

The Healing Church. The Tübingen Consultation 1964, WCC, Geneva 1965 (World Council Studies 3), 34-43.

Findings

Preamble

Within the context of papers presented and discussions which took place the Consultation adopted the findings which follow. Conscious of a commission from the Lord of the Church, the members of the Consultation sought for a response to this call which might, God willing, prove worthy of its source. We believe that the statement on the Christian Concept of the Healing Ministry and the implications which follow are revolutionary to much of the Church's present involvement in medical work.

Mission boards and societies and national churches are still promoting medical work in terms of meeting physical need or providing avenues for the preaching of the Word all within a varied understanding of Christian compassion and concern. Yet the valid criticism by younger churches that such institutions are a "burden" to them, and the lack of intimate involvement in medical institutions in the West points up the absence of a sufficient distinction between much Christian medical work and the service of secular agencies. It is our earnest hope that these findings may lead to the criteria by which existing and projected Christian medical work can be evaluated.

The members of this Consultation are well aware of the fate of most reports. In view of their unanimous adoption of these findings and because of their concern for a new look at the Christian healing ministry, they would urge a deep and continuing study of these findings by the Division of World Mission and Evangelism of the World Council of Churches and the Commission on World Mission of the Lutheran World Federation, which bodies called them together. In addition, they would request that all churches, young or old, church councils, mission boards and societies as well as theological colleges and seminaries would singly or in partnership examine and test them and where they are found valid implement them, whether in pilot projects or as ground work for the adoption of new policies.

The Christian Concept of the Healing Ministry

The Christian Church has a specific task in the field of healing

This is to say more than simply that the Church has a duty to support all that contributes to the welfare of man. |

It is to say that there are insights concerning the nature of health which are available only within the context of the Christian faith. The Church cannot surrender its responsibility in the field of healing to other agencies. This, however, leaves entirely open the question whether in a given situation, the Church best discharges its duty in the field of healing through the maintenance of hospitals, clinics and similar institutions with their medical teams, or through the work of Christians in secular institutions, or through a combination of both.

The specific character of the Christian understanding of health and of healing arises from its place in the whole Christian belief about God's plan of salvation for mankind.

The Christian understanding of healing begins from its place in the ministry of Jesus.

There it was a sign of the breaking into human life of the powers of the Kingdom of God, and of the dethroning of the powers of evil. The health which was its fruit was not something static, a restored equilibrium; it was an involvement with Jesus in the victorious encounter of the Kingdom of God with the powers of evil.

A concept of health which is merely that of a restored balance, a static "wholeness", has no answer to the problem of human guilt or death, nor to the anxiety and the threat of meaninglessness which are the projection upon human life of the shadow of death. Health, in the Christian understanding, is a continuous and victorious encounter with the powers that deny the existence and goodness of God. It is a participation in an invasion of the realm of evil, in which final victory lies beyond death, but the power of that victory is known now in the gift of the life-giving Spirit. It is a kind of life which has overcome death and the anxiety which is the shadow of death. Whether in the desperate squalor of over-populated and underdeveloped areas, or in the spiritual wasteland of affluent societies, it is a sign of God's victory and a summons to his service.

The Church's ministry of healing is thus an integral part of its witness to the Gospel. In the exercise of this healing function the Church must never be indifferent to the patient's spiritual condition, his religious faith or unbelief.

The Christian ministry of healing belongs primarily to the congregation¹ as a whole, and only in that context to those who are specially trained.

If healing is understood as above, it will be clear that the entire congregation has a part to play in it. By its prayer, by the love with which it surrounds each person, by the practical acts which express its concern for every man, and by the opportunities which it offers for participation in Christ's mission, the congregation is the primary agent of healing. At the heart of this healing activity lies the ministry of the Word, Sacraments and prayer. The specialised work of those who have been trained in the techniques of modern medicine have their proper place and will be fruitful in the context of this whole congregational | life. We have to recognise that a rift has developed between the work of those with specialised medical training and the life of the congregation, so that the congregation often does not see how it can take areal responsibility for the work of a healing institution. One of the most urgent needs of today is that Christian congregations, in collaboration with Christian medical workers, should again recognise and exercise the healing ministry which belongs properly to them.

The Christian ministry of healing as exercised by the Church is subject to him who is the Lord and Head of the Church, and to the continuing guidance of the Holy Spirit.

