

12 HOURS ACPE
APPROVED CE AVAILABLE!

Save The Dates

CPFI 2026 ANNUAL CONFERENCE & NATIONAL STUDENT RETREAT



Christian Pharmacists
Fellowship International
Serving Christ and the World Through Pharmacy

NATIONAL STUDENT RETREAT June 3 to June 7, 2026

ANNUAL CONFERENCE June 4 to June 7, 2026

Conference expenses paid by a generous member donor!

The cost of your room, meals, and registration will be paid by a generous CPFI member donor. Travel and other expenses are not included. **Space is limited so register early!**

Christian Pharmacists Fellowship International,
P.O. Box 1154, Bristol, TN, 37621-1154
Ph: (888) 253-6885 E-mail: Office@CPFI.org
Website: www.CPFI.org

Finding Help in an Ever-Changing World.

Psalm 121



Becoming a Praying Practitioner

By John Holladay

The Problem and the Need

While practicing pharmacy for more than 30 years, there have been innumerable times when patients and caregivers have mentioned to me at the end of a conversation to “keep us in your prayers.” No matter the walk of life, it is very likely that some variance of this request has been spoken to all of us. Usually, this is an expression of concern and vulnerability from those who need a touch from the Lord. In the Southeast, where my wife and I live, this phrase is usually answered with: “We sure will.”

But do we? And how exactly do we keep someone in our prayers? What type of prayer do we need to pray to satisfy our hasty agreement to keep someone in our prayers? And how long do we need to pray to qualify for having kept someone in our prayers?

The motivations of asking for prayer are as varied as the desired outcomes. Sometimes, patients simply want to know that someone cares about them and is in their corner. This type of scenario is one in which the problem does not need to be fixed but rather esoterically understood. Other times, patients know that an impending procedure, surgery, or diagnostic is about to occur, and they want a comprehensive and flawless process. Then, there are times when patients realize that if a clear touch from God Almighty does not occur, they are facing the unimaginable.

Several scriptures give us insight into “keeping us in your prayers.” Romans 1:9-10, 1 Thessalonians 1:2, and Acts 12:12 are among the examples. When we keep someone in our prayers, we are not necessarily repeating the same phrase, “Lord, please heal Mrs. Jones,” hundreds of times

a day. We should have a time of intentional intercession for Mrs. Jones in which we describe to Father God our compassion for her, our desire to see her completely healed, and our desire to see Father God receive all the glory.

Once we have thoroughly laid out our heart before God about Mrs. Jones, I believe we should transition to thanking God for hearing our prayer and for the upcoming answer to our prayer. All the while, we must realize and accept that God may answer in a way we do not expect. We pray, He answers.

Father God wants us to be involved with His ministry. The Lord is asking all of us in the healthcare fields, "Whom shall I send?" As disciples of Jesus, among other directives, we are commanded to heal the sick (see Matthew 10:8, Luke 10:9). Healing the sick has a special place for us in healthcare and is likely the primary reason that we entered our chosen profession. People are hurting. People are confused and anxious about their disease. People are losing hope. The Father is asking healthcare workers, "Who will go for us?" Let us resolve to pray for those whom the Father sends our way.

Does Prayer "Work"?

The Number Needed to Treat (NNT) value is a derived statistical measurement used to help determine the efficacy of a medication. Simply stated, the NNT relates how many patients must be treated with the same medication for only one patient to get better who would not have gotten better without the medication. Hypothetically, an NNT of a cholesterol medication may be 15. If the "measurement" is fatal heart attack, then 15 patients must receive the medication to prevent one less fatal heart attack. The lower the number, the more efficacious the treatment is at prevention.

Even a brief glance at these numbers tells us that many more patients who take the medication may still experience the fatal heart attack. Only a small number of those taking the medication will live longer as a result. The reality is that people take medications every day on schedule and still die. However, patients continue to make doctor appointments and travel to larger cities to see renowned specialists. They stand in long lines waiting for their routine medications to be prepared.

Considering this devotion to doctors' offices and pharmacies, why are patients not as diligent in prayer? Why are we so apt to quit praying when no immediate result is observed? Prayer is zero cost. Prayer does not need to be organized into daily containers. Prayer does not have deductibles to reach and expensive copays. Patients do not need to drive to big cities for prayer. Nevertheless, we all have the tendency to walk away from prayer when what we expect or hope for does not occur.

What would be the NNT for prayer? How many patients would you need to pray for who would not be better without the prayer? This question leads us to consider what "get better" means. If we consider "get better" to mean "benefit," how many people would benefit from prayer? Would you agree that everyone would benefit in some way from prayer?

