



# EFFICIENT CARE & SPIRITUAL CARE Can You Do Both?

*by Walt Larimore, MD*

It was bound to happen. And it did, on a Thursday morning. But let me give you some background first. My best friend and practice partner, John Hartman, MD, and I were seeing patients in our family medicine practice from, as they say, conception to cremation. We had been working to introduce a variety of simple spiritual interventions that allowed us to practice not just as healthcare professionals who were Christians, but as Christians who happened to be healthcare professionals.

In other words, our practice was becoming a ministry as we took a spiritual assessment with most patients; utilized faith flags, faith stories and faith prescriptions; and prayed for and with patients when indicated. Christ was central to who we were *and* what we did professionally. We took great joy in what the Lord was doing in and through each of us. Then came that auspicious Thursday.

Paul Brennan (not his real name) was a grouchy senior who continually ignored or resisted anything to do with God, Christ, the Bible or church, and he didn't mind letting me know about it. During the years I had known him, I had raised countless faith flags and explained the health benefits of faith. He was on my daily prayer list for more than a year. He had even allowed me to pray for him once about a difficult medical decision he needed to make and then once again before a minor procedure in the office. All of these were interventions that took virtually no time. And all were seemingly to no avail.

Then, on the morning of an appointment to hear a biopsy report, something changed. Unfortunately, it was peak flu season and I knew the schedule was double-booked, a patient was waiting for me in the ER and I was already running terribly behind. When I walked into Mr. Brennan's exam room, instead of receiving the verbal beating I expected from this crabby, cantankerous old fellow, I sensed that my patient's heart had softened.



“What’s the word, Doc?” he asked quietly.

I sighed and replied, “Paul, I’ve got bad news. It’s cancer.”

He stared out the window and then came the unexpected: “Doc, I think I’m going to need that God you’ve been trying to tell me about for this one.”

On the one hand, I was excited. I sensed we were on the edge of an amazing spiritual breakthrough. 1 Peter 3:15 says, “In your hearts honor Christ the Lord as holy, always being prepared to make a defense *to anyone who asks* you for a reason for the hope that is in you; yet do it with gentleness and respect” (ESV, emphasis mine). And here was Paul, *asking*—seriously asking. And I was prepared. But, on the other hand, I was behind for the day—terribly behind.

## THE COLD REALITY OF TIME

I was slapped in the face that day with the all-to-familiar bucket-of-cold-water realization that Christian healthcare professionals who begin utilizing spiritual interventions quite quickly will find themselves, as I was, being caught in a time crunch by a patient or family member who wants to know more.

If I took time to talk with Paul, I knew I'd run even more behind. But if I failed to take time to meet Paul's spiritual needs, something that is a passion for me, would I put Paul's spiritual health at risk? Would I risk being disobedient to God and His call for me in healthcare? Would I miss an opportunity to join the Holy Spirit where He was already at work? Did I really believe God was sovereign even over my schedule?

Add to this conundrum the pressure-cooker of modern healthcare systems where healthcare professionals are required to do more and more in less and less time. When most of us have less time with patients than ever, it's no wonder many question how they'll ever meet the spiritual needs of their patients—and many don't even try.

What's the answer? It's actually stunningly simple. It's no different for Christian healthcare professionals than it is for the church. We are not designed nor called to do ministry in the workplace alone. There are no lone rangers at the front-line of evangelism. We are designed and called to be part of the body of Christ in worship *and* work. In fact, I believe our work as followers of Jesus is to be an act of worship.

We each know God has called and commissioned us to be competent healthcare professionals who practice with Christ-like compassion while being draped in Christ-honoring character. And most of us in healthcare know God can speak very loudly with His megaphone of pain, disease, disorder or disaster (to use a C. S. Lewis metaphor).

But God simply has not given most of us the time or the impossible call to “do it all” ourselves with everyone we see. Rather, He has given each of us the call and commission to “do ministry” with others. But how?