It follows that the form and expression of the Church's ministry of healing must be kept under constant review particularly in relation to the mission and ministry of the Church in each generation. For this purpose the Church must seek and follow the continuing guidance of the Holy Spirit in the exercise of its healing ministry.

¹ By "congregation" in this Report is meant the corporate fellowship of the People of God wherever it manifests itself.

The Role of the Congregation in the Ministry of Healing

In Scripture both sickness and healing are distinctly corporate experiences (Cf. e.g. 1. Corinth. 12:12-31; James 5:13-16).

The ministry of healing in its fullest sense was a natural concern of the early Church. To the Christian of today the ministry of healing is very often thought of in terms of *professional* service alone – perhaps even in a distant country – having very little connection with the life of the congregation.

There is an urgent need for revival of the biblical idea of the ministry of healing as service centered in the congregation. Exploration is needed of ways whereby this service can be related to existing forms of medical practice.

All healing is of God.

This is so whether or not it seems to occur through what we call natural laws – some of which we know, whether or not it appears to have been brought about by what we call medical means, or whether or not it has been accomplished by means of spiritual healing.

This should be accepted even to the extent that all the achievements of modern medicine ultimately are to be understood as signs of the healing power of God.

For this very reason we accept modern medicine as a gift from God and use with the same gratitude both the spiritual and the scientific means of healing.

Within this understanding it follows that the congregation has a central and responsible role in the healing ministry.

There are many practical ways of serving the sick. True fellowship with the patient in his particular situation will make it clear how to relieve much of the anxiety and the many practical problems associated with illness. |

In this connection it should be mentioned that among others the aged, the handicapped, the mentally ill and those suffering from addictions need special care.

In addition to practical acts of love and service the congregation is entrusted with sanctified means of healing by the ministry of the Word, the Sacraments and prayer with and for the sick.

The manner in which these means are administered will vary according to the tradition of the individual church and the condition of the patient. They may include healing services, laying on of hands, anointing, etc. We do, however, disapprove of those healing services which disregard proper medical means, take place without preparation and follow-up and have a tendency to exploit the patient.

Special problems arise when the patient needs institutional care. These involve additional anxieties and often the need for special pastoral care. It is the obligation of the congregation to see that this is made available.

The congregation has a very special responsibility for those of its members who are engaged in medical institutional work.

This is true of those in Christian institutions, but Christian doctors, nurses, ancillary staff members and trainees working in secular institutions too often have been isolated in the secular atmosphere, and as they are called upon to carry out the ministry of healing they should as far as possible be drawn into the full fellowship of the local church and particularly given the pastoral care they need.

The congregation should encourage its members to enter the healing professions.

The congregation, which in common with its healing Lord is entrusted with the gift of the healing ministry to the world, is called to help its members, especially the young, to obey this calling and to prepare themselves for service in the different forms of the ministry of healing.

The Healing Ministry in Theological Training

A Christian understanding of healing is already implicit in theology.

Much teaching on the ministry of healing is already implicit in courses on systematic and biblical theology given during theological training.

In spite of this, no explicit teaching on the Christian understanding of healing is given in most of our theological colleges and seminaries.

Even in the exposition of such basic Christian doctrines as the Atonement, no attempt is made in current theological teaching to bring out their implications for the Christian ministry of healing. |

It is imperative that teaching should be given on this subject in all our theological colleges and seminaries.

Such teaching is not given because theological teachers have not been given the necessary guidance and stimulus required in this area. The Church's ministry of healing should be included in the syllabus of any courses arranged for theological teachers under the auspices of the Theological Education Fund and similar agencies.

The department of theological education in which the practical significance of the ministry of healing can most effectively be made explicit is that of pastoral theology.

Theological teaching staff should be encouraged along two lines. Firstly to develop courses in which the Church's ministry of healing is studied and practised. These courses should be based in the seminary or college, but should include periodic hospital and field visitation. Secondly to initiate courses in clinical pastoral training where these do not exist, and to include these in normal theological training. The purpose of clinical training is to train chaplains to work as a member of a healing team, but also to train parish pastors to increase and deepen the care and cure of souls as part of the healing ministry of the congregation.

The laity also need training in the ministry of healing, and this must be kept in mind in theological training.

Theologians have tended to see their task completed in training a specialised ministry, but the laity also need training. The theological college and seminary should, therefore, train their students to be trainers of the laity who as members of the congregation should carry on the essential ministry of healing.