A primary human need is to be heard and understood. We want to know in our core that we are not alone, we are not aberrant, we are not the solitary example of some unusual person in the world. Prayer joins our hearts together as we seek blessing. Prayer unites us in seeking the heart of the Father and the goodness of the Father.

I have seen in my practice the impact of one-on-one prayer. Almost everyone who received prayer from me or my staff admitted to feeling "better." Tears are an obvious sign that the Holy Spirit has touched someone whether or not they are a believer in King Jesus. Hugs and smiles are closely correlated to "getting better" as well. When a person's spirit is uplifted, they know they are not alone and that someone cares for them.

Compassion is the key here. No longer are they Chart Number R134529, or the 3:45 pm appointment, or a random person at the prescription counter... but they are a soul yearning for wholeness and peace and for the chance to chase their dreams and see their children or grandchildren grow. I believe the NNP (Number Needed to Pray) approaches ONE! Every ONE person who receives prayer leaves with more hope, faith, and love than before the prayer. And the practitioner is bolstered and strengthened to continue pouring out love and attention to other patients.

I encourage you to do your own NNP analysis. Prayer changes things. Prayer reduces depression and lifts spirits because of the promise of Isaiah 55:11 (NIV) – "... so is my word that goes out from my mouth: It will not return to me empty, but will accomplish what I desire and achieve the purpose for which I sent it." Keep a diary of your prayers and refer to it when patients return to your practice. Watch and see what the Father will do through your willingness to pray for your patients.

Prayer and Medications

As a Christian, it is important to realize that our patients can take their medications and receive our prayers. Deuteronomy 29:29 KJV states, "*The secret things belong unto the Lord our God, but those things which are revealed belong unto us and to our children forever, that we may do all the words of this law.*" Medical practice is a revealed thing! Medications are for us, not against us. Paul, whose very clothes healed patients as a result of touching his skin, I, (Acts 19), instructed Timothy to "*stop drinking only water, and use a little wine because of your*

stomach and frequent illness.” (1 Timothy 5:23 NIV). Medications are a blessing from God.

Preparation and Implementation of a Praying Practice

Ask the Lord for a Divine Appointment each day at your workplace. Ask God to bring someone to you who needs a special touch from Him. Ask God for heavenly insight or words of knowledge (see 1 Corinthians 12:8) about the situation, in order to guide your prayers and fully understand the present state of the one for whom you are praying.

I also encourage you to develop networks of practitioners who pray for their patients. Share stories of answered prayer with each other, as well as times when the answer was not what you asked. We all want to hear the testimonies of healings! *“Let your light so shine before men, that they may see your good works, and glorify your Father which is in heaven.”* (Matthew 5:16 KJV).

Your Work Environment

Please realize that you set the tone in your workspace. Why not set up your workspace in the Kingdom of God? There are many Scriptures that we can apply to our workspace so that we *“may be thoroughly equipped for every good work.”* (2 Timothy 3:17, NIV). Please do not discount this word from God. The verse does not say somewhat equipped for very specific works only. The verse does not even imply that God’s word is only in effect when presenting the gospel to the heathen. This verse says, *“for every good work.”* As a healthcare provider, you are doing *“good work.”* You are helping the Lord Jesus provide life more abundantly. So let’s apply His word, His breath of life, to our workplace.

Matthew 18:18 (NIV) states, *“Truly I tell you, whatever you bind on earth will be bound in heaven and whatever you loose on earth will be loosed in heaven.”* Your patients are influenced by their feelings and preconceptions of who you are and the type of care they will receive. Many patients come into your workplace with negative attitudes with which they inoculate everyone nearby. While we must be compassionate and empathetic to all patients, we must also create an environment conducive to the flow of the Spirit of the Lord.

Take charge of your rooms. Speak with the authority given to you as a believer into the room. Bind up the spirits (Matthew 18:18) of profanity, anger, rage... you fill in the blank. This scripture gives us permission to bind these negative influences and forbid their expression and actions in our presence. An essential follow-up is to loose *“shalom peace”* into the room. Ask the Father to send His angels into your workspace with the peace of heaven. When you pray this out loud and with authority, you will sense the atmosphere of the room shift.

Father God created us to reign (see Genesis 1:27-28). As believers, we are in charge. Do not forfeit your responsibility or authority to any negative influence or manifesting demonic behavior. *“I will give you every place where you set your foot, as I promised Moses.”* (Joshua 1:3, NIV). Your office workspace is your place! After *“praying up”* the room, reign with humble authority.

