service, a European-Australian family invited us to their farm for lunch. We had a good time getting to know one another over a meal. We decided to move to Tamworth.



Photo Brett Sayles, Pexels

Over the subsequent twelve years in Tamworth, we became part of the church. We were able to invite many new doctors and medical students over for meals. Having been strangers in a new place drove us to care for those who were in similar situations. Our family had the joy of meeting many new friends.

When both of our children started their tertiary education in Newcastle, we decided to relocate there. In this new place, attending a new church, we used mealtimes to get to know people from church. We also tried to reach out to international students at the university when our children were studying. We found it harder for us to meet strangers in a bigger city.

My wife and I travel to Southeast Asia two or three times a year for ministry and to visit relatives. The people in the places we visit are poor. They hardly have enough food for themselves and therefore could not usually afford to provide hospitality in a meal. We were often able to take them out to restaurants as part of our care for them. In the Philippines, we usually stay in motel-style accommodation with the other members of the mission team. Once, I became quite ill just when we arrived. We were there three days earlier than the other team members were due. The pastor of the hosting church (and his wife) let us use their bedroom and provided us with meals. It was so good to have a place to rest and recover, and be cared for.



Photo Brett Sayles, Pexels

By contrast, in Malaysia, we would usually stay in rooms provided by our relatives and offered plenty of food to eat. The amount of food offered to us was often too much for us to consume. However, no one from the churches where we ministered would invite us home for meals. They would invite us out as a group to have meals in restaurants. It was difficult to have deep and meaningful conversations in a big group inside noisy restaurants. Eating out is relatively cheap in Malaysia and the taste of food is important in Chinese culture. This is why hosts are reluctant to invite people into their homes for a home-cooked meal. Many people also live in small houses or apartments and so they feel embarrassed to invite guests into their homes.

There is a major difference between Western and Eastern hospitality. With the influence of Christianity, Western hospitality focuses on the guests. The hosts take the opportunity to get to know their guests. Conversely, Eastern hospitality focuses on the hosts. The hosts take the opportunity to showcase their homes and culinary skills.



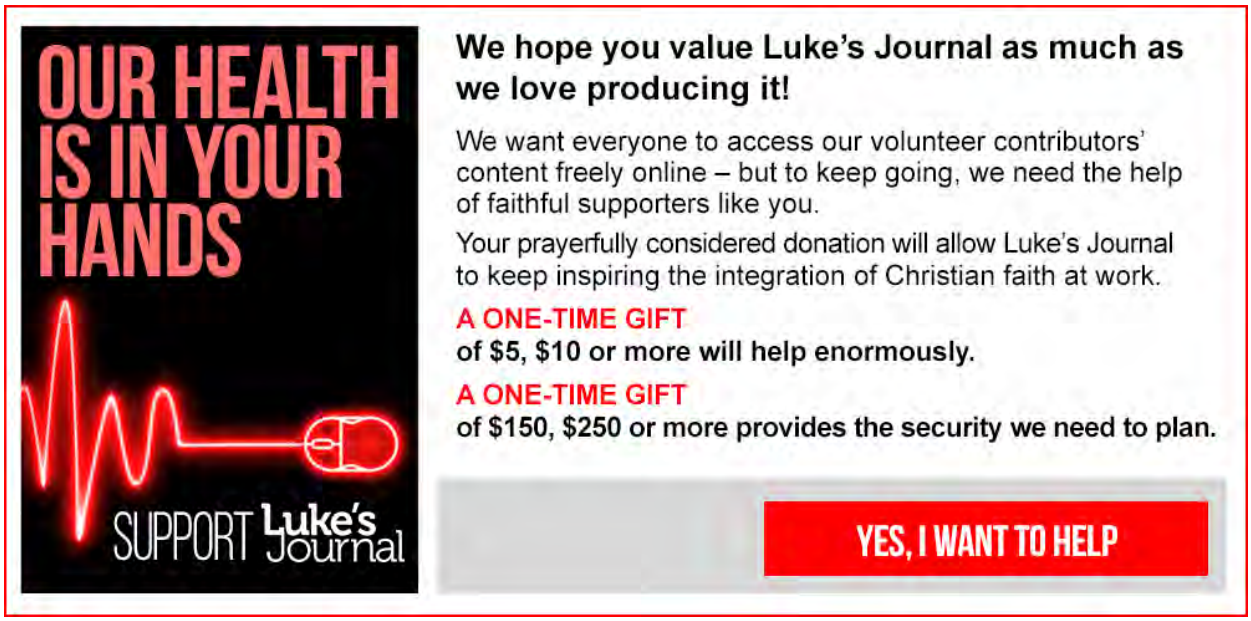
Photo Pixabay

In Southeast Asia, the availability of drinking water is very important as it is often unsafe to drink water from the tap without first boiling it. We would also need to drink more water as our bodies acclimatise to the much higher atmospheric temperature. One Saturday evening we travelled to a rural town in Malaysia where I would preach in a church the next morning. When we arrived at our relative's house, we realised that they had run out of drinking water. It would take too long for water to boil and cool down. At that moment, I had a deeper appreciation of what the Lord said in Matthew 10:42, "And whoever gives one of these little ones even a cup of cold water because he is a disciple, truly, I say to you, he will be by no means lose his reward". It was a bit embarrassing for the host, but we requested him to drive us to the shop to get some bottled water so that we could all get enough rest that night. Since then, we always made sure that we have plenty of cool drinking water in our backpacks.

It often takes someone who has been a visitor to be a considerate host. It is only when we have gone through the inconvenience of being away from home that we know how to show love to visitors in our homes. As Christians, we are told to practice philoxenia. I hope what I have written will give you some encouragement to do this and so that you may experience the joy of welcoming strangers into your home.



Dr Bo Wong
Dr Bo Wong is a retired GP. He is currently an elder of Grace Evangelical Church in Newcastle, NSW.



Being A Guest – Dr Irene

God has extended His hospitality to us all



Photo Ksenia-Chernaya, Pexels

As a junior doctor in a new state, I've been the 'guest' a lot this past year.
A guest at church.
A guest at dinners.
A guest at birthday parties, unsure if invited freely or out of pity.
A guest in spare rooms (10 in one year!).

A guest on one family's sofa bed, when I was between houses and needed a place to sleep between night shifts… or when they hosted me AND a friend who'd been planning to stay when our power was cut unexpectedly.

The generosity is overwhelming. The hospitality is humbling. To be honest, sometimes it makes me uncomfortable. I'd rather cook a meal and wash the sheets myself, than receive people's generosity and feel unsure if I am an obligation or a joy. I'd rather feel certain that I'm being useful, than just be… well… loved.



Photo Cottonbro Studio, Pexels

But isn't that what being in the Kingdom of God is like?

In Luke Chapter 14, Jesus is eating at the house of a prominent Pharisee. The Pharisees and others are all scrutinising Jesus' every move. One of them tries to invoke Jesus' opinion on the coming of God's Kingdom, saying "Blessed is the one who will eat at the feast in the kingdom of God." (Luke 14:15 NIV).

Jesus replied:

"A certain man was preparing a great banquet and invited many guests. At the time of the banquet, he sent his servant to tell those who had been invited, 'Come, for everything is now ready .' But they all alik e began to mak e excuses. The first said, 'I have just bought a field, and I must go and see it. Please excuse me.' Another said, 'I have just bought five yoke of oxen, and I'm on my way to try them out. Please excuse me.' Still another said, 'I just got married, so I can't

come.' The servant came back and reported this to his master. Then the owner of the house became angry and ordered his servant, 'Go out quickly into the streets and alleys of the town and bring in the poor, the crippled, the blind and the lame.' 'Sir,' the servant said, 'what you ordered has been done, but there is still room.' Then the master told his servant, 'Go out to the roads and country lanes and compel them to come in, so that my house will be full. I tell you, not one of those who were invited will get a taste of my banquet." Luke 14:16-24 NIV

Perhaps the Pharisees are expecting Jesus to reply with something about keeping the law, or what it takes to be worthy enough to sit at the heavenly banquet. Instead, Jesus responds with a story where the following things happen:

1. The 'worthy' are invited to a banquet, but
2. They rudely reject the house
3. The master becomes angry, but
4. The master turns his anger into grace
5. The 'unworthy' are invited – and still there is more room, so
6. Even more of the 'unworthy' are invited, until the banquet hall is full! Full of guests so unlikely that the servant must convince them to come: "Yes, he really means it! He wants you at His table!"
7. Judgement is pronounced on those initially invited
8. We get a new picture of what this 'heavenly banquet' is going to look like.

What do you notice when you read this parable?

I am tempted to focus on the guests' lame excuses, the Master's anger, and the judgment pronounced at the end, "Not one of those who were invited will get a taste of my banquet ." And these things are true. Many people reject the Messiah. God is rightfully angry at those who reject Him. God will judge us all in the end. Those who have rejected God will be shut out of the heavenly banquet forever.

However, as New Testament lecturer Kenneth Bailey points out in his book, Jesus through Middle Eastern Eyes , the heart of the parable is actually the Master's reaction, and his character is reflected by how He responds to rejection (Bailey, 2008). Bailey writes,

"The servant knows, and the master quickly discovers, that the guests' intent is to humiliate the host and prevent the banquet from taking place. On hearing the servant's report, the master becomes angry! The question of the hour is: What will he do with this anger? The master's response is truly 'amazing grace' ." (Bailey, p. 316)



Photo James-Wheeler, Pexels

Do you feel unworthy?
You are invited because of grace.

Do you feel like you have nothing to offer?
You are His guest at the heavenly banquet.

God lavishes His generosity upon us, giving us salvation and every spiritual blessing in Christ (Eph 1:3), not because we are worthy, but because He is glorious. As it is written in the Scripture:

On this mountain, the Lord Almighty will prepare
a feast of rich food for all peoples,
a banquet of aged wine —
the best of meats and the finest of wines.

In that day they will say ,

"Surely this is our God;
we trusted in him, and he saved us.
This is the Lord, we trusted in him;
let us rejoice and be glad in his salvation."
Isaiah 25:6, 9 NIV

When I am humbled by a family's hospitality, I remember that God has extended His hospitality to me. When I feel like an undeserving guest at the table, I am reminded that God invites me to the heavenly banquet, not because of what I contribute, but because He is a God of grace. But we're still left with a question: how is this "energy of insult [reprocessed] into grace"? (Bailey, p. 317). The answer is found at the cross of Christ:

- "God demonstrates his own love for us in this: While we were still sinners, Christ died for us" Romans 5:8 NIV
- "For our sake he made him to be sin who knew no sin, so that in him we might become the righteousness of God." 2 Cor 5:21 NIV
- "You know the grace of our Lord Jesus Christ, that though he was rich, yet for your sake he became poor, so that you by his poverty might become rich." 2 Cor 8:9 NIV

At the cross, Jesus was cast out of His Father's presence, so that we could be forever seated at the heavenly banquet. It is an invitation so surprising, that He explicitly compels us to come in: "He wants you at His table!" And even though we can never repay Him, Jesus invites us to the heavenly banquet, and calls us to repent and put our faith in Him.



Dr Irene
Dr Irene is a junior doctor who has stayed in 10+ spare rooms this past year, and is humbled by the hospitality of strangers and friends. But she is even more humbled by the generosity of God, who welcomes us into His kingdom through His son Jesus Christ.

Acknowledgement
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“Out Of The Box” Hospitality – Dr Annetta Tsang

Would takeaway bought-from-the-shops lunch boxes do?



Artwork by TaTa

Would out-of-the-box lunch boxes be ok? That was a thought I often had when I first got married. At that time we had just moved into our new home and we wanted to open our home to others. I wanted to be hospitable, but I did not feel competent. Up until then, I had spent most of my living hours studying, working, and sleeping, which left little time for mastery in essential home skills. I was thankful for a very understanding husband, who did not complain about having ‘blackened steak’ and ‘yellow broccoli’ for dinner regularly, but I could not really serve the same to my guests, could I?