## OUR SPIRITUAL CARE TEAM

After having more and more spiritual crises pop up in our day-to-day care and talking to other Christians wrestling with the same issue, we decided to utilize a

“[We] have a matchless, wonderful opportunity to meet people at times of their real need when they are ready to open up their hearts and expose their fears and worries and concerns. They will talk about their families and about eternity and the other things that are bottled up inside them. They are broken and afraid when they face a medical situation. They often are very willing to express these things, and this gives us the opportunity to present the grace of our Lord Jesus Christ. In the active practice of our profession, we need to know and have available to us, on call as it were, other people who can participate with us in the great work of witnessing to the love of God. I believe we should know people in our church and in our hospital—nurses, mothers, people who have been bereaved, people who have suffered, people who know how to sympathize and comfort—so that in our busyness, when we cannot give as much time as we ought to give, we can call on someone else to help. It would be wise to have a list of other members of the body of Christ who could help us in this great work.”

—Paul Brand, MD

Spiritual Care Team in our practice. Emmer and Brown first described Spiritual Care Teams in healthcare literature in 1984. They defined a Spiritual Care Team as a group of health professionals and staff who seek to integrate spirituality into patient care in a way that enhances their ability to provide “whole-person” healthcare that includes “spiritual care.”

For us it meant organizing two of our staff nurses into what we called our Spiritual Care Coordinators. Their role was to be sure spiritual assessments were recorded when indicated. And when spiritual needs arose that the physicians didn't have the time or training to handle, their role was to coordinate this care with Spiritual Care Providers.

In our practice, the Spiritual Care Provider took two forms:

1. We could have used chaplains, but none were based in our town's hospitals. So we approached pastoral professionals and Christian counselors in our area to see if they'd be available for referrals or consults, and not a single person turned us down. Their biggest complaint over the years was that we didn't use them enough!
2. The second type came from our patients and close friends—Christians who were mature in their walk with Christ and had successfully wrestled with (or were wrestling with) a specific health crisis or problem. People in this group were more than delighted to join us, and we called them our “lay ministers.”

John and I were now able to utilize spiritual interventions without the worry of a spiritual crisis, for we were now quarterbacking a team—the body of Christ—in providing whole-person care. Practice became a joy. It was not overwork but overflow. We actually became both more fruitful and more efficient.

### **OTHER FORMS OF SPIRITUAL CARE TEAMS**

Dr. Sherry O'Donnell followed a path similar to our practice. She developed a consult and referral network with pastoral professionals in her one-doctor clinic in Southern Michigan, plus she developed a training program for lay ministers and was able to have a lay minister in her clinic every day she was open. Most would serve a half-day at a time. Some would be in the waiting room visiting, while others would stay in the staff lounge praying for and over the clinic. All were available to be called into a patient room at a moment's notice to listen, to share, to pray.

A hospitalist physician worked with one of his administrators to authorize a Christian nurse manager to be his Spir-

itual Care Coordinator. She worked with the doctor to coordinate spiritual needs with the hospital chaplains and several local pastoral professionals as Spiritual Care Providers.

A group of Christian anesthesiologists who wanted their work to become a ministry in their academic center worked with administration to have a Christian nurse manager become their Spiritual Care Coordinator, and then they coordinated with local prayer warriors who would be at the hospital chapel each day to pray for folks in surgery who desired prayer and with hospital chaplains who could be called in when indicated.

A group of Christian medical students met with a Christian faculty member to brainstorm how to incorporate their faith into their clinical rotations. Two Christian emergency room physicians developed a small Spiritual Care Team in a large inner-city hospital and their personal ministry bore incredible fruit. A Christian dentist worked with her hygienists to add a spiritual assessment to their dental intake form. One of the hygienists volunteered to be the practice Spiritual Care Coordinator, and as a team they began to



## SPIRITUAL CARE TEAM MEMBERS

The members of the Spiritual Care Team and their roles will vary depending on whether the setting of care is outpatient or inpatient. For outpatient settings, the Spiritual Care Team is headed by a healthcare professional and a Spiritual Care Coordinator (a nurse or clinic manager assisted by the nursing and administrative staff), as well as chaplains, community pastoral professionals and/or lay ministers. In inpatient settings, the Spiritual Care Team can have the same basic makeup, but could also include a social worker or case manager, behavioral health professionals and even the patient transport, food service, maintenance and cleaning staff.

## HEALTHCARE PROFESSIONAL

The healthcare professional's responsibility is to be the coach of the Spiritual Care Team—to help form it and supervise it. The Spiritual Care Team can be as small as the healthcare professional and the Spiritual Care Coordinator. After that, the healthcare professional's major role, other than undergirding the entire ministry with prayer, is to conduct a brief spiritual assessment with most or all patients in order to identify spiritual needs. The healthcare professional needs to know about factors that could affect the patient's health and their compliance with the medical care. Thus, it's highly advantageous to both the healthcare professional and the patient to take this history. Once spiritual needs are identified, the healthcare professional can then work with the Spiritual Care Coordinator to ensure these needs are addressed.

## SPIRITUAL CARE COORDINATOR

The Spiritual Care Coordinator is most likely to be a nurse or a clinic manager, but it could also be the healthcare pro-

fessional's spouse or pastor. If the physician is the coach of the Spiritual Care Team, the Spiritual Care Coordinator is the quarterback of the team. The Spiritual Care Coordinator has a number of roles, and the first duty is to hold the healthcare professional accountable for conducting and recording spiritual assessments. Then, they can review the results of the healthcare professional's spiritual assessment and identify and prioritize the spiritual needs that require addressing. The Spiritual Care Coordinator *does not* conduct the assessment. The healthcare professional's assessment cannot be deferred to the Spiritual Care Coordinator, since the healthcare professional needs to collect this information first hand. Next, the Spiritual Care Coordinator manages each step to ensure the patients' spiritual needs are addressed, providing resources as needed (for example, information on local faith communities, spiritual reading materials, information on pastoral care services and so forth).

## SPIRITUAL CARE PROVIDER

Chaplains, pastoral professionals and/or lay ministers are a critical component of any Spiritual Care Team. They are responsible for conducting a more comprehensive spiritual assessment to clarify spiritual needs and develop a spiritual care plan to address them along with the healthcare professional and Spiritual Care Coordinator. If a Spiritual Care Provider is necessary, the Spiritual Care Coordinator can prepare the patient to see the person, explain the reason for the referral, describe the training or qualifications the person has and discuss what the person will do. The Spiritual Care Coordinator can also prepare the Spiritual Care Provider for the patient, informing about the spiritual needs identified and why the patient is being referred.

pray for and with patients and developed a small group of Spiritual Care Providers for referral when indicated. She told me, "I never imagined my dental practice could be a thriving ministry—but it is."

## BUT I DON'T HAVE TIME FOR ONE MORE THING!

*Why should I take the time to form a Spiritual Care Team to assess and address the spiritual needs of my patients? Shouldn't this be someone else's job? The chaplain? A pastoral professional? Someone in administration who has the time?*

In short, no! This is our job as healthcare professionals, and it allows us to take back our rightful position as the patient's healthcare advocate and coach. The major goal of the Spiritual Care Team is to help you provide spiritual care to all of your patients who desire it.

*But I don't have time to add one more responsibility to my day. I barely have enough time to perform my currently required*

*duties and then document the results. If I open Pandora's box by taking a spiritual assessment, there's no way I will have adequate time to address the issues uncovered.*

I understand completely. In fact, in the 25 years I've been teaching CMDA's *Saline Solution* and *Grace Prescriptions* courses with Bill Peel, the major obstacle most healthcare professionals have raised to incorporating faith into their profession was the reality of time. But consider this—isn't the provision of spiritual care one of the reasons you were called and commissioned into healthcare?

By making a short spiritual assessment a cornerstone of your practice's social history on each patient and also make addressing those needs a priority for the Spiritual Care Team, you will be taking the first steps into providing true whole-person healthcare. And you will be turning your patient care into a body-of-Christ ministry, whether you are in a solo practice, a multispecialty practice or a healthcare institution.

Dr. Harold G. Koenig, the Director of the Center for Spirituality, Theology, and Health at Duke University, writes, “Doing a brief spiritual assessment must be a priority for the physician and addressing those needs a priority for the spiritual care team. This is not an optional activity, but central to providing ‘whole-person’ medical care. Furthermore, the spiritual assessment can actually save time, improve the relationship with the patient, improve compliance, and make the physician’s work more rewarding.”<sup>17</sup> After John and I began utilizing a Spiritual Care Team, we found our efficiency, spiritual ministry and satisfaction with practice all increased. In addition, our practice was named “The Most Efficient Medical Practice in America” by *Medical Economics*.

