

By Jeff Hopper



CAN WE REALLY SAY **The Church Is Like a Hospital?**

They asked his disciples: “Why does he eat with tax collectors and sinners?”

On hearing this, Jesus said to them, “It is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners.”

YOU MAY ALREADY KNOW SOME BARE FACTS about the story of Ignaz Semmelweis. It doesn't have a happy ending.

Semmelweis was a Hungarian doctor working out of the maternity clinic of the Vienna General Hospital in 1846. Pregnant mothers were assigned to one of two wards when they arrived in labor—either the ward where the babies were delivered by midwives or the ward where the babies were delivered by male doctors and medical students.

In our time, the principal statistic with regard to childbirth is the infant mortality rate. How many children survive birth? But in Semmelweis' wards, the concerning numbers had much to do with the mothers. One in twenty-five women died giving birth. In the midwives' ward, that is. When the doctors were delivering, one in ten mothers did not survive!

As the head of obstetrics, Semmelweis took these statistics seriously. He had to. His own studies were showing that it was safer for a woman to give birth on the streets than to come to his hospital. The rampant puerperal fever that was killing the women in his wards had led to their being called “houses of death.” No woman aware of the facts would readily choose the hospital.

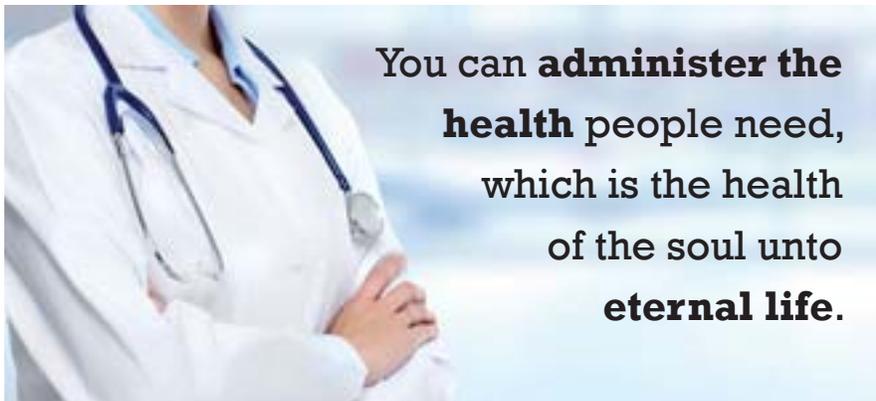
So Semmelweis began to look at control sets. He changed the position in which women gave birth, having them deliver on their sides, as they did in the midwives' ward. Still, one in ten died on the doctors' ward. He eliminated the bell-ringing of priests after a woman had died, thinking this was having a traumatic (and fatal) effect on the others. But no difference.

When he couldn't get his mind around an answer, Semmelweis slipped away to Venice, hoping the art and culture there would stir him to an answer. It did not. Worse, when the doctor returned to his clinics, he discovered that one of his colleagues had been accidentally cut by a scalpel and had himself succumbed to puer-

doctors to wash their hands with it when moving from autopsy to delivery, and waited to see what would happen. Within three months, the mortality rate fell from one in ten to one in a hundred!

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IT WILL SERVE US WELL to leave Semmelweis' story for the time being, with the blessing of medicine done right lingering before our eyes. I am about to take us on a biblical investigation of how the church of Jesus Christ really is like a hospital, as you've likely heard many times. In doing that, I'd love to be able to speak only of positive examples. I can't. But at least that's where we'll begin.



peral fever. Now Semmelweis had a different kind of case on his hands. His colleague was not a mother giving birth.

What Semmelweis was led to recognize was that a key function was missing from the workload of the midwives. They were not, like the doctors, performing autopsies. These doctors would work with dead bodies, then move to the next room and deliver a child from a living mother. And what they were not doing in between was washing their hands. Blaming the deaths on "cadaverous particles," he prepared a solution of chlorine and water, required all his

I have been part of "the church" for my entire life. Some people run from their religious upbringing; others manage to make it their own and live it out day by day. I am one of the latter. Now let me explain that when I say "the church," I do not mean a particular local congregation, though I have been a part of several of those through the years, my longest stint lasting 20 years, though two of those were spent away on the mission field. But all of these stops—foreign and domestic, mega-church and mini-church, charismatic and conservative, in church buildings and homes and country clubs, taught from a

pulpit and sharing in a circle of study and prayer—have been for me "the church." All have sustained me in the faith I was planted in when I gave my life to Jesus as a five-year-old child walking an aisle in a traditional denominational setting. This is important, because when you say that the church is a hospital, to me that means that whether you're a small town clinic or a major metropolitan medical center, you can administer the health people need, which in this case is the health of the soul unto eternal life.

The idea of the church being a hospital, of course, originates from Jesus' words about his coming on behalf of the sick, words which are included in all three of the synoptic gospels, Matthew, Mark, and Luke. But consider this full account from Mark 2:

15 While Jesus was having dinner at Levi's house, many tax collectors and sinners were eating with him and his disciples, for there were many who followed him. 16 When the teachers of the law who were Pharisees saw him eating with the sinners and tax collectors, they asked his disciples: "Why does he eat with tax collectors and sinners?"

17 On hearing this, Jesus said to them, "It is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners."

Plenty of pastors now have latched on to this passage and in an effective metaphor declared the church to be a hospital, or at least *like* a hospital. Usually, though, they do little beyond next saying that we are here for sinners, to minister to them as sinners

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ourselves. They may even remind us that Jesus is the “Great Physician,” a title that doesn’t exist exactly in Scripture but is certainly implied in Mark 2 and in other passages.

If we wish, though, for the sake of understanding the fullness of this “hospital ministry,” we can extend the metaphor through observation of what actually happens in a hospital and by what we are taught in Scripture. And in doing so, we become better at the work God has given us to do, employing good practices and avoiding harmful ones.

MAINTAINING ESTABLISHED PRINCIPLES

IF I AM ILL AND HOSPITALIZED, one thing that would increase my confidence and the confidence of my family is that the hospital have consistent and effective principles in place. Not just anyone should be wandering the halls, peeking in on whom-ever they please. Medical personnel should be dressed and identified in a way that allows me to know who it is I am talking to and what their role is in helping me. And, with Semmelweis in mind, those who are treating me should not move from room to room without washing their hands to prevent the spread of germs.

In the setting of the church, we call these principles “doctrine.” There’s no excitement in that term, but there is life in it. Paul wrote to Timothy, “Watch your life and doctrine closely. Persevere in them, because if you do you will save both yourself and your hearers” (1 Timothy 4:16).

Maybe a particular doctor doesn’t want to wash his hands. Maybe he’s been washing his hands all day and he’s simply tired of it. Well, he’d better not be tired of it when he comes into my room! I don’t want him

bringing someone else’s germs to my case. This most mundane of actions—washing his hands—can save my life. The same is true of doctrine. Sometimes it’s easier to be lazy and not study, or to be people-pleasing and not rock the boat with an adamant position on a vital matter. But that’s the point: it’s vital. It may be the difference between life and death.

Paul told Timothy to watch both his life and his doctrine. These go hand-in-hand. How I live is dictated by what I know and hold true of God. Not long ago, a Jewish magazine writer spoke of how she had never been able to shake religion because she had been given “too full a picture of God” when she was a child. When she considered living without God in the picture, everything just fell apart; it was like breathing without air. That’s what doctrine—the steadfast understanding of who God is and how he would have us live—does for us. It supplies assurances that nothing else can.

ENGAGING IN ONGOING PRACTICE

THE NEXT THING WE WANT to see in a good hospital—and a good church—is a commitment to learning, and thus to growing. Hospitals come with different designations. Some are specialized surgical hospitals, some are teaching hospitals, some are connected to research centers. From outlying locations, doctors and hospitals will sometimes send their most challenging cases to big regional medical centers, where the assembly of expertise and experience and technology is perhaps more ca-

pable of resolving the issue. We may or may not find that valuable if we are ever faced with a harsh diagnosis, but in the meantime what we do want to know is that the doctor we see regularly and the hospital we may go to in an emergency are, shall we say, keeping up. Don’t tell me they’re still blood-letting! This is the very thing we witnessed in Ignaz Semmelweis’ case. Indeed, the poor man could not rest, could not find satisfaction, until he had determined why so many women were dying in delivery and what might be done to resolve the situation. I wonder if the ways of the Lord matter that much to us, if we are unwilling to let go, as Jacob was, until God has blessed us.

Consider the Bereans. Paul and Silas had been threatened in Thessalonica by the Jewish leaders who did not agree with their teaching, so the apostles slipped away in the night and stopped next at the city of Berea, where again Paul followed his pattern of teaching first at the synagogue. The Jews there listened to him, but they didn’t automatically take his word for everything. We are told in Acts 17: “Now the Bereans were of more noble character than the Thessalonians, for they received the message with great eagerness and examined the Scriptures every day to see if what Paul said was true.”

The Word of God, coming as it does from the unchangeable God, does not change—but it is “living and active” (Hebrews 4:12). If we are to function rightly as a church, we need



to be keeping up. We need to be in the Word and asking questions of the God of the Word and seeking the clarity of the Holy Spirit.

We are, as the collective disciples of Jesus Christ, to be about our commission of making disciples of Jesus Christ. We are simultaneously learners and dispensers of learning, for the purpose of our growth and the growth of our brothers and sisters, no matter how new or old in the faith. We cannot do this well if all we have in our catalogue of treatments are the same lines we had the day we came to Jesus. We still have these lines, but we should have so much more! “By this time you ought to be teachers,” the writer of Hebrews told his long-in-the-faith audience. And then look at what he said: “But you need someone to teach you the elementary truths of the faith all over again. You need milk, not solid food!” (Hebrews 5:12). Do you see what happens? When we don’t stay in the Word, when we don’t regularly practice our faith, we don’t just stagnate, we lose everything. No one wants a surgeon who has taken a few years off and has walked back into the OR for the first time today. Excellence comes from continuous commitment to the task at hand.

DISPLAYING BEAUTIFUL BEDSIDE MANNER

WHAT ENDEARS YOU to a doctor? Maybe nothing. Some people are too nervous or fearful to appreciate any doctor. But once you’re in the office or the hospital room, it’s nice to find a doctor who is, well, *nice*. When this happens, when a doctor—or a nurse or tech or anyone else who is involved in our treatment, for that matter—displays a personal attentiveness and concern and doesn’t just dole out the facts and cut to the bad

news, we call it good bedside manner. In fact, it is often beautiful in the moment and serves our heart as much as our body.

It would be easy for them not to do this, you know. It would be easy for them to say, “Dude, you’ve spent your whole life eating hot fudge sundaes and exercising a whopping four minutes a day and now you come in here expecting me to fix this? What do you think I am, some sort of miracle worker?” Gladly, plenty of doctors realize this is exactly what their patients are hoping they are—miracle workers. And so they play along. And the more authentic that play is, the more we appreciate their bedside manner.

So here is our calling if we are to be people of a church that does bedside manner well: we need to be caring and authentic—in spite of the condition in which people come to us, in spite of their sins and their weaknesses, and in spite of all we know to be right. Did you catch that last note? When a person is lying in the sickbed, they want to be assured of your protocol and your competence, but they don’t want to be preached at. They want to be spoken to in language that is true and loving all at the same time.

Many Christians who are serious about sharing their faith are familiar with the central portion of 1 Peter 3:15, which says, “Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have.” What they may read less carefully is the remainder of the verse, which says, “But do this with gentleness and respect.” Gentleness and respect: that’s the definition of good bedside manner. We recognize that the other person is on the defensive, scared, tentative,

uncertain. Or maybe they’re belligerent and demanding; that happens too in a hospital. Either way, good bedside manner meets them with gentleness. And respect. No one likes to be condescended to. We want to be addressed with language and tone that fits the moment, not that assumes we’re foolish or ignorant.

Look at how Christ met us in our sick state: “But when the kindness and love of God our Savior appeared, he saved us, not because of righteous things we had done, but because of his mercy” (Titus 3:4-5). When we talk to one another, and when we talk to unbelievers who are coming to us in desperate times, are we talking to them with the mercy of Christ? If we’re hospitalists, we should be.

CELEBRATING HEALING

THE GOAL OF A HOSPITAL is pretty simple: send every patient home well. We know this does not happen, and we will talk about that shortly, but this does not mean hospitals aren’t trying to make healing happen. In fact, good hospitals are trying very hard to do just that. And the medical staff of a hospital, just as people in other professions, take pride and joy in doing their job well, which in this case means sending people home for recovery.

You may recognize this celebration as something different: promotion. Hospitals in your area want to instill a confidence that if you choose their facility (or are taken there in an emergency), you will be treated with competence and true care. The best way to do this is to show and tell the stories of people who have been admitted and cared for at the hospital and who have emerged well again—that is, to offer testimonies of men, women, and children who have been

given “new life” through the care they received at the hospital.

God too rejoices in new life, and we should prepare as the church to celebrate with him. In Luke 15, we find another passage where Jesus was accused of eating with tax collectors and sinners. This was not a false accusation, and Jesus did not try to dismiss it. Rather, he explained by telling a brief parable:

“Suppose one of you has a hundred sheep and loses one of them. Doesn’t he leave the ninety-nine in the open country and go after the lost sheep until he finds it? 5 And when he finds it, he joyfully puts it on his shoulders 6 and goes home. Then he calls his friends and neighbors together and says, ‘Rejoice with me; I have found my lost sheep.’ 7 I tell you that in the same way there will be more rejoicing in heaven over one sinner who repents than over ninety-nine righteous persons who do not need to repent.”

Heaven rejoices over the sinner who repents. Why? Because this sinner has “crossed over from death to life” (John 5:24). As a church, we should not only be providing good principles, good learning, and good bedside manner, but we should be doing so with a purpose in mind: that people would be saved. No Gospel-preaching church will be satisfied with knowing that the people in their pews can recite strong doctrine or that they study more than the next church or that their people are all *so nice*. What a Gospel-preaching church wants is for people to respond to the Gospel, to say, “That really is Good News, and

I want everything to do with what it means for my life.”

