

# Life & Health: Medical Perspectives

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Preacher: Rev. Ben Roberts

[ 0 : 00 ] Well, now I'm sitting here with three doctors from our congregation. And I just want to say as we start, the recognition of your skill and commitment from the wider community has been quite overwhelming during this time of COVID-19.

And I found a representative quote online that says this about you. This is all healthcare providers. You are brave, beautiful human beings. We greatly appreciate every effort that you have put forward to make sure we, along with our loved ones, stay safe and healthy. And you must be feeling a little bit like finally the recognition we deserve.

But joking aside, I speak for certainly everyone I know to say how grateful we are to all essential workers in transportation, in hospitality, in cleanup, in legal services and health and health services. And I'm grateful too for your willingness to be part of this panel this morning to take us behind the news into your own experience and into your own faith in Jesus Christ and to reflect as Christians during this time.

So let me introduce the panel to you. Across from me is Dr. Brenda Wagner. Wagner works in obstetrics and gynaecology for Vancouver Coastal Health. Welcome, Brenda. It's great to have you.

[ 1 : 27 ] Dr. Will Johnston, who I've known for 32 years and only pronounced his name rightly this morning. Will works in family practice as a GP here locally.

And Dr. Zoltan Horvath, who works for Fraser Health as a consultant paediatrician. It's great to have you three with us. Thank you very much for coming. Now, we've been through the questions, but let me just lead straight in. And perhaps if you wish to take this anywhere, you will.

But the first question I've got is, what has the pandemic really been like from a medical perspective for you? And perhaps I could start with you, Zoltan. Well, it's been transformative, I think, in many ways. Practicing medicine is very different now. As a pediatrician, many might know that the pediatric population has thankfully not been affected in the same way directly.

But the indirect effects have been very real. We're having to do a lot more telehealth assessments, which means either through video conferencing or by telephone.

And I find it very draining. One of my colleagues said it's even soul-destroying. You don't feel like you're really seeing and assessing your patients.

[ 2 : 50 ] And so the practice of medicine is very different. As physicians, we tend to be very OCD by nature because there's so many details and things that we are having to tend to.

But so much of it now, more of it, is out of our hands. And the hospital practice has been very different. Emergency for pediatrics has been very quiet.

And since children are not in school, they're not sharing infections, so the ward has also been generally quite quiet. But my office in particular has been – I've been spending longer hours, I find, on the phone.

And that's been very draining. Thank you. Will, what's it been like as a GP here in Vancouver? Yes, I mean, I have no direct experience of a really sick person with coronavirus.

I had two back in April who had contacted it. One, an older clergyman who had been in contact with missionaries returning from, of all places, Wuhan. And on March the 22nd, he visited with them and promptly came down with a very mild illness, a little bit of aches and pains.

[ 3 : 59 ] And his only complaint is a bit of fatigue as he has gone on after the illness. So I have no direct experience. You'd almost think that it didn't exist from my point of view in a suburban family practice, except for, of course, what Zoltan is mentioning.

I'm very, very tired of hot, itchy masks all day long. I swapped that out for a clear visor when I can't stand the mask anymore. And the clear visor has one interesting phenomenon.

I found that I'm much more of a spit talker than I realized when it all appears on the visor. So it does remind me of the necessity to have something to prevent passing things along.

And, of course, the sneeze guard, the clear plexiglass up in front of our front desk, like so many places have now had, the constant attention to disinfecting the examining rooms.

It's added, I was estimating 30% to my workload because even though fewer people are coming to the office, so many hours have to be spent texting and phoning and all the rest of it, that I'll be so happy when this is sort of over.

[ 5 : 19 ] But I think along with many of us, we have this kind of, we reserve the right to expect that it won't be over for a long time. And many of these precautions will have to be taken for a very long time.

Yeah, thank you. What about you, Brenda? What's it been like for you? It's a bit different for me because people haven't stopped having babies just because there's a pandemic. So in my clinical work, that's a big focus for me is working in the hospital.

And so we've had to do our regular work, but we've had to sort of figure out new ways to do it. So, of course, we're all wearing our masks and eye shields and often gloves when we're in the hospital. And that has a big impact, actually. We found it makes such a difference for patients not to be able to see our faces and even the faces of the people that you work with. And there's just been such a level of anxiety, I think, for everyone, for the patients having to come to the hospital and having their baby there, for the health care providers having to go into the hospital and care for people.

We're just noticing a lot more anxiety. I think when I was on call this week, almost every patient I saw had high blood pressure in the hospital. And I think that that's kind of a reflection of what's going on in our bodies because of the stress and the anxiety that's going on in our minds.

[ 6 : 37 ] Right. I'd like to continue along the line of the question of stress. I mean, I've participated in two funerals since the beginning of COVID.

You can't sing because it's a dangerous activity. You have to sit distanced with masks on. And it just feels wrong.

You can't hug each other or really greet each other properly. And that creates a different kind of stress than we're used to. And you're talking about stress.

This leads into the second question. So we're hearing stories of mental health going downhill.

There's greater stress and anxiety. And how does – are you seeing that?

How are you seeing that? And how does Christian faith play a part for you in dealing with patients?

Well, I think everybody is afraid.

[ 7 : 37 ] And I think – I actually think that previously our levels of fear and anxiety have been increasing in our culture and in our patients. But it's been more masked.

And during the pandemic, it's been impossible for women, in my experience, to mask their fear as much. And so people are visibly afraid.

And it's, I think, a real opportunity as a Christian physician to sort of step into people's lives and to come alongside them and to acknowledge their fear. And to encourage them to try and find some meaning in their life that goes beyond being afraid of the pandemic.

And, you know, a lot of the patients that I'm seeing are women that are pregnant that are about to start their family. So there's always fear around that.

But it's just sort of been magnified now. But it's also with a patient of mine recently who was in the midst of a pandemic facing a very scary diagnosis of cancer and fear of dying and all of those things.

[ 8 : 38 ] It's a real opportunity to sort of come alongside as a Christian physician and say, well, you know, rather than being afraid, when those thoughts of fear come, how about thinking about what do I want to do?

What will give my life meaning? And I found that that's really been a great way to interface with people that don't know Jesus and to bring some of his compassion and his grace and some of the questions that I think he might ask people in the pandemic.

It's unique, isn't it? A unique opportunity in a way. Will, your practice has increased 30%. Does that speak to some of this anxiety and stress as well?

Yes. When I say 30%, I mean the workload. I would say it's sort of time spent to get sort of somewhat the same work done. But even before this pandemic, there was such a huge, obvious burden of anxiety in the general population that I serve.

Because I deliver babies, but I look after people through the entire span of life now, particularly in the young teenage population. Girls more than boys.

[ 9 : 47 ] I had seen a remarkable increase over the past five to eight years, I would say, in anxiety.

And my patients who are high school counselors tell me that they are overwhelmed in high schools with anxiety issues. This coronavirus epidemic has obviously made that worse.

Kids who are already isolated are suddenly at home. The boys doing online gaming stuff. The girls doing other stuff.

All of them spending probably too much time in front of a screen. And the anxiety issues are huge. Which is ironic because we're actually living in a safer time. If you look at violent death, the chance of dying violently or the chance of dying at all per 100,000 population has never been lower.

Has never been lower. And that's regardless of the coronavirus. If you actually crunch the numbers, about one in 50,000 British Columbians has died. Now, each death, of course, is its own tragedy and its own sadness for the family.

[ 10 : 57 ] But Stephen Pinker's research out of MIT has demonstrated, I think, quite conclusively, that we live in an extremely safe time and it's only getting better. So where is all of this distraught, distress coming from?

And I think Brenda has touched on the most important aspect of it all, and that is the idea of meaning. And so as a Christian, having a larger perspective, knowing that so many previous societies have lived through so much worse than we're seeing right now.

During the 1600s, a third of Europe died between the plague of the religious wars and famines and so forth and cold weather. And so it's not the extent of the calamity that's fallen on us with the coronavirus that is the explanation for all of this anxiety.

It is that there's a loss of a sense of meaning. There's a loss of a sense that we are being looked after by a loving God. And so having a Christian perspective, sometimes you can meet people where they're at and simply get them thinking about the idea of whether or not there is meaning in this universe.

Is this a completely meaningless random experience with a vibration of molecules eventually mutating into human beings? Or is there something behind it all? Yeah. That's goodness.

[ 12 : 25 ] I'd love to go further in this. But let me just ask, Sultan, this idea of a loss of meaning, and as Christians we have this huge perspective historically as well as eternally.

How does that affect your treatment of your patients? And how do you see the anxiety and depression and stress showing itself in your area?

In children it manifests differently in certain ways. It's more indirect. Like Will was alluding to, I've seen an epidemic of screen time.