The Training of Medical and Para-Medical Workers as a Task of the Church

1. The Consultation emphasises that continuing efforts to improve the professional quality of medical work and the teaching of co-workers need to

be recognised as an integral and essential part of any form of medical-evangelistic service. The scope of such teaching should include the patient, his family, all members of the medical team, the local community and its practising physicians as well as other health workers.

2. The Consultation recognises the churches' responsibility in medical education and urges that WCC and LWF appoint a competent person to conduct an exhaustive study which would evaluate the relative merits of conducting church-sponsored and church-managed medical schools or of providing instead material and spiritual care for Christian students in secular institutions. This study should be worldwide in scope.
3. It is urged that immediate consideration be given to the extension of intern and residency training facilities in existing church-related hospitals.
4. In view of the intimate relationship of nurse and patient the Consultation believes that nursing-education should be carried on at every level. It recommends, however, that new training programmes be initiated on a regional basis, that they be in conformity with relevant government requirements and that these programmes in planning the size of the training institutions consider also the staff needs of secular medical work offering opportunity for Christian witness and service.
5. Similar consideration should be given to the training of para-medical workers.
6. Because of the vital role held by the hospital chaplain in the healing team special attention needs to be given to his selection and specialised training.
7. Involvement in organised Christian medical work must be regarded as a speciality in itself. Specific provisions need to be made to educate the Christian physician, the Christian nurse and other medical workers into the true relationship of their professional practice and the healing task of the whole Christian community. The Consultation recognises the need for the development of a special joint training programme for physicians, senior nurses, hospital administrators and hospital chaplains in preparation for overseas work to acquaint them with the special aspects of medical service in developing countries, familiarise them with the team approach in Christian healing and to assist them to make their professional service relevant to the cultural setting of the given area of their future labour.
8. The Church should encourage suitably qualified members to accept teaching positions in universities, medical colleges, nurses schools, and similar secular institutions of learning as a special challenge to Christian witness in teaching.

The Institutional Forms of a Healing Ministry

1. If we are to accept the premise that Christian healing is an integral part of congregational life it will be necessary to study first the role of the medical institution within this context and secondly to see how far other forms of medical service are relevant and necessary.
2. We must first confess that the medical institution and the church on the national and more particularly on the local level have travelled too often in separate | directions. While the hospital or clinic may have substantially aided in the initial creation of a congregation it has usually failed to commend itself as a continuing expression of that congregation's healing concern.
3. The time is long overdue for the complete integration of the hospital and clinic into the life and witness of the Church. This should not be taken simply as meaning that the administrative control of the institution should be within the power of the local congregation, since this is often undesirable, but it does

mean that the congregation must recognise itself as the healing community which knows the hospital to be an essential channel of its witness to the world. The doctor, the nurse and other hospital personnel are only a specialised section of a team which is the People of God in each local situation performing its healing ministry. Where there appears to be no evidence or potential understanding of this integration of healing function the continuance of the institution must be seriously questioned.

4. The size of a medical institution should never exceed what is necessary for its established purpose or the capacity of the total Christian community supporting it and ministering through it. Whatever the size of the institution it should always have a teaching function appropriate to its size and local needs.
5. We recommend as pilot projects within selected hospitals the initiation of a team concept of therapy wherein the physician, nurse, psychiatrist and pastoral counsellor should unite to treat the patient in the totality of his sickness.
6. Other forms of service through which the Church should continue to express its healing ministry lie in the fields of leprosy, tuberculosis, care of the chronically ill and aged, rehabilitation, psychiatry and maternal and child health. There still exist many areas for pioneering service in rural health as well as inner city clinics which for more adequate therapy should be linked to a central hospital which need not necessarily be church-related. It is especially in these areas that the congregation can assist in domiciliary care and in health education through practice and precept.
7. The pattern of institutional therapy has too long prevailed in the Church to the detriment of the intimate relationship between patient and doctor in the general practice situation. The healing congregation might well involve its doctor members in this new relationship and challenge their response and commitment.
8. Finally it should be stressed that professional competence is an effective part of a Christian witness, and medical work of the institution or other forms of service should neither continue nor be projected if it fails in this respect. The Church must always recognise that it can never meet all of need and should regard new avenues of service as demonstrations of how need should be met. It is also desirable that there should be an integrated witness in which medical work may be correlated with social work, nutrition and agricultural and community development. |

The Relationship of a Christian Healing Ministry to Government

1. