

# MEDICINE AS PROPHECY

*A Brief Theology  
of Adventist Healthcare*



ALEX BRYAN

*“Every healing is a signpost  
of the Second Coming.”*

# Medicine as Prophecy

*A Brief Theology of Adventist Healthcare*

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## **Contents**

[Title Page](#)

[Copyright](#)

[Praise for Medicine as Prophecy.](#)

[Author's Note](#)

[ONE](#)

[TWO](#)

[THREE](#)

[FOUR](#)

[Endnotes](#)

[About the Author](#)

## **Praise for Medicine as Prophecy**

*“This is a beautiful, exhaustively researched, exquisitely constructed, carefully reasoned, deeply compelling apologetic for Adventist healthcare. Long enough to be substantive, short enough to be readily consumed, challenging enough to stimulate neuronal regeneration, simple enough to nourish simple faith.”*

**—Ted Hamilton, MD**

Chief Mission Integration Officer and  
Senior Vice President (retired), AdventHealth

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*“In this remarkable book, Alex Bryan offers a powerful argument for why healthcare is a vital part of the Adventist Church’s ongoing mission. Bryan looks at the theological roots of Jesus’ ministry as a healer and a teacher of healing. Healing made the ineffable practical and the prophetic present. In Jesus’ ministry, we see how the Adventist message can be proclaimed through the practice of professional medicine. This is a must-read for those who desire meaningful deliberation on Jesus’ ministry, the Adventist message, and Adventist-affiliated healthcare.”*

**—Grace Chan Oei, MD, MA, HEC-C**

Director, Center for Christian Bioethics, Loma Linda University; Clinical Ethics Consultant, Loma Linda University Health; Assistant Professor, Pediatrics, Division of Pediatric Critical Care, Loma Linda University Children’s Hospital

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*“Medicine as Prophecy is a fabulous read on a niche subject that is rarely named or explored within the Adventist Church. The components of Adventist church, education, and healthcare make for an interesting conversation worth exploring— something this book does well. The chapter on medicine as prophecy is an insightful, compelling, and helpful overview of Christ’s healings in the context of ultimate healing.”*

**—Karl Haffner, PhD**

Vice President for Student Experience,  
Loma Linda University Health

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*“Faithful Adventist healthcare is founded on theological convictions. In Medicine as Prophecy, visionary leader Alex Bryan explores these convictions in wonderfully engaging ways that deepen our understanding of why Adventists remain so thoroughly committed to the ministry of healing in the 21st century.”*

**—Gerald R. Winslow, PhD**

Research Professor of Religion and Ethics, Loma Linda University;  
Founding Director, Institute for Health Policy and Leadership; Executive  
Council Member, Adventist Bioethics Consortium

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*“Alex Bryan reminds us that health, healing, and Christian mission are inextricably linked for the betterment of humanity and a greater understanding of the character of God. Healing—as it relates to the mission of God and as demonstrated by the history of Christian healing, Christian hope, and Christian mission—cannot be separated from the people who proclaim faith in that deity. Dr. Bryan outlines these relationships with a winsome pen that keeps us engaged and inspired.”*

**—Tim Gillespie, DMIN**

Lead pastor, Crosswalk Church

## Author's Note

To be an Adventist is to care about health. In a significant and sustained way, the Seventh-day Adventist Church has concerned itself with human disease and cure, with physical brokenness and well-being. For more than 160 years the church has thought, taught, invested in, built, and practiced a “ministry of healing.”<sup>[1]</sup> Medicine has been and continues to be manifold. Its many expressions are plain evidence of centrality in the mission, doctrine, discipleship, and ministry of the church. The ecclesial story is very much a clinical one: engagement in healing that is both dynamic and enduring.

Scientific knowledge and therapeutic progress since the mid-1800s have grown in ways the church's founders would have had difficulty imagining. Sanitariums have become hospitals. Deadly infections have become largely avoidable. People are living longer—much longer.<sup>[2]</sup> The mission remains while the applications have changed.

It is not only fresh science that is needed in the service of an enduring medical vocation. We also require contemporary theological and missional expression. New language, like new treatment, renews and restores. Relevant expression and current conversation about why we do healthcare at all is needed. Mission drift is more likely when we fail to speak about mission. Fidelity to mission is more likely when we name mission and do so both faithfully and creatively. Medicine practiced in

the name of God must always be nourished by theological articulation. We speak of Jesus and then heal in his name.

This brief theology of Adventist healthcare is designed to provide a biblical reflection on contemporary professional medicine from a Seventh-day Adventist perspective. It is my hope these ideas will offer encouragement and perhaps inspiration for those who labor over the business of healthcare, including board members, hospital executives, clinical leaders, and chaplains. In addition, this book is intended for other interested stakeholders, including church administrators, theologians, scientists, pastors, medical students, and all of us who at some point find ourselves in need of healing. This book, then, is for everyone who is curious about the healing ministry of Jesus, Adventism's embrace of his model of care, and how we might think in order to love well in the days ahead.

Alex Bryan  
November 2023



## ONE

# Medicine as Ministry: An Introduction

*Jesus went through all the towns and villages,  
teaching in their synagogues,  
preaching the good news of the kingdom and  
healing every disease and sickness.*

—Matthew 9:35

In 2018 I accepted a new role to provide pastoral leadership for Adventist Health, a healthcare company based in Roseville, California. The organization is one of five Seventh-day Adventist healthcare systems in the United States: AdventHealth, Adventist Health, Kettering Health, Loma Linda University Health, and Adventist HealthCare. I sensed God's nudge to serve in this fresh context, continuing a career as an ordained minister. My previous vocational experiences had been in local churches and higher education. This new venue would be a departure from the familiar steeple and ivory tower and would be foreign territory for me. What would I find inside the halls of American healthcare, an industry that comprises one-fifth of the nation's economy? Was there a place for pastoral ministry in healthcare? Would I find Jesus and a desire for him? I had seen the Adventist faith tradition applied in church and school, but what would this look like in the life of a clinic or hospital?

While healthcare was a new vocational setting for me, it was not a complete unknown. I had early exposure as a child of Adventist medicine: I was born at Washington Adventist Hospital (then Washington Sanitarium), and I am the son of a Loma Linda University-trained pediatrician and a Columbia Union College-educated registered nurse. Professional medicine from an Adventist perspective was my family of

origin. For those raised near scrubs and stethoscopes, this is no small matter. The smells and stories of healthcare are deeply embedded in the psyches of children raised by medical professionals. Hospital-ese becomes a native tongue. The depth and breadth of the medical vocation, much like the pastoral profession, is immersive for families. When I left home for college at 19 years of age, I had been exposed to a thorough curriculum by listening to the shoptalk of physicians, dentists, nurses, therapists, and others.

My primary classrooms included the weekly Sabbath dinner table populated by practitioners of healing and annual summer holidays habitually connected to conferences for Continuing Medical Education. I did not learn how to diagnose disease and prescribe remedy, but as a silent witness to 10,000 unguarded conversations I did acquire a good sense of how doctors think and feel. They crave perfection but rue regulatory overreach, revere science but mourn its limits, embrace and endure interruptions, loathe malpractice as litigious lottery, love the Hippocratic Oath and its lofty ideal, and carry deep affection for their patients, even those who seek second opinions from Dr. Google at the Internet Search Clinic.<sup>[3]</sup>

These childhood experiences served me well through the years by providing context for intermittent ministry opportunities for medical professionals. I accepted numerous invitations to preach for Adventist healthcare professional meetings and twice worked as a mission and ministry consultant for Adventist healthcare organizations. From 2013 to 2014 I was president of Kettering College, an Adventist institution offering certificate, undergraduate, and graduate degrees in a variety of healthcare disciplines. These visitations refreshed my familiarity with and appreciation for the world of healing and its productive residents.

It may be surprising then how little I knew or had thought about Adventist healthcare as an organized corporate ministry of the church. I was aware of the principles of healthful living taught by the Adventist Church and, through the eyes of my parents and others, the experience of clinicians. My naiveté existed elsewhere: I did not understand the reality or purpose of Adventist healthcare as an integrated, organized, institutionalized mission. Several years ago—even with my childhood and pastoral encounters and my experiences as senior pastor of one of the largest Adventist churches in North America—if I had been quizzed about the mission, purpose, size, geography, ways, and means of Seventh-day Adventist healthcare, my answers would have been embarrassingly inaccurate and incomplete.

While I didn't know much about Adventist healthcare, by useful comparison I knew quite a bit about other major aspects of the Adventist Church in North America: the educational system, denominational governance structure, the sisterhood of local churches, and the economics, sociology, politics, and ecclesial weather patterns of the church. But Adventist healthcare? I knew it existed and knew people who worked in healthcare, but I thought of it mainly as a benign entity foreign to the heart and soul of the Adventist movement in North America. Now, several years into my new ministry assignment, I am struck again and again by how little many Adventist Church members, especially leaders, know or care to know about Adventist healthcare. I am not alone.

My current role as chief mission officer for Adventist Health includes responsibility for the hospital system's relationship to the broader church. I talk about Adventist healthcare with Adventists, a lot. I have been reminded in numerous conversations of healthcare's hiddenness. What do I hear? "Alex, I know we teach doctors at Loma Linda, or at least we used to, and we have a big hospital in Florida somewhere, but that's about it. Is that place still Adventist? It's in Orlando, isn't it?" I find greater awareness of Adventist professional medicine in communities with an Adventist clinical presence, but even in these towns acknowledgement of Adventist healthcare is often merely geographic identification—what you might expect of a local Wal-Mart, Starbucks, or Trader Joe's. The thinking often goes something like this: "I know there's an Adventist hospital not far from me. I know where it is. But I haven't given any thought to the mission, purpose, and ultimate objectives of the hospital. I really don't know."

The general unfamiliarity among Adventist Church members regarding the church's investment in professional medicine is astonishing given that of the 124,729 full-time denominational employees claimed by the North American Division, 109,953 work in healthcare.<sup>[4]</sup> Beyond these employment statistics, the sheer size of Adventist healthcare is noteworthy in terms of nationwide critical-care hospitals (approximately 100), clinics, hospice agencies, and home health agencies (more than 1,000), associated healthcare universities (three) and degree types (more than 100), community health initiatives (in the thousands), patients served each year (approximately 14 million), and revenue generated and dollars reinvested (more than \$25 billion).<sup>[5]</sup> Through the professional work of medicine, Adventists engage national, state, and local

governments, giant philanthropic foundations and corporations, and American society at large in sizeable, meaningful, consequential ways.

[\[6\]](#)

My first love is the local church. My natural home is Adventist education. But this I admit: The story of Adventist ecclesial and academic ministry does not encompass the full narrative of what God is doing through the affectionally self-named “peculiar people” in America.

[\[7\]](#)

I’m writing this sentence on a Monday morning when more than 100,000 people woke up and pinned a badge to their chest thus naming their clinical labors as “Adventist.” More than a million Americans will seek healthcare from Adventist institutions on Mondays alone this year. Today, one out of every six Americans will drive to work or school in a community with an Adventist hospital. Annual tithe in the North American Division is just over \$1 billion; healthcare valued at three times that amount will be provided by Adventist organizations on the collective Mondays of this year, and again and again and again and again each day throughout the week.

How can it be that the ministry of Seventh-day Adventist healthcare remains concealed for so many inside the church?

Widespread, unintended parishioner unfamiliarity—out of sight, out of mind—is not the full story. I’ve also learned that some do, in fact, know something of modern Adventist healthcare but have rendered a negative verdict. In these cases, dismissal of Adventist investment in professional medicine is not from casual inattention but rather concerned evaluation.

What do I hear?

I’m told the Adventist healthcare system (the five entities are frequently assumed to be one) has “sold out.” The critics often have these ideas in mind: Departure from the original sanitarium model. Employment of people who are not members of an Adventist church. Accepting government money. Complying with government regulations. Paying market wages. Working with secular organizations, or worse, Catholics. Failing to give Bible studies to patients. Missing out on delivering evangelistic pleas to the dying. Omitting denominational sales pitches to patients. Caring for all kinds of people, including those with lifestyles that are not Adventist-approved. Generally, practicing medicine in ways they deem “not faithful.”

A direct condemnation I hear every month or two from a church member or sometimes a pastoral colleague is this: “So, Alex, why did you leave ministry to work for healthcare?” Gradually I came to

understand this invective was rational and based on a foundational conclusion about Adventist healthcare that goes something like this: Pastoral work in churches and church administrative offices ranks first. Pastoral work in church schools as chaplains and Bible teachers ranks second but is legitimate. Pastoral work in church-based medical institutions ranks third, at best, and probably is no longer actual ministry. Adventist healthcare, I deduce, is not really considered part of the Adventist Church, or given its substantial engagement with the world, is considered at present unfaithfully so.

I have concluded that a reason many Adventists know little of 21st century Adventist healthcare institutions is because hospitals, many founded by the 19th century entrepreneurial vision of Ellen White herself, have been written off as missionally apostate. The feeling is that healthcare ministries, which were conceived in spiritual purpose, have now drifted into a secular present. A longstanding instinct of Adventists to keep Adventist institutions separate from the world does not easily allow for the kind of civic and communal engagement Adventist healthcare now practices. Local churches, conference offices, and church schools prove more successful in keeping people who are not Adventists on the outside. Adventist healthcare, by contrast, engages gentiles in emergency, exam, and operating rooms. Adventist healthcare institutions welcome healers and patients who are Sikh, Muslim, Hindu, Buddhist, Orthodox, Protestant, Catholic, agnostic, and atheist. How can an Adventist institution be Adventist with such intimate and intricate relationships with those outside the Adventist Church? How can a ministry be authentically Adventist when the majority of those who work and are served fail to claim adherence to the Adventist faith?

I will tackle these questions in the chapter “Medicine as Sanctuary.” First, foundationally, are the critics correct? Is the practice of medicine categorically outside the purview of the Adventist Church? Even when deemed to be expressed faithfully, is healthcare spiritually legitimate? Do physicians, nurses, pharmacists, dentists, therapists, chaplains, and yes, pastors serving in healthcare function at the heart of the Adventist agenda or do they not?

## **Jesus the great physician**

The ministry of Jesus is the first and proper ground on which to consider the question of Adventist healthcare’s legitimacy and realization as an authentic Christian expression. Adventist faith is nothing more nor less

than faith in Jesus. Adventist life is precisely understood as a reflection and manifestation of the life of Christ. Adventist theology is exclusively founded on the unique authority of God's revelation in Jesus:

*This is my Son, whom I love; with him I am well pleased. Listen to him!*[\[8\]](#)

The blueprint and construction for Adventist belief and behavior is built on the foundation of Jesus. His words and actions fulfill the promise of the Old Testament. The meaning of his story is described in the ecclesiastic writings of Peter, Paul, James, and John. The ultimate impact of his first century advent is described in Revelation: a second advent to come. The gospel narrative of Jesus Christ described by the four New Testament witness-historians is the master story for humanity, for Christianity, for Adventist faith. The inspired accounts of Jesus' birth and baptism, life and miracles, death, resurrection, and ascension hold sovereignty over Seventh-day Adventism. The church takes seriously the great commission:

*Therefore go and make disciples of all nations ... teaching them to obey everything I have commanded you.*[\[9\]](#)

“Everything” must include, then, attention to Jesus as medical practitioner and teacher of medical practice. The gospels are permeated with Jesus as clinician and professor of clinical work. Some 30 specific acts of healing populate his biblical biographies in addition to multiple passages where Jesus is said to have healed crowds, entire towns, or whole populations. Jesus heals head to toe with specializations including, in modern terminology: dermatology, emergency medicine, general surgery, gynecology, epidemiology, internal medicine, neurology, nutrition, ophthalmology, orthopedics, otolaryngology, pathology, pediatrics, pharmacology, physical therapy, psychiatry, psychology, radiology, social work, and clinical chaplaincy.

The medical practice of Jesus is a major feature in Matthew, Mark, Luke, and John. The stories in Acts continue this healing emphasis in the apostolic generation. The writings of Paul elucidate the meaning and import of healthcare. James emphasizes awareness of disease and therapy in the church. The climax of Revelation includes the end of “death or mourning or crying or pain” and the promise of a medicinal “tree of life ... for the healing of the nations.”[\[10\]](#)

Matthew 9:35 articulates the core components of Jesus' work. Here we see the tactics of Christ, the vocational architecture of his ministry:

*Jesus went through all the towns and villages, **teaching** in their synagogues, **preaching** the good news of the kingdom and **healing** every disease and sickness.* [\[11\]](#)

Preaching. Teaching. Healing. Temple. Academy. Clinic. Church. School. Hospital.

Ministry, for Jesus, was exercised in three expressions: teaching, preaching, and healing. Prompted by this gospel design, the founders of the Adventist Church built institutions—schools, churches, and sanitariums—in the durable service of all three missional expressions.

So we begin with this settled premise: *Jesus healed and did so as a primary feature of his ministry.* Adventists, in turn, built a church ministry model embracing the medical vocation. The starting position as expressed in the Adventist tradition—healthcare in the way of Jesus—is legitimate and must be taken up seriously. If “by their fruit you will know them” [\[12\]](#) proves a worthy measurement, the extraordinary compassion and prodigal love dispensed by physicians and other healthcare providers inside Adventist hospitals and clinics is conclusive. [\[13\]](#)

## Healthcare institutions

The story of the Christian church over the past 2,000 years includes invention, formation, and operation of organized, institutionalized healthcare. Followers of Jesus taught and practiced not only personal interest in healing acts but collective commitments. Jesus' feeding of 5,000 families demonstrated care at scale. [\[14\]](#) His parable of the small mustard seed—his own ministry later growing into the greatest tree and providing safety and care for many—prophesied a ministry of broad impact. [\[15\]](#) His words to the disciples in reaction to multiple healing events set an expectation for more than a lone, personal healing touch:

*[W]hoever believes in me will do the works I have been doing, and they will do even greater things than these ...* [\[16\]](#)



The apostolic church took the expansive expectation of Jesus seriously: greater works, not as better in quality than what Jesus did, but greater in quantity, wider in scale. The first century followers of Jesus launched a structured service of deacons, which systematically delivered lifesaving food to widows. Native generations of Christians were known to provide care for the sick not merely as reactive impulse but through a proactive program. Christians organized emergency medical relief, otherwise unknown in the ancient world, during epidemic disease. Early church membership records include many believing physicians. The first community hospitals in history were founded by Christians. Disciples of Jesus, embracing the theological implications of Christ's word and work, built sustainable systems for therapeutic delivery. The men and women who lived nearest to the time of Christ and his eyewitnesses believed that his word and way demanded the formation of relevant, durable, sophisticated, scalable, expert medical care.<sup>[17]</sup>

The “way, truth, and life” of Adventist healthcare must be grounded exclusively in the “way, truth, and life” of Jesus the physician. The Gospel story of a divine clinician come to treat and heal the patients of earth sets boundaries and horizons, inspiration and focus. Messianic medicine motivates and defines. It is the reason for healthcare, describing both immediate and ultimate outcomes. The whole of medicine practiced in the name of Jesus is delivered by him, for him, in him.

## **Theology of Adventist medicine**

The two primary chapters of this book offer a short theology for the practice of medicine in an Adventist context. In these subsequent chapters I offer a brief reflection of Jesus and his miraculous healing ministry. Why did Jesus heal? What does he expect from those who choose to follow him in this way, plying his example of healing action? What core convictions must undergird the unique expression of Seventh-day Adventist health ministry? How might such prompts continue to disrupt and design our future?

Finally, I offer a chapter on the intersection of faith (spirituality) and science (medicine). What relationship exists, if any, between the core proclamation of God, the church, and the vocation of human biology (the clinic)? Can the church and its healthcare institutions live beyond an adversarial or indifferent posture toward a truly integrated ministry?



## TWO

### Medicine as Prophecy

*Heal the sick who are there  
and tell them, "The kingdom of God  
is near you."*

—Luke 10:9

Adventist healthcare is animated theology, doctrine in dramatic, living form.

Medicine, practiced in the name of Jesus, is sacred ritual. Hospitals, built by faith, are holy sanctuaries. Physicians, acting as priests and prophets, dramatize divinity. Nurses, in each patient engagement, enact religious liturgy. The physical business of healthcare for Adventists is material substance *and* spiritual stagecraft: The Spirit God is up to something beyond our common expectations.

How?

In the church, Christmas services rich in image and sound remember Bethlehem. Easter celebrations adorned with lilies and the spring season recall resurrection. Consumption of communion's bread and cup tapping trained taste buds stimulates memory of Christ and cross.

The Christian clinic, in the Adventist tradition, has a different biblical focus: the *future*.

Every healing is a signpost of the Second Coming.

Every appointment with life and death is a prompt of the Parousia.

Every patient encounter is a prophecy seminar: *This is what happens when Jesus comes again.*

As of this writing, Adventist healthcare in America conducts 14 million such prophecy seminars a year. Nowhere else in the activity of the church are snapshots of Revelation's climax delivered at such

astonishing scale. The Second Advent alleviates pain; the Second Advent attenuates disease. This is the explicit action of hospital and clinic, physician and pharmacist.

*He will wipe every tear from their eyes. There will be **no more death or mourning or crying or pain**, for the old order of things has passed away.*[\[18\]](#)

*For the Lord himself will come down from heaven, with a loud command, with the voice of the archangel and with the trumpet call of God, and **the dead in Christ will rise first.***[\[19\]](#)

*So will it be with the **resurrection of the dead**. The body that is sown is perishable, it is raised imperishable; it is sown in dishonor, it is raised in glory; it is sown in weakness, it is raised in power; it is sown a natural body, it is raised a spiritual body.*[\[20\]](#)

*Then the angel showed me the river of the water of life, as clear as crystal, flowing from the throne of God and of the Lamb down the middle of the great street of the city. On each side of the river stood the tree of life, bearing twelve crops of fruit, yielding its fruit every month. And the leaves of the tree are for the **healing of the nations.***[\[21\]](#)

The scene at the return of Jesus is the hospital's final act, but that trumpet call is also medicine's ultimate moment. All cured. All healed. All discharged. No readmissions. Oncology obsolete. Cardiology closed. Neurology no more. Good riddance trauma, ICU, and palliative care. The Great Physician has fulfilled his oath. A universal lab report has come in: all tests normal, all results negative, all bodies whole.

The Second Advent is the preoccupation and culmination of Adventist healthcare: All acts of humanitarian compassion, all discoveries and deployments of physical science, all social progress in the health reform movement are finally complete. And so, it is also true: Each act and hour, every shift and season of Adventist healthcare practiced at present is fundamentally a prophetic play. Relief of pain, suspension of disease, outright cure, even compassion and comfort in death—these everyday acts are appetizers for the end, teasers for a final triumph, hints of heaven's ultimate therapy.

## Scripture, prophecy, and healthcare

Acts of healing have always been in the chest cavity of hearty prophets. Moses plants a snake-clad medicinal cross. Elijah raises a widow's lifeless son. Elisha bathes Naaman's skin to health. Daniel cures Nebuchadnezzar's nightmares. Isaiah, Ezekiel, Jeremiah, Malachi—major and minor prophets alike—employ the language of healing in their prophetic masterworks.<sup>[22]</sup>

How will we know the Messiah has arrived? The prophet Isaiah says:

*Then will the **eyes of the blind** be opened and the **ears of the deaf** unstopped. Then will the **lame leap like a deer**, and the **mute tongue shout for joy**. Water will gush forth in the wilderness and streams in the desert.*<sup>[23]</sup>

The Advent, Isaiah prophesies, will be known by the arrival of extraordinary medicine.

An incarcerated John the Baptist, questioning the eschatological identity of Jesus, receives this clarifying word from the Christ candidate of Galilee:

*Jesus replied, "Go back and report to John what you hear and see: **The blind receive sight, the lame walk, those who have leprosy are cured, the deaf hear, the dead are raised, and the good news is proclaimed to the poor.**"*<sup>[24]</sup>

How do you know that prophecy has been fulfilled, that Jesus is Messiah, that Christ has come? The Advent is verified by the practice of extraordinary medicine. John's eschatological question has a definitive answer: Jesus is engaged in the vocation of healthcare. How does Jesus assure John he can trust in the Advent promise? Clinical practice. Healing patients *today* builds hope in ultimate healing *tomorrow*.

## The deep meaning of healthcare in the gospels

Jesus explicitly binds current acts of compassion for the bodily broken with God's ultimate, final judgment at the Second Advent:

*But when you give a banquet, invite the poor, the **crippled**, the **lame**, the **blind**, and you will be blessed. Although they cannot repay you,*

*you will be repaid at the resurrection of the righteous.* [\[25\]](#)

The quartet of Gospel historians record some 30 specific examples of Jesus the Great Physician in action. We also find reports of widespread healing are also referenced. The medical record of these scriptures tells us important things about God, about Jesus, about ourselves. Most important is this lesson: The healthcare vocation of Jesus acts as predictive evidence. Messianic medicine tangibly, publicly declares the timely intervention of God in human affairs.

The biblical character Martha, sister of Mary and Lazarus, stands powerfully as an alert student of the connection between the diseased present and medicinal future. The terminal illness of her brother Lazarus acts as a healing bridge connecting current caregiving with future resurrection. John's gospel tells us Jesus is informed about the critical condition of his friend and patient. Jesus, with opportunity to travel quickly in an act of emergency medicine, chooses the slow road.

*When he heard this, Jesus said, "This **sickness will not end in death**. No, it is for God's glory so that God's Son may be glorified through it."* [\[26\]](#)

The siblings of Lazarus and the disciples of Jesus are puzzled by the Great Physician's deliberate movements. Why no Messianic rush to the scene? Why no offer of immediate cure at a distance in the same manner provided for the centurion's dying servant? [\[27\]](#)

*After he had said this, he went on to tell them, "Our friend Lazarus has **fallen asleep**; but I am going there to **wake him up**."*

*His disciples replied, "Lord, if he sleeps, he will get better." Jesus had been speaking of his death, but his disciples thought he meant natural sleep.*

*So then he told them plainly, "Lazarus is dead, and for your sake **I am glad I was not there, so that you may believe**. But let us go to him."* [\[28\]](#)

Jesus explains that this morbid event is about more than immediate physical cure. This remedy will prove instructive about the meaningful death, resurrection, and ascension of Jesus. In an important way, the

present scene will serve as a theological textbook not only for the cross, resurrection, and ascension of Christ but for future events with universal impact.<sup>[29]</sup> This transcendent impact is explained by Jesus in conversation with Martha:

*“Lord,” Martha said to Jesus, “if you had been here, my brother would not have died. But I know that even now God will give you whatever you ask.” Jesus said to her, “Your brother will rise again.” Martha answered, “I know he will **rise again in the resurrection at the last day.**” Jesus said to her, “I am the **resurrection and the life.** The one who believes in me **will live**, even though they die; and whoever **lives** by believing in me will never die. Do you believe this?”<sup>[30]</sup>*

The resurrection of Lazarus forecasts the resurrection of Jesus, which forecasts ultimate, future, universal resurrection from death. Jesus treats Lazarus not merely for temporary physical relief and revitalization—the reality of mortality remains for Lazarus and for all patients healed in the Gospels. Each of those who experienced cure by the hands of Jesus in Judea, Samaria, and Galilee in the first century are now dead. The measure of success of Jesus’ healing ministry is not limited to a handful of additional years or short-term relief of suffering or disability. Jesus’ intent is more than immediate comfort: It is a prophetic announcement signaling decisive action to come. *People will one day live forever without any pain, disease, injury, or storm clouds of mortality.*

## **Beyond Lazarus**

The therapeutic story of Lazarus does not stand alone. Jesus heals a blind man in the open so “the works of God might be displayed.”<sup>[31]</sup> Jesus heals a lame man to prompt a public question: “Who can forgive sins but God alone?”<sup>[32]</sup> Jesus heals a demon-possessed man prompting an amplified shout: “Jesus, the Son of the Most High God.”<sup>[33]</sup> Jesus’ clinical stage announces a larger, dramatic, Christological play. His practice of medicine introduces a larger reality. Jesus claims to be up to something special. Jesus is God’s surgical intervention, setting in motion the preeminent procedure to come. The aspiration of each clinical encounter should be to prophesy this grant event.

The story of Jesus healing a man crippled for 38 years is richly framed in Second Advent terms.<sup>[34]</sup> In response to his critics' theological examination of his miraculous medicine, Jesus explains:

*For just as the Father raises the dead and gives them life, even so the Son gives life to whom he is pleased to give it.*<sup>[35]</sup>

*“Very truly I tell you, whoever hears my word and believes him who sent me has eternal life and will not be judged but has crossed over from death to life. Very truly I tell you, a time is coming and has now come when the dead will hear the voice of the Son of God and those who hear will live.”*<sup>[36]</sup>

*“Do not be amazed at this, for a time is coming when all who are in their graves will hear his voice and come out ... .”*<sup>[37]</sup>

The medical ministry of Jesus is framed with prophetic intent. Christ's first century clinical cures, all temporary in their localized effect, announce a healing message beyond individualized relief of pain or short extension of life: Longevity beyond category awaits. Hope is on the way. Wholeness beckons.

## **Immanent cure and transcendent conversation**

The connection between Jesus-informed healthcare and proclamation of the Second Advent of Jesus is striking. Christ's tangible healing provokes hope-filled, futuristic reflection. Cessation of pain has meaning, but not ultimate meaning. The medical vocation of Jesus stimulates valuable acts of compassion, but this is not their primary purpose. Jesus healed to announce a healing to come. Jesus healed as a role play of restoration, redemption, and resurrection. His clinical ministry was not merely a practical *application* of the gospel preached and taught but the most fundamental and powerful *teaching* itself. Medicine was gospel preaching through the means of professional therapy.

When healing, Jesus often prompted and always welcomed deeper conversation with patients, families, and entire crowds. In fact, *every healing by Jesus includes live dialogue or contextual commentary* that enhances the meaning of the clinical encounter beyond diagnosis and

cure of disease or injury. Matthew's medical record of Jesus includes 13 specific healings, each inclusive of theological content. The medical ministry of Jesus is always about *more*.

### **Healing 1: Beyond current practice**

*Then Jesus said to him, "See that you don't tell anyone. But go, show yourself to the priest and offer the gift Moses commanded, as a testimony to them."*[\[38\]](#)

### **Healing 2: Beyond one nation**

*When Jesus heard this, he was amazed and said to those following him, "Truly I tell you, I have not found anyone in Israel with such great faith. I say to you that many will come from the east and the west and will take their places at the feast with Abraham, Isaac, and Jacob in the kingdom of heaven."*[\[39\]](#)

### **Healing 3: Messianic meaning**

*When Jesus came into Peter's house, he saw Peter's mother-in-law lying in bed with a fever. He touched her hand and the fever left her, and she got up and began to wait on him. When evening came, many who were demon-possessed were brought to him, and he drove out the spirits with a word and healed all the sick. This was to fulfill what was spoken through the prophet Isaiah: "He took up our infirmities and bore our diseases."*[\[40\]](#)

### **Healing 4: Great battle over evil**

*"What do you want with us, Son of God?" they shouted. "Have you come here to torture us before the appointed time?"*[\[41\]](#)

### **Healing 5: Spiritual healing**

*Some men brought to him a paralyzed man, lying on a mat. When Jesus saw their faith, he said to the man, "Take heart, son; your sins are forgiven."*[\[42\]](#)

### **Healing 6: Faith and God's compassion**

*Jesus turned and saw her. "Take heart, daughter," he said, "your faith has healed you." And the woman was healed at that moment.*  
[\[43\]](#)



### **Healing 7: Death as a reversible sleep**

*He said, "Go away. The girl is not dead but asleep." But they laughed at him. After the crowd had been put outside, he went in and took the girl by the hand, and she got up.*[\[44\]](#)

### **Healing 8: Transcendent medicine**

*While they were going out, a man who was demon-possessed and could not talk was brought to Jesus. And when the demon was driven out, the man who had been mute spoke.*

*The crowd was amazed and said, "Nothing like this has ever been seen in Israel."*[\[45\]](#)

### **Healing 9: Belief in God as compassionate and good**

*When he had gone indoors, the blind men came to him, and he asked them, "Do you believe that I am able to do this?"*[\[46\]](#)

### **Healing 10: God as physician and Creator**

*And a man with a shriveled hand was there. Looking for a reason to bring charges against Jesus, they asked him, "Is it lawful to heal on the Sabbath?"*

*He said to them, "If any of you has a sheep and it falls into a pit on the Sabbath, will you not take hold of it and lift it out? How much more valuable is a person than a sheep! Therefore it is lawful to do good on the Sabbath."*

*Then he said to the man, "Stretch out your hand." So he stretched it out and it was completely restored, just as sound as the other.*[\[47\]](#)

### **Healing 11: Healing for those deemed undeserving**

*He answered, "I was sent only to the lost sheep of Israel."*

*The woman came and knelt before him. "Lord, help me!" she said.*

*He replied, "It is not right to take the children's bread and toss it to the dogs."*

*"Yes, it is, Lord," she said. "Even the dogs eat the crumbs that fall from their master's table."*



*Then Jesus said to her, “Woman, you have great faith! Your request is granted.” And her daughter was healed at that moment.*[\[48\]](#)

### **Healing 12: Efficacy of healing**

*When they came to the crowd, a man approached Jesus and knelt before him. “Lord, have mercy on my son,” he said. “He has seizures and is suffering greatly. He often falls into the fire or into the water. I brought him to your disciples, but they could not heal him.”*

*“You unbelieving and perverse generation,” Jesus replied, “how long shall I stay with you? How long shall I put up with you? Bring the boy here to me.” Jesus rebuked the demon, and it came out of the boy, and he was healed at that moment.*

*Then the disciples came to Jesus in private and asked, “Why couldn’t we drive it out?”*[\[49\]](#)

### **Healing 13: God’s compassion**

*The crowd rebuked them and told them to be quiet, but they shouted all the louder, “Lord, Son of David, have mercy on us!”*

*Jesus stopped and called them. “What do you want me to do for you?” he asked.*

*“Lord,” they answered, “we want our sight.”*

*Jesus had compassion on them and touched their eyes. Immediately they received their sight and followed him.*[\[50\]](#)

### **A caveat: Ultimate meaning with sensitivity to patients**

The clinical ministry of Jesus always elicits meaning beyond the immediate treatment room. Transcendent conversations were never forced. Healing touch was capable enough to speak for itself. Patients were not cajoled into God-talk. The injured and diseased, drowning in vulnerability, were not prey for Jesus as pushy preacher. Yet the works of Jesus-cultivated clinical care were so powerful that patient-initiated, patient-sensitive dialogue was a predictable occurrence. Jesus often asked about the sick person’s life, family, history, hopes, relationship to

God, and more. A typical response of those healed by Jesus was a desire to remain with him, a desire to see him again.[\[51\]](#)

## **The rich language of Christian medicine**

If a lone picture “paints a thousand words,” then the medical motion pictures of Jesus proclaim a transcendent, therapeutic, theological library.

*Jesus **did many other things** as well. If every one of them were written down, I suppose that even the whole world would **not have room for the books** that would be written.*[\[52\]](#)

The sensory-laden healing stories in the Gospels are freighted with meaning. Each theologically pregnant story bears the wonders of God and his future intervention. The witnesses of Jesus understood the importance of this connection. Peter, fresh off the wave of Pentecost, encounters a man who is unable to walk.

*Then Peter said, “Silver or gold I do not have, but what I do have I give you. **In the name of Jesus Christ of Nazareth, walk.**” Taking him by the right hand, he helped him up, and instantly the man’s feet and ankles became strong. He jumped to his feet and began to walk. Then he went with them into the temple courts, walking and jumping, and **praising God.***[\[53\]](#)

The apostle is diligent in connecting healing to the name of Jesus. The patient instinctively turns his celebration to God. The restored man finds joy beyond a good clinical outcome. He discovers appreciation beyond an encounter with quality medical care. His attention turns to ultimate things, to God, and to life now framed with greater meaning.

Capturing the moment, Peter speaks to the crowd about the significance of his healthcare act. His speech crescendos to the Second Advent:

*Heaven must receive him until the **time comes for God to restore everything**, as he promised long ago through his holy prophets.*[\[54\]](#)

Ultimate restoration, prophesied in ancient times, is reimagined through contemporary clinical care. Original Christian healthcare was

thoroughly “Adventist” healthcare. The healing acts of Jesus were understood as evidence that he was the promised Messiah. In this way they verified the truth of Moses, Elijah, Elisha, Daniel, Isaiah, Jeremiah, Ezekiel, and the history of messianic tradition. The healthcare regime of Jesus fulfilled the Old Testament expectation. The signature passage of Jesus unrolled and read in the synagogue announcement were Isaiah’s words:

*The Spirit of the Lord is on me,  
because he has anointed me  
to proclaim good news to the **poor**.  
He has sent me to proclaim freedom for the **prisoners**  
and recovery of sight for the **blind**,  
to set the **oppressed** free,  
to proclaim the year of the Lord’s favor.* [\[55\]](#)

The language of poverty, imprisonment, blindness, and oppression is the vocabulary of the hospital. These terms naming the plight and pain of patients, of men and women searching for health, wholeness, and hope, form the biblical inauguration of Jesus. The ancient scriptures expected the coming of God to be in the flesh of a physician. In turn, the message of Jesus proclaims: God will once again come in the flesh of a physician, and he will heal the world “to proclaim the year of the Lord’s favor.”

## **The native language of God**

Professional medicine practiced in the name of Jesus—the animating purpose and enduring expectation of Seventh-day Adventist healthcare—is principally the proclamation of the gospel in dramatic act. The healing ministry of Jesus is not a secondary or derivative activity. Healing stands alongside preaching and teaching, hospital alongside church and school. Physicians do not provide an echo of faith. Nurses do not offer a reverberation of worship. Clinicians do not practice as a second thought to the central contemplation of serious theology. The gospel of Jesus was often delivered first as healing and then second as preaching and teaching. Sometimes healing spoke for itself, absent nouns and verbs, prayers and proclamations. Medicine was and is the native language of God. “Jesus is coming again” is the message of Adventist healthcare. Contemporary medicine practiced in the name of Jesus is a primary argument, a lucid articulation, and an infectious attraction to the Second Advent of Jesus.

## THREE

# Medicine as Sanctuary

*My house will be called  
a house of prayer for all people.*

—Mark 11:17

Organized healthcare delivered with intention and design is a faithful application of the ministry architecture of Jesus. The Adventist-employed physician stands shoulder to shoulder with pastor and professor as a foundational expression of God’s gospel program.<sup>[56]</sup> Dramatic prophecy—enacted signposts of the Second Coming of Jesus—are embedded in Jesus-informed clinical action. This is the transcendent, ultimate objective of Seventh-day Adventist-shaped professional medicine. Contemporary healing is a forecast and foretaste of healing at the Second Advent.<sup>[57]</sup>

A hope-filled future is not the only goal of healthcare, however. Jesus-imagined healthcare has a present purpose to extend immediate hospitality and compassion to people who are injured, broken, sick, suffering, and yes, dying. For Jesus, medicine is timely gospel. The good news is this: A patient will find sanctuary with God and with God-awakened people amid Adventist medicine.

### **The purpose of sanctuary**

A biblical sanctuary is sacred space, a holy residence occupied by God. The Old Testament story casts God as occupant of a physical, nomadic sanctuary. The plots of land where the portable Jewish sanctuary was placed were unique. In these spaces, in temporary locations from Egypt to Judea, the supernatural Creator allowed himself containment and

concentration. Later in Jerusalem the temple stood as a permanent, protected place—a fixed point that could be counted on, a place of pilgrimage, a destination of ultimate identity.

A singular localized “God-geography” for Jesus is not the final story. The apostle Paul argues that God cannot be confined to a physical temple.<sup>[58]</sup> Jesus, unbound, is God’s new temple,<sup>[59]</sup> and through his Spirit claims territory without limit.<sup>[60]</sup> Sanctuary is now portable, replicable, scalable, and expansive. The temple complex of Jesus claims eminent domain, taking possession wherever communities welcome God.

First century Christian communities functioned as new spiritual sanctuaries, and because of God’s presence in and through the Spirit of Jesus, they acted as a rich network of safe places. This international portfolio of sanctuaries offered protection, haven from estrangement, reliable hospitality, chasing away of isolation, exclusion, and homesickness. Apostolic-era sanctuary communities called churches functioned as destinations of welcome where there was “neither Jew nor Gentile, neither slave nor free, nor is there male or female.”<sup>[61]</sup> Invitation to people of “every nation” was their practice.<sup>[62]</sup> A posture of communal warmth was habit. Any and all—especially those marginalized by society—were offered place. More than houses of formal, corporate worship events, these sanctuaries “gave to anyone who had need” with liberality.<sup>[63]</sup> From among them arose an innovative food-as-medicine strategy through the ministry of the first deacons. Their charter was to expand care beyond a narrow circle.<sup>[64]</sup> Custody of the sick, with administration of medicinal oil and prayer, was part of their operations.<sup>[65]</sup> Inspired by the actions of Jesus, the early church demonstrated a theology of friendliness, a living doctrine of reception, a therapeutic creed. Human beings broken in body, in community, and in connection to “the gods” found new fellowship and restorative sanctuary with God.

The clinical vision of Jesus designed and deployed in the Gospel stories and the acts of Acts functioned as sanctuary and did so in three important ways. These three sanctuary applications inform and seek to reform Adventist healthcare.

## **Clinical Excellence: Sanctuary of the Body**

First, the ministry of Jesus brought healing to people from the estrangement of their own anatomy and physiology. Disease is a betrayal of the body. Pain is an unwelcome, even if useful and important, signal of disease or injury. Disability is disorienting. Physical injury turns the natural hospitality of the body into a hostile incarnation. The human mind craves occupation of a space that does not hurt. Our souls seek the freedom and joy that uniquely come from life in a healthy body. Paul's human cry is universal: "Who will rescue me from this body that is subject to death?"<sup>[66]</sup> Men and women came to Jesus the physician as eager, prospective patients: Maybe this doctor can turn my body from a prison of pain to a home of well-being. Perhaps there is hope that he might transform this painful incarceration into a restored occupation of joy. Possibly this healthcare provider is capable of delivering a good outcome for me.

Any theology of Adventist professional medicine must name what may be easily overlooked: Jesus was an exceptionally good clinician. His outcomes were impressive. The blind man saw. The deaf patient heard. The paralyzed person walked. The person with leprosy could touch and be touched again. The possessed man could think again. The bleeding stopped. The fever left. The atrophy reversed. The dead girl lived. Broken bodies were repaired, and people re-entered life in healthy blood, bones, and brain, at home in their own flesh. Jesus delivered quality. Jesus produced results. Jesus provided a reliable expectation for healthcare plied in his name: excellence.

One clinical case demonstrates the strength and resolve of Jesus' commitment to quality. He had just descended the mount of transfiguration and was confronted by the father of a distressed patient. The young man was suffering from seizures that were "destroying him." The central tension in the story was voiced by the plaintiff parent to Jesus: "I begged your disciples to drive it out, but they could not. If you can do anything, take pity on us and help us."<sup>[67]</sup>

Healthcare in the name of Jesus has failed.

Jesus, indignant, repeats the father's accusation: "If you can?" Jesus recognizes his brand of medicine is being damaged. This father and the surrounding crowd of witnesses are skeptical that healthcare in the name of Jesus can be effective. Restoration of Jesus' public reputation as a "Great Physician" appears urgent. Jesus immediately heals the patient, relieves the suffering caused by the boy's broken body, and restores confidence in the quality of healthcare practiced in his name. Jesus'



mastery of medical science is, once again, made clear to the gathered witnesses. Next, he engages in a pointed conversation (a literal “come to Jesus” moment) with his disciples, who “asked him privately, ‘Why couldn’t we drive it out?’”

Gospel accounts in Matthew, Mark, and Luke report Jesus’ answer, his clinical review. The disciples failed because of “*little faith*,”<sup>[68]</sup> no “*prayer*,”<sup>[69]</sup> and “*a perverse generation*.”<sup>[70]</sup>

Jesus places blame for broken healthcare delivery at the level of *moral conviction*. The absence of core faith, serious prayer, and ethical impulse indicate the disciples have a casual attitude toward the vocation of medicine. Perhaps they dislike this unique patient. Perhaps they rue this particular medical specialization. Perhaps they are physically or materially exhausted and do not wish to work the trade. Perhaps they remain distracted with “supernatural” concerns from their experience on the mountain and cannot be bothered with “on the ground” ministry. Whatever the reason, it is instructive that Jesus does not critique them for absence of clinical acumen but for a poverty of moral conviction.

The failure of healthcare in this story indicates a foundational issue. Common resources, financial investment, or scientific know-how are not the culprit. The absence of *spiritual* resources is the concern. For Jesus, healing bodies is serious work, and the practice of medicine requires sobriety and intention. The primary expectation of patients is receiving the best possible outcome. Faithful delivery of such exceptional care requires a weight of moral resolve: In the name of Jesus we will practice preeminent science with brilliant application.

An Adventist theology of healthcare, then, takes seriously the human body and its care. Our bodies—young or old, healthy or diseased—house our souls. Mind, body, spirit, soul—these dimensions of an integrated human being impact one another. Soul-centered care demands a good measure of responsibility and concern for physical bodies, renovating them to the status of home. Quality matters to Jesus and is therefore at the heart of healthcare practiced in his name. Poor medical practice performed in Jesus’ name is unacceptable to him. “Advent” healthcare is excellent healthcare.

## **Belonging: Sanctuary of human community**

A second sanctuary in the medical practice of Jesus is in the community of persons. A recurring complaint and condition for Jesus’ patients was

estrangement from fellowship. Disease and injury often meant expulsion from family, removal from society, banishment from the neighborhood. Social isolation of those sick or disabled was motivated by at least three concerns. First, that the person's disease (leprosy, for example) posed a contagious threat to the community. Second, that the person's injury (paralysis, for example) no longer made them useful in an economy driven by physical labor. Third, that the person's condition (chronic bleeding, for example) indicated moral unfitnes, a physical symptom of a deeper, spiritual malady. Health, strength, and vitality were socially attractive. Neonatal deformity, chronic sickliness, or mental illness (demonic possession, for example) communally marginalized individuals. There was often no social sanctuary for the infirm.

The medical practice of Jesus included a strong emphasis on social belonging. First, his panel of patients was broad. Men and women, young and old, Jew and Gentile—the breadth and generosity of Jesus' healthcare work is unmistakable. The liberal gospel record of clinical encounters is reinforced with a clear statement of philosophy:

*It is not the healthy who need a doctor, but the sick.*

*I have not come to call the righteous, but sinners.*<sup>[71]</sup>

Jesus provides healing without economic, social, or religious filters. He heals a man who also needs spiritual forgiveness of sin.<sup>[72]</sup> He heals a patient upon request of a pagan, Roman military officer.<sup>[73]</sup> He heals the ear of a member of the mob prepared to arrest, torture, and crucify him.<sup>[74]</sup> He heals ten patients afflicted with leprosy yet only one proves thankful, a “foreigner.”<sup>[75]</sup> He heals a man and then instructs the restored patient, “Stop sinning or something worse may happen to you.”<sup>[76]</sup>

In these and other clinical cases the healthcare theology is clear: social standing, lifestyle choices, and fidelity to God neither privilege nor exclude a person from the medical practice of Jesus. Jesus heals entire towns.<sup>[77]</sup> Jesus provides nutrition for limitless crowds.<sup>[78]</sup> Jesus teaches healthy living to vast assemblies.<sup>[79]</sup> The approach of Jesus the physician modeling the future institution of Christian healthcare is overwhelming: Serve without discrimination. Provide care absent litmus tests. Invest and provide for those, especially those, who are not “righteous, but sinners.”<sup>[80]</sup>



## **Generosity and Religious Liberty**

An important sidebar concept worth exploring is the practice of generous hospitality in the way of Jesus as manifested in the significant emphasis of the Adventist faith on religious liberty and freedom of individual conscience. An early and enduring Adventist impulse argues for protection against political and public intrusions. A church with small beginnings and peculiar doctrines held an acute interest in guarding its ability to function freely. Pluralism must be protected. Minority viewpoints must be safeguarded. Powerful institutions must not hinder the autonomy of those subject to the life-giving and life-taking power of those very institutions.

The principle of religious liberty remains even as the Adventist Church and especially its American healthcare institutions have grown, matured, and gained power. Large Adventist healthcare corporations hold tremendous influence over many populations across the United States. In some cases, Adventists are the majority provider of healthcare in a given geography or operate the only hospital for acute care. Provision of healthcare is power—often involving matters of life and death. Physicians maintain a posture of authority over patients. Hospitals offer a product that differs in significant ways from nonessential, consumable goods and services. Modern healthcare functions in the category of governments, the military, police stations, fire departments, emergency services, and critical industries, which provide safe roads, food, water, and more. Participation in healthcare at scale requires implementation of protections for service to a diverse community of patients and providers.

Adventist hospital systems, while maintaining Adventist identity and nourishing their footprint with Adventist values and impulses, must create space for patient autonomy, diverse religious expression, and appropriate overall pluralism. Adventist healthcare institutions must not withhold care—which would be an act of brute force—from those who differ in matters of belief or lifestyle. By contrast, with fidelity to the indiscriminate way of Jesus and in harmony with the denominational tradition of religious liberty, Adventist medicine must be practiced with liberality and generosity. *We should not be surprised, therefore, to currently witness such broad diversity in Adventist hospital systems. The explicit example of Jesus and the values of Adventist faith lead precisely to this reality.*

Religious liberty and individual conscience are not simply values present in the Adventist faith tradition and embedded in American law but are central to the way of God in the ministry of Jesus. The social

sanctuary of Jesus constructed through healthcare occupies a major feature of his humanitarian ministry. Jesus' direction to "Go home to your own people and tell them how much the Lord has done for you"<sup>[81]</sup> offered the demon-possessed patient more than fresh welcome in his own mind and body, it also offered welcome with people inside human community.

## **Connection: Sanctuary with God**

The healing way of Jesus not only provisioned sanctuary of body and neighborhood but offered a third sanctuary of new safety and belonging with God. Physical care and social care are joined by spiritual care in the program of Jesus. The clinic of Jesus serves as a gateway to relationship with God. Human beings in the clinical care of Jesus are reminded that they were "chosen before the creation of the world"<sup>[82]</sup> and were "made in God's image."<sup>[83]</sup> Each patient has opportunity to recognize themselves as "wonderfully made."<sup>[84]</sup>

## **Sabbath Healing as God's Welcome**

God's intent to link our status as prized and privileged creation with the healing ministry of Jesus is repeatedly made clear in the Gospel record. This is demonstrated by the use of Sabbath—the holiday established to remember God's creation of humanity and our world—as a day for healthcare delivery. Seven times (with numerical intention?) Jesus engaged in healing acts on the seventh day of the week, Sabbath.

1. *He relieves Peter's mother-in-law of a fever.*<sup>[85]</sup>
2. *He restores a patient's chronically withered hand.*<sup>[86]</sup>
3. *He heals a man born blind.*<sup>[87]</sup>
4. *He heals a woman with a chronic crippling condition.*<sup>[88]</sup>
5. *He heals a patient with edema.*<sup>[89]</sup>
6. *He drives out an evil spirit causing chronic mental illness.*<sup>[90]</sup>

7. *He heals a man unable to walk for 38 years.*[\[91\]](#)

The timeliness of these healings on a Sabbath day is not accidental. Jesus repeatedly provided specific explanation to build a theology of Sabbath as bridge between human worth as God's creation and human healing as medical practice. Jesus' clinical encounters on the seventh day are not primarily instruction about what should or should not be done on the Sabbath, but rather are a deeper link of God as Creator with God's creation (the purpose of Sabbath).

Six lessons are offered for our consideration.

First, Jesus heals a man on a Sabbath day who was born blind. The disciples ask Jesus about the cause of the disability, and Jesus is clear that God's displeasure is not the precipitating factor in his tragic circumstance. Instead, the purpose of this healing is to show the work, or creation, of God in his life. Sabbath hosts healing by Jesus in order that the patient might see again and that we all might see God's love for us despite our frailty and imperfections. God is not against us but for us.

*His disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind." "Neither this man nor his parents sinned," said Jesus, "but this happened so that **the works of God might be displayed in him.**"*[\[92\]](#)

Second, Jesus asks a question of his accusers, clarifying his seventh-day medical practice. Jesus contrasts medical intervention (doing good, saving life) with inaction (doing evil, killing life). Healing on a Sabbath day demonstrates God's proactivity in creation and re-creation of human life.

