

PITCH: PITCH: How a doctor practices faith while practicing medicine.

In this interview, you'll get a perspective on what it means to be a Christian physician and how faith intersects with our health.

Dr. Charles Page has practiced surgery in rural Texas for over 20 years, training at Baylor College of Medicine under pioneer heart surgeon, Michael E. DeBakey. Dr. Chuck is an author, speaker, father of five kids and the founder of Spoonful of Courage, a Christian ministry aimed at inspiring people with hope and faith—in small doses.

Q: Give us your perspective on what it means to be a Christian Doctor?

A: There's a lot of misperceptions about what it means to practice medicine as a Christian. That doesn't mean I work for free. I have 4 kids in college and have lots of bills to pay. And it doesn't mean that I pray with every patient or share the 4 spiritual laws every time they come in the door. And it doesn't mean I'm always in a cheerful mood and praising God after 24 hours of sleep deprivation. It's tough. My calling involves serving people in the name of Christ.

Q: How does living out your faith as a physician differ from other occupations in the workplace?

Like every profession, there are unique opportunities and challenges in practicing medicine and following Jesus. It looks different than a banker, a mechanic, or restaurant owner. The doctor/patient relationship is unique. It's built on trust. People come to me with a problem they need help with. They don't typically come to see me for a spiritual problem.

Q: Explain how that works out in the day-to-day aspects of your practice?

I think of it this way. As a believer, I must understand that God is at work in the lives of others. And he invites me along. My calling is to cooperate with God in what he's doing in the lives of others. I'm not the Savior. I'm just a doctor. I can do surgeries, but I do not have the power to heal. My part is to perform the right operation, on the right patient, at the right time, with the right preparation with the right motive. Then I have to trust that God will do for me (and my patient) what we cannot do for ourselves.

Cooperating with God in some situations means I say nothing... and listen... and pray silently. On other occasions... it means I bring up something about spirituality and see where the conversation goes. Once again, I'm there to serve people...not sell them something.

Q: Give us your take on sickness and suffering?

Nothing which gets our attention more than suffering. Disease reminds us that we are not in control. There's nothing like the loss of health or a nagging pain to remind us of our deluded sense of self-sufficiency.

Patients entrust their lives and the most intimate details of their lives to me. So there's a lot on the line. When a patient comes with a malady, there's the issue and there's the underlying issue. Every physical problem has as its root something spiritual. The Bible teaches that sickness was introduced into mankind by sin.

In this relationship the physician has the knowledge, skill, and experience. We have a lot of influence. But we don't want to use that influence to manipulate or coerce patients. This relationship is based upon trust.

Q: How do you approach sharing your faith in the context of practicing medicine?

A: Could you imagine me coming in before surgery and pointing my finger in a patient's face and saying, "If you were to die today, do you know where you would spend eternity?"

Well, it's a good question, but asked in the wrong context. It's the truth—the right medicine, but given in the wrong dosage, and given at the wrong time. Medicines are good. But an overdose can kill you.

If I were to take that approach in every situation, my words could do more harm than good. Sharing faith has to be done in the context of trust and relationship.

Q: How do we (people in the marketplace) build this kind of trusting relationship with others?

A: Time. Patience. Nurture. And lots of prayer. I've heard it said that winning a Muslim to Christ requires— *a thousand cups of tea*. One of the most important things we can do—whatever our occupation—is building credibility. And we do this by growing in competence, character, and compassion—in the day-to-day aspects of our work.

Many people know intellectually about Christianity. They understand the theological postulates. The disconnect comes in the emotional arena. Many people have had an experience which has had a negative impact on their lives. Their issue isn't an intellectual one—it's something emotional.

The old saying, "people don't know how much you know until they know how much you care," applies here. We have to deposit little doses of trust into people's emotional bank. First, they have to trust us—as a person, before they ever trust what we say.

Hopefully, there will come a point where that trust will move from trusting who we are and what we do to what we say. And the next step moves to trusting Christ.

Q: Can you give us any personal examples of how this works out in your day-to-day practice?

I tell folks, "I'm the best guy to see on the worst day of your life." And here's why. Many years ago, I was called in to care for Miguel. He was a *got-it-all-together* guy who was extremely anxious. He had a ruptured diverticulitis and a belly filled with pus. I had to give him a colostomy. Having your effluent (that's poop) dumping into a bag has a negative effect on a person's sense of worth and well-being.

Remember—the loss of health may be the greatest reminder that we aren't in control. And Miguel wasn't adapting well to his unexpected change in lifestyle. He was nervous, and angry, and bitter. Most of all he was scared to death. After surgery, I realized Miguel didn't have any visitors coming by. Although he had a lot of connections, he had few real "friends". He was going through a bad divorce, the loss of a job, and some financial struggles.