Praying Combats Burn Out

It is vital to understand that praying for patients helps us as practitioners. Each day, we face 8 to 12 hours or more of multi-tasking with varying degrees of difficulty and severity. These situations may involve patients struggling with trauma, anxious teenagers consumed with social media pressures, arguments over co-pays and other financial matters, or even superiors who do not understand your stress and demand more production.

Praying for a patient allows us to jump off the speeding train and focus on one individual. All else sinks into the background. When we stop to pray for our patient, this pulls us out of the hecticness and sets us in a one-on-one Divine Appointment. This provides palpable physical and spiritual energy to the praying healthcare practitioner. It breaks up the nonstop routines and chaos and allows us to look at the Author and Finisher of our faith. He is the One who is the same yesterday, today and forevermore. As we pray for our patient, our strength increases, our faith rises, and our smiles come back.

Some Don’t Want Prayer

Unfortunately, some patients do not want prayer even when it is offered to them. For whatever reason, prayer is not an option for them. When asking a patient if you may pray for them, and they decline your offer, this could turn into an awkward moment unless you are prepared to hear *“no.”* Several reasons exist that explain why a patient may not desire prayer when offered.

One common reason you may receive a *“no”* to your invitation to pray is that the patient has observed your lifestyle. *“If anyone thinks they are something when they are not, they deceive themselves.”* (Galatians 6:3, NIV). People notice your walk and your talk. When you claim to be a Christian, you have officially invited microscopic scrutiny of your life. Patients will want to know that you are genuine before they become vulnerable with you. Do you walk out what you talk about?

If your lifestyle does not match your Christian words, do not be surprised when patients roll their eyes and frown when you ask them if you may pray for them. As Jesus said, *“by their fruit you will recognize them.”* (Matthew 7:16 NIV). It is imperative that we live a life that displays evidence that we’re pursuing God. We cannot give away what we do not have.

Another reason a patient may decline your prayer request is if they feel like you are forcing something on them. Most people can tell when you begin to apply pressure on them to convert their way of thinking or change their behavior about a particular subject. If you get the nonverbal impression that the patient is resistant to prayer, it is best not to push the subject. A little salt on the cucumber slice tastes great. A big pile of salt on the cucumber slice is nauseating.

The key is giving the patient a choice: "Are you willing to allow me to pray for you?" "Would you like me to pray for you?" Or, "What can I come into agreement with you in prayer?"

If the patient declines our offer to pray, we should honor that decision. Whether or not we feel like the patient would benefit from prayer is irrelevant. If the patient wanted prayer, he or she would have agreed to receive prayer.

Some of our patients do not believe in God. We understand the fact that God so loved them that He sent His only Son into the world for them. We understand that while they were yet sinners, Christ died for our patients. We understand that they are made in the image of God. Our task is to be used by the Holy Spirit to generate a hunger in them for more of the Father. Thus, one of the best things we can give them is the love of the Father.

A common argument from atheists regarding praying for healing is that it is not a 100% return on investment. Sometimes we pray and patients get better, and sometimes they do not recover. This is seen as random chance to the atheist. If you meet a feisty atheist who wants to debate you and he/she becomes antagonistic, it is best to turn the cheek and smile. As the proverb goes: *"Whoever corrects a mocker invites insults."* (Proverbs 9:7 NIV). However, lift up a prayer to God Almighty for that patient later in the day, outside of their presence. Ask the Holy Spirit to soften their hearts so they will realize that God is good and that He desires a relationship with them.

The last group of people who don't want prayer are those who have been hurt by the church or by someone who claimed to represent God. Abuses by the church span all denominations and have resulted in cynicism or even anger toward the things of God. These patients need a touch from God and not excuses from us.

The best course of action is to love them with the Father's love. Give them the fruit of the spirit and continue to be consistent in where you stand. Perhaps one day, that patient will begin to ask questions about God or vent their frustrations about past experiences. During this time of curiosity, the patient is unknowingly vulnerable to receiving a nugget of truth from you. Perhaps the love of

the Father will break through the padlock on their hearts to heal past hurts. You stand firm in your belief and be ready to provide a testimony as to why you believe what Father God says.

How Do I Start Praying for Patients?

Hopefully by now, you are enthusiastic about praying for your patients! But you may not be accustomed to this and may not know where to start. Perhaps you are concerned about it getting weird or awkward. All you need is a blueprint on how to take the first step. A general outline is provided below, but the primary thing you need is to witness the first answer to a prayer that you prayed over a patient. Then you will be unstoppable. I ask our Father who is in Heaven right now to answer your prayers in an amazing, supernatural way!