*Which is lawful on the Sabbath: to do good or to do evil, to save life or to kill?*[\[93\]](#)

Third, Jesus challenges his critics by contrasting the priority of non-urgent medical care for a human being over urgent intervention in the life of the animal. This story, as with each of the seven Sabbath-day healing miracles, illustrates medical care that is either likely or certainly not emergent. For Jesus, the practice of medical care on a Sabbath day is proactive not reactive. God engages with humanity in an assertive manner and not reluctantly. Non-emergency medicine provided on a

Sabbath day indicates God's progressive love for humanity seeking to bring us into his sanctuary.

*Doesn't each of you on the Sabbath untie your ox or donkey from the stall and lead it out to give it water? Then should not this woman, a daughter of Abraham, whom Satan has kept bound for eighteen long years, be set free on the Sabbath day from what bound her?*[\[94\]](#)

Fourth, Jesus again builds his theology of healthcare by contrasting emergency care of one's own child with non-emergency care for a non-relative guest. Jesus claims that it is "lawful" to care for both. The legality in view is not civil law, but moral. Jesus argues here again that proactive, non-essential medical care is as important as saving "flesh and blood." God as Creator is able to demonstrate his loving care through relief of disability or chronic suffering on a Sabbath day.

*One Sabbath, when Jesus went to eat in the house of a prominent Pharisee, he was being carefully watched. There in front of him was a man suffering from abnormal swelling of his body. Jesus asked the Pharisees and experts of the law, "Is it lawful to heal on the Sabbath or not?"*

*But they remained silent. So taking hold of the man, he healed him and sent him on his way. Then he asked them, "If one of you has a child or an ox that falls into a well on the Sabbath day, will you not pull it out?"*[\[95\]](#)

Fifth, Jesus compares clinical delivery with Sabbath as a day for religious ritual. Here he places medical ministry (demonstrating God as loving Creator) on the same level as church services (worship of God as loving Creator). Healing is not secondary action.

*Now if a boy can be circumcised on the Sabbath so that the law of Moses may not be broken, why are you angry with me for healing a man's whole body on the Sabbath? Stop judging by mere appearances, but instead judge correctly.*[\[96\]](#)

Sixth, a leader of the synagogue asks the big question: Should not Sabbath be reserved for other activities? Medicine that can be practiced

on Monday should be left to Monday, he argued. Jesus disagreed and said so, but agreed with his critics that a Sabbath day was more than *just another day*. He clarified that the Sabbath's special nature is in its celebration of Creator, creation, and God's love for human beings who are in need of re-creation and restoration inside the sanctuary of God.

*But the synagogue leader was indignant that Jesus had healed on the Sabbath. "There are six days for work," he told the crowd. "So come and be healed on those days and not on the Sabbath." "You hypocrites!" the Lord replied.* [\[97\]](#)

### **Unlimited Welcome**

The immediate implication of the medical ministry of Jesus is summed in a single word: sanctuary. Patients find sanctuary in their own bodies, sanctuary in human community, and sanctuary with their Creator God. Sanctuary is the governing, theological word, image, and reality that drives alignment and integration of healthcare practiced in the name of Jesus. Designs, deployments, investments, and innovations are all aligned with an ethos of refuge, harbor, and home. The hospital—a house of hospitality—finds orientation in its proximity and practice of belonging. Physicians, nurses, pharmacists, therapists, and all who practice in the name of Jesus, discover fidelity to the mission and purpose of Adventist healthcare in the way of intentional and unlimited welcome.

## FOUR

# Science as Spirituality

*For in him all things  
were created.*

—Colossians 1:16

I made three arguments in this short book.

First, Adventist healthcare is not only permissible, but essential. A faithful expression of the ministry of Jesus includes the provision of medical care. Christianity's early and longstanding interest in organized clinical work makes sense: Jesus cured and told us to do as he did. Operation of hospitals is obedience; deployment of doctors and nurses is faithfulness. The Great Commission lives and breathes in the work of faith-based, modern medicine.

Second, the practice of professional medicine by Adventists lives in the prophetic tradition: Healing portends God's ultimate healing act. Seventh-day Adventists have long called themselves "a people of prophecy" or "a church of Bible prophecy." There is no greater expression in service of these ecclesiastic claims than the formation and operation of hospitals. Preachers tell us about the Bible; physicians show us about the Bible. Sermons speak hope to people; clinics touch hope upon people. Adventist healthcare is a tangible proclamation of the Second Advent of Jesus.

Third, the immediate impact of professional medicine in the way of Jesus is the provision of *sanctuary*. Souls feel renewed sanctuary with their own bodies. People experience new sanctuary with other people. Men and women enjoy ultimate sanctuary with God. The disorientation of disease is overcome by hospitality manifest physically, socially, and

spiritually. Adventism's anthropology—humans as wholistic beings—is applied in the clinic.

## **Revelation and science**

This final chapter explores the broader philosophical terrain. Adventist healthcare is both spiritual and material, transcendent and immanent, supernatural and natural. It is an applied study of scripture; it is an applied study of nature. Adventist collegiate science programs, medical schools, hospitals, and clinics operate as products of both religion and science. Each discipline informs faith-based human biology.<sup>[98]</sup>

An uncomfortable and often adversarial relationship exists between proponents of religion and evangelists of science. This contest is manifest through the public activities of “new atheists” and contemporary Christian apologists. Theologians, philosophers, and scientists on both sides argue through both scholarly persuasion and popular debate. Books, lectures, and shared forums are widely available for broad consumption. American Christian institutions and American secular universities each provide platform and audience for these conversations.<sup>[99]</sup>

Some commentators argue that these two areas of concern—religion and science—occupy distinct domains and are properly sequestered. They say: Religion answers religious questions. Science answers scientific questions. The first is concerned with what we cannot see. The second cares for what we can observe. The first peddles hope and immaterial faith. The second traffics in fact and empirical evidence. Others do not argue for this clean categorization of faith and science, favoring the supremacy of one discipline over the other. Some posit that biblical theology, with infallibility, is the standard by which we judge science. Others claim physical science, the enlightened exegesis of modern reality, tells us what we should or should not believe about the possibility of Spirit and spirituality, of God and gods. One says all is church doctrine; the Bible tells us everything we need to know. Another maintains all is scientific conclusion; physical observation is wholly sufficient. They claim one or the other, alone, is fully capable of answering our large questions; one sidelines the need for the other.

## **A third way**

The limited, binary choice to embrace either segregation or annexation is not satisfactory for an authentic Adventist theology. The scriptures and particularly the incarnation of Jesus offer a third way that neither isolates spirituality and science from one another nor prioritizes the exclusive superiority of biblical or natural revelation. Adventists revere the Bible, which teaches God as Creator of the physical world. This material universe, then, reveals God and demands our studied attention. This chapter argues therefore and stands with those who advocate a third way: spirituality and material science in compatibility, working with mutual purpose.

A short sampling of the Bible's courtship of physics, chemistry, biology, and the whole of natural scientific discovery welcomes Christian theists into this third way where prayer and revelation are joined by microscope and telescope as instruments of ultimate truth. The inspired text makes space for a harmonious and productive inclusion of science in pursuit of knowing God and God's world. An Adventist theology informed by scripture celebrates inquiry as Christian discipleship, as Divine worship.

## **Moses and science**

Moses' interaction with the natural world for the purpose of spiritual interaction is legendary: river, bush, rock, cloud, sun, and more.<sup>[100]</sup> Each enlightened encounter with nature rests on his understanding that God made and sustains the natural world. This conviction is articulated in Moses' telling of creation week and inauguration of the Sabbath holiday as permanent memorial. For Moses, the focal point of Sabbath observance is reflection on the natural world (science) as God's creation. Many traditions, routines, and commitments are included in the practice of Sabbath: worship, rest, play, environmental concern, cessation of the marketplace, ignition of fellowship. But the holiday is most specifically designed for intentional, habitual thinking about the material world as the product and a reflection of a transcendent Creator. Sabbath is for science, which is contemplation of God's fashioning of the world. Such consideration is reverence and pays homage to God.

*Thus the **heavens** and the **earth** were completed in all their vast array. By the seventh day God had finished the work he had been doing; so on the seventh day he rested from all his work. Then God*



*blessed the seventh day and made it holy, because on it he rested from all the **work of creating** that he had done.*[\[101\]](#)

*Remember the Sabbath day by keeping it holy. ... For in six days the Lord made the **heavens** and the **earth**, the **sea**, and **all that is in them**, but he rested on the seventh day.*[\[102\]](#)

## **David and science**

David writes three Psalms illustrating the role that study of the natural world (science) plays in revealing God, truth, reality, ethics, and the formation of theology. The first advocates use of astronomy, the second dendrology, and the third human biology.

*The **heavens** declare the glory of God;  
the **skies** proclaim the work of his hands.  
Day after day they pour forth speech;  
night after night they reveal knowledge.  
They have no speech, they use no words;  
no sound is heard from them.  
Yet their voice goes out into **all the earth**,  
their words to the **ends of the world**.*[\[103\]](#)

*Blessed is the one  
who does not walk in step with the wicked  
or stand in the way that sinners take  
or sit in the company of mockers,  
but whose delight is in the law of the Lord,  
and who meditates on his law day and night.  
That person is like a **tree** planted by **streams of water**,  
which yields its **fruit** in season  
and whose **leaf** does not wither—  
whatever they do prospers.  
Not so the wicked!  
They are like **chaff**  
that the **wind** blows away.*[\[104\]](#)

*For you created my **inmost being**;  
you knit me together in my **mother's womb**.*

*I praise you because I am fearfully and wonderfully made;  
your works are wonderful,  
I know that full well.  
My **frame** was not hidden from you  
when I was **made** in the secret place,  
when I was **woven** together in the depths of the earth.  
Your eyes saw my unformed **body**;  
all the days ordained for me were written in your book  
before one of them came to be.*[\[105\]](#)

## **Job and science**

God's theological argument to Job is populated with questions about the natural world (science). God asks a series of questions about what is physically observable and challenges Job's ability to understand the supernatural realities behind and throughout the natural order. I have chosen to quote this lengthy passage in full for two reasons. First, it demonstrates astonishing *breadth*. Job and all readers of his story are offered a comprehensive opportunity to consider land and sea, storms and sunsets, animals and the starry constellations—the whole of the natural world. God describes a full, multi-topical library of *material* revelation for our *spiritual* consideration. Second, the long passage confronts us with breathtaking *depth*. The deity asks probing questions. God's queries, pregnant with philosophical rigor, push humanity to think *through* creation to what lies *behind* it. His divine interrogation asks us to become students of physical science not merely to know more about the observable earth and our universe but about the unseen realities that make it all possible. He teaches us to consider storms, the earth's foundation and dimensions, stars, seas, clouds, darkness, dawn, the shape of the earth, springs, the expanse, light, snow, hail, ice, lightning, winds, rain, thunderstorms, grass, the desert, dew, stars, physical laws, dust, ibises, roosters, lions, ravens, mountain goats, donkeys, salt flats, hills, pastures, oxen, horses, ostriches, locusts, hawks, and eagles.

*Then the Lord spoke to Job out of the **storm**. He said:*

*“Who is this that obscures my plans  
with words without knowledge?  
Brace yourself like a man;*

*I will question you,  
and you shall answer me.*

*“Where were you when I laid the earth’s **foundation**?  
Tell me, if you understand.  
Who marked off its **dimensions**? Surely you know!  
Who stretched a measuring line across it?  
On what were its footings set,  
or who laid its cornerstone—  
while the morning **stars** sang together  
and all the angels shouted for joy?*

*“Who shut up the **sea** behind doors  
when it burst forth from the womb,  
when I made the **clouds** its garment  
and wrapped it in thick **darkness**,  
when I fixed limits for it  
and set its doors and bars in place,  
when I said, ‘This far you may come and no farther;  
here is where your proud waves halt’?*

*“Have you ever given orders to the morning,  
or shown the **dawn** its place,  
that it might take the earth by the edges  
and shake the wicked out of it?  
The earth takes **shape** like clay under a seal;  
its features stand out like those of a garment.  
The wicked are denied their light,  
and their upraised arm is broken.*

*“Have you journeyed to the **springs** of the sea  
or walked in the recesses of the deep?  
Have the gates of death been shown to you?  
Have you seen the gates of the deepest darkness?  
Have you comprehended the vast **expanses** of the earth?  
Tell me, if you know all this.*

*“What is the way to the abode of **light**?  
And where does **darkness** reside?  
Can you take them to their places?  
Do you know the paths to their dwellings?*

*Surely you know, for you were already born!  
You have lived so many years!*

*“Have you entered the storehouses of the **snow**  
or seen the storehouses of the **hail**,  
which I reserve for times of trouble,  
for days of war and battle?  
What is the way to the place where the **lightning** is dispersed,  
or the place where the east **winds** are scattered over the earth?  
Who cuts a channel for the torrents of **rain**,  
and a path for the **thunderstorm**,  
to water a land where no one lives,  
an uninhabited **desert**,  
to satisfy a desolate wasteland  
and make it sprout with **grass**?  
Does the **rain** have a father?  
Who fathers the drops of **dew**?  
From whose womb comes the ice?  
Who gives birth to the **frost** from the heavens  
when the **waters become hard as stone**,  
when the surface of the deep is **frozen**?*

*“Can you bind the chains of the **Pleiades**?  
Can you loosen **Orion’s belt**?  
Can you bring forth the **constellations** in their seasons  
or lead out the **Bear** with its **cubs**?  
Do you know the **laws of the heavens**?  
Can you set up God’s dominion over the earth?*

*“Can you raise your voice to the **clouds**  
and cover yourself with a flood of **water**?*

*Do you send the **lightning bolts** on their way?  
Do they report to you, ‘Here we are’?  
Who gives the **ibis** wisdom  
or gives the **rooster** understanding?  
Who has the wisdom to count the **clouds**?  
Who can tip over the water jars of the heavens  
when the **dust** becomes hard  
and the clods of earth stick together?*

*“Do you hunt the prey for the **lioness**  
and satisfy the hunger of the **lions**  
when they crouch in their dens  
or lie in wait in a thicket?  
Who provides food for the **raven**  
when its young cry out to God  
and wander about for lack of food?*

*“Do you know when the **mountain goats** give birth?  
Do you watch when the **doe** bears her **fawn**?  
Do you count the months till they bear?  
Do you know the time they give birth?  
They crouch down and bring forth their young;  
their labor pains are ended.  
Their young thrive and grow strong in the wilds;  
they leave and do not return.*

*“Who let the wild **donkey** go free?  
Who untied its ropes?  
I gave it the wasteland as its home,  
the **salt flats** as its habitat.  
It laughs at the commotion in the town;  
it does not hear a driver’s shout.  
It ranges the **hills** for its **pasture**  
and searches for any green thing.  
“Will the wild **ox** consent to serve you?  
Will it stay by your manger at night?  
Can you hold it to the furrow with a harness?  
Will it till the valleys behind you?  
Will you rely on it for its great strength?  
Will you leave your heavy work to it?  
Can you trust it to haul in your grain  
and bring it to your threshing floor?*

*“The wings of the **ostrich** flap joyfully,  
though they cannot compare  
with the wings and feathers of the stork.  
She lays her eggs on the ground  
and lets them warm in the sand,  
unmindful that a foot may crush them,*

*that some wild animal may trample them.  
She treats her young harshly, as if they were not hers;  
she cares not that her labor was in vain,  
for God did not endow her with wisdom  
or give her a share of good sense.  
Yet when she spreads her feathers to run,  
she laughs at horse and rider.*

*“Do you give the **horse** its strength  
or clothe its neck with a flowing mane?  
Do you make it leap like a **locust**,  
striking terror with its proud snorting?  
It paws fiercely, rejoicing in its strength,  
and charges into the fray.  
It laughs at fear, afraid of nothing;  
it does not shy away from the sword.  
The quiver rattles against its side,  
along with the flashing spear and lance.*

*In frenzied excitement it eats up the ground;  
it cannot stand still when the trumpet sounds.  
At the blast of the trumpet it snorts, ‘Aha!’  
It catches the scent of battle from afar,  
the shout of commanders and the battle cry.*

*“Does the **hawk** take flight by your wisdom  
and spread its wings toward the south?  
Does the **eagle** soar at your command  
and build its nest on high?  
It dwells on a cliff and stays there at night;  
a rocky crag is its stronghold.  
From there it looks for food;  
its eyes detect it from afar.  
Its young ones feast on blood,  
and where the slain are, there it is.”[\[106\]](#)*

## **Paul and science**

Paul, speaking to sophisticated Gentile audiences (the intelligentsia of Rome, Lystra, and Athens) appeals not to Jewish history or Torah, but to

the natural world, to physical science, in theological conversation with his audiences. He leads them to consider the God of Jesus Christ through the God of creation.

*For since the **creation** of the world God's invisible qualities—his eternal power and divine nature—have been clearly seen, being understood from **what has been made.***[\[107\]](#)

*God, who **made the heavens and the earth and the sea and everything** in them ... has not left himself without testimony: He has shown kindness by giving you **rain from heaven and crops in their seasons.***[\[108\]](#)

*The God who **made the world and everything** in it is the Lord of heaven and earth. ... God did this so that they would seek him and perhaps reach out for him and find him.*[\[109\]](#)

Paul also explains to the Romans what can be learned from what is *wrong* with the natural world. Material brokenness in the ecosystem (we can imagine droughts, storms, pestilence, animal disease, etc.) is a result of sin.

*For the **creation** waits in eager expectation for the children of God to be revealed. For the **creation** was subjected to frustration, not by its own choice, but by the will of the one who subjected it, in hope that the **creation** itself will be liberated from its bondage to decay and brought into the freedom and glory of the children of God.*[\[110\]](#)

Paul's message to the city of Colossae offers this Christology, which is not limited to Abraham, Moses, David, the prophets, or Israel's theology of temple, Messiah, and salvation. The apostle explains God's revelation in Jesus as relationship to physical science. Jesus is not only the fulfillment of Old Testament law and prophecy, but of the law and testimony of physics, chemistry, and biology.

*The Son is the image of the invisible God, the firstborn over all **creation**. For in him all things were created: things in heaven and on earth, visible and invisible, whether thrones or powers or rulers*

*or authorities; all things have been created through him and for him.*[\[111\]](#)

## **John and science**

John's Gospel, written late in the first century or early in the second century, anticipates that the story of Jesus would be heard in future generations and fresh geographies. John introduces his account of Jesus as the logos, a Greek philosophical concept that informs science. The "word" was thought to be behind and throughout the natural world. The apostle's invitation is clear: Consider the incarnational story of Jesus as the intersection of Spirit and body, of God and matter, of Supernatural being who initiates and operates the world. In Jesus we are invited to understand God both in spiritual and material realms.[\[112\]](#)

*In the beginning was the Word, and the Word was with God, and the Word was God. He was with God in the beginning. Through him all things were made; without him nothing was **made** that has been **made**. In him was **life** ...*[\[113\]](#)

## **Jesus and science**

Jesus routinely acted as theological teacher utilizing consideration of the natural world. He employed physical science as a means of knowing more about God and the ways of heaven. The study of birds, fish, stones, seeds, yeast, pearls, fish, wind, and more provide subjects for instruction.

*Look at the **birds** of the air; they do not sow or reap or store away in barns, and yet your heavenly Father feeds them. Are you not much more valuable than they?*[\[114\]](#)

*The **stones** will cry out.*[\[115\]](#)

*The Kingdom of heaven is like a mustard **seed**.*[\[116\]](#)

*The Kingdom of heaven is like **yeast**.*[\[117\]](#)

*The Kingdom of heaven is like ... **pearls**.*[\[118\]](#)



*The Kingdom of heaven is like ... **fish** in a net.*[\[119\]](#)

*The **wind** blows wherever it pleases. You hear its sound, but you cannot tell where it comes from or where it is going. So it is with everyone born of the Spirit.*[\[120\]](#)

## **Implications for Adventist faith and medical science**

The Bible does not claim that its inspired library of scrolls is God's exclusive method of communication to human beings. Reading and hearing the text is essential, but there is more. The scriptures include open advocacy for theology built with the bricks of material creation, spirituality developed through physicality. Thoughtful consideration of the material realm (science) is a universally available and effective means of knowing God. The Creator speaks through creation. Engagement with material science, including medical science, is liturgy.

So, then, if human beings are the crowning achievement of God's workmanship, no organism, no other living species, holds greater possibility for discovery of the Supernatural. The practice of healthcare promises encounters with the Divine. Medicine invites prayer, prompts worship, and gifts revelation.