**“You are the salt of the earth. But if the salt loses its saltiness, how can it be made salty again? It is no longer good for anything, except to be thrown out and trampled by men.”**

**—Matthew 5:13**

Could working with a Spiritual Care Team potentially increase the quality of your patient care, your personal and professional satisfaction, and your efficiency in caring for patients? Could a Spiritual Care Team allow you as whole person to provide whole-person care—the call and commission the Bible gives each Christian healer—and allow you to bring *all* of who you are to *all* of what your patient needs? Could it be within your reach?

Let me encourage you to prayerfully consider studying more about setting up a Spiritual Care Team (Dr. Koenig’s article explaining exactly how to do this and how to address the many objections you may face can be found at [www.cmda.org/koenig](http://www.cmda.org/koenig).) Begin praying for God to provide a Spiritual Care Coordinator to work alongside you, and then present a proposal to pilot a Spiritual Care Team where you practice. You and your Spiritual Care Coordinator

can begin recruiting Spiritual Care Providers to be available.

I pray this information will allow you to efficiently and effectively begin providing the whole-person and spiritual care to which you have been called and commissioned. Who of us would not want to be able to practice as a healthcare professional, in the power of the Holy Spirit, undergirded with fervent prayer, and leave the results to God? To experience our

#### OTHER RESOURCES

- *Grace Prescriptions: Incorporating Spiritual Care in Your Practice* by Walt Larimore, MD, and William C. Peel, DMin is available at [www.cmda.org/graceprescriptions](http://www.cmda.org/graceprescriptions).
- Workplace chaplains may be available in your area to help with your practice. Check with Marketplace Chaplains at [mchapusa.com](http://mchapusa.com) or Corporate Chaplains of Americas at [chaplain.org](http://chaplain.org).
- *Helping Hurting People: Lay Minister Training* includes 29 one-hour training videos for training lay ministers for your practice. Contact Dr. O’Donnell at [saodonnell@rappa.com](mailto:saodonnell@rappa.com).
- Stephen Ministries equips and empowers lay caregivers—called Stephen Ministers—to provide high-quality, confidential, Christ-centered care to people who are hurting. For more information, visit [www.stephenministries.org](http://www.stephenministries.org).





work as worship? To see healthcare as ministry that involves the body of Christ? To become salt that is flavorful and light that is attractive to the patients we see each day? To see God work in and through us each day in patient care?

There can be no higher calling—even in the midst of terribly busy and demanding days—of finding where the Spirit is at work and being able to briefly, but effectively, fan the flame of His work in the hearts of the hurting people He is calling to come into their Father’s eternal embrace.

### **WHAT ABOUT PAUL?**

What in the world did I do with Paul, my patient who was having a spiritual crisis when I didn’t have a Spiritual Care Coordinator to help? I quickly asked the four questions I normally ask in a potential emergency—spiritual, physical, emotional or relational:

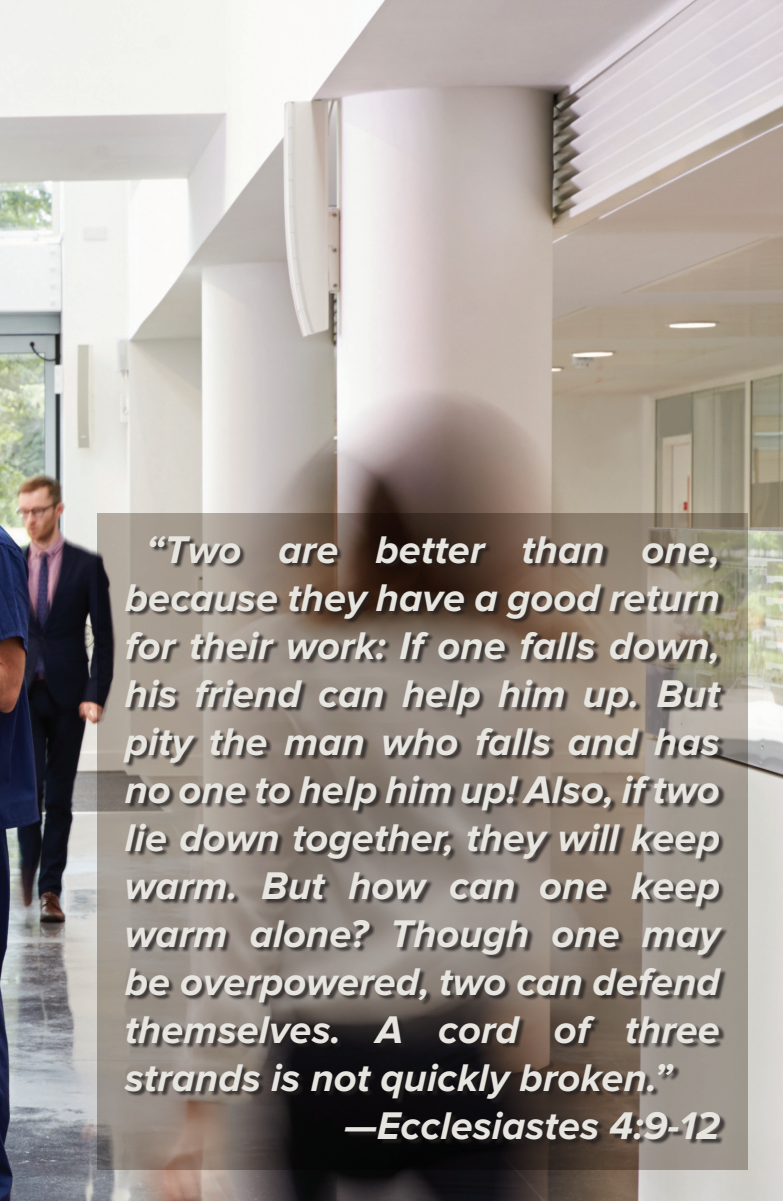
1. Is it an actual emergency? Or can the situation actually wait?