Now, decades later, my home skills have improved. My mindset has also changed. Over time I came to realise there are many ways to practice hospitality and being hospitable. Having great cooking skills would be rather handy, but thankfully, it is not a prerequisite for practising the kind of hospitality that God has in mind. What’s more, “out-of-the-box lunches” from the shops can be a great conversation starter.



Artwork by TaTa

While hospitality often conjures up images of eating together, entertaining guests elaborately and providing exceptional cuisine is not the definition of being hospitable. According to the Cambridge Dictionary,[1] hospitable is defined as “friendly and welcoming to guests and visitors” and “providing good conditions for living or growing.”

Hospitality is reflected in God’s character from the beginning of creation. The book of Genesis describes God’s extravagant “out-of-this-world” hospitality to humankind. God provided the Garden of Eden for Adam and Eve to live in, inviting them to enjoy His creations, and providing them with everything they needed, offering the perfect conditions for them to thrive and multiply. Not only did God create a hospitable dwelling for Adam and Eve to enjoy in Eden, but Adam and Eve also had the privilege to encounter God personally. God welcomed Adam and Eve into His presence and invited them to experience His goodness.

Later in the Old Testament, God deemed the Israelites as His people and generously welcomed them into a covenant relationship with Him. God relentlessly pursued the Israelites and cared for them. God’s daily provision of manna, quail, and water to the grumbling and ungrateful Israelites in the wilderness (Exodus 16) is the perfect example of God’s creative

way of demonstrating hospitality. What's more, God's faithful provision of manna and quail continued for 40 years, until the Israelites arrived at the border of Canaan (Exodus 16:35).

God's purpose? To draw the Israelites to Himself by prioritising and attending to their needs.

God's reason? L.O.V.E. Love.

In the New Testament, the Bible uses the Greek word, "philoxenos"[2] for hospitable, which means "loving strangers". Hebrews 13:2 reminds us, "Do not forget to show hospitality to strangers, for by so doing some people have shown hospitality to angels without knowing it".

Jesus, while on earth, valued hospitality. He taught about being hospitable. Remember the parable of the good Samaritan (Luke 10: 25-37)? In Matthew 25, Jesus also instructed his disciples to "take care of the least of these". He and his disciples often relied on the hospitality of others as they went from place-to-place teaching. For example, Jesus asked for water from the Samaritan woman at the well (John 4:7-42). Through this, Jesus's hospitality was also evident, as He invited her to ask and drink from His living water, culminating in Jesus's declaration, "I, the one speaking to you – I am He [the Messiah]" (John 4:26). Hospitality involves sharing as well as receiving.

Jesus' purpose? For the Samaritan woman to encounter God, and through her testimony, for other Samaritans to encounter God (John 4:39).

Jesus' reason? L.O.V.E. Love.

There are many examples in the New Testament of Jesus practising what he taught and showing hospitality to those he encountered. For example, Jesus turned water into wine at a wedding, fed five thousand people with five loaves of bread and two fish (Mark 6:30-44), dined with outcasts (Luke 19:5-6), and welcomed children.

Jesus's purpose? To draw people to God by prioritising and attending to their needs.

Jesus' reason? L.O.V.E. Love.

Jesus dying on the cross was THE ultimate act of hospitability, sacrificing Himself to die on the cross for all the sinners of the world.[3] Ephesians 2:8 says, "By grace you have been saved through faith, it is not your own work. It is the gift of God".

Grace is God's hospitality toward all mankind.

The reason? L.O.V.E. Love.



Artwork by TaTa

Love is the root of hospitality and central to being hospitable. God is love (1 John 4:16). The Bible tells us we are to love God and love others, including strangers and enemies. Matthew 5:43-48 says, "For if you love those who love you, what reward will you have? Don't even the tax collectors do the same? And if you greet only your brothers and sisters, what are you doing out of the ordinary? Don't even the Gentiles do the same?" For Christians, being hospitable is an expression of God's love. As believers, we are to imitate Christ. 1 John 4:19 says, "We love because He first loved us".

After Jesus' ascension, His disciples continued to live hospitably, accepting and displaying hospitality. Peter in 1 Peter 4:9 says to practice hospitality "ungrudgingly". In thinking about Mark 10:28-30 in terms of hospitality, Dr Rosaria Butterfield, author of The Gospel Comes with A House Key wrote, "The gospel comes with a house key, and that key unlocks the "hundredfold" of God's provision of family and community for others. Hospitality is the ground zero of the Christian life".[4]

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As Christians, living in 2024, how do we practice being hospitable? What does hospitality look like in this digital age in which privacy is prioritised, and everyone is busy and preoccupied?

Typically, when we are asked, "Do you practice hospitality?", most of us would respond with an affirming, "Yes". We would all like to think of ourselves as hospitable, right?

When we are asked how we practice being hospitable, we might say something like:

"At church, we welcome new families by inviting them to be part of our fellowship groups. We welcome them into our homes and spend time getting to know them and extending practical help to them. For example, how to enrol their children into the local school, or babysit for them. At work, we welcome new colleagues by helping them with their onboarding or asking them to have lunch together. We might create opportunities for them to meet others and invite them to be a part of our projects".



Artwork by TaTa

Or we might admit that we would like to be more hospitable when we become more successful, more influential, or have more to share. In the words of Christian author Barbara Johnson, "The key [to hospitality] is not success but kindness. Success simply gives you a broader platform from which you may look for opportunities to do good, to respect others, and to show love…Determine to do what you can do. Go the second mile …"[5] Genuine hospitality is fuelled by generosity regardless of how much or how little we have. Genuine hospitality prioritises others over us. In this way, we glorify God and draw others to Him.

Hospitality is often thought of as actions, but it can also be practised as an attitude. To have an attitude of hospitality means we are fully present, listening to understand, prioritising psychological safety that invites open sharing, inclusivity of diversity, and genuinely caring about others, including both their feelings and their needs. To practice hospitality as an attitude goes beyond the sharing of possessions to the higher calling of sharing ourselves.[6] What's more, an attitude of hospitality means not letting our friendliness and willingness wane, regardless of the response. To keep on being hospitable, in action and in attitude is challenging, but also possibly life-transforming.

John Piper in his writings mentioned "strategic hospitality". It refers to using our abilities, time, possessions, and ourselves to "draw people into a deep experience of God's hospitality".[7] It may involve extending hospitality to other believers, and through conversations, create collaborative opportunities to build capacity and spur each other on in the work of God. It may involve greeting non-believers, making the effort to remember their names and unique personal details, engaging them in conversations over weeks or months, and transforming the relationships from "strangers" to "friends". Through personal and deliberate exchanges and sharing in each other's lives, we may consciously or unconsciously encourage others to draw near to God.



Artwork by TaTa

Here are two strategic hospitality ideas to get your creative juices flowing:

Invest in the next generation of healthcare professionals

- Have you ever contemplated engaging in sessional teaching at a local Medical or Dental or Allied Health program, or welcoming students into your clinics for placements and experiential learning, or employing medical students to work in your clinics part-time as a medical scribe? By sharing a few hours of your time with students each week, not only will you contribute to their professional knowledge, ethical reasoning, and clinical insights as you discuss cases, but you will establish close relationships with the students which will enable you to influence their development, their ways of thinking and their future as a health professional. In sharing your experiences and your values, you may well encourage a student (or even a few) to draw near to God. You may also encounter students who are Christians, and your sharing and support will encourage them to shine God's light and share God's love among their peers.

Contribute your knowledge capital

- In this digital age we live in, you can now contribute to developing countries by sharing your explicit and tacit knowledge, skills and expertise online to assist or mentor others including educators, clinicians and researchers in developing countries, to assist in their upskilling and help build capacity for change. Socially, knowledge capital is the key driver for growth, progress and innovations that ensure a competitive edge and economic growth.[8] Sharing knowledge capital aligns with being hospitable. For example, I am a member of the Oral Health Action Network (OHAN), which aims to improve oral healthcare by supporting organisations and individuals in low-resource settings through advocacy, networking, capacity building, and research. Right now, we are developing an evidence-based oral health curriculum in collaboration with a university and a non-government organisation in Nepal. Once completed, the resource will be translated and used to upskill health workers employed by the Nepal Ministry of Health and adapted for use in other regions. OHAN originated from a writer's group that a senior colleague and fellow CMDFA member connected me to. Our team members live in different parts of the world. Over time, we have progressed from strangers to colleagues working alongside each other, to friends sharing life and hope, all out of "the box" (the router)!

How are you practising Christian hospitality as a healthcare professional or student? We would love to know what "out-of-the-box" hospitality opportunities you engage in! If you would like to invite fellow Christian healthcare professionals and students to join you in your Christian hospitality endeavours, please share your ideas with us via: lukesjournalcmdfa@gmail.com. Brothers and sisters, as you commit to practicing Christian hospitality in traditional and creative ways to draw others to God, I pray that God will give you courage and bless your efforts. And yes, please pray for me too!



Dr Annetta Tsang

Dr Annetta Tsang is a member of the Luk e's Journal editorial team. She enjoys serving in children's ministry at her church and contributing to student learning at university. An experienced clinician and educator, Annetta has qualifications in paediatric dentistry , medical science (pain management), disability studies, and higher education.

Acknowledgements

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Book Review: The Gospel Comes With A House Key by Rosaria Butterfield

Reviewed by Dr Catherine White



Photo Pexels – RDNE Stock Project

"Jesus said 'Truly I say to you, there is no one who has left house or brothers or sisters or mother or father or children or lands, for my sake and for the gospel, who will not receive a hundredfold now in this time, houses and brothers and sisters and mothers and children and lands…' " [Mark 10:29-30a, ESV].

What a beautiful promise! When we accept the gospel and submit to Jesus' kingdom, we can expect God to supply us with a home and the joy of family relationships in this life , a comfort, especially to those who have lost all to follow him. The questions are: How? Where? Whose home?

In her book, 'The Gospel Comes with a House Key ', Rosaria Butterfield proposes that all Christians are called to supply the answer, practicing 'radically ordinary hospitality', whatever their circumstances, to provide these promised homes. Read 'radically ordinary' as both a comfort and challenge, as she demonstrates the gamut: from fostering children to throwing barbeques, to talking to that lonely neighbour, and to simply accepting hospitality yourself. Rosaria paints her compellingly beautiful picture through reachable everyday vignettes (rice and beans, dog walks with neighbours, more guests than chairs), on the background of her own encounter with Jesus as an atheist invited to a Christian's family table. She shows that the art of humble hospitality (both giving and receiving) can make 'strangers into neighbours, and neighbours into [the] family of God'.

As health professionals, we often witness the devastating effects of the lack or loss of homes and loving relationships in our patients' lives. Personally, I have only had a small taste of loneliness, when travelling as a locum GP in a rural area. At a small church I visited I actually used the words, 'I am lonely!', in conversation after the service, hoping to be invited to have a coffee or a meal or something. Sadly, my little plea wasn't noticed, but in my motel room, my empathy for those affected by chronic loneliness was inflamed, as was my regard for my own church's active welcoming team! Reading Rosaria's book, I was enveloped with homefire warmth, stoking a longing to see every church and citizen of heaven embrace our call to hospitality.

Our lonely world needs the open doors and hearths of every everyday missionary!

The Gospel Comes With a House Key:
Practicing Radically Ordinary Hospitality in Our Post-Christian World
by **Rosaria Butterfield**
ISBN: 143355786X
Crossway 2018



Dr Catherine White
Dr Catherine White is a GP from Adelaide, soon to be moving to Katherine, NT. She is a wife to Isaac, mum to Tobias. Loves: excising skin cancers, picking flowers and being part of the church family.

