

Shepherding the flock: truths for pastors, biblical counselors, Christian physicians, and patients/counselees

Introduction: the primary goal of this lecture is to help church leaders shepherd the flock in the area of medicine: giving and receiving medical care. Secondary goals are helping sheep be God's kind of sheep/counselee/patient and helping physicians be God's kind of physicians.

I. Our standard is the Bible which:

- A. Is clear, authoritative, necessary, and sufficient.
- B. Focuses on relationships, vertically and horizontally: Matthew 22:37-40.
- C. Addresses stewardship which includes the giving and the receiving of medical care: 2 T 3:15-17; 2 P 1:3-4.
- D. Presents a worldview that has been interpreted as anti-Science and "non-medical":
 - 1. The hard sciences of biology, physics, astronomy, etc.
 - 2. Medicine (hard and soft science).

II. The Bible is antithetical in its orientation. It presents the doctrine of two ways.

- A. The doctrine of two ways include such contrasts as unsaved-saved, lost-found, trust in self-trust in Lord, unclean-clean, and the wide-narrow road.
- B. Consequently, there is a godly and ungodly way to grieve (1 Thessalonians 4:13).
- C. And there is a godly and ungodly way to give (practice medicine) and to receive medical care (be a patient).

III. Thesis and antithesis in regards to medical care: giving and receiving it.

- A. Everyone is a theologian and a relational being.
- B. Everyone, believer and unbeliever, has, whether denied or not:
 - 1. A vertical relationship - to God.
 - 2. A horizontal relationship to others.
 - 3. A vertical reference to circumstances which are God's providential ordering of his or her life.
- C. Everyone lives out of an identity, is motivated to set an agenda and pursue it.
- D. Man was created the image of God - a whole person - wanting, thinking, and doing.
 - 1. As a whole person, he is duplex:
 - a. He has a body (outer man: he is a physical, material being); but he is not only body.
 - b. He has a soul (inner man: he is a spiritual being); but he is not only inner man (other terms the Bible uses for the inner man are heart and mind).

2. In every situation (God's providence), the doctor and patient are theologians.
3. The issue for both is which kind?
4. The Bible is our source for the answer.

E. Man is a sensual and faith-based being: saving faith or non-saving faith.

1. He "gathers" or takes in information via the senses.
2. He interprets/evaluates information in both the inner man (heart/mind) and the outer man (brain).
3. He draws a conclusion.
4. He acts according to his evaluation.
5. He has an interpretive grid which is one of two kinds captured in Proverbs 3:5-8:

a. He trusts God (fear of Lord).

- 1) He lives according to saving faith, biblical truth, and the application of biblical principles to all of life.
- 2) He has biblically-controlled thinking and wanting

b. He trusts self.

- 1) He is guided by the trio in part or whole of feelings, reason unaided by biblical truth, and/or experience.
- 2) He is controlled by his thoughts and desires

IV. Cautions for the **helper** (pastor, counselor, and doctor) in regard to the **sheep**:

A. No helper is to be exclusively a spiritual mechanic (focused solely on inner-man activities) or body mechanic (focused only on the physical). Reasons:

1. Man is duplex, a whole person, image bearer of God and a theologian.
2. His situation in "life" is God's providential ordering. "Life" is not "just is."
3. The situation is:
 - a. The context for the person to demonstrate the functional significance of his relationship to God in Christ.
 - b. A tool for him to further develop a God-honoring relationship in Christ.

B. All helpers are to be listeners and learners:

1. Listen to learn to love to lead.
2. Don't assume.
3. Understand what the person is saying: clichés, your interpretation is not his

C. Importance of methodology

1. Be alert to the fact that the person invariably begins with how he feels, his experience, and his own logic and most often in terms of his suffering.
2. The person is BOTH a suffering sinner, sinful sufferer
 - a. Labels matter.
 - b. Maintain the proper balance between sinning/sinner/sinful AND suffering.
3. Ask questions with an inside-out focus.
4. Inquire about the person's thinking and wanting and motivation.

D. Your goal and your method

1. They are to be as a God pleaser
2. They are done by ministering biblical truth to the person vertically - his relation to God - and horizontally - to others.
3. Most sheep/counselees/patients' focus is horizontal.
 - a. Determine what biblical truth is needed that best fits the person in his situation.
 - b. Learn and teach God's way of change: "put off" and "put on" by determining:
 - 1) What *wrong* thoughts, desires, and actions need to be put off and what is the proper biblical replacement? Be specific.
 - 2) People change and get victory in the concrete.

V. Helps for the **helpers**: pastor, counselor, doctor, **and** patient/counselee

A. Think "whole-person" and man as "duplex."

1. The inner man affects the function of the outer man: inner-man activity of thinking and wanting affects a person's feelings and activity.
2. The outer man affects the function of the inner man.

