

Considerations re: Life (God's providence), Medical Issues, and Discipleship

I. Our churches, including conservative, Bible-based ones, have and will continue to have their pews full of members who are medicalized and psychologized (definition: based on non-biblical anthropology and a wrong of science, psychology and medicine offer reasons for why a person feels, behaves, and thinks the way he does and offers a treatment plan).

- A. What does she need to do? How is she to respond?
- B. How will you respond?

II. What is the job of the Church?

- A. For the sheep, at least, it is to help each one be God's kind of patient especially living in a psychologized, medicalized society/culture - Ephesians 4:11-14; Colossians 1:28-29; James 1:2-4
- B. For physicians, it is to help them practice biblical-based medicine (must define).

III. The discipline of medicine is at its foundation anti-God.

A. It has a wrong vertical reference

- 1. The roots of modern medicine
- 2. Egyptian papyri carry the story back 2500 plus years but paleontology goes even farther – into the time when “man arose from Simian darkness 500,000 years ago.”
- 3. Spirituality is not HS-centered: it is not the HS as you know Him – an AA approach.

B. By its nature, medicine brings into conflict biblical truth, science (natural theology) - both hard and soft sciences, and God's interpretation of life.

- 1. The mantra: don't bring or integrate religion into the office/practice: espouse neutrality/relative truth
- 2. Such statements are absolute and theological because all of life is theological.
- 3. If *religion* is brought into the office, how will “it” look?
- 4. It depends:
 - a. Everyone is a religious, worshipping being – doctor and patient are theologians.
 - b. Must define "religion" and one's commitment to it.
 - c. If Christian, in the MD-patient encounter, there may be prayer, evangelism, and/or a referral to a pastor or counselor.
 - d. Should there be more? What does "being Christian in your medical office" look like?

5. **Bottom line:** every medical office is a one-anothering context, a mission field: how is it being utilized? One's physical problem is always theological and is the context of the expression of a patient's (and doctor's) vertical reference.

C. Within medicine, there maybe a spiritualized element; there is almost always a psychologized element

D. What is science (from the Latin *scientia*, meaning knowledge)?

1. From Webster: knowledge that is attained through study or practice that covers general truths or the operation of general laws especially as obtained and tested through scientific method and concerned about the physical world.

2. It is a system of acquiring knowledge using observation and experimentation to describe and explain “natural” phenomena/laws. One alleged purpose is to produce useful models of "reality") - this approach requires a standard and a set of presuppositions.

a. “Science” includes the so-called hard (psychics, chemistry, botany for example) and soft sciences

b. The soft or “social sciences” include anthropology, criminology, sociology, philosophy, and psychology – these areas are about the study of human behavior

c. The soft sciences make observations and draw conclusions based on observing behavior.

3. Science is not the problem: because of the *noetic* effect of sin, it is the scientist who has distortion. The distortion is:

a. Descriptive (observational)

b. Definitional (diagnostic)

c. Directional (solution).

4. The natural sciences are about how this physical world works

a. The issue: so what? What do these findings mean?

b. Where is God? What is a proper vertical reference?

c. No fact or finding is neutral – no fact is devoid of its relationship with God – the one Fact of Christian theism is the fact that God is, we are; God knows, we think.

5. In reality, the subject of science is the mind and will of God: the "how" (maybe the "why") of God’s created order including the uniformity of nature, laws of logic/math, and physiological changes in the body. Science is actually an enquiry into explaining how God runs His creation.

6. As a result of the encroachment of the social sciences into medicine:

a. There is a compartmentalization of life into the physical/natural/reason/scientific (including the practice of medicine), and spiritual/supernatural/faith/non-scientific: “one you get at school and the other at church and the two don’t meet.”

b. The irony: man is cut up and separated into various parts. The term for this is *holistic* but it is “unbiblical holism.”

c. "Biblical holism": man's duplex nature, material (man has a body but is more than material) and spiritual (man has soul but is more than spiritual). He is a whole person, inner person and outer person.

IV. Psychiatry is a pseudo-science offering an alternative, ungodly explanation and solution for man in God's world

A. DSM-V: JAMA 2010;303:1974-1975:

***One of the goals of the JAMA commentary, say the authors, is to highlight for physicians several major goals of the DSM-5 process, including facilitating further integration of psychiatry into mainstream medical practice, looking at the challenges of diagnosing mental disorders in general medical settings, and "emphasizing the importance of attending to patients with mental disorders regardless of the clinician's medical specialty."**

"In the call for papers for this JAMA theme issue on mental health, I noted the irony that in an issue devoted to mental health most of the articles would undoubtedly be about mental disorders, with the simple explanation that mental disorders are the problem and mental health is the goal; and that the goal for the JAMA theme issue on mental health was to 'be of assistance to clinicians and policy makers in helping patients, families, and communities move in that positive direction,'" writes Richard M. Glass, MD, a psychiatrist at the University of Chicago, deputy editor of JAMA, and editor of the mental health theme issue.

1. In his opening editorial, Dr. Glass points out that one of the major issues affecting patients with *mental health disorders (mine)* is that the need for treatment far outstrips the healthcare system's capacity to provide it.

2. One potential solution to this problem, says Dr. Glass, is "collaborative care,' in which appropriately trained clinicians collaborate with primary care physicians to evaluate and treat primary care patients, with mental health specialty consultation as needed."

3. The current status of mental illness in the United States, said Dr. Insel, "is not good." Broadly defined, he said, mental illness is *the number 1 source of disability from all medical causes, including cancer, heart disease, and diabetes in individuals between the ages of 15 and 45 years.*

B. Selfishness and victim-hood are championed

C. Psychiatry is working hard to "justify" itself "scientifically": the use of theories and neuroimaging.

D. Like evolutionary theory, it is observing and distorting God-given facts and truth: one example involves the duality of man and cognitive-behavioral therapy/placebo effect.

V. The culture's call, under the guise of help, is to stay the "scientific" course - integrate.

- A. The Church and the ministry of the Word of God are forced to get in line for its “share” of the person.
- B. Biblical truth, if considered, is simply another alternative to handle life, and, too often, a most unpopular and rejected one.
- C. God’s sheep – both leaders and lay people – seem so quick to eat from the culture’s table using personal experience, feelings, and faulty reasoning.
- D. **Arise people!**

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