When I ask parents how much time their children are spending on screens, it's astronomically high.

And not a lot of them are directly anxious, in my practice anyway, about the virus itself.

I think the word is out that it has thankfully not affected children to the same degree. But they're anxious about the future. They don't have the same social interaction.

[ 13 : 31 ] They're missing their friends. They're anxious about how this might be affecting mom and dad. I had a tragic case where the father might have been exposed at work and had to quarantine from his entire family for two weeks.

And the mom was explaining to me on the phone, practically in tears, how the girl is going, why can't I see daddy? And, you know, it's manifested in, we've seen my colleagues and I in our facility, an increase in infants of substance abusing mothers having to use a lot more medication to help calm these babies.

So it's been tragic in so many ways. But I like how, you know, both Brenda and Will have touched on the meaning and purpose. And I think of the passage in the scriptures where I know the plans that I have for you, saith the Lord, plans to prosper you and for a future.

And I think right now there is that sense of what is the future? Am I even going back to school in the fall? And if I do, in what capacity? Are we going to keep doing this forever?

Right. Because social interaction and touch, as you were saying, are so important to just a child's development. Yes. And with all of this social distancing and the hype that the media puts in there, that fear, where we need, for example, our elderly to be mentors to our children and children's children and the separation that's now happening there.

[15:01] I think we probably won't know the impacts of that for years. Right. But I know, we know the Redeemer and we know that we have that hope. And that's what gives me comfort.

And to impart that to families, you can do that in how you practice your medicine. Let me, if I may, ask slightly more personally then. What difference does it make to you being a Christian in this context when you're, yes, we have the reality of our relationship with God and we have the big perspective.

But how does being a Christian, how do you bring Jesus to work with you? I don't like that phrase. How do you, how is it for you? How do you deal with your own stress and anxiety because you're doing so many other things right now?

Well, I found that I've been praying more and I've been sharing things even with, I've called my wife from work at times and said, I need your prayers right now.

I'm having to be more dependent on my family and on the broader community as much as can be accessed when these stresses come up.

[16:08] So I see that that's helped me. And I think that it's also, I have had myself, I mean, although I'm perplexed at a lot of what's going on, I don't, I haven't felt the anxiety of the virus itself.

It's not touched me. I've seen some of my colleagues, they're, I mean, I'm trying to follow the guidelines, of course, but I'm simply saying not worrying. I realize that that is in the Lord's hands, whether I get the virus or not, that hasn't impacted me in that kind of anxious way.

And so I know some people have distanced further from their patients than I have. And I don't know whether that's just me being perhaps a little bit foolhardy, but I want to have more of that contact.

And it has resulted in a more consistent patient care that I've been told has been observed. And I've been thankful for that. Thank you very much. Will, you've been at this a few years.

You've seen people birth to death. How, and in this time of increased anxiety, how do you keep yourself, how does your faith hold you and keep you during this time?

[17:21] What difference does it make to you? Well, I think my faith is sometimes more observable in its lapse and its absence. When I'm particularly feel under the gun, I'm getting a little bit worried about the volume of work that I haven't finished.

And I'm feeling just fraught in some way. I so often have to sort of remind myself that, gosh, you haven't prayed at all today. You know, how do you expect to carry this load?

And how do you expect to be doing what's meaningful if you're not asking for God's guidance? So that's been a, I'd say, being brought up against loads that I can't quite see my way past has been helpful to me, reminding me to not try to carry the burden alone.

And I think that, of course, is true of all of the people who might be listening to us today as well, that so frequently we get ourselves into a snit over something that's not truly important.

Or we fear in a way that's not really realistic. It's not in proportion to the actual risk that's around us. And why is that?

[18:33] Is it because we've lost the Christian perspective that there is a larger meaning to this whole story and that we're being given the privilege of having a ringside seat at this amazing human circus that we call modern life.

And we're given the extra tool of having a Christian belief. And so that we can remind ourselves that this too shall pass, but the more important thing is what are we doing here?

What is the meaning of our life? Can we have meaning outside of an acceptance of the likelihood that there is a God who created the universe?

That if there is someone else who was God on earth other than Jesus of Nazareth, who was it?

Look at the historical record. Look at the truths that we can read in the Bible.

And who's better? Who is better? Where should we then go? As Peter said when our Lord asked him if he was going to abandon the ship as well.