When a person does that, when they give their heart and life to Jesus, we have done our business well. And we take pride in it, and joy in it, and we celebrate this new life with that person.



Here is our calling if we are to be a church that does bedside manner well: be caring and authentic.

PREPARING FOR DEATH

WHILE MANY PEOPLE leave a hospital healthy and on the way to full recovery, some do not. In my own experiences as a pastor, a friend, and a family member, I have arrived too late, I have sat in waiting rooms only to receive final news, and I have been at the bedside when a loved one has breathed their last breath. For every good work of a hospital, some patients die.

It is one thing to say that death is inevitable, that we will all face it one day. But when it comes quickly, it catches us fully off guard; and when it comes with a season of preparation, it can linger uncomfortably. There is perhaps nothing that can prepare us in our natural minds for the moment of death or the physical and emotional loss of a dear friend or spouse. Grief must be worked through over time, and different people process it differently. But this does not mean that we must approach death ignorantly.

Drawing from the vast catalogue

of case history, medical professionals can provide a sense of what to anticipate: life expectancy, final symptoms, treatments for a peaceful passing. Hospices, too, are equipped for those final days. Knowing information like this, or being served by those who are sensitive to death, may not ease

the processing of death and grief, but they allow that processing to happen with less interference from unfounded fears or anxious decision-making.

In the same way, spiritual knowledge can assist a dying patient and the family, for while we may not be able to anticipate the day and hour of death, we can prepare for death, whenever it may come. In perhaps his last letter, Paul wrote to Timothy these grave yet glorious words:

For I am already being poured out like a drink offering, and the time for my departure is near. I have fought the good fight, I have finished the race, I have kept the faith. Now there is in store for me the crown of righteousness, which the Lord, the righteous Judge, will award to me on that day—and not only to me, but also to all who have longed for his appearing. (2 Timothy 4:6-8)

Paul, held captive by the Roman guard for his faith, recognized that death was coming, either by the demise of his flesh or the work of the executioner. The means and the hour were uncertain, but for Paul the outcome was assured. As a devoted follower of Jesus Christ, he had lived his life with all-in commitment, fighting the fight, finishing the race, keeping

from this statement if we are to do our work well: How can one live for Christ? How can one's death be counted as gain?

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THE STORY OF Ignaz Semmelweis, as we noted in the very beginning, ends badly. Semmelweis was right. Hand washing saves lives. It is

in 2009 (more than 150 years after Semmelweis' research) revealed that hand washing rates were coming in at less than 50 percent. The excuses are many, but where principle and practice are not both in place, we find ourselves needing to be even more prepared for death, because as many as 100,000 American deaths occur each year as a result of poor hand washing by physicians and other staff.

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WHEN I PROVIDED an outline for this article to someone I trust, his response was as appropriate as we could ever ask for: *So what*, he wanted to know, *are churches doing to become good hospitals? Are we at all committed to serving people like this?* We can only pray that we are doing the five things we've discussed here:



the faith. Paul was prepared for his death, and in writing these words to Timothy he was preparing his protégé as well.

In a church of true fellowship, where men and women are committed to one another's discipleship over time, death will come among us. In order to prepare for that, we need to think and speak with the passage from life to eternity in mind. We need to do this regularly, not just when death is imminent. Sometimes we back away from tough messages, those that reference hell and provoke someone to turn to Jesus for the sake of "fire insurance." But we do no one any favors when we leave them uninformed about the end of this life and the beginning of the next one. Paul told the Philippians in another end-of-life epistle, "For to me, to live is Christ and to die is gain." We need to answer both questions that arise

a principle that should reside at the center of every hospital. The studies prove it.

But Semmelweis grossly mishandled the information he had been given. He was contentious in the way he communicated with other doctors, and they rose up against him. One critic wrote off the "cadaverous particles" as too small to have any bearing on the communication of diseases (Louis Pasteur was only beginning his work on germ theory at this time). Semmelweis responded in anger, wrote abusive letters that alienated most everyone, and eventually he himself died in a mental hospital of a disease similar to the one he had worked so hard to prevent.

More than that, hand washing, though universally agreed upon as a principle all should follow, is still too often ignored. A study conducted

- Guarding our essential doctrine
- Learning of the Lord and of his ways so we can better serve in his name
- Delivering our message and our service with gentleness
- Encouraging and celebrating recovery and life
- Preparing people for death and eternity

The consequences of not doing this work well are akin to Semmelweis' final chapters, except that they are heightened by their spiritual nature. If we truly carry the *shalom* (the fullness of peace and health) that is salvation in Jesus, we must dispense it with urgency, with hope, with compassion, and with love.

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