## **Jesus as knowledgeable doctor**

Christian philosopher Dallas Willard considers the wonder of the healing ministry of Jesus and makes a startling observation. He argues that the medical practice of Jesus is not supernatural, but natural. Why? Because everything God does is natural for God. God does not act at two levels: supernatural and natural. All of God's actions are normative for him. God's actions may be supernatural from a human vantage point: We do not understand them; we cannot perform them. But not so for God. Jesus, then, as God in human form, knows how to heal because he understands the physical properties of a human body. Jesus is expert in therapy not as a magician but a physician. Jesus uses voice to cure mental illness,[\[121\]](#) physical touch to heal skin disease,[\[122\]](#) and even mud to heal blindness.[\[123\]](#) These remedies, according to Willard, are therapeutic: Jesus knew how to use them for healing. Jesus applied his advanced understanding of medical science to the minds and bodies of his patients. His miraculous acts set in motion a tradition not primarily of unexplainable

faith healing, but of healing as a result of learning about disease, cure, and the human body.[\[124\]](#)

## Early church: Miracle and medicine

The tradition of Jesus as practitioner of medical science continues in the early church. Early generations of disciples believed in the miraculous, but also in healthcare as a humanitarian practice in the way of Jesus.[\[125\]](#) A century ago, the conservative theologian B.B. Warfield considered the instructions of the apostle James who urged a regimen of oil and prayer for Christians who were ill.

*Is anyone among you sick? Let them call the elders of the church to **pray over them and anoint them with oil** in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise them up.*[\[126\]](#)

Warfield imagined the inclusion of oil not simply as a ritualized symbol employed in the service of a religious exercise but as therapeutic medicine. He argued that oil was a primary pharmacological tool in the hands of ancient practitioners of healthcare. Three examples from scripture support his claim.

*From the sole of your foot to the top of your head there is no soundness—only **wounds and welts and open sores**, not cleansed or bandaged or soothed with olive oil.*[\[127\]](#)

*Though I walk through the valley of the **shadow of death** ... you **anoint my head with oil.***[\[128\]](#)

*[The Good Samaritan] went to him and bandaged his **wounds**, **pouring on oil and wine.***[\[129\]](#)

The entreaty of James to “pray over them and anoint them with oil,” then, can be understood as a practice of healthcare joining *spiritual* and *material* remedy. First century Christians are instructed to bring God to the sickbed through supernatural praying and by use of the best medical science of the time: oil. Science is offered in service of spirituality and healing.

## **The heart of theological reflection**

The Bible writers' favorable view toward study of the natural world is critical for faith-informed clinical practice. An Adventist theology of medical science and the practical application of professional healthcare is neither separate nor secondary to other ecclesiastic or religious concerns. The pursuit of medical training and therapeutic vocation is not a secular enterprise. Hospitals are not merely functional marketplace extensions of church sanctuaries. Promotion of physical well-being and healing of disease and injury is not a useful but secondary discipline in a Jesus-formed organization. Human science holds center stage, particularly in the Adventist faith tradition, which emphasizes creation, Sabbath, temperance, wholistic discipleship, and physical, bodily resurrection at the Second Coming of Jesus Christ. Science, especially sciences that study the human body in disease and well-being, is at the heart of theological reflection and application. Francis Collins, one of our generation's leading physicians and scientists, has it right:

*The God of the Bible is also the God of the genome. He can be worshipped in the cathedral or in the laboratory. His creation is majestic, awesome, intricate and beautiful.* [\[130\]](#)

## Endnotes

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- [1] <https://www.adventist.org/how-ellen-white-applied-biblical-principles-to-health-and-wellbeing/>
- [2] Mid-19th century global lifespan was 28; today it is 72.
- [3] This is anachronistic. I left the nest in 1989, and Google didn't arrive until 1998. Even before search engines, however, patients found "trains to stations" with speculative, sometimes dangerous, medical opinion.
- [4] Office of Archives, Statistics, and Research, 2022 Annual Statistical Report, New Series, Volume 4, Report of the General Conference of Seventh-day Adventists' 2021 Statistics, Seventh-day Adventist Church
- [5] By definition, all revenue acquired by nonprofit hospitals is reinvested in ministry to patients and their communities.
- [6] Healthcare data is always dynamic and therefore quickly outdated. I offer reasonable approximations based on realities at the time of this writing.
- [7] <https://whiteestate.org/message/Peculiar.asp>
- [8] [Matthew 17:5](#)
- [9] [Matthew 28:19–20](#)
- [10] [Acts 3:1–10](#), [1 Corinthians 12:28](#), [James 5:14–16](#), [Revelation 21:4](#), [Revelation 22:2](#)
- [11] [Matthew 9:35](#). I have changed the translators' "proclaiming" to "preaching," which appears, faithfully, in other modern renderings.
- [12] [Matthew 7:20](#)
- [13] The gift of healing as a manifestation of the Holy Spirit is referenced three times in [1 Corinthians 12:9](#), [28](#), and [30](#).
- [14] [Matthew 14:13–21](#)

[\[15\] Mark 4:30-32](#)

[\[16\] John 14:12](#)

[\[17\]](#) There are many good historians of faith and medicine. I like the works of Gary Ferngren, and particularly his *Medicine and Religion: A Historical Introduction* and *Medicine and Health Care in Early Christianity*.

[\[18\] Revelation 21:4](#)

[\[19\] 1 Thessalonians 4:16](#)

[\[20\] 1 Corinthians 15:42-44](#)

[\[21\] Revelation 22:1-2](#)

[\[22\] Isaiah 58:8, Jeremiah 33:6, Ezekiel 47:12, Malachi 4:2](#)

[\[23\] Isaiah 35:5-6](#)

[\[24\] Matthew 11:5](#)

[\[25\] Luke 14:13-14](#)

[\[26\] John 11:4](#)

[\[27\] Matthew 8:5-13](#)

[\[28\] John 11:11-15](#)

[\[29\] John 9:1-3](#)

[\[30\] John 11:21-26](#)

[\[31\] John 9:1-3](#)

[\[32\] Mark 2:7](#)

[\[33\] Mark 5:7](#)

[\[34\] John 5:1-47](#)

[\[35\] John 5:21](#)

[\[36\] John 5:24-25](#)

[\[37\] John 5:28-29](#)

[\[38\] Matthew 8:4](#)

[\[39\] Matthew 8:10-11](#)

[\[40\] Matthew 8:14-17](#)

[\[41\] Matthew 8:29](#)

[\[42\] Matthew 9:2](#)

[\[43\] Matthew 9:22](#)

- [44] [Matthew 9:24–25](#)
- [45] [Matthew 9:32–34](#)
- [46] [Matthew 9:28](#)
- [47] [Matthew 12:10–13](#)
- [48] [Matthew 15:24–28](#)
- [49] [Matthew 17:14–19](#)
- [50] [Matthew 20:31–34](#)
- [51] [Mark 5:18](#)
- [52] [John 21:25](#)
- [53] [Acts 3:6–8](#)
- [54] [Acts 3:21](#)
- [55] [Luke 4:18–19](#)
- [56] [Matthew 28:18–20](#)
- [57] [Revelation 20:4–6](#)
- [58] [Acts 7:48–49](#)
- [59] [Matthew 12:6](#)
- [60] [John 3:8](#)
- [61] [Galatians 3:28](#)
- [62] [Acts 2:5](#), [Acts 10:35](#)
- [63] [Acts 2:45](#)
- [64] [Acts 6:1–7](#)
- [65] [James 5:14–16](#)
- [66] [Romans 7:24](#)
- [67] This clinical case is recorded in three gospels: [Matthew 17:14–21](#),  
[Mark 9:14–29](#), [Luke 9:37–43](#)
- [68] [Matthew 17:20](#)
- [69] [Mark 9:29](#)
- [70] [Luke 9:41](#)
- [71] [Mark 2:17](#)
- [72] [Mark 2:5](#)
- [73] [Matthew 8:13](#)

[\[74\] Luke 22:51](#)

[\[75\] Luke 17:18](#)

[\[76\] John 5:14](#)

[\[77\] Mark 6:56](#)

[\[78\] John 6:10](#)

[\[79\] Matthew 7:28](#)

[\[80\] Luke 5:32](#)

[\[81\] Mark 5:19](#)

[\[82\] Ephesians 1:4](#)

[\[83\] Genesis 1:27–28](#)

[\[84\] Psalm 139:14](#)

[\[85\] Luke 4:38–40](#)

[\[86\] Mark 3:1–6](#)

[\[87\] John 9:1–16](#)

[\[88\] Luke 13:10–17](#)

[\[89\] Luke 14:1–6](#)

[\[90\] Mark 1:21–28](#)

[\[91\] John 5:1–18](#)

[\[92\] John 9:2–3](#)

[\[93\] Mark 3:4](#)

[\[94\] Luke 13:15–16](#)

[\[95\] Luke 14:1–5](#)

[\[96\] John 7:23–24](#)

[\[97\] Luke 13:14–15](#)

[\[98\]](#) Additional factors impact Adventist operation of hospitals beyond the immediate purview of this short book, including bioethics, the marketplace, and government. Moral considerations inside these topics are myriad. Modern healthcare offers difficult clinical decision-making, business considerations, and compliance with legal expectations. These, and more, demand careful formation of policies and practice.

[\[99\]](#) Prominent new atheists include Sam Harris, Christopher Hitchens, and Richard Dawkins. Leading advocates for Christian theism

include Stephen Meyer, William Lane Craig, and John Lennox.

[100] [Exodus 2:5](#), [Exodus 3:1–4](#), [Exodus 33:21](#), [Exodus 13:21](#), [Exodus 17:12](#)

[101] [Genesis 2:1–2](#)

[102] [Exodus 20:8](#), [11](#)

[103] [Psalm 19:1–4](#)

[104] [Psalm 1:1–4](#)

[105] [Psalm 139:13–16](#)

[106] [Job 38:1–39:30](#)

[107] [Romans 1:20](#)

[108] [Acts 14:15–17](#)

[109] [Acts 17:24–27](#)

[110] [Romans 8:19–21](#)

[111] [Colossians 1:15–16](#)

[112] Historian Mark Noll offers an excellent consideration of this concept in *Jesus Christ and the Life of the Mind*.

[113] [John 1:1–4](#)

[114] [Matthew 6:26](#)

[115] [Luke 19:40](#)

[116] [Matthew 13:31](#)

[117] [Matthew 13:33](#)

[118] [Matthew 13:45](#)

[119] [Matthew 13:47](#)

[120] [John 3:8](#)

[121] [Mark 1:25](#)

[122] [Luke 5:13](#)

[123] [John 9:6](#)

[124] Willard, Dallas. *The Divine Conspiracy*.

[125] See Ferngren, Gary. *Medicine and Health Care in Early Christianity*. The Johns Hopkins University Press, 2009.

[126] [James 5:14–15](#)

[127] [Isaiah 1:6](#)

[128] [Psalm 23:4–5](#)



[129] [Luke 10:34](#)

[130] Collins, Francis. *The Language of God: A Scientist Presents Evidence for Belief*. Free Press, 2006, p. 211.

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