2. Am I the best one to handle this? Or can I refer this to someone else?
3. How will my decision affect others? Other patients who are waiting? My work colleagues?
4. Is this the best time? Or can I schedule this later?

***“For we are God’s workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do.”***

***—Ephesians 2:10***

In Paul’s case, since we as a practice had prayed for him for so long, and since I felt I was the one who should answer his questions even though we were so behind, I excused myself from the room. My partner John was in the hall talking with two of the nurses. I quickly explained the situation. John gave me permission to take all the time I needed. The nurses would let the patients who were waiting know the



***“Two are better than one, because they have a good return for their work: If one falls down, his friend can help him up. But pity the man who falls and has no one to help him up! Also, if two lie down together, they will keep warm. But how can one keep warm alone? Though one may be overpowered, two can defend themselves. A cord of three strands is not quickly broken.”***  
**—Ecclesiastes 4:9-12**

situation. They would give them the option to continue to wait, see John or reschedule. And the front office staff began letting patients who were on their way know we had hit a snag so they could reschedule if they desired.

I then had the freedom to spend some quality time with Paul. I answered his questions and then briefly shared the gospel. With tears in his eyes, we held hands and he asked the Lord to become his Lord and Savior. He was changed, but so was I. I left the room and, with Paul’s permission, called Bob, a Christian businessman who had recovered from the same type of cancer. Bob came to pick up Paul, took him to lunch and began discipling him that very day.

By the way, it will likely be no surprise to you that the schedule “miraculously” took care of itself. Some folks canceled. Some no showed. Others were happy to reschedule. Another Christian physician “just happened” to be in the ER and was happy to see the patient wait-

ing for me there. Obviously, God was sovereign, even over my crazy schedule, and He was working in more ways than one—to show me how He would work in and through His body to draw my patients to Himself. What a joy!

### THE GOALS OF A SPIRITUAL CARE TEAM

1. Identify the spiritual needs of patients related to illness.
2. Competently address those spiritual needs.
3. Create an atmosphere where patients feel comfortable talking about their spiritual needs with the healthcare professional and other team members.
4. Provide whole-person spiritual care to all patients they serve.

### BIBLIOGRAPHY

1 Harold G. Koenig. The Spiritual Care Team: Enabling the Practice of Whole Person Medicine. *Religions* 2014, 5, 1161–1174. <http://www.mdpi.com/2077-1444/5/4/1161/htm>. Also available at [www.cmda.org/koenig](http://www.cmda.org/koenig).



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### GRACE PRESCRIPTIONS

Want to learn more about how you can incorporate spiritual care into your daily practice of healthcare? *Grace Prescriptions* is designed to teach you to share your faith with patients in ways that safeguard the important ethical principles of respect, sensitivity and permission. For more information, visit [www.cmda.org/graceprescriptions](http://www.cmda.org/graceprescriptions).