B. The outer man-inner man connection depends on how and which part of the body is affected.

1. The physical/material is the area of medicine that is most familiar to people.
 - a. Patient: what is wrong with my body? Fix me. Give me relief.
 - b. Doctor: attempts to find an anatomic and or physiological defect and treat it - accept the Medical Model of disease.
2. A "brain problem," "mental illness," and "emotional breakdown" are loaded terms.
 - a. The mind and the brain are not synonymous.

- b. Neither are feelings (anatomic) and emotions (non-anatomic).
- c. The mind is non-material and non-physical.
- d. The mind/emotions are not broken.
- e. Often "they work overtime" in the realm of thinking and wanting.

3. Man's duplexity and its relationship to behavior requires serious biblical thinking.

- a. What is needed? There is no science-Bible/biblical truth dichotomy.
- b. It is biblically-directed medical considerations.
- c. It is appropriate application of biblical truth by all involved.

- C. Thinking "whole-person" duplexity means that the outer and inner man are linked.
- D. Wanting, thinking, and doing are both IM and OM activities
- E. Feelings are linked to thinking and wanting - get to their thoughts and desires.
- F. Man is not his feelings but functions as if he is.
- G. The trio of feelings, experience, and unaided human reasoning competes with the Word of God in terms progressive sanctification, problem solving, and decision making.

VI. By definition, the goal of every believer to please God. He does that by becoming more like Christ: Romans 8:28-29; 2 Corinthians 3:18; 5:9 (*Christian oyster*)

- A. This includes the pastor, counselor, doctor, and the patient.
- B. The believer is the most changed person.
- C. He is to be the most changing person.
- D. In part, he does that by bringing biblical principles to bear on physical/body problems and getting victory in the problem.
- E. Victory is defined as:
 1. Being controlled and directed by biblical principles rather than the desire for relief.
 2. Pleasing God rather than self in the situation
 3. Using the situation/condition to develop Christlikeness
- F. Victory may not include "cure" of the body problem.

VII. The pastor, counselor, and doctor are the teacher and modeler of the above principles as good theologians-stewards:

- A. Stewardship defined: the God-given responsibility of taking care of that which has been entrusted to you with accountability.
- B. Stewardship involves every aspect of man as God's image: thinking, wanting, and doing.
- C. Teach and model biblical stewardship and expect its practice.

1. It is much more than tithing and giving.
2. It is a whole-person activity.

D. The pastor helps the sheep/patient regarding:

1. The patient's physician and his relationship to him:
 - a. Is the doctor a Christian?
 - b. If he is, what does that mean practically for both patient and doctor?
 - c. Does the doctor bring biblical principles to bear on the patient in his problem?
2. Help in determining:
 - a. The doctor's goal in caring for him.
 - b. How the doctor's practice of medicine differs from that of an unbeliever.
3. Evaluating the medical diagnosis and treatment.
 - a. What is the diagnosis and its basis?
 - b. What is the solution, if any, and its basis?

E. The pastor helps the counselor and doctor regarding:

1. Understanding that the discipline of medicine at its core is pagan.
2. Understanding that the problem is not science but the scientist (including the physician) as he evaluates "facts" (no fact is neutral - it is interpreted according to truth or falsehood).
3. Developing biblical skepticism regarding medicine and its practice but:
 - a. Take doctors under your wing.
 - b. Find a doctor and counselor who are learners and you be a learner.
 - c. Teach them from the Bible as you partner with them.
 - d. Find one that is theologically sound or is willing to be.
 - e. Help him "see" the better way: pleasing God in the midst of God's hard providence as God's and the patient's tool for growth.
 - f. Help him "see" that the consistent, humble application of biblical principles re: the whole person is the "best" care he can give his patients.

F. Doctors may be a valuable ally or an effective enemy. Find out.

G. Be aware of prayer meetings

1. Gear requests toward wisdom issues: growth in Christ and not simply relief
2. Teach God's "no" for relief is never "no" to growth in Christ.

VIII. Thoughts about going to the doctor and receiving medical care

- A. The patient should go to the doctor, not to get, but to please God as a good steward.
- B. Poor stewardship can be too few or too many visits to the doctor
- C. Good stewardship can be few or many visits to the doctor. .
- D. The same balance applies to exercise, food, and medications.

IX. Thoughts about giving medical care

- A. Does the MD administer or minister? What and how?
- B. The goal is to please God and help the patient do the same.
- C. Teach the MD to bring appropriate biblical truth to bear on himself and the patient.

1. The physical condition of the patient does not alter the essence of biblical truth but it may change how/in what way biblical truth is ministered.
2. He needs to know theology and medicine well.
3. He must apply proper theology including man's duplexity/whole person.
4. He must have confidence in the Word AND confidence in his use of that Word.

- D. He uses his Bible as his guide.

1. It won't tell him the specifics of diagnosis and treatment.
2. It will direct the physician and the patient in the Truth/truth which is real freedom.

- E. The Christian physician should develop a biblical skepticism for medicine: its approach to people, its goals, its agenda, its philosophy and its practice.

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