Hospitality In The Home – Miriam White

Hospitality is a choice and, as a Christian, it is an obligation...



Photo Antony Trivet, Pexels

After an afternoon of high pressure, complex patients and seemingly little-to-no acknowledgment for his efforts, my GP husband arrives home late again, exhausted. Struggling through the front door, he enters the house to be pounced on by the three children and welcomed by our guest who arrived twenty minutes prior. Our guest is a friend from church who arranged to discuss with us tonight their growing faith and thoughts of possible baptism in the coming weeks.

I have a flurry of thoughts:

- Do I suggest postponing the important discussion with the visitor or allow the evening to unfold, while my husband's concentration (and emotional cohesion) folds up altogether by 8pm?
- What does self-care mean in the context of today and the week ahead?
- How do we glorify God and show hospitality and kindness to our guest in this context?

Let's take a brief look at some of the costs and benefits of hospitality in the home, as well as my own oversights in this regard.



Photo Vincent Peters, Pexels

The costs and risks of allowing people into your life and home are plentiful, one being that of time. To the professional expected to function well at work and who requires time alone, time with family and time to eat and sleep, any space remaining in the calendar is precious and significant. In addition, we cannot avoid the financial costs of sharing our home: the utilities, the cleaning, meals, consumables and, sometimes, the care package we send away with a guest – from our bookshelf, pantry or wallet. The emotional cost of inviting others into your home is evident in the 'long visit', eg. where your 'lunch catch-up' shines such genuine care that your guests naturally share personal issues in detail and at length, ending in prayer time and a book recommendation six hours after arrival!

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In my experience, the trend in my house is to welcome the guest rather than postpone a meeting, offer plenty of coffee as I intermittently put children in the bath or to bed. I regrettably watch my hard-working husband either fall asleep in the company of our guest who, shortly afterwards, states they must leave, or stay up late chatting about the meaningful issues of the Christian life, when perhaps an early night was a better choice. In some cases, difficult choices are validated quickly; in other cases, I still question what was right, wrong or the better option. In all cases, I have never regretted spending time with people in my home to eat, chat or pray if it means sharing the love of Jesus.

> "I have never regretted spending time with people in my home to eat, chat or pray if it means sharing the love of Jesus".

The benefits to you and your family and opportunities to edify others arising from a hospitable attitude can become immediately evident from the moment your guests arrive. The visitors will bless the younger members of your family in one small interaction of a 'high-five'; your children, in their innocence, will bless your visitors just by showing off their latest craft activity or a piano piece. Through conversations and prayers, your end-of-day energy levels can be boosted, you can receive Christian encouragement, or gain a renewed perspective on work.

Lastly, I admit a few (of many) personal oversights in relation to hospitality and how I have welcomed friends and strangers into my home.

1. **Distractions of tasks.** My natural tendency as an introvert is to keep myself busy tidying the house, cooking the meal and generally keeping the social event running to schedule. It's much easier to let my husband and children do the talking than for me to be the entertainer. Over time, I have learnt from Mary and her sister, Martha[1], of the importance of sharing lives, rather than sorting cutlery.
2. **Self-Reliance.** I can see in hindsight how little I have relied upon God to work in the hearts of our guests so that they, whether Christian or not, would have the assurance of God's grace and love.
3. **Low confidence.** Of course, God can use me! In the rush of preparations at the imminent arrival of guests, it can be difficult to stop briefly to pray for the conversations and interactions with those I am meeting. It is still difficult to remember, when the doorbell rings, that the Lord expects me to 'shine among them like stars'[2] for His glory.



Photo Elly Fairytale, Pexels

Yes, hospitality is a choice and, as a Christian, it is an obligation. However, any sense of obligation we might feel is likely to be the Holy Spirit moving within us to make a choice against the sinful nature. If your home, time and money belong to the Lord, indeed are gifts from the Lord for us to use for His glory, they are to be given freely without constraint, without obligation and with a generous heart. Take hold of each opportunity with gratitude for the Lord, petitioning him to show you how best to love and care for others, as you demonstrate the love and care Christ has for us[3]. Stand in readiness to serve God with the resources He has graciously given you and anticipate change within as He transforms you to be more like Christ.



Mrs Miriam White

Mrs Miriam White is a mother of three and wife of a GP, living in rural NSW where she teaches primary-aged children gospel truths and is supported by a wonderful church family. For relaxation, she loves the challenge of memorising a book of the Bible or finishing a cryptic crossword.

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2. Philippians 2:15 "So that you may become blameless and pure, "children of God without fault in a warped and crooked generation."[a] Then you will shine among them lik e stars in the sky" NIV
3. 1 John 4:7-21. Love God as He has loved us: https://www.biblegateway.com/passage/?search=1+John+4%3A7-21&version=NIV

Hospitality At Pentecost – Georgina Hoddle

We can see, hear, smell, feel and even taste that the Lord is good!



Photo Cottonbro Studio, Pexels

Setting the table: **an eye-witness account:**

As the servant girl, I had the responsibility of cooking and setting the table for the members of the early Christian community who met in their houses for the breaking of the bread.



Photo Georgina Hoddle

We always had to be ready to invite strangers, especially travellers, to share the meal if they approached our door. Scripture has taught us this form of hospitality from the time of Abraham[1,2] .

On this day, the apostles were gathered in a house in Jerusalem to celebrate[3] a particular feast which occurred exactly seven weeks after the Passover, Shavuot. It was also called Pentecost**.** The name comes from the Greek word pentekoste which means fiftieth (day).

> "Pentecost comes from the Greek word pentekoste which means fiftieth (day)".

People were expected to bring the first harvest of grain to the Lord including two leavened loaves of bread at the Feast of First Fruits (also called the Feast of Weeks)[2].

I had carefully washed the wooden utensils from last night's meal. Ah, in wealthier families these may have been made of silver: **"In a wealthy home some utensils are made of gold or silver, and some are made of wood and clay. The expensive utensils are used for special occasions, and the cheap ones for everyday use"** (2 Timothy 2:20) . The kitchen was crowded with stores of the first winter harvest (wheat, barley, lentils, vetch[4] and some herbs). A basket

containing grain had been taken to the Temple as an offering of the first barley harvest[5], and now lay empty. Outside, strings of onions and leeks hung drying in the late spring sun. I wouldn't need them for breakfast.

A large wooden platter which contained pottery jars with olives, dried grapes, goat and sheep's cheese, dates and a pomegranate was already on the table. I had baked fresh bread to eat with the fish.





Photos Georgina Hoddle

We ate these often as bread made up half of our diet[5]. At a later seasonal festival, we would have shared fruits such as watermelon, figs, and sycamores (a low-quality fig eaten mainly by the poor). Many people travelled for these feast days and hospitality was expected.

As Jews, we traditionally only eat meat at festivals but on this first day of Jewish Pentecost, I had first prepared some dishes containing milk, before continuing with the festival meat (fish and chicken). Eating dairy after meat in the same meal was forbidden by Jewish Law. My brothers had also been busy with the herds and had made cheeses.

To make cheese, there were two techniques. They would either be made by forming curdled milk by press and salt or made directly in a dead animal's stomach. The latter method made for more solid and better-textured curds. I preferred goat's cheese. We were forbidden to use milk or milk products from non-kosher animals.

It was a pleasure to see the apostles share their food gladly, generously and with joy which is the sequel of faith[5].

As it was late spring, goat and sheep's milk was plentiful, as was butter[6,7]. I had prepared raisin cakes with dried grapes (see Just Desserts, Luke's Journal 2022) and laid jugs of new wine on the table.



Photo Georgina Hoddle

I remember that Peter stood up and spoke to the crowds on the day of Pentecost. As it was only about nine in the morning when the Holy Spirit manifested itself with tongues of fire, I had just served the apostles some fish, similar to that which Jesus had cooked over open coals and served to them when he appeared to Simon Peter, Thomas, Nathaniel and others by the Sea of Galilee after his resurrection[8].

I had been with the apostles on the day Jesus answered their question about the time Israel would be freed and their kingdom restored. Jesus had said "The Father alone has the authority to set those dates and times, and they are not for you to know. But you will receive power when the Holy Spirit comes upon you. And you will be my witness, telling people about me everywhere – in Jerusalem, through Judea, in Samaria, and to the ends of the earth." (Acts 1:7,8).

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Now I was witnessing the fulfilment of Joel's ("In those days I will pour out my Spirit even on my servants") and David's prophesies, and Jesus' words, with my own eyes and ears, hearing the apostles speak in the tongues of the strangers. Peter spoke to the crowds of Parthians, Medes, Elamites, people from Mesopotamia, Judea, Cappadocia, Pontus, the province of Asia, Pamphylia, Egypt and the areas of Libya around Cyrene, visitors from Rome (both Jews and converts to Judaism) Cretans and Arabs who stood there amazed, thinking the apostles were drunk as they were speaking in foreign languages (Acts 2:9-13).

Those who believed what Peter had said were baptised and added to the church that day – about 3000 in all – sharing their meals with prayer, great joy and generosity; and I became even busier in my kitchen!

Taste and see: New Testament Pentecost

Since about the second century AD Christians have celebrated Pentecost for the descent of the Holy Spirit on the Apostles and other disciples following the crucifixion, resurrection and ascension of Jesus Christ (Acts 2). It marks the beginning of the Christian church's mission to the world. Pentecost is a moveable feast, that is, the date is not fixed, but depends on the date of Easter.[2,3]

Modern Christian traditions include baking that is presented in its final form with decorations of the "tongue of fire" on white frosting, or cakes baked in the form of a dove (representing the Holy Spirit)[9].

We can see, hear, smell, feel and even taste that the Lord is good! Bringing your family to Church is a great start to participating in Feast Days. If you are in a season to add more to your day, try one of these simple ways to bring the life of the Church into your homes and perhaps even create new traditions as a family![9]

Concluding words from Paul

"Keep loving each other as brothers and sisters. Don't forget to show hospitality to strangers, for some who have done this entertained angels without realising it. Remember those in prison, as if you were there yourself. Remember also those mistreated, as if you felt their pain in your own bodies." (Hebrews 13:1-3)[10]



Georgina Hoddle RN

Georgina Hoddle is a retired Registered Nurse, who volunteers in aged care pastoral services. She has always been interested in sourcing and eating ancient food. Georgie lived in Italy for 30 years and work ed as editorial assistant for a journal that focussed on nutrition for people with diabetes. Georgie has presented many Christian fellowship talks on this subject over the last 10 years and contributed recipes to various issues of Luk e's Journal.

Acknowledgement

All Bible verses used in this article are from the New Living Translation (NLT).

Footnotes

1. Genesis 18:1-8 Abraham entertains three visitors
2. Leviticus 23:16ff (festivals) and Deuteronomy 2:4-6 (travelling through foreign lands)
3. Acts 2:1-31
4. Vetch is a winter-growing, multipurpose, annual legume.
5. John 21:1-4
6. Grace Communion International https://archive.gci.org/articles/harvest-seasons-of-ancient-israel.
7. What sorts of foods were common in the time of Jesus? https://hcscchurch.org/wp-content/uploads/2014/08/food.pdf
8. John 21:9
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10. Ascetic Life of Motherhood https://www.asceticlifeofmotherhood.com/blog/pentecostforkids
11. Hebrews 13:1-3; John 21:9

Hospitality: Greek And Latin Perspectives – Dr Anthony Herbert

An inspiring story of people of faith



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This article is my personal reflections on the concept of hospitality. My inspiration was derived from Romans 12:13, including a deeper exploration of the Greek word for hospitality as described in the verse. Further, I explored the Latin origin of the word hospice and how this dates back to the care of travellers, strangers and the sick. The development of the term palliative care, with its associated meaning of 'cloak', is an inspiring story of people of faith and pioneers of the discipline.

