

“LORD, WHO SINNED?” REFLECTIONS ON LOVING THOSE WHO SUFFER FROM DISEASES OF LIFESTYLE

by Scott E. Kaufman, RN, MA, Pharm.D.



A native of southwest Missouri, Dr. Kaufman worked as a Registered Nurse for several years before earning the Doctor of Pharmacy degree from the University of Arkansas for Medical Sciences. After graduation, he completed a residency in Pharmacotherapy Management with an emphasis on Infectious Diseases at St. John's Regional Health System in Springfield, Missouri.

After completing his residency, Dr. Kaufman served as Project Manager for the St. John's

Pharmacotherapy Management Center, as well as Research Pharmacist in the St. John's Medical Research Group. During that time, he also taught on the faculty of the Physician Assistant and Nurse Practitioner

programs at Missouri State University. Dr. Kaufman has been published in several peer-reviewed medical journals, including the American Journal of Health-System Pharmacy with an article on rationale and evidence for extended infusion piperacillin-tazobactam.

Dr. Kaufman currently serves as Assistant Professor of Pharmacy Practice for the University of Arkansas for Medical Sciences College of Pharmacy. He is also a Clinical Pharmacy Specialist at Mercy Medical Center in Rogers, Arkansas, where he oversees monthly acute care rotations for the College's fourth-year pharmacy students.

When I was growing up, my father was a smoker. Even though I was just a young boy, I knew about the health warnings on the cigarette packages, and was concerned about the possible effects smoking might have not only on my dad, but also on myself and the rest of my family who were exposed second-hand. Afraid to confront him directly, however, I came up with an ingenious plan. I'd wait until he was at work, then carefully cut the warnings off the cigarette packages and paste them onto pieces of notebook paper with handwritten notes like, “Dad, please stop smoking.” Of course, this tactic went over like a lead balloon, and my agitated father quickly put an end to my quest to “educate” him about the ill effects of smoking. Sadly, many years later he developed lung cancer and, shortly before he died, he confided to me: “I wish I had never started smoking.”

The Burden of Self-Inflicted Disease

According to the Centers for Disease Control, the most common and costly of all health problems are related to lifestyle choices and therefore largely preventable. For example, four common, health-damaging, but modifiable

behaviors—tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use—are responsible for most of the illness, disability, and premature death related to chronic diseases such as heart disease, stroke, diabetes, obesity, metabolic syndrome, chronic obstructive pulmonary disease, some types of cancer, etc.¹ According to the World Health Organization, if these behaviors were eliminated, at least 80 percent of heart disease, stroke and Type 2 diabetes would be prevented, as well as 40 percent of cancers.² Other illnesses are also due to choices people make in their lives. For example, sexual choices lead to STDs, and HIV/AIDS can result from intravenous drug abuse and/or sexual promiscuity, etc. Obviously, at some level people will eventually feel guilt (often at the pinnacle of the disease process) over these choices, just as my father did. How do Christian pharmacists work with patients who might be burdened with guilt over past choices? Perhaps we ourselves even harbor secret biases against persons with such self-inflicted diseases. What should be our response from a Biblical perspective?

Dealing with Personal Bias

Even as Christians, sometimes we can struggle with secret biases against those whose illnesses are a direct consequence of their own behavior. Recently a colleague shared with me an interesting story about an exchange he had with a pharmacy student during hospital rounds on the medical ward. After rounding on a patient who suffered from severe lung disease after years of heavy smoking, the student asked my colleague, “Why should we go to such trouble and expense for such patients? After all, didn't they do this to themselves?” Although some of you may recoil at such a question, the student's attitude is not uncommon. If we're honest with ourselves, many of us will admit having a tendency to stigmatize certain illnesses over others, especially those illnesses that are self-inflicted. This was demonstrated in a study by researchers Christian Crandall and Dallie Moriarty, who used the stigma of illness as a model for uncovering which dimensions of stigmas are critical for causing social rejection. Study subjects responded to ‘medical case histories’ representing 66 illnesses, rating the illness on a variety of dimensions (e.g. contagious/not contagious, common/rare), and a measure of social rejection. Regression analy-

sis revealed that two dimensions predicted rejection: (1) the severity of the illness, and (2) whether the illness was behaviorally caused. In a second experiment, subjects responded to a case history of a fictitious disease that was either mild or severe, and was either behaviorally caused or not. Again, behavioral causality and severity emerged as reliable, independent sources of social rejection. The authors concluded that diseases perceived to be severe or under personal control are most likely to lead to social rejection.³ This and similar studies raise a pointed question: Since many of the diseases our patients experience today are the result of personal choices, what should be our response from a Biblical perspective, and how do we as pharmacists communicate the Gospel to such persons? In answer to such questions, the great Reformer John Calvin offers two salient pieces of Biblical advice...

Love to Patients Doesn't Depend Upon Their Behavior or Deservedness, But Upon God

As Christian pharmacists, we are commanded, "Do not grow weary in well-doing" (Galatians 6:9). Indeed, we are told to "love our neighbor as ourselves." This can be difficult, however, for sometimes those whom we seek to minister to may seem to be unworthy of our efforts on their behalf. How then should we respond? Calvin offers us some sound advice: "The great part of [men] are most unworthy if they be judged by their own merit. But here Scripture helps in the best way when it teaches that we are not to consider what men merit of themselves but to look upon the image of God in all men, to whom we owe all honor and love... Therefore, whatever man you meet who needs your aid, you have no reason to refuse to help him. [You] say, 'He is contemptible and worthless'; but the Lord shows him to be one to whom He has given the beauty of His image. Say that you owe nothing for any service of his; but God, as it were, has put him in his own place in order that you may recognize toward him the many and great benefits with which God has bound you to Himself. Say that he does not deserve even your least effort for your sake; but the image of God, which recommends him to you, is worthy of your giving yourself and all your possessions... You will say, 'He has deserved something far different from me.' Yet what has the Lord deserved?... remember not to consider men's evil intention but... look upon the image of God in them, which... with its beauty and dignity allures us to love and embrace them."⁴

"Going Through the Motions" Isn't Enough—It's the Heart's Intention That Counts!

Calvin points out that, as Christians, we must follow

Christ's command to deny ourselves by setting aside our sinful biases and instead love others as God has loved us. "[The person] who merely performs all the duties of love does not fulfill them, even though he overlooks none [unless] he fulfills them... from a sincere feeling of love. For it can happen that one who indeed discharges to the full all his obligations as far as outward duties are concerned is still... far away from the true way of discharging them. For you see some who wish to seem very generous, and yet accompany every thing they give with insult, by the haughtiness of their looks, or the violence of their words. And in this tragic and unhappy age it has come to pass, that most men give their alms contemptuously... [But] of Christians something even more is required than to show a cheerful countenance and to render their duties pleasing with friendly words. First, they should put themselves in the place of him whom they see in need of their assistance, and pity his misfortune as if they felt and bore it, so that a feeling of mercy and humaneness should incline them to assist him just as they would themselves... Every one should rather consider, that however great he is, he owes himself to his neighbors, and that he ought, in exercising kindness to them, to set no other limit than the end of his resources... according to the rule of love."⁴ Calvin's advice accords fully with the Biblical command to "love your neighbor as yourself" (c.f., Luke 10:27; Galatians 5:14).

Concluding Thoughts

As Christian pharmacists, we are in a unique position to communicate the Gospel to those who suffer from sickness and/or disability. Sometimes, however, we are challenged when these maladies are self-inflicted through choices that individuals make in their lives. Christian pharmacists should be prepared to reach out to those burdened with guilt or shame over past choices. How can we do so from a Biblical perspective? First, we should recognize and repent of any secret feelings of contempt we ourselves may feel toward such persons. Second, our ability to show love to such patients shouldn't depend upon their past or present behavior or deservedness, but upon our personal relationship with, and love toward, God. This is because we have received the same treatment from the Lord: "But God demonstrates His own love toward us, in that while we were still sinners, Christ died for us."⁵ Third, true Christian love is not outward only, but comes from the heart as well. 1 John 4:19-21 teaches us, "We love, because He first loved us. If someone says, 'I love God,' and hates his brother, he is a liar; for the one who does not love his brother whom he has seen, cannot love God whom he has not seen. And this commandment we