[19:43] Well, where am I going to go? So once we've accepted, we've looked at the reality of where we are and decided that no, there's nothing better. There's nowhere else to go. Then we can start to have that peace that passes all understanding and keeps our hearts and minds in the knowledge that we're loved by God.

And to be able to be in a position where you can pass that along to even one person who's ready to hear it. Not everyone is. Is that your experience too, Brenda?

Well, I would certainly say that this has been, I think, a difficult time to be a Christian for some people. And for me, at the beginning of the pandemic, it was hard because as well as doing clinical

practice, I do a lot of healthcare planning and leadership.

And so we were creating all these processes about how to streamline care and make sure that we were keeping patients safe and healthcare workers safe. And so I was really overwhelmed by that. And I actually found it very difficult at that time to read the Bible. But I actually found it was helpful to start to memorize some psalms. So I actually sort of just gave myself permission that I didn't need to read the Bible every day.

[ 20 : 55 ] But I was memorizing the different psalms and different verses and using those actually as a way of filling myself in moments where I was feeling overwhelmed. And I think it's, you know, for me, my experience in being a healthcare worker and being a Christian at all times has always been about how can I live out the way I think Jesus would live, both in my care for my patients and in my interaction with my colleagues.

And I don't always do it well, but I think I feel like this is a really great opportunity for us in the midst of this pandemic to be light and salt in people's lives and a real privilege that we have as Christian physicians to actually be bringing his grace and his compassion and his love and the peace that passes all understanding, that we have an opportunity to bring that into our healthcare settings. And I'm always encouraged when we have that opportunity and when you really know that you're relying on Jesus to do the things that you can't do yourself. Thank you.

Yes, at the beginning of the pandemic, the media was saying, well, now, of course, the pandemic's helping us because we really know what's important now. Everything that's unimportant has been swept aside.

Haven't heard much of that lately. So how does the gospel relate to this very big issue, suffering, pandemic?

[ 22 : 27 ] Like how you all work with people who are suffering all the time, not just through stress and anxiety, but physically through death, through life as well. But what does the gospel have to say to us?

How does the gospel bear on COVID-19? How do you think about that in this current context? And I'll go straight back to you, Brenda. Well, I think that fundamentally the gospel is a gospel of hope and it's a gospel of the fact that there's more.

And so for me personally, keeping your eye on the bigger picture, as Will was saying earlier, the bigger picture that God is present and with us and he has history in his control is such a solace when you're watching people suffer.

And to also then recognize, I think, that suffering is actually part of what helps draw us to God. I mean, C.S. Lewis said that pain and suffering was God's megaphone speaking into our lives. And so I really think when I have the chance to pause and think about it, how is God using his megaphone to speak into my life and to the lives of people around me? Because that's really what suffering is.

[ 23 : 52 ] And so, and I just, as I was talking to this patient about, well, what would give your life meaning? I was actually thinking about that in my own life.

Like what would give my life more meaning? And what do I want to change in my own life to have it be more meaningful? And just this concept of praying more. And reading a little bit about Jim Packer, who went to be with the Lord recently, and reading about his commitment to saying the daily offices every day and thinking, okay, something like that is something that will give my life meaning.

And so I think as I'm looking at people suffering, I do know that Jesus is the solution. And the question is that we have as modern physicians, Christian physicians working in a modern world is how do we bring that into people's health care in a way that's respectful, but also a way that's meaningful.

That's remarkable stuff. Let me come back to you, Will. What does it mean? You know, Jesus is a man of sorrows.

Like how does that change you and your medical practice? And in line with some of the things that Brenda has been saying, how does the gospel of the suffering Jesus make a difference in Vancouver, in our practices, and to you personally?

[ 25 : 15 ] Well, I think that one of the sort of external criticisms of Christianity is that there's a God that makes people suffer. And our own Harvey Guest, of course, has said that his response to that is that, yeah, he believes in a God that makes everybody suffer.

You know, babies and nice people of all ages and old people. In fact, he kills everybody. He kills babies and children and young adults and old adults.

Everybody dies. Nobody gets out alive. But that's simply the condition of our existence. And to say that our thoughts about God have to stop there, you know, well, it can't be one because if there was any good God, nobody would suffer.

I mean, this was what the Gnostics were trying to solve 2,000 years ago. But we won't go into that today. When you have people who are in a hard patch, which is a condition of our existence, we can't get through life without significant suffering.

And in fact, I've had a few people in my practice who have had so little suffering that they're actually anxious about it. They tell me, I don't think I've had much problem.