Greek Perspectives – Biblical and HomerIC

Share with the Lord's people who are in need. Practice hospitality .
Romans 12:13 NIV

The online NIV Bible gives the following cross references from both Old and New Testaments in relation to the theme of hospitality in Romans 12:13.[1]

2 Kings 4:10
Let's make a small room on the roof and put in it a bed and a table, a chair and a lamp for him. Then he can stay there whenever he comes to us.

Job 31:32
But no stranger had to spend the night in the street, for my door was always open to the traveller.

1 Timothy 3:2
Now the overseer is to be above reproach, faithful to his wife, temperate, self-controlled, respectable, hospitable, able to teach…

1 Timothy 5:10
And is well known for her good deeds, such as bringing up children, showing hospitality, washing the feet of the Lord's people, helping those in trouble and devoting herself to all kinds of good deeds.

Hebrews 13:2
Do not forget to show hospitality to strangers, for by so doing some people have shown hospitality to angels without knowing it.

1 Peter 4:9
Offer hospitality to one another without grumbling.



Photo Andrew Neel, Pexels

Reading Romans 12:13 made me curious about what the Greek word for hospitality was and whether this could further inform the practice of hospitality.

Xenia (Greek: *ξενία*) is an ancient Greek concept of hospitality. It is almost always translated as 'guest-friendship' or 'ritualized friendship'. It is an institutionalised relationship rooted in generosity, gift exchange, and reciprocity. It is the law/custom of offering protection and hospitality to strangers (cf. its opposite: xenophobia). The law/custom was felt to be so fundamental to human civilised life that its patron was Zeus xenios: "Zeus, the god who protects strangers".[2]

Xenia is from the Indo-European root ghos-ti: 'a person with whom the law of hospitality applies'. This root is the source of a number of English words that refer to outsiders, whether to be welcomed or be on guard against e.g. hostile (Latin hostis, 'enemy'), 'guest' (cf. hotel) 'host' (cf. hospitality).[3]

Homer develops the idea of hospitality in The Odyssey by employing several examples in the text, including hospitality extended to him by the people of Phaecia.[4] Odysseus' sense of hospitality helped him out of a bad situation when he extended his 'friendship' to the Cyclops and offered him wine when they found themselves trapped in a cave.[5] Odysseus searches for xenia in the sense of 'hospitable reception' in a wide variety of situations in Books 9-12, as well as on Ithaca itself, and even in his own house.[6]

A Greek friend of mine felt that 'philoksenia ' (or 'philo-xenia' – love of the stranger) is the best word to describe hospitality. Essentially, you are welcoming a stranger as you would a friend. The essence being a friend to the stranger, of warmly welcoming someone, and respecting and valuing a guest or visitor in your home, is characteristic of the Greek culture.



Photo Maria Orlova, Pexels

Latin Perspectives and Palliative Care

The word 'hospice' comes from a Latin root meaning "host" and "guest" and, from Roman times, was applied to places that gave hospitality to pilgrims. While much of their work was in welcoming travellers who were fit enough to continue their journey, the sick, wounded and dying were also cared for, and stayed as long as they needed help. In the United Kingdom, this service stopped abruptly in the 1500s with the dissolution of monasteries. The word hospice appeared less as new hospitals were founded.

The word hospice was used again in 1842 by Madame Garner, when she opened homes for patients dying of cancer in France. Such homes increased in frequency in Britain, the United States and Australia and continued their work throughout the 20th century. By the 1950s, social trends were changing such that most people died in hospitals rather than in their own homes. This change reflected the growing number of treatments available in hospitals. The medical

profession increasingly saw death as failure. Cancer was the most feared diagnosis. Physical pain afflicted at least three-quarters of cancer sufferers and appropriate painkillers were rarely used.

In founding St Christopher's Hospice in 1967, Dame Cicely Saunders made an extraordinary contribution to alleviating human suffering. Dame Cicely, who originally undertook nursing training followed by social work and medical training, founded St Christopher's Hospice with the aim of researching practical solutions to the management of life-threatening illnesses. There was also a commitment to research and education. This combination of science, care and the sharing of experiences identified the opening of St Christopher's Hospice with the start of the modern hospice movement and impacted the practice of medicine moving forward. Saunders, a devout Christian herself, died peacefully on July 14, 2005, aged 87, at the hospice she founded.

You matter because you are you, you matter to the last moment of your life and we will do all we can, not only to let you die peacefully, but to help you live until you die .
– Dame Cicely Saunders



Photo RDNE Stock Project, Pixels

In January 1973, Dr. Balfour Mount, a urologic-cancer surgeon led a book club on Elisabeth Kubler-Ross's book, On Death and Dying , at his local church.[v] This moved him to study the symptom burden of patients at Montreal's Royal Victoria Hospital. In September 1973, after visiting Dame Cicely Saunders and St Christopher's Hospice he helped to create a similar ward within the Royal Victoria Hospital and coined the term 'palliative care'. Palliative is from the Latin word 'pallium' which means 'cloak'. The word palliative now relates to an approach in medicine that aims to improve the quality of life of patients and their families in the context of illness where a cure is no longer possible.

I have previously spoken about the symbolism of the cloak in 'palliative care' and how a book club at a church triggered the development of this term through Dr Balfour Mount in Montreal. Taking the idea of a cloak and books (or scrolls), I want to transition to a brief reflection on the Apostle Paul as he approached the end of his life.

When concluding his second letter to Timothy, Paul asks Timothy to try and come to him before winter. He shares a number of personal greetings and some requests for personal items he wants.

For I am already being poured out like a drink offering, and the time has come for my departure (2 Timothy 4:6, NIV).



Paul is concerned about his physical needs – in particular, he asks Timothy to bring his cloak and scrolls to him (2 Tim 4:13). You may think that this request is a bit trivial in amongst the heavy spiritual themes of Paul's writings. However, commentators feel that the inclusion of everyday practicalities such as Paul's request for a cloak to keep him warm with winter approaching, is evidence that this letter is authentic and not a fabrication.

Expanding from the United Kingdom to Canada, hospices eventually emerged in each of the states and territories of Australia. I speak of the development of the Mt Olivett Hospital in Brisbane, due to familiarity with my own state of residence. In 1951, a Miss Bedford bequeathed her home for the purpose of caring for the incurably ill and dying. Her friend, Dr Lilian Cooper, was the first female surgeon in Queensland and had died in 1947. Miss Bedford wished to perpetuate Dr Cooper's life and work. Subsequently, Mt Olivett Hospital was opened in 1957 by the Sisters of Charity. In 2008, the institution changed its name to St Vincent's Private Hospital, Brisbane.

Other key organisations within Australia that developed hospices and palliative care were Roman Catholic and included the Little Company of Mary and the Deaconess Society [7]. Each state and territory of Australia has similar stories of the development of hospices. While standalone and community hospices remain in Australia, there has been a trend to establish Palliative Care Units integrated closely with both public and private hospitals.

Conclusion

This article has tried to explore the concept of hospitality, examining both the Greek and Latin origins of the word and concept. The word 'hospice' comes from the Latin for "host" and "guest". The development of the modern hospice movement provides helpful insights into the nature of hospitality within the healthcare context. Romans 12:13 forms the basis of the considerations from the Greek language perspective and is a fitting way to conclude a paper on Christian hospitality.

Share with the Lord's people who are in need. Practice hospitality .



Dr Anthony Herbert

Dr Anthony Herbert is the Director of Paediatric Palliative Care at the Queensland Children's Hospital in Brisbane. He is President of Palliative Care Queensland and tries to attend local CMDFA activities as able. He enjoys Park Runs and worm farming on a small scale.

Footnotes

1. NIV App, 50th anniversary edition
2. Wikipedia
3. www.princeton,edu/~aford/terms.html
4. www.ipl.org>essay> hospitality
5. www.cram.com>essage
6. https://www.princeton,edu/~aford/terms.html
7. Currow D, Phillips J, Evolution of Palliative care in Australia 1973-2013 Cancer Forum 37(1)38-42

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Hospital In The Home: A Handbook for Hospitality – Melody Goh

The heart of hospitality is towards strangers and those with needs in the Church



Image Steve Johnson, Pexels

I became aware of Hospital in the Home and home visits in my first year of clinical placement. Instead of having to visit the clinic, patients are visited by medical professionals in the comfort of their own homes.

A new level of helplessness is unlocked when the sick are visited at home by their doctor. The truly sick are likely too weary to tidy the house in preparation for the doctor, and too frail to look their best. They are seen at their most feeble state. These services prompted me to think about what Christian hospitality looks like, with particular emphasis on hospitality in the home setting.

In Greek, the word for 'hospitality' is philoxenia , which literally translates to 'love of strangers'. This is reflected perfectly in Hebrews 13:2 (NIV). Hospitality is often confused with entertainment, which is more preoccupied with perfect planning, perfect people and perfect parties. In contrast, in light of philoxenia and Hebrews 13:2 , hospitality is concerned about inviting strangers and loving them above all other secondary provisions. Furthermore, Romans 12:13 highlights the connection between hospitality and those in the Church who are in need. Thus, we can glean that the heart of hospitality is towards strangers and those with needs in the Church.

> "How often are we 'too busy' to invite a church member in need over to our home for a cuppa?"

How often are we 'too busy' to invite a church member in need over to our home for a cuppa? Or 'too messy' to let anyone step foot in our untidy living room, 'too ill-resourced' to host a bible study in our small house, or 'too stressed' to even think about cooking for that family with five kids? How often are we too proud to show others our real home?

Yet, it is in the comfort of one's own home that we best meet people in their rawest and most vulnerable state, and only then can we seek to encourage, bless and display Christ's compassion and hospitality to others. Whatever the state of our home – tidy or untidy, castle or cabin – we can display hospitality to someone around us who is in need.



Image Steve Johnson, Pexels

Hospitality in homes was prevalent even in the Old Testament and in the early Church (eg Genesis 18-19, Joshua 2, 2 Kings 4: 8-37, Acts 2: 43-47, Acts 16:14-15). And much of Jesus' ministry took place in homes – a testament to how He meets us in our most naked and weakest state (eg John 2:1-12, Luke 5:29-32, Luke 10:38-42, Luke 22:10-14). Christ ate with sinners in their homes, rebuking the Pharisees by teaching that "it is not the healthy who need a doctor, but the sick" (Matthew 9:12). Furthermore, hospitality in the home allows us to be Jesus to every guest and see Jesus in every guest.[1] We ought to treat our guests as Jesus would and treat our guests as we would Jesus (see Matthew 25:31-46).

Of course, while Hospital in the Home is a flipped version of hospitality, whereby the sick welcome the physician into their home, let Jesus' ministry challenge us to dismiss the excuses that prevent us from inviting others into our homes to be Jesus to them.

This year, I opted-in to undertake my placements rurally. Being plugged into the local church of about 40-50 people has been one of the biggest blessings of the year thus far. The hospitality shown by the members of my congregation has revealed to me that the best types of hospitality come from people who display their rawness, and, in turn, encourage me to get real with them, too.

When there is hospitality in the home, I have learned that there is no need to change your schedules drastically (you will need to eat dinner regardless of who comes over), no need to clean the living room (let the children play with the toys already on the floor), and having a big house is most definitely not a prerequisite for hospitality (it is crazy how many people have a camping chair and a picnic basket in their cars ready to be used!). Rather, all that is needed for a hospitable home is a heart that loves Jesus, and a desire to care for others and to meet them in their needs, be they emotional, physical, or spiritual.

> "When we focus on the individual across the table from us, our eyes become blinded to the peripheral clutter of the house…"

When we focus on the individual across the table from us, our eyes become blinded to the peripheral clutter of the house, and we find ourselves conversing more and critiquing the quality of food less. After all, it is termed Hospital in the Home, not Hospital in the House.

