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Title: Faith-based Healthcare: Commissioned and Constrained

Abstract:

Jesus' concluding commission to "make disciples of all nations" (Matthew 28:18-20) appears to involve all believers. Yet ethical and practical constraints prevent open proselytizing among patients and staff. Imagine the impact of placing a copy of Great Controversy at every bedside in Adventist hospitals. What then is the appropriate role of Adventist healthcare towards the proclamation of the Gospel and, more specifically, of Adventist beliefs?

A fruitful approach in addressing this perennial issue could begin with the counsels of New Testament authors. Circumstances clearly differ, but constraints to ministry facing a contemporary faith-based hospital in secular America are analogous to those confronting house churches founded in the urban centers of the eastern half of the Roman empire.

The writers of the New Testament uniformly omit calls for overt evangelism in their directives to believers under their oversight. Evangelism appears to remain largely the provenance of itinerant disciples and apostles. The advice to believers in the letters of Paul and other apostles gives particular attention to the inner life of their respective congregations while offering counsel on interactions with the wider society.

As the metaphor for his followers, Jesus envisioned a city on a hill, fixed and visible. Their "good deeds" are to lead others to "give glory to your Father who is in heaven" (Matthew 5:16). The six examples that follow illustrate the actions Jesus had in mind (5:21-48). Collectively, the examples describe a harmonious community, noted for the integrity of its members and their actions of assertive love in responding to the abuses of power, etc. Religious deeds, overtly displayed, are explicitly excluded (6:1-18).

The presentation concludes with suggestions and a discussion on the relevance of Jesus' teachings to contemporary Adventist healthcare.