

As Christians, we may feel out of our comfort zone in what God is asking us to do. Like English Gardiner who ran for the gold medal in shoes that did not fit, let's choose to make the best of our circumstances and keep running our race. God does not call us to be comfortable. He does not call us to fit in. Instead, He has set us apart to do His good and perfect will and He wants us to trust in Him.

*"And do not be conformed to this world, but be transformed by the renewing of your mind, so that you*

*may prove what the will of God is, that which is good and acceptable and perfect."* Romans 12:2 (NASB)

Friends, as you run your race, also remember the importance of passing the baton of faith to others. Look for ways to share your faith, especially with the younger generation who are surrounded by secularism. Look for opportunities to mentor and encourage others in the faith. Be intentional about sharing the Gospel wherever you are planted and speak words of life to others.

No one has an easy race to run. There are obstacles, troubles, and challenges along the way, but we can run our race with perseverance! And we can run our race with confidence because we know the finish line holds the ultimate prize – being with God forever in our heavenly home!

*"I have told you these things, so that in me you may have peace. In this world, you will have trouble. But take heart! I have overcome the world."* John 16:33 (NIV)



*Dr. Joy Greene is a native of North Carolina who received her PharmD degree from UNC in 1998. Joy opened and managed two independent pharmacies before joining the Teaching Academy. She has helped open three new schools of pharmacy, and currently serves as the Associate Dean for Experiential Education at High Point University. Joy has been married to her husband, Bryan, for 26 years and they have two children. Joy and her family are members of Green Street Baptist Church in High Point. Joy founded Joytime Ministries in 2012. "Joytime" is a one-minute nationally-syndicated Christian radio feature that airs on ~ 2000 radio stations worldwide. Joy speaks regularly at women's events, and she also leads a weekly, online ladies' Bible Study on Facebook Live and YouTube Live. Learn more about Joytime Ministries at [www.joytime.org](http://www.joytime.org).*

## Compassionate Care in a Third World Context

As Christian pharmacists working in the United States, many of us have the goal of providing compassionate, God-centered patient care as a regular part of our practice. Unfortunately, many of us fall short of our goal due to several reasons. It could be institutional restrictions that make it difficult to be an outspoken light for Christ, or perhaps the sheer volume of work prevents us from having enough time to reach out to patients on a regular basis. From my previous experience working in a large American chain pharmacy, I recall that my desire to witness was often hampered by corporate statistics and demands to meet metrics. But what does giving compassionate care look like in a Third World mission hospital context? Does working at an openly Christian hospital change the frequency of opportunities with which a pharmacist can witness to patients, or are there still barriers to providing compassionate care?

I now work at a mission hospital located in a West African country. A largely

pervasive attitude in this culture is stoicism. When you are out in public, you must hold your head high, keep your shoulders back, and not show any emotion. This is true also for our patients in the hospital. They may have terrible wounds that appear to be incredibly painful, but the cultural expectation is that you must not show your pain at all, since demonstration of pain is a sign of weakness which

could bring shame on your family. For example, while rounding in the surgical ward one morning, a 12-year-old boy was recovering after a debridement from necrotizing soft skin and tissue injury. We had to examine his wound and see if there was a need for more debridement. The attending surgeon and surgical resident carefully peeled back the patient's bandages in what I am sure was an incredibly painful moment for the boy. The boy tried his best not to scream, but the pain overtook him and he let out a loud cry and moan. Everyone in the ward looked in his direction. What followed was shocking to me, as his mom proceeded to hit him over the head





numerous times until he didn't make a noise. As soon as the beating started, everyone else in the room looked away and went back to their business. So how do you show compassionate care to a patient who does not want to draw any attention to themselves and who refuses to show their pain? How do you tell people that you love them and want to care for them when they try their best to hide any sign of hurt, pain, or distress?

To best help answer this question, I asked the following questions to the members of the pharmacy staff, as well as members from other departments in the hospital: *"What is compassionate pharmaceutical care in this context?"* and *"What are some barriers we are currently facing which prevent us from providing that care?"* The most common answers to the first question were: 1) to go the extra mile and do the things that may not be depicted explicitly in your job description, 2) to explain the counseling points clearly for each person when they come to the pharmacy, and 3) to graciously answer any question the patient may have – not only questions about their medications.



This culture is very relationship-oriented. Friendships are formed over a long period of time by visiting one's house, drinking tea, and talking about how the farm or animals are doing. Deep bonds are created by showing that you are willing to give up an entire afternoon or day to spend time with someone, even if there isn't any specific reason why you showed up at their house. Friendships are formed by the willingness to drop whatever you are doing to entertain someone who shows up at your house unannounced, and friendships can be broken if your actions (or lack thereof) demonstrate that you are too busy to have tea with someone. Applying this concept to medication dispensing would be shocking to American pharmacists. An outpatient pharmacy is designed with the purpose of being efficient and serving as many patients as possible; but with this relationship-oriented culture, it is necessary to slow down rather than speed up. We must be willing to figuratively 'have tea with someone' while counseling over medications. This involves going through the local greetings and inquiring about the health of their family, animals, and farm. Asking them questions about their family

demonstrates to the patient that this is more than just a job. It shows that you care about them as a person. The people here are used to slower interactions, and they are not opposed to waiting a long time for their medication, since most things here move slower than what Western people are used to.

Most of us can instantly discern when a health professional is genuinely interested in caring for us, rather than someone who is clearly trying to check us off the list and move on to the next patient as quickly as possible. Slowing down and choosing to see our pharmaceutical care as a way to witness to a patient can be very challenging in the daily chaos of a busy retail pharmacy, but I find it highly possible in this outpatient pharmacy when the staff has the proper attitude and is well-trained. For example, at one of the mission hospitals where I served in the past, the team members had been well trained on medication counseling. They would slowly counsel for every patient, every drug, every time, while often asking the patients if they understood the information they were being given. Afterwards, I noticed that the patients seemed to have a better understanding of their medications, and the general look on the patient's face was one of happiness and hope, verses confusion and frustration. They felt cared for, and the love of Christ was demonstrated to them by the way that the pharmacy staff valued and honored their short time together. A high level of training is needed for the staff of the pharmacy to do this effectively, as well as a pharmacy manager whose mindset is constantly set on magnifying God's name and bringing Him glory through the practice of pharmacy. This mindset must be present even in the hiring process, as I would much rather hire someone who is passionate about evangelism but needs pharmaceutical training, rather than hiring someone who went to the best pharmacy school in West Africa but has no interest in sharing about the hope of Christ. It is a lot easier to teach someone information about medications than it is to teach them compassion and love for the Lord.

This vision for showing the love of the Lord in a Third World mission hospital is possible and already being accomplished in some mission hospitals in West Africa. However, I am currently facing some barriers to implementing this type of pharmaceutical care. One barrier is a lack of training by the pharmacy staff. When I arrived, there had been no formal training courses given for any of the staff. All their training was on-the-job, and as a result, there were some areas in need of improvement. Some workers have no knowledge of what the medications are or how to counsel for them; and because of my language barrier, it is difficult for me to counsel every patient. Not only is there a need for improvement in the level of training, but some of the staff members are also very resistant to the change, stating that they have been doing things a certain way for a long time and change is not needed.



In order to combat this problem, I have started teaching a weekly pharmacy training course, focusing on topics that are very applicable to their job, while also teaching basic pharmacology to the staff. My goal for these weekly courses is not only to teach information pertinent to their job pharmaceutically, but also to try and instill compassion, energy, and a desire to glorify God in all the workers. At the end of each weekly course there is a short quiz. Then following the 6 months of training, if the technician has a cumulative score of over 80%, they will receive a new title as a Certified Technician, bestowing upon them more honor and respect in their culture. It has been encouraging to see how the staff has rallied around this information, and I am seeing a desire to learn unlike what I've previously seen in West Africa. In the country where I practice, if one has knowledge, he or she has power. Due to the power that knowledge brings, sometimes locals are reluctant to share what they have learned, in order to keep their power and keep themselves a step above their peers. However, my desire is not to lord my knowledge (power) over them, but rather to share it with them and help them grow in their profession. This has won the staff over and encourages them to show the love of Christ in their work.

We still have a long way to go until "showing Christ's compassion to every patient, every time" is the new standard of care. But I believe we are on the right track. My staff still looks at me as if I am crazy when I pray for a patient, or when I spend 45 minutes after my shift sitting with a patient outside on a bench – just chatting about their family or village. But we are on the path towards regularly showing God's love through the profession of pharmacy. We still have some workers at this hospital who view this only as a job, not a mission, and they are more worried

about their paycheck than God's name being elevated. However, God can touch any heart, even the hearts of senior workers whose ways are set in stone. When I chose to work here, I took responsibility for this pharmacy and how we treat our patients. The outpatient pharmacy is the location where the patients form their final impression for their whole hospital experience. We have the choice to either slow down while we talk to patients, 'have a tea' and show the compassion of Christ, or rush through the interaction with hopes of just getting to the next patient. Our mission is far from being accomplished, but praise be to God for His wisdom and direction as we seek to share the love of His Son.

*Due to safety concerns, any information that could be identifying as to where the author practices, what agency operates the hospital, or the author's name will not be mentioned. The author is currently working at a Christian mission hospital in a hot, sandy, dry part of West Africa. The extreme majority of people in this area of Africa are Muslims, with mostly all of our patient population professing Islamic faith. The hospital has approximately 200 beds and our capacity ranges anywhere from 50% to 250% depending on if it is malaria season. Sometimes during malaria season, the hospital is forced to put 2 or 3 children in each bed, simply because so many of them show up with cerebral malaria and it's not possible to turn them away due to a limit in beds. The hospital sees many different types of tropical diseases such as tuberculosis, tetanus, typhoid bowel perforations, malaria, and many others. Currently, the pharmacy staff is providing rounding services to the surgical staff, operates an inpatient pharmacy, as well as 2 smaller outpatient satellites, one for adults and pediatric patients, and the other for infants.*

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## Fight the Good Fight of Faith By Jennifer Sands

*"Fight the good fight of faith..." 1 Timothy 6:12 NKJV*

### **Editor's Note:**

By request, the Morning Devotional that Jennifer Sands presented at the CPFI Annual Conference in May 2023 at Lake Junaluska, NC is included in this issue. Jennifer dressed up as the biblical character Jael (see photo), and the following article tells the story of Deborah from Jael's perspective.



Shalom! My name is Jael. My story takes place over 3000 years ago, during the time of the Judges, between the years 1375 BC to 1050 BC. (I lived somewhere around 1200 BC, but you really don't need to know my exact age.) You can read about me in the book of Judges chapters 4 and 5. Back then, there was no king in Israel yet... this was before King Saul, King David, and King Solomon.

I lived during one of the darkest times in Israel's history – it was a horrible time of moral depravity. Sin, idolatry, and immorality were rampant; the Israelites were worshiping false gods and committing evil acts and abominations to the Lord. There are things recorded in the book of Judges that would shock you even in your day and age! Twice in the book it says, *"In those days there was no king in Israel;*