Hospitality in homes deepens relationships and creates community in a way that the brief 15-minute consultation after church over morning tea cannot achieve. It's not about how well you entertain, but how well you love. Hospitality in the home brings the exploration of one's 'history of presenting complaint' to a deeper realm.

As in the introductory prayer in the Valley of Vision, let us:

"learn by paradox…
that the broken heart is the healed heart,…
that to give is to receive…"[2]

and might I add,
that to bless is to be blessed,
that to be vulnerable and weak is to be most safe and cared for,
that to invite a stranger into your home is to create community.



Melody Goh
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Love Your Neighbours – Dr Robert Yee

A Biblical-based approach to oral healthcare in low-resource countries



Photo Ksenia-Chernaya, Pexels

"One Sabbath, when Jesus went to eat in the house of a prominent Pharisee, he was being carefully watched.*... then Jesus said to his host, "When you give a luncheon or dinner, do not invite your friends, your brothers or sisters, your relatives, or your rich neighbors; if you do, they may invite you back and so you will be repaid. But when you give a banquet, invite the poor, the crippled, the lame, the blind, and you will be blessed. Although they cannot repay you, you will be repaid at the resurrection of the righteous." Luke 14:1, 12-14*

In Luke 14 of the Bible, we read that Jesus was eating in the house of a prominent Pharisee during Sabbath. Jesus gives a directive to his prominent Pharisee host to invite people to his banquet who are not able to repay him, such as the poor, the disabled, the lame, and the blind. Although the two parables in Luke 14 are considered by some commentators as allegorical references to the inclusion of Gentiles and of God's salvation plan, it emphasises Jesus' hospitality to the poor and marginalised; and is a reminder for Christ's followers of all eras to do likewise as a foretaste of the great eschatological feast.

In Mark 12:28, Jesus was asked by a Pharisee "Of all the commandments, which is the most important? " In Mark 12:29-31, Jesus replied, "The most important is: 'Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength.' The second is this: 'Love your neighbour as yourself'. There is no commandment greater than these ."

If we consider these verses together, it seems that if we want to be hospitable, we should "love our neighbours". "Loving our neighbours" entails both extending hospitality to them and also inviting them to enter a love relationship with God. To love our neighbours as Jesus did means loving enemies and strangers as well.



Photo Charl Vera, Pexels

As a healthcare professional who has worked in public oral health, I viewed my efforts to improve access to oral health and oral health services, as actions that stemmed from "loving my neighbours" and being hospitable to the poor and marginalised, just as Jesus did.

Access to health and health services are fundamental human rights. These rights are equally valid for oral healthcare since oral health is an integral part of general health.[1] Oral diseases are the most common noncommunicable diseases (NCD) in the world, affecting an estimated 3.5 billion individuals.[1] Oral diseases share some common risk factors and social determinants with other NCD, such as type 2 diabetes mellitus, ischaemic heart disease, etc.. Poor oral health has a significant and often underestimated impact on the health and well-being of individuals and communities. The effects of poor oral health manifest not only as pain and suffering ,but can impact negatively on child growth and development, quality of life and well-being, leading to missed opportunities, compromised productivity, and increasing the burden of disease and public health expenses. Despite health and oral health improvements over recent decades, inequalities and inequitable access to basic health and oral healthcare continue to persist.



Photo Gera Guerrero, Pexels

Poverty-stricken individuals and communities, especially people of low-income nations, are left marginalised from the 'hospitality' of accessible and affordable oral healthcare. One of the oral healthcare systems that is foremost in developed countries is the treatment-orientated curative approach. This model of care, with all its shortcomings, has been duplicated in many marginalised communities to tackle oral health inequalities. Forever treating away oral health problems is akin to emptying the ocean with a leaky spoon!

There is a need for those wanting to extend hospitality to low-income nations to refocus their priorities and efforts from a curative approach to prioritising health promotion. The World Health Organisation defines health promotion as "the process of enabling people [individuals and communities] to increase control over, and to improve their health".[2] Health promotion is a "mediating strategy between people and their environment, combining personal choice and social responsibility for health to create a healthier future". [3]

According to the Ottawa Charter for Health Promotion, the five broad actions of health promotion are:
1. create supportive environments,
2. build healthy public policy,
3. strengthen community action,
4. develop personal skills, and
5. reorient health services.[4]

As such, advocacy is central to effective health promotion. The World Health Organisation describes advocacy for health as "a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme ". 5

Equally important is a primary healthcare approach which many countries have adopted, adhering to the fundamental principles and goals of primary healthcare described in the Declaration of Alma Ata:[6]
1. health is a fundamental human right,
2. primary healthcare is essential,
3. address the root cause of health problems,
4. intersectoral cooperation,
5. community participation,
6. health promotion and prevention,
7. equitable and accessible care,
8. affordable and cost-effective care,
9. training of health workers, and
10. international cooperation.



Photo Tara Winstead, Pexels

As a Christian and a healthcare professional, I can't help but ask, "How does God want Christian healthcare professionals to respond to these problems? What is the Biblical or Christian approach to healthcare? Is there a Biblical paradigm for improving oral health and access to oral healthcare?"

In my search for answers, I turned to the teachings of our Lord Jesus in the Bible.

Understanding the situation

In Matthew 9 and 10, we learn that the situation in Jesus' days was probably very similar to the present situation in many low-resource countries. Crossing the Sea of Galilee, **Immanuel, God with us,** went **to His own town,** Capernaum. He lived and grew up with fellow Jews and understood their aspirations and their needs – physical, social, emotional, and spiritual. Jesus was the perfect example of a hospitable person while on earth: Jesus healed the paralysed, the blind, the dumb, and the chronically ill; offered spiritual healing (forgiveness and salvation) to sinners; befriended the marginalised; raised the dead; shared his meals; and also taught. Jesus embraced the whole person. Health was not the 'mere absence of disease'.

To extend relevant hospitality as Christian healthcare professionals in the public health context, we must do as Jesus did: be familiar with our target population to understand their needs and concerns, and subsequently identify the problems and the strategies to address the problems.

Identifying the underlying problems

Jesus understood the full extent of the problems in his community. The needs and demands were huge. What was contributing to the huge need? What were the root causes of the problems? Why were these problems present?

Jesus knew the root cause. He came to earth to tackle the underlying cause of the problems, while addressing the obvious observable issues (the people's needs, the issues contributing to the needs including the influencing factors such as the decision-makers). Recognising the issue compounding the problems, Jesus said, "The harvest is plentiful but the workers are few" (Matt 9:37). At the same time, Jesus was compassionate, recognising that the people were "like sheep without a shepherd" (Matt 9:36). In the Parable of the Good Samaritan (Luke 10:25-37), Jesus taught about the importance of compassion, mercy and care and care for those in need, regardless of their ethnicity or social standing.



Photo Engina Kyurt, Pexels

To address the root cause, Jesus taught the people, sharing His values and His perspectives. In caring for the people, Jesus empowered them with "a new and right spirit" (Psalm 51:10) and the opportunity to be "transformed by the renewal of the mind" (Romans 12:2) and of the heart (Ezekiel 36:26,27). Jesus did not extend help rashly. Jesus was never in haste to "fix the

problems". He knew the importance of understanding the community that He wanted to help and was clear about the context, their needs and demands, and the underlying root cause. Jesus was an advocate for the poor and needy, and spoke and acted against the unjust system and the hypocrisy of the religious elite. Jesus knew that the root cause of injustice and unholiness was an issue of the heart (Mark 7:21-23) and that the remedy was to be born again with a new heart. Jesus addressed the heart of an important decision maker, "a Pharisee, a man named Nicodemus who was a member of the Jewish ruling council." (John 3:1). Like Jesus, Christian healthcare workers must be willing to be effective advocates for change and to offer the gift and hope of being born again not only to decision makers but to all our neighbours. When decision makers receive a spiritual heart transplant, streams of living and holy water will flow from their new hearts issuing forth equitable and accessible health policies which have the potential to sustain wholesome, healthy life in abundance for individuals and communities as prophesied in Ezekiel 47. By contrast, in the hope of "doing good", we as Christian healthcare professionals often jump in with a "let's fix it" attitude, without a full comprehension of the situation, and the need to address the root causes of health inequalities. Very often, in looking at the situation as "an opportunity to serve", we are blinded to the real needs and to the most important.

Praying continuously

To ensure continual hospitality and strength to minister to the people around Him, what else did Jesus do while He was on earth?

Our Lord often went away to pray to His Father in Heaven, to share with His Father the concerns that weighted His heart, ask for help, and seek wisdom, guidance, and understanding, in line with the Father's sovereign will. As Alfred Lord Tennyson wrote more than 150 years ago, "More things are wrought through prayer than the world dreams of".

Likewise, as Christian healthcare professionals, we must pray.



Photo Tara Winstead, Pexels

Our God is a meticulous God. He does not give us a task to do that He has not planned. To seek God's guidance and understand His will, we must maintain a close relationship with our Heavenly Father and "pray continuously" (1 Thess 5:17). We can be confident knowing that if God has provided the vision, then God will also provide the resources to implement the plan in a God-given process – one that brings people together and draws them to Him.

Planning strategically

Let us look closely at what Jesus did to implement God's plan of action for the needs of the community (Matthew 10: 1-14 and Luke 10: 1-17: Jesus sending out the twelve and the seventy-two).

In these passages, we observe that Jesus did not operate out of one location or a purpose-built building. Instead, Jesus discipled ordinary people from the community. After training them, Jesus sent them back into the community, empowering and authorising His disciples to use their power, knowledge, and skills to minister within the community, including providing and receiving hospitality; teaching; and healing the physically, emotionally, and spiritually sick. Jesus and His disciples worked as a team amongst a specific target group (Matthew 10: 7) moving from community to community.

One of the most obvious and imminent care needs among low-resource countries is pain relief (including pain due to systemic conditions, oral diseases, psychological struggles, and physical or spiritual hunger). For the delivery of basic healthcare including pain relief, many countries utilise a primary healthcare system, employing primary healthcare workers (e.g. community health workers, paramedics, nurse practitioners, physician assistants, auxiliary health practitioners, etc.). In low-resource countries such as Nepal, Cambodia, Tanzania, Peru, China, Laos and Peru, primary healthcare workers often live and work in rural villages as well as urban centres. Many primary healthcare workers are community members who are trained through short courses or apprenticeships. Their scope of practice usually includes

health promotion and basic healthcare including basic oral care using evidence-based appropriate low-cost technology.[7,8] Other community members, such as schoolteachers, traditional birth attendants and parents, may also be trained to provide health education. Christian healthcare professionals and faith-based organisations working in resource limited countries should seek to make themselves redundant by training, equipping and mentoring local personnel to care for their own community.



Photo Fauxels

Engaging the community

Although Jesus instructed His disciples very specifically not to accept payment for their services (Matthew 10: 8-10), the active participation of the community in other ways was desired (Matthew 10: 10-15). The community was expected to extend hospitality to the disciples, house them, and feed them. If the community was not willing to be active participants or be involved, the disciples were to 'shake the dust off their feet' and move on.

The participation of the community in all aspects of oral care, from the situational analysis, problem identification, needs assessment and setting of priorities, to the selection of programmes or interventions, financing, and evaluation, is necessary to ensure agency, acceptance, usage, and sustainability of programmes or services intended for the well-being of the local people.

Although aid may be initially required to change the circumstances of the community, an important objective of a Biblical approach to healthcare is to empower individuals and communities to be self-reliant and to depend on God, on the talents and gifts provided by God, and on community resources, rather than being perpetually dependent on foreign aid.