[ 26 : 28 ] I grew up in Carisdale. No problems in my life. And yet other people are suffering in a way that's really, really acute. And so I say to people, when I can see that they're ready to hear it, that there is such a thing as pointless suffering, wasted suffering, absolutely suffering that's just suffering.

And it's horrible and it's pointless and it's wasted. But not once you include God in the picture. The moment you introduce the idea of God into the picture, there isn't a tear that will be wasted.

There is not a bit of your suffering that will be wasted. And then depending on how they receive that, I can move on from there. And again, it's all about meaning. What is the meaning behind what's going on?

And could there be a larger picture that we just can't see? It's very difficult to read the Bible and come away with the conclusion that suffering isn't both something that God uses, but also something that can be for good.

And in the center is the person of Christ's suffering. And the Bible does tell us, doesn't it, not to be surprised when we suffer.

[ 27 : 42 ] We are, though. And yes, I mean, you talk about death rates. And in the past pandemics in the 16th century and in the first five centuries, there were two pandemics in the Roman Empire that killed about a third of the population, maybe measles.

And the churches sought to serve the living and the dying. Many Christians died. But afterward, the realization that the gods of the Roman world were dead and couldn't help them.

But here were these Christians actually saying something hopeful made a key difference to the growth of the church. Yeah. Zoltan, what about you?

How does the gospel affect the way you think about all this and suffering particularly? I think that we have in the West, especially just with our affluence, grown too comfortable.

You know, I think about how the Bible says, I think it's in Isaiah, when he's speaking of Jerusalem, Jerusalem grew fat and kicked. That we have been so self-reliant.

[ 28 : 51 ] And like Will was saying, there are people out there who wonder, they look at suffering from afar and say, I haven't really even experienced that. Yeah. Jesus said that, you know, it is not the well that go and seek after a physician, but those who are sick.

And so I think that he is exposing a lot of the weaknesses in our society. We're probably coming to a point, at least I'm hopeful, that we recognize that we really are sick, all of us.

That as a society we are, as individuals we are, and only the gospel is the solution. We call upon and we look to the government to fulfill things that they cannot fulfill.

And they really were never ordained to fulfill as an authority. But we need to peel all of this back and come to the point where we recognize that Christ is the rock upon which we can stand for hope.

And so in the midst of that, I think, as was already said, it's that sense of purpose and direction that we can have as Christians. I'm asking God, how can I use whatever giftings you've given me to glorify you at this time?

[ 30 : 06 ] Rather than sort of looking to the future of what I can get for myself. And I want to try and live my life in such a way that emulates that, as difficult as that is.

And so, you know, to try and get out of yourself and to look to what God is doing and say, how can I be a part of this? Because the harvest is plentiful, but the labors are few.

Where, O Lord, will you have me work? Maybe it's the 11th hour and I'm still hanging around in this city square. And he's going to call me soon to go into the vineyard and you work also.

So I just want to be a part of that. Well, I'm very grateful. And before I finish, perhaps, is there anything any of you would like to add to what you've said already?

As Zoltan was talking, I was about our society and how we don't know how little we have and how much we need. I was actually just reflecting back when we went to Malawi and we were in the hospital there.

[ 31 : 08 ] And the amazing thing is there, because there's so little medical care, prayer was actually huge for patients. And it really didn't matter if they were Christian or Muslim or any religion.

If we asked if we could pray for them, they wanted the prayers because they wanted God on their side. And when I think about how hesitant we often would be to offer prayer to patients in North America, I think I'm hoping that maybe through something like this, people would realize how much and how deep our needs are.

And I hope as the church we can help people recognize that Jesus really is the one who ultimately cares about them and cares what's happening to them and how much they need him.

Because I think it's a big fool that we've all had. We're fooling ourselves into thinking how self-sufficient and how safe we are. And this has really shown us that those things aren't true.

Thank you so much, Brenda. I think that's a great place to finish. I'm very grateful to the three of you, not for what you do, but for today and sharing a little more in depth with us.

[ 32 : 17 ] I wish we had more time on this. It's very encouraging. And please accept our thanks for what you're doing.

I think coming out of this, there may be folk who are feeling anxious, depressed, wish to speak to someone about a spiritual issue.

And if you'd like to do that, please make contact with our Director of Pastoral Care, Reverend James Wagner. His email is on the screen right now, james at sjvan.org.

And we'll be in touch with you just as soon as we can.