

COMPLIMENTARY ROLES OF PASTORAL ETHICS  
IN THE WORK OF MEDICAL MISSIONS

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## ABSTRACT

This is the result and outcome of a research into the case of Complimentary Roles of Pastoral Ethics in the works of medical mission. To realize its aims and objectives, the work is divided into five major parts:-

The first chapter of this research contains the introductory material of the essay, the background of the study, purpose of the work and scope of the essay. This will also include Research Methodology, Limitations of study and clarification of terms.

The second chapter will trace the historical background of medical missions in the Nigerian Baptist Convention with special emphasis on Baptist Medical Centre, Ogbomoso. While the third chapter will examine Pastoral Influence in the establishment, development and sustenance of medical works in the Nigerian Baptist Convention. The fourth chapter will highlight chaplain's professionalism and proficiency. Summary and conclusion conclude the essay.

And the fifth chapter will focus on summary and conclusion.

It is hoped that by proper application of the tools as articulated in this paper, healing ministry will always be for the glory of God.

## CONCLUSION

The researcher concludes with the words of Home Mission Board, SBC, captioned "Volunteer Chaplaincy." Chaplaincy is a pastoral ministry couched in a

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<sup>2</sup>Henri J.M. Nouwen. The Wounded Healer. Garden City, New York. Doubleday & Company, Inc. 1972. P. 5-6.

specialized setting and designed to meet specific needs. It is an extension of the church's Pastoral ministry – and outreach of care and concern. The chaplain whether he is an ordained clergyman or a lay minister, represents the love, concern and acceptance of God. He must be a competent servant of the Lord. He dares not deal superficially with patients' fears and anxieties, personal or family problems, pain, life-goals or feeling of guilt and loneliness.

The Chaplain functions as pastor, priest, prophet, counselor, administrator, evangelist, missionary, consultant and source of referral. Often he is engaged in teaching, and training in a variety of human enrichment groups. His interest and care will extend to the needs of administrative personnel, medical staff, nursing service, food service, housekeeping service, business, engineering and maintenance personnel. He will realize that if he "feeds" the hospital personnel, they will "feed" the patients.

The chaplain should work harmoniously with others in his healing team. Visitation must be scheduled to avoid interference with procedures that are necessary and routine in medical centres. Priority should be given to patients admitted for surgery, to newly admitted patients and to the terminally ill. Visits to homes should be made upon request only and then only after the individuals pastor has been advised of the situation.

Everybody agrees that receiving the news of an imminent death is shocking to the patient. Doctors also experience stress, fear or anxiety in communicating a dark diagnosis. Medical students are worried also about the way they will cope with the patient's reactions. In spite of all these a patient has the right to know all the factors referring to his/her physical condition. This is where pastor declares his proficiency and professionalism. This is the ministry of the bereaved. Few if any crises are more intense

professionalism. This is the ministry of the bereaved. Few if any crises are more intense than that which occurs with the death of a loved one. The chaplain should have an understanding of the process of grief. Care must be exercised not to supplant the family's pastor.

Pastoral counselling will, in most cases, be on a short-term basis, with both the patient and members of the family, according to the specific need. It is at this point that the chaplain must be cautious, utilizing skills that are acceptable and which are in keeping with his pastoral role. Interfaith relationship must be cultivated. The chaplain represents the religious community. He can do this without surrendering his personal doctrinal convictions. The hospital is not the place for one pastor to steal another pastor's sheep because it is the healing ministry of our Lord Jesus Christ, that brings a clergyman to work in the midst of other professionals. A pastor who has a close working relationship with physicians, social workers and health care directors will better understand the needs of his own flock.

Better coverage for hospitalized persons is a major benefit in this research paper. Emphasis in modern health care is on the total person. This recognizes spiritual needs as well as physical needs. A trip to the hospital often brings an individual face to face with matters of life and death, which fall solely within the religious areas of our life. The organized effort of individuals seeking to improve the quality and outreach of their Christian witness will help to break down barriers that have existed in the past.

Health care delivery is a cost intensive ministry, yet medical mission must not die, it must be sustained. If the truth must be told, the Nigerian Baptist Medical work has experienced less than outstanding success in operating the medical services. Through the

length and breath of the country where missionary and educational work have rooted firmly and indeed grown, the medical work (except at Eku where the presence of the Foreign Mission Board of the Southern Baptist Convention is still felt) is hard put to it and is undergoing significant stress. It is a matter for regret that the NBC has not got a positive policy which would engender confidence and growth of the Medical Mission Sector.