Evaluating for continual improvement

Filled with joy and encouraged by the results of their work in the community, the seventy-two disciples returned to Jesus and reported what they had witnessed (Luke 10:17).

In community health and health promotion, feedback and evaluation will assist in the assessment of valued outcomes (what were the achievements) of interventions to promote health, and also to gain insights and knowledge concerning the processes (how the outcomes were achieved). Evaluation will also assist in identifying the problems and challenges faced during the implementation of the programme, the strengths and weaknesses of the programme for future improvement, and aid in the justification of resources used for the implementation of programme activities.

Too often evaluation is left as the sole responsibility of the donor, or the development agency, or the providers of care. This limits the scope and value of any evaluation activity. Since improving community health and health promotion involves the community in their own development, participatory evaluation involving members of the community is desirable and essential for the community to learn, adapt, and improve their control over the determinants of health.

For oral health programmes based on the Biblical approach, the evaluation would not be complete unless the degree of change or transformation is measured in the areas of culture, faith, attitude towards Christians and the gospel, and quality of witness. For Christian oral health workers and development agencies, process evaluation may ask this relevant question: "Was care provided with a quality of love described in 1 Corinthians 13? Were the oral care providers patient, kind, not envious, not boastful, not proud, not dishonouring, not self-seeking, not easily angered and kept no record of wrongs?"

Summary

Christian healthcare professionals can offer an alternative, more hospitable, care approach, one that is Biblically based. The Biblically-based approach to improving care and access to care in marginalised communities combines the principles and strategies of public health, health promotion and primary healthcare with the spiritual component. Let us not forget that it is through sin that diseases exist and persist in this world. Through Jesus Christ and the fullness of the gospel, there is the opportunity for Christian healthcare professionals and faith-based health organisations to offer holistic healing and transformation by "loving our neighbours" and extending Christian hospitality to those living in low-resource countries of our world. As Christian healthcare professionals, we have God-given abilities to address the oral health and spiritual needs of those living in low-resource countries. May the Holy Spirit guide you in Kingdom building as you serve as God's agents of change and transformation, starting small and thinking big.



Robert Yee

Dr Robert Yee graduated from the University of Alberta, Canada with a dental degree in 1977 and ran a family practice before serving with his family with the United Mission to Nepal in T ansen, Palpa and Kathmandu from 1993 to 2006. During his journey of faith he obtained a Masters in Dental Public Health from University College London and a PhD from Radboud University Nijmegen. From 2008 to 2014 he served as an Associate Professor of Dental Public Health in the Faculty of Dentistry at the National University of Singapore and was a consultant to international health organisations and NGOs. Robert and his wife Ruth are currently active members of The Bridge Community Church in North Vancouver, British Columbia.

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Practical Ideas For Hospitality In CMDFA – Dr Natasha Yates

Practicing biblical hospitality in our current cultural context



Photo Jennifer Stroh, Pexels

We trekked through a dripping forest and then climbed a steep hill. Hidden well out of sight, we came across a cluster of houses. Actually, the word 'huts' would be more accurate. My guide explained that he had special permission to bring me to meet these families, and they were excited about our visit. I felt completely out of my depth – a newly minted doctor who had no understanding of this people group, or what I was even doing there.

A few days beforehand, I had been at an ICMDA (International Christian Medical and Dental Association) conference in Singapore, where I met a Malaysian doctor. She invited me to visit her in Malaysia straight after the conference, and as I had a few days spare, I agreed. From there, she introduced me to a pastor who worked with the 'Orang Asli', the original inhabitants of Malaysia, now less than 1% of the population and living in the hills. The next day, he took us to visit them – something only allowed by invitation. Despite being a doctor, I had nothing to offer them. Twenty-four hours ago, I didn't even know they existed! I prayed that I would not do or say something offensive and could bless them somehow despite my empty hands.

The memory of that visit, especially the incredible meal they served me, will stay with me forever. Whenever I think about hospitality , this experience comes to mind. They were subsistence farmers, living completely off their land. Malnutrition was obvious just looking at them, from their babies to their elders. Yet they served me food with such welcoming joy, more than I could eat (I assuaged my guilt by sneaking pieces to their curious kids!). Whenever I am tempted to think I don't have enough resources (food, time, venue etc.) to practice hospitality , I remember sitting on the floor of that hut. They served someone they didn't know, with less than a day's notice, giving what they had, in the most basic of settings – and I have never felt more welcomed.



Photo hngstrm, Pexels

What is Hospitality?

Practicing hospitality is no longer an intrinsic part of our Western culture. In the broader community, it's usually about putting on an event for friends (hosting them for a BBQ, perhaps holding a fancy party for a special event). This is quite different to what people understood in ancient cultures. With no such thing as hotels, travellers relied on strangers to take them in, to both feed and house them. Ancient cultures believed that various gods oversaw the traveller, and those hosting them were answerable to the gods for their treatment. Hospitality was therefore taken very seriously. It was common for strangers to be welcomed into people's homes to be fed and to stay overnight, something that today would be considered by many to be a dangerous practice. However, in ancient times, there were legally (and socially) binding arrangements even for just an overnight guest. With the introduction of hotels/motels and restaurants, the need for travellers to rely on the hospitality of strangers has waned.

So, how can we practice biblical hospitality nowadays, in our current cultural context? Perhaps there is less need to provide accommodation for travellers, but eating together in an intentionally hospitable way is just as important as it ever has been. Everyone eats, in all cultures and contexts. In fact, modern western mealtimes are often so fragmented and rushed that providing a genuinely hospitable meal can be a wonderfully counter-cultural action. I will therefore focus this article on hospitality as enacted over mealtimes.



Photo Cottonbro Studio, Pexels

An Expectation of Christ-Followers

Jesus' first miracle was at a wedding feast. He ate with sinners throughout his earthly ministry. He taught us to invite the lowly to parties and to welcome children and strangers into our lives. After his resurrection, he prepared breakfast for his disciples, including Peter who had only recently betrayed him. During this meal, he described the kingdom of heaven as a feast. We cannot disentangle Jesus' actions and message from the act of hospitality.

Beyond the gospels and the life of Jesus, the New Testament goes on to give some clear messages about the importance hospitality. For example:

- Within Acts and Romans, Paul remarks on the hospitality that he was offered during his travels, acts that he both relied on and deeply appreciated (Acts 28:7; Romans 16:23).
- Romans 12:13 instructs us to "Share with the Lord's people who are in need. Practice hospitality…". This instruction is followed by a list of many other actionable points about how to live a life of love.
- 1 Peter 4:8-10 commands us that, "Above all, love each other deeply , because love covers over a multitude of sins. Offer hospitality to one another without grumbling. Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms."

Showing hospitality to fellow believers is an expectation of Christians. It's not just expected from those who have a special gift however, it is expected of everyone – and without complaining! As Christians, the loving hospitality we show to each other will be a witness. As Jesus says in John 13:35, "By this everyone will know that you are my disciples, if you love one another." Additionally, the Bible instructs us to pass this hospitality on to people we don't know. In Hebrews 13:2 it is written, "Do not forget to show hospitality to strangers, for by so doing some people have shown hospitality to angels without knowing it." Regardless of your theological understanding of what 'angels' means in this verse, there is a profound truth here that we should not miss: the message of the gospel is that of radical inclusion. We must be careful not to limit our hospitable interactions to those we "know are Christians". The bottom line is that when we love others, we are loving God (1 John). Hospitality can be a compelling and effective way of loving others.



Photo RDNE Stock Project, Pexels

Getting It 'Right'

Have you ever been invited to a meal where you have felt unwelcome? What was it that made you feel that way? The quality of the food? The cleanliness of the home? I suspect it was more to do with the way you were treated. Proverbs 23:6-8 says, *"Do not eat the food of a begrudging host, do not crave his delicacies; for he is the kind of person who is always thinking about the cost. 'Eat and drink,' he says to you, but his heart is not with you. You will vomit up the little you have eaten and will have wasted your compliments."* Being a good host is not about what food or drink you provide, it's about how you make others feel. My experience with the Orang Asli drove that home to me, and I have never forgotten it. It is my opinion that to get hospitality 'right', it should be enacted in the *right* place, with the *right* attitude and including *right* people.

Right place

I firmly believe that the right place for hospitality is our homes. There is something vulnerable and deeply relational about hosting people in your home. While there is nothing at all wrong with running an event at church, in a restaurant, or in a park, being hospitable means inviting people into our lives at a deeper level. I personally find this challenging – with four children, our home is always messy and I have to swallow my pride when inviting others over. Yet whenever I am invited to someone else's' home I never pause to notice whether their laundry is still piled up and the sink is full. And even if it was, I would be even more grateful to that person for having me over, as I would see they had prioritised me over cleaning up their home!

Right attitude

Remembering the Bible verses already quoted, a begrudging and grumbling attitude is absolutely not okay. The goal of Christ-centred hospitality is not to impress, it's to invite, include, and value our guests. If people walk away thinking they have visited an impressive house, then we have failed. Instead, they should leave feeling they have been part of a welcoming home. In fact, they should catch a glimpse of what it means to come home to the family of God. Of course, these are high ideals which we may not achieve, but at the very least we should check our attitude and do our best to help enable our guests' experience to be as close to this as we can.

Right people

If we recognise that the goal of our hospitality is to serve others, we will rethink our guest list! We will actively seek out those who we ordinarily wouldn't prioritise. Rather than inviting the clever consultant we want to impress, what about the medical student who is struggling to pass? Rather than the well-known worship leader at church, what about the person who always sits on the peripheries? Our homes may be the only place that someone feels safe to confess weakness and struggles, away from the need to 'perform' in a work or church setting.

Some Practical Ideas for Hospitality in CMDFA

We are a fellowship, not a club. Therefore, hospitality should be a lifestyle not an event. There is benefit in organising events of course, but through those we should encourage clusters of in-home gatherings where growth and nurturing can take place. If you have not experienced hospitality from others in CMDFA before, why not initiate it yourself?

I encourage you to focus on what you can give, not what you cannot. Can you provide a cup of tea and a safe place to drink it? That may be exactly what is needed to serve others. Don't wait until you have the resources to put on a full meal, it may be years before that happens! Just offer the 'loaves and fish' that you have at your disposal.

While providing food for guests is important, it is also important not to waste it! When I host a CMDFA gathering where I'm not sure how many will come, I often do it as a 'pot luck' arrangement. This means there will be enough food whether there are 7 or 70 people who turn up. It also means people can freely invite their friends and colleagues at the last minute. We are therefore able to be inclusive and welcoming, without worrying about not having enough, or throwing food out because of over-catering!

> "We are therefore able to be inclusive and welcoming, without worrying about not having enough, or throwing food out because of over-catering!"

A recent helpful trend in healthcare is to think through 'the patient's journey'. It's also helpful to do this with hospitality: What is 'the guest's journey?'. Think stepwise about things like: Where should they park? Should you keep a car spot for the elderly or those with a disability? Where should they put food and drinks when they arrive? Would name tags help if there will be a large number of people (this saves the embarrassment of forgetting someone's name as soon as they have been introduced to you!)? If kids are invited, is there something for them to do so their parents can relax? Is music playing the background helpful or a distraction? You may realise as you think this through that you need some helpers, and that's absolutely fine. Either ask others in advance or wait to see who arrives first and ask them. I sometimes even ask complete strangers to a CMDFA event to do things like direct people to where they can grab a drink or write up a name tag. For the most part, they enjoy being given a role to focus on, especially if they are introverted, as it saves them from having to make small talk!

Finally, and most importantly, PRAY! Pray as often as you remember, from the moment you decide to host. Pray for wisdom to invite those whom God wants to come, which may include setting boundaries around the purpose of your gathering. (e.g. if you want a safe space for Christians to debrief about their struggles, then opening the invitation to those who are not yet believers will not provide that). Pray for God to bring those who need to be there and for them to feel loved and welcomed. Pray for a loving and inclusive attitude within yourself and that service of others will remain your focus even if things don't go according to your plans.