The first step is to start from a place of compassion. Artificial, plastic tree prayers will instantaneously be identified by the patient as fake. All the miracles of Jesus started from a place of compassion. Allow the fruit of the Spirit to help your heart become more compassionate. This fruit comes from The Vine who gives life: *"I am the true vine, and my Father is the Gardener. He cuts off every branch in me that bears no fruit, while every branch that does bear fruit, He prunes so that it will be even more fruitful."* (John 15:1-2 NIV).

Ask the patient sincerely, "Are you willing to allow me to pray for you?" Almost everyone, after they get over the shock of the question, says, "Sure." The next step is almost involuntary as we reach with our hands towards the patient. Ideally, we would like to place hands on the area that hurts. But before you do that, first ask the patient if you may touch them. Do not assume that they would not mind. If the patient is of the opposite sex, be very cautious. Either touch them on the top of the shoulder or ask their spouse, if present, to place their hand on the area of need, and then you place your hand on top of the spouse's hand. *"Do not give the devil a foothold"* (Ephesians 4:27 NIV) by being careless in this arena.

It is now time to pray! Be led by the Holy Spirit who knows exactly what we should pray (Romans 8:26). In general, pray brief and concise prayers – not a prayer that would qualify for the rebuke Jesus mentioned in the Sermon on the Mount: *"And when you pray, do not use vain repetitions as the heathen do. For they think that they will be heard for their many words."* (Matthew 6:7 NKJV). Develop your own style of prayer in terms of how you will start and end.

My wife prays God's Scriptures back to Him. For example, "Father, Your word says that where two or more are gathered, You are there... Father, Your words commands us to heal the sick... Father, You said whatever we ask in Your name, it will be done for us, so I ask..." This is an

awesome method. But for me, most of the time I find myself in a conversation with Father God (as I just summarized) and speak out what the patient and I have been talking about. My scriptural basis is, *“Truly I tell you, if anyone says to this mountain, ‘Go, throw yourself into the sea’ and does not doubt in their heart but believes that what they say will happen, it will be done for them.”* (Mark 11:23 NIV, emphasis added).

Some friends of mine have a different style. When they pray, they get straight to the point: “I command this TMJ pain to stop right now in the mighty name of Jesus.” The point is, along with compassion, you must convey commitment, authority, and sincerity in your prayer. I strongly encourage you to end your prayer with a blessing for the patient. A typical one of mine is, “Thank you Father for hearing our prayer. I bless my friend and pray Your grace and peace on them as you work in their life.”

When Jesus gave the commandment to heal the sick, He did not give us a step-by-step formula. Neither did the Apostle Paul or any other New Testament author give us detailed instructions about how to do so. I believe this is intentional and Spirit-led, because the approach and content will likely vary each time. This is why it is vital to discern what the Spirit is saying and act accordingly.

Many times, praying for a patient does not occur to me as I discuss symptoms and medications with them... until suddenly, the Holy Spirit nudges me to move into that area. The great news here is that the Spirit just wants to be invited in, and He will take care of the rest. When I get these strong nudges, I know the patient will be touched by God and will leave our practice site changed for the better.

I have also learned to pray at the level where a patient’s faith is at the time when he or she asks for a specific desired outcome through prayer. I come into agreement with the patient as to what they want. I meet the patient where his or her faith is. If the patient has expressed what they want, it is risky to overpower them with some prayer that does not align with their personal level of faith or belief. The faith of the patient is increased when the specific prayer generated from them is answered, rather than a prayer I have talked them into praying.

As previously mentioned, ask the Lord for a Divine Appointment each day at your workplace. Allow the Holy Spirit, who knows God’s secret thoughts, to guide your prayers. Short prayers are perfectly fine. Calmly spoken prayers are perfectly fine. Most of my prayer times with patients are under one minute. But the results are long-lasting. Would you invest one minute of your time for the well-being of your patient? Step out in faith and just start praying for them!

Editor’s Note: If you would like to learn more about how to pray for your patients, please read Dr. John Holladay’s book entitled, *Praying Practitioner: Testimonies and Teachings*. Scan the QR code below to order on Amazon.



John earned a BS Pharmacy in 1992 and a PhD in Pharmaceutics in 1997 from the College of Pharmacy at the University of South Carolina. He has held faculty positions at several universities and worked as a pharmacist in community chain, independent and hospital settings. He and Susan, his wife, are ordained ministers with Christians For Messiah Ministries and are Healing House Network Ministers with Restoring the Foundations International. John has written a book about his experiences with praying for patients entitled, “Praying Practitioner. Testimonies and Teachings.”

Devote yourselves to prayer, being watchful and thankful

Colossians 4:2