Miguel needed more than a doctor. He needed a friend. Someone to listen—in an affirming way. And as his physician, I had to use every tool in the toolbox to move Mark towards health. Did you know studies show that people who have strong relationships have better health outcomes?

As Christians, we know why. We were designed to be relational. Relationships are embedded in our being.

Miguel and I became friends during his hospital stay. On the day of his discharge, Miguel didn't have a ride home. So, his surgeon loaded Miguel up in his pickup and carried him home.

Our relationship started a process where Miguel became connected to a group of believers and ultimately became a Christian and was baptized.

It's just an example of how God *interrupts* people's lives (in this case the loss of health) and *invites* his people to cooperate with the work which is already in progress.

Q: What distinguishes a Christian Doctor from those who are agnostic or atheists?

I don't want to paint any broad strokes. Sad to say, I know a lot of nonbelieving doctors who reflect Christ more than some who profess faith. One Hindu physician I know lives more like Jesus than I do.

As a Christian surgeon, I sometimes take on cases that others won't. Living in an underserved area, I'm faced with minimal resources and sometimes have to make the best out of a bad situation. Many doctors will not serve patients based on their inability to pay or because of their medicolegal risk. And then there are patients that consume a large amount of your time and exhaust you financially.

I'm called to serve those patients to the best of my ability trying to make decisions which are best for them. And sometimes that's a tough call. Over the years, I've learned to recognize different groups of people. There are those that want to receive care in rural areas. They will even accept a suboptimal outcome—just to be around family and people they trust.

There are those who assume that if you were a good physician, you wouldn't practice in a rural setting. And then there are the medically unsophisticated who point fingers when everything is done well, but the outcome is suboptimal.

Q: It sounds like you've had some bad experiences? Would you mind sharing some negative ones?

A: Well, I can't share specifics due to breaching confidentiality. Many physicians—Christians and nonChristians alike—have been burned. Sometimes sued. Often patients gossip and hurt a physician's reputation without hearing the full story.

Many, but not all, of the lawsuits I've faced have been because I've taken risks on people, trying to be the feet and hands of Christ. It's tough. And it's painful. Especially when people are pointing fingers at you—blaming you for things which are beyond your control. As previously mentioned, I do the surgery, God does the healing. Of course, that's no excuse for practicing medicine poorly. We do have a responsibility.

Q: When you have a bad outcome in surgery, how does that make you feel?

I think what most patients fail to understand and what I would tell most patients is that the majority of doctors grieve when bad things happen. We suffer loss—but in a different way than patients.

It's sometimes a puzzle. Operating on worn out, broken bodies can be a humbling experience. When I do everything right and everything wrong happens—I have to trust God's sovereignty. I'm not in control. My responsibility is to practice excellence and leave the results up to God.

And the reverse is also true. Sometimes, we don't do our best, and a good outcome occurs. I reflect on ways I could do better, learn, and express a lot of gratitude. These perplexing situations remind me that there's a factor involved in healing which goes beyond my experience or training. It keeps me humble. I try to see myself not as a victim, as a hero, as a zero. The factor I add into my mental equation is grace. I wrote a book about that. It introduces different ways we can see ourselves and our life events through a set of equations.

When bad things happen, I feel terrible. I have to remind myself of the order of things. Facts first. Then faith. And let your feelings follow.

Q: How do you respond when you are faced with these situations? When everyone's losing their head and blaming it on you?

When bad things happen, I remind myself of several truths. First, I'm in good company. Jesus took risks to serve others. Think about how many lepers Jesus encountered. And he was willing to take the risk. Taking on tough cases, tough situations, and tough patients puts your reputation and your future on the line.

Second, I remind myself, there's always something to learn in these perplexing situations. Thirdly, there are possibilities in life's problems. I can choose to honor God and shift into grace thinking.

Q: What's the big picture on of the big life lessons, you've gleaned from practicing for two decades?

A: I'm not in control. From a human standpoint—control is an illusion. And sickness (for both patients and doctors) is one of life's greatest reminders that God's in control and has us covered, if we're willing to cooperate with his work.

In spite of all that, I'm still responsible for doing good work.

Q. So, Dr. Chuck, what's next for you and where can people find you?

A: I'm working on a new book which gives a framework for health. It's about ordering your health using the BE. THINK. DO approach, so keep in touch by texting spoonful to 66866. We've got a free ebook of inspirational stories for you which emphasizes the impact faith makes in a health crisis.

Check out spoonfulofcourage.com. There, we have lots of free resources to encourage you. You can sign up for updates by texting spoonful to 66866. We have devotions, videos, and interviews with experts. I mentioned the zero/hero/victim way of approaching life. We've got [some links](#) for a free overview of these equations and principles.

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