Photo Engina Kyurt, Pexels

Hospitality matters. I obviously have never been able to repay the Orang Asli for their incredibly loving and sacrificial hospitality towards me in that hut more than twenty years ago. But I can pay their graciousness forward into the lives of others. Hopefully, reading this can embolden and inspire you to practice hospitality too: wherever you are, with whatever you have, to those who need what you can offer.



Dr Natasha Yates

Dr Natasha (Tash) Yates is a General Practitioner and medical educator. Tash is a wife to David and the mother of four children. She is passionate about seeing healthcare professionals thrive, not just survive. Her belief that Jesus Christ can transform individuals and communities has motivated her to explore ways this can be done within the healthcare field. She recently commenced a PhD in medical education.

Acknowledgement

Bible references used in this article are from the NIV translation

Second World Ministry By An Accidental Doctor – Dr James White

Go as rural as you can… you can always go urban if you don't like it!



Photo Dr James White

A Working Background

My grandfather, Arthur Millington White, was a humble, hard-working farmer and family man. He was a tail-gunner in a Lancaster Bomber who got shot down bombing Dresden on his 21st mission. On the 13th of February 1945, he parachuted into the burning city and was captured by the Germans and made a prisoner of war.

Amazingly he survived. After the war, he was fortunate enough to be given a small soldier settler farm between Orange and Cowra. Like fourteen other soldiers, he was given an area of land to make a living. There was no infrastructure and he had to get rid of the rabbits and weeds, build the fences, and the sheep and cattle yards. The crowning glory was a beautiful shearing shed that was built to a higher standard than his own house. With the other settlers, they built a community and constructed a small school to teach their children.



AM White – POW Photo (Stalag VIIA Moosburg)



Arthur White and family

My Background

Growing up on this farm, my background was one of hard work and a love of people who live in rural Australia. This took me to study Rural Science at the University of New England in Armidale to become an agronomist working through much of regional NSW. My aim was to work very hard, get a good job and eventually buy my own farm. However, the drought meant that there were very few jobs in agronomy, so I went back to Uni for a year to sit it out. When I logged on, I discovered that there was a new medical school opening up in Armidale. I applied and did a few tests and interviews. To my surprise they let me in… and after five years of study, I came out more an 'accidental doctor' than by careful preparation.





Throughout this time, I had been a Christian. Very early on in primary school, I had the gospel shared to me by the Scripture teacher. He drew a diagram (Fig. 1) to teach me that there was God who made the world, people whom He had made, and then this cloud of sin that separated them from God. Even at a young age, I knew that this was true. I just knew God existed and that somehow, He had made me. I was also very aware that something deep inside me kept me from knowing Him. Learning about sin was very confronting, but the Scripture teacher made it clear that God had sent Jesus to bypass sin so that we could know God again. I believed this with my whole heart.

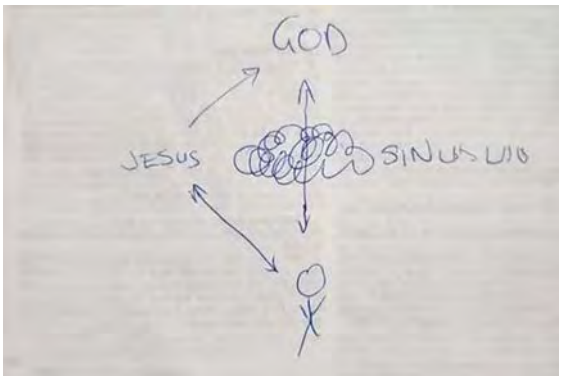
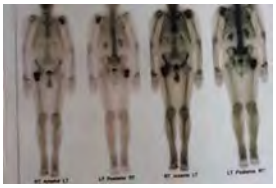


Fig. 1 My Scripture teacher's diagram

At University there were many challenges, but in becoming part of the Christian group, I saw massive changes. The Bible became alive. There were Bible studies, church and beach missions. Jesus felt really close and I wanted to serve him with every part of my being.

However, when I went home to the farm, my father, although impressed at the situation, said, "You say you've become a keen Christian….but you still don't do the washing up." I had been working hard but not in such a way that my faith in Christ could be seen in what I did. My father's challenge stayed with me – "Show me your faith by what you do!"





Medical Work

When we enter medicine, we enter difficult work. We usually enter as hard-working students that have achieved at school and university and are immediately thrown into the world of patients, sickness and hospitals. We soon find that it is confronting mortal work: cancer, trauma, heart attacks, stroke, dementia… the list goes on. Suddenly the bright, young, capable person finds that they often can't do much about the illnesses that they discover…and they learn the medical paradox: you spend your working life helping those who are polar opposites to yourself. For example, the physiotherapist who was the high school sports star becomes the medical support person and now spends their life being the slowest person in the hospital; or the elegant and eloquent speech therapist now helps stroke patients swallow their yoghurt. We, the capable, are given the role of helping and enabling the often incapable.

Coming from a farming background with a love for rural life, I'm often asked whether I like being a doctor. "Like" is such a hard word, isn't it? My usual response is, "It is a good job, but not an easy one."

There is a lot to like:

- It is interesting – I'm never bored at work.
- It appeals to a scientific and inquiring mind.

- Medicine is an art as much as a science, which adds further interest.
- It is social – there are always people around to talk to. Patients, random social situations, and doctors themselves are often quite interesting people.

There is a lot that is difficult:

- We become aware of others' difficult life circumstances.
- Diagnosis can often be harder than first thought.
- Relationships can be strained, even with the best of intentions.
- There is often suffering that can only temporarily be alleviated.
- We often know too much….

Then there are the external and internal factors of our work. Externally, we are affected by relationships (partner, children, extended family), finances, and our physical and mental health. Internally, there is the work itself, life disruptions from rotations, difficult colleagues and business relationships, the high and changeable standards of the system (including training programs, AHPRA*, Medicare, the local health service, etc.), and the politics which dictate what happens in general practice, urgent care clinics, telehealth, etc..

This difficult work takes its toll:

"The stress on doctors is such that their health deteriorates. Our stress-related disease rates are two or three times that of the general community . The suicide, drug and alcohol abuse rates and marital breakdown rates are all incredibly high in the medical profession. So one of the least appealing things is to know that you're not going to have a life like any normal person, whatever this means…" Lilienthal (1996) Medicine: A Guide for Prospective Students

Against this background, it's important to consider how we did get into and through our medical training. I've concluded that it's because of just three things: ability, stability and opportunity.

1. **Ability:** God has gifted us with certain academic gifts and abilities.
2. **Stability:** Even with some significant challenges, life hasn't thrown too many curve balls, whether it be health, financial or emotional.
3. **Opportunity:** We in Australia were given entrance into medical school in a country where it is possible for anyone to attend university.

All these things (ability, stability and opportunity) are the gift of God. There is something miraculous about both getting into and through a medical degree. All the glory of us graduating in medicine must go to Him alone. It's no wonder that we marvel at Jesus, who only had to speak, and it was so, "Little girl, I say to you, get up!" and "Lazarus, come out!" Here is the Master Physician. Here is God, who came to live on earth, yet is in charge of His world. He sees death as sleep. He brings life with a word. He touches the leper. If only we could work like Jesus.



The Bible and Work

The Bible has a lot to say about work. The book of Proverbs confronts us with two characters. There is the hardworking or diligent, and there is the lazy or sluggard.

1. The diligent person sees opportunities within work. They work hard over a long period of time and avoid futile schemes. It is the wise farmer who plants and harvests his crops at the right time (Proverb 10:5).
2. It is the foolish one who is lazy and leaves things until the last minute. The sluggard is habitually lazy, idle and inactive.

When we read the wisdom in Proverbs, it does little to show us how wise we are. Instead, the very fact that the sayings ring true reveals how often we are unwise. We should feel convicted of our foolishness and the need for God and His wisdom in our life: we are naturally much more like the sluggard than the hardworking and diligent wife of noble character.

My weakness is coming home from work to find there are chores to do – especially washing up! Coming home and seeing further responsibilities. Ah, life is so tiring. If only this work could end and I could finally get some rest and comfort! Here, we need to heed the warning of 2 Thessalonians 3:6-11, which urges us to follow the disciples' model: working day and night, labouring and toiling so that they would not be a burden to others. Our diligence is to cover the whole of life, not merely while at work.

At the same time, as medical people we often pride ourselves on being hard-working. We are always busy. If we are not busy, we can feel guilty and find other ways to keep our hands working. Rarely is a medical graduate lazy. And because of our background, training and expertise we are often in danger of forgetting that it is Christ's work that is sufficient. We are saved by grace, "not by works, so that no one can boast. For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do." (Ephesians 2:4-10 NIV)

So often I go back to what my Scripture teacher in primary school taught me. It makes increasing sense as I continue to learn more about God, about myself, about sin, and am more strongly pointed to Jesus' saving work.

As the church, and medical people within the church, we are given gifts to complete Jesus' work in the world, "To prepare God's people for works of service, so that the body of Christ may be built up until we all reach unity in the faith and in the knowledge of the Son of God and become mature, attaining to the whole measure of the fullness of Christ… He… must work, doing something useful with his own hands, that he may have something to share with those in need ." (Ephesians 4:11-13, 28 NIV)

Within our confronting mortal and difficult work, there are wise ways of working. Although we work for Him, we are not Jesus. We must set limits, adjusting our work environments so they are sustainable and making changes that show our trust in His work through us and not dependent on our own efforts. Medicine is a great career, but a terrible master. It is interesting, rewarding and noble work, but it can be easy to slide into workaholism.

- We need to take appropriate rests – on weekends, Sabbaths and holidays.
- We should consider the pros and cons of full-time, part-time or casual (or locum) work at different life stages.
- It is beneficial to all if we enjoy our work relationships, be it with staff, patients or the general public.
- We need to be careful not to take on our doctor role in spheres where it is not appropriate.
- We need to prioritise so that we are working smarter, perhaps by sharing the work wisely with administration and nursing staff.

Personally, I have found the Pareto principle of prioritising work helpful: "For many events, 80% of the effects come from 20% of the causes."

For example,

Time: 20% of our time gives 80% of the results.
Leadership: 20% of people will make 80% of the decisions.
Charity: 20% of donors give 80% of the funding.
Patients: 20% of patients take 80% of the time.

Therefore, we should organise tasks into:

- High importance/high urgency: do now.
- High importance/low urgency: do later.
- Low importance/high urgency: delegate to others now.
- Low importance/low urgency: delegate or leave for another time.

And yet, Scripture also teaches that we must rest, and rest in God. Self-care matters – we must use our own oxygen masks first in order to be able to care for others. God has designed us to be in friendships as the 'stuff of life', and resting in relationship with God's people will keep us accountable and encourage us in the faith. These are the people that know and love us and can see how we change under stress. If we are struggling more significantly, we should seek medical help. We also need assistance with tasks that we are not good at, which may include financial advice, relationship counselling, or a mentor or life coach. Sleep is not a luxury, and doctors who take regular holidays (every day/ week/ month and year) are able to sustain their work much longer. Hobbies that take our mind off our work are also good for us. My wife and I have taken an interest in Scripture Union camps and this has been wonderful for us and our young family.





Rural Medical Ministry – Second World Ministry

CMDFA** is a wonderful organisation. Through it, we are encouraged to take the gospel to all nations and use our medical skills to both alleviate suffering and to testify to our love of the Lord Jesus and what He has done for and in us. The motivation for this is Jesus himself. He is our Master Physician, He is our personal Saviour from sin and death, and He is our closest friend, who reveals the God He knows as our Father. Christians who take this seriously are very encouraging, and there are many in this fellowship.

How might CMDFA help rural Australia? The need is dire (Fig. 2). In the Hunter/ New England region, we are 49 doctors short of the 93 needed (or 47% staffed) and it is rapidly getting worse as doctors age and retire. We live in Glen Innes with a severe shortage of doctors. Our town needs 12 doctors; we are down to 7. We used to have 8 doctors at the hospital. We now have 2 and one locum with Telehealth support. Nevertheless, I am fully convinced that rural Australian people are just as valuable as anyone anywhere in the world.

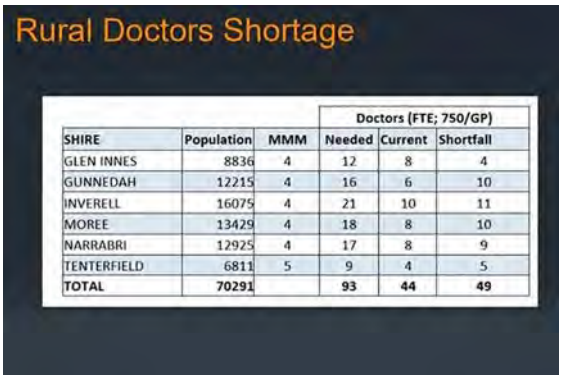


Fig. 2. Rural Doctors Shortage

Rural work is both rewarding and challenging. Surprisingly, it doesn't necessarily need the gungho firebrand individual doctor. There is a place for everyone and we are much more supported now than before. The virtual rural generalist support (VRGS) has transformed higher level care and there is substantial paramedic and aeromedical support.

My family has benefited a lot by living rurally. It is a great lifestyle for families and young kids. We live in a house we couldn't afford in the suburbs. My children walk to school. I walk to the practice and hospital and come home for lunch each day. I'm much better paid than I expected, and this is increasingly so as the doctor shortage becomes more apparent. Medicare rebates tiered according to the Modified Monash Model (MMM) support higher billing fees without disadvantaging patients. Workforce incentive payments are paid annually, and local subsidies for housing, car and fixed wages can be negotiated. For those with specialty training (eg. emergency medicine, anaesthetics, obstetrics and gynaecology, and mental health) there are further workforce incentive payments. Some of these only require a day or a month to obtain.



We have been able to help the local minister and have taken on various roles: everything from helping with youth group and Sunday school, to lay preaching. As a youngish medical family, we have also been able to help the church with finances that are often tight in a rural community.

The rural Australian church:

- Needs you.
- Is waiting for you.
- Is praying for you.
- Will appreciate you.

Over time, I have started to see that we are doing "Second World Ministry". We are not missionaries with postcards on the board or the fridge. We are not funded by any organisation. We are just slightly over the hill from our friends who are living a much more comfortable life than us.

So really, how might CMDFA help rural Australia?

- As an advocacy and support body. Bishop Tony Nichols, of Northwest Western Australia (WA) said "Go as far as you can…you can always come back ." That changed Indigenous mission in WA!!
- "Go West Young Man, Go West!" Effectively, go more rural.
    - Go further. Go smaller. Go less comfortable. Go strategically.
    - Go with others, eg. Bush Church Aid.

If every doctor would consider going even fifty kilometres further west, it would make an enormous difference. Have courage to forgo comfort, especially when starting out or finishing up.

- Partner with a rural general practice to provide locums, collegial support and assistance.
- Do one-off locums whilst on extended leave or when winding down towards retirement.

Go as rural as you can… you can always go urban if you don't like it!

I'd challenge you to think about how you and the CMDFA might support or encourage rural medical ministry.





Conclusion: Work That Lasts

We are told clearly that the Lord Jesus is using us for His eternal work. Just as in the Garden of Eden Adam and Eve were to continue on the creative gardening that God had started, so we are to continue His saving work in restoring a broken world. We are saved to do good works. The great thing about being made wise through a knowledge of the death and resurrection of Jesus is that we have a great purpose in the world. We can tell people about how they can know God, who is the source of all wisdom. His work transforms how we do everything. These are the only efforts that are rewarded in eternity.

There is a warning here for us not to repeat the error of the rich fool. We can all make that mistake:

"I will pull down my barns and build larger ones, and there I will store all my grain and my goods. And I will say to my soul, "Soul, you have ample goods laid up for many years; relax, eat, drink, be merry ." But God said to him, "You fool!This very night your life is being demanded of you." (Luke 12:18-20 NIV)

We must work hard. We must look after our patients and do what we are called to do in our workplaces. But we have a more important job to do: we must speak of Jesus, tell of Him crucified and teach others what His death means. Do this whenever and wherever you can, and find ways where you can be most effective in building the church while we do so:

We must work hard. We must look after our patients and do what we are called to do in our workplaces. But we have a more important job to do: we must speak of Jesus, tell of Him crucified and teach others what His death means. Do this whenever and wherever you can, and find ways where you can be most effective in building the church while we do so:

- When you are teaching children.
- When you are visiting others.
- When you are welcoming others.
- When you are giving of your time and money.

Let us do things that are of eternal benefit. Don't waste the opportunities God has given you.

Jesus said:
"Come, follow me," Jesus said, "and I will send you out to fish for people ."
(Matthew 4:19 NIV)

"Therefore, go and mak e disciples of all nations, baptising them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age ." (Matthew 28:19-20 NIV)

How can you make the most of the opportunities God has given you to make an eternal difference?



Dr James White
Dr James White is a general practitioner in Glen Innes NSW. He enjoys evangelism and the variety of rural general practice. He and his wife Miriam see ministry and medicine as inseparable. They actively encourage others to tak e the gospel and their skills to rural and remote Australia.

Acknowledgements
The photos in this article were supplied by Dr James White.

This article was adapted from a presentation that James delivered at the 2024 CMDFA VISION Conference. You can hear the presentation on podcast here.

References
A list of the references is available from the author upon request.
*AHPRA – Australian Health Practitioner Regulation Authority
**CMDFA – Christian Medical and Dental Fellowship of Australia

Being Found And Offering Help – Dr Catherine Hollier

CHPN, a safe web-space for mutual support and referrals



Photo Cottonbro Studio, Pexels

Have you ever been asked if you know a Christian...

- **GP?**
- **Psychologist or psychiatrist?**
- **Pregnancy service or IVF provider?**
- **Geriatrician/ Palliative care physician?**
- **Physiotherapist?**

Wouldn't you love it if you could just type a word or two into a search directory, nominate your location, and know that you could find a committed Christian professional in the appropriate field?

CHRISTIAN HEALTH PROFESSIONALS NETWORK

That's what we have endeavoured to do in creating the Christian Health Professionals Network web directory at CHPN.com.au.

This is a secure web-based directory where Christian health professionals in Australia can list their details including their passions and how they specifically integrate their faith in practice. It is a safe space to identify as Christian for mutual support and referrals.

Imagine moving towns and being able to link up with others? How about if you are considering moving and would like some local knowledge? I have really enjoyed meeting in person those I have corresponded with online. Traveling on holidays and meeting up with CMDFA* members and other like-minded professionals has been such an encouragement – especially to those in remote and rural areas. And it has been a joy to welcome others from afar into our local community via CMDFA contacts.

> "Our hope is that this directory would be useful across a broad range of health professionals – GPs, non-GP specialists, nurses and allied health."

Our hope is that this directory would be useful across a broad range of health professionals – GPs, non-GP specialists, nurses and allied health. It would be most helpful in areas where a patient has a preference for a Christian health professional, in particular where Christian faith and medical ethical practice might be in conflict. As the culture changes, this might include psychologists, psychiatrists, fertility assistance, pregnancy management, paediatricians, endocrinologists, geriatricians, palliative care, oncologists, and general practitioners. You can also search for specific topics, such as gender dysphoria, or IVF (in vitro fertilisation).

For those in the secular workforce, it is encouraging for Christians to be able to find each other. The directory might be used to form Hospital Fellowships to meet and pray with each other. This can be such a support, whether you are on a brief rotation or are a long-term employee. The same could be done in an aged care facility, a healthcare business (think pathology/ radiology), or a government agency.



Photo Geralt Opportunity , Pixabay

The directory can also be a place where Christian healthcare students can search out work placements or employment opportunities where a Christian ethos is encouraged. It is great as a student to see a diversity of Christian practitioners at work with different personalities, passions and theological persuasions. Likewise, health students at each University would be able to identify each other for mutual support and encouragement. What a great way to link up with local Christian student groups on campus!

With the cultural shift away from Christian values, the website has been created with security as a priority. Each registrant is required to upload their health professional credentials and to nominate a Christian referee before activating a membership. Referees are contacted directly to confirm a nominee's commitment to their faith and connection to the referee. The directory also has several layers of cybersecurity in place, including two-factor authentication and anti-hacking software. Payments are taken through secure best-practice payment channels.

Whilst it is private to the general public, we invite pastors and pastoral carers to join so that they can confidently recommend Christian health professionals to church members in need. We also encourage pastors to list church community resources, such as playgroups, youth groups, op shops, soup kitchens, or other outreach options. Health professionals may recommend these to their patients who would benefit from social prescribing and being part of a supportive community.

We invite Luke's Journal readers to join the directory, either as health professionals, or as pastors or students. The nominal annual fee pays for the upkeep of the website (domain hosting, licensing, plug-in costs, web management, regular upgrades and trouble-shooting), and to subsidise costs for students and pastors to access the site for free. We hope to attract a critical mass of paying subscribers so that the directory is useful nation-wide and self-sustaining.

The more subscribers and detailed the listings, the more helpful the directory – a directory is only useful if there are people on it! Help us make it useful by joining, providing as much detail as possible and inviting any Christian health professionals you know. Personal invitations and word-of-mouth are the best ways to engage others. We hope this initiative will establish a legacy of connections to the glory of God, across the nation and into the long-distant future.

* Christian Medical and Dental Fellowship of Australia



Dr Catherine Hollier
Dr Catherine Hollier is a part-time GP who loves connecting people through a variety of social spaces, including the local church, CMDFA and Luke's Journal.

Poem: Grow This Garden In Your Heart – Anonymous

From little things, big things grow



In this garden, sow a variety of seeds.

Sow generously to reap abundantly .

Plant three rows of peas:

Peace of mind

Peace of the heart

Peace of the soul

Plant four rows of squash:

Squash gossip

Squash indifference

Squash grumbling

Squash selfishness

Plant five rows of turnips:

Turnip for fellowship

Turnip to serve

Turnip to volunteer

Turnip to help one another

Turnip even when it's inconvenient

Plant six rows of lettuce:

Lettuce be joyful

Lettuce be thankful

Lettuce be faithful

Lettuce be kind

Lettuce be patient

Lettuce love one another deeply from the heart

Plant seven rows of thyme:

Thyme for God

Thyme for family

Thyme for friends

Thyme to pray

Thyme to appreciate

Thyme to learn

Thyme to rest and rejuvenate

Prune out pride, arrogance, and self-centredness,

Weed out worries, anxieties, and worst-case scenarios.

Fertilise with courage.

Water freely with songs of praise!

Don't give up.

Wait with confidence.

Trust in God's timing.

From little things, big things grow.

God will bring forth a harvest for His Glory.

SMBC

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Steven Naoum

My year studying at SMBC was certainly the most significant year of my life. On reflection it equipped me greatly for every endeavour I have undertaken since as I have sought to live as a child of God in his world in all I do. Spending a year completely focussed on God, his goodness and sovereignty, and dwelling day after day on his word – what he has said and done throughout history – was the best decision I have made!

Study was rigorous and of a very high standard, and I still say this having completed a PhD and being half way through specialist clinical training. But it wasn't just a thing of the head – my heart and will were continually challenged – both in the classroom and by living in the college community.

/SMBCOLLEGE