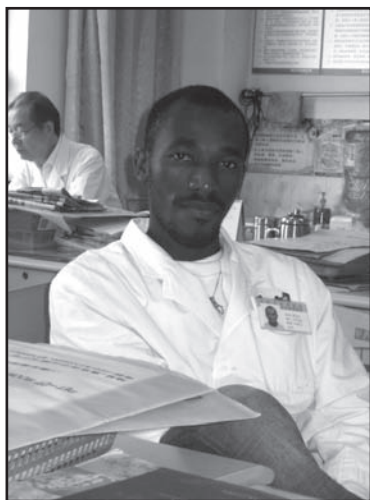
have from Him, that the one who loves God should love his brother also.” If, after reading these admonitions from Scripture, we still find it difficult to engage people whom we find repulsive or have prejudged, we must prayerfully give those feelings to God and move ahead, determined to engage such persons with Christian love, even though our thoughts or hearts are not entirely pure. If we will do so, I believe God will honor our efforts, for oftentimes I have found that the heart will follow our actions. This accords with what I recently read in an article entitled, “Love, God’s Way”, which said: “Love is an action, a response. When you respond, the feeling may not be there at first, but it will come. Feelings follow actions; actions don’t follow feelings. I don’t wait for my feelings to get right before I study or do the things that take discipline. Do first and the feelings follow.”⁶

Acknowledgment:

Many thanks to Dr. Timothy Welty of Drake University School of Pharmacy, and editor of the Journal of Christianity and Pharmacy for his assistance in the editing and development of this manuscript.

Integration of Faith and Pharmacy: A smile that strengthened Faith of a heart surgery’s patient.

by Guy-Armel Bounda, M.Sc, PhD Candidate



Guy-Armel Bounda was born in Gabon in Central Africa and is married to Cosette Bounda, a Master degree student in Gynecology and Obstetrics at Southwest University in Nanjing, China.

After graduating from high school, he moved to China to pursue a Bachelor of Science degree in pharmacy at the China Pharmaceutical University in Nanjing He graduated in June 2007.

During the final year of this degree program he spent a semester doing a clinical internship at the Nanjing Drum Tower Hospital. Following graduation, he chose to pursue a Master of Science in Clinical Pharmacy at the China Pharmaceutical University. During the two years of this program he did a clinical internship in the same facility. During this program he was able to serve as a clinical preceptor for clinical pharmacy exchanges between the Drum Tower Hospital and its overseas affiliated hospitals, medical centers and universities. After being offered a scholarship, Mr. Bounda has continued his studies and is pursuing a PhD with research into the relationship between a Chinese herbal medicine and hepatotoxicity. He anticipates graduating in December 2013.

The profession of pharmacy is a high calling. Following Jesus is the highest calling. Combining the two creates a spiritual synergism that, with the empowerment of God’s grace and Spirit, truly further the advancement of the Kingdom of God.¹

References:

1. Centers for Disease Control. “Chronic diseases: the power to prevent, the call to control.” <http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/chronic.pdf> Accessed 12/11/2012
2. World Health Organization. “Ten facts about chronic diseases”. http://www.who.int/features/factfiles/chp/10_en.html Accessed 12/11/2012.
3. Crandall CS, Moriarty D. *Physical illness stigma and social rejection*. British Journal of Social Psychology. 1995;34:67-83. doi: 10.1111/j.2044-8309.1995.tb01049.x
4. John Calvin, *Institutes of the Christian Religion*, ed. John T. McNeill, trans. Ford Lewis Battles Westminster Press. 1960; III.4.6.696-7
5. Romans 5:8, NKJV
6. David Jeremiah. “Love, God’s Way”. One Place: <http://www.oneplace.com/ministries/turning-point/read/articles/love-gods-way-10890.html> Accessed 12/13/12.

The beginning of a Journey of Faith

Have you ever had a rush of thoughts and emotions after signing up for something you have been working or praying for? Usually you come with many self-questions, such as “Why did I register for this in the first place?” or “Did I clearly hear from The Lord?” or “Is it really for me?” or was it just for my ego?” These are all the questions I asked myself after being selected for a scholarship to pursue my studies in China, even if it happened after several weeks of prayer and fasting. When I left my home country, Gabon, to go to China to pursue my Bachelor Degree in Pharmacy at China Pharmaceutical University, in Nanjing, I knew things would not be easy. China was a country which I knew had no clear understanding of Christianity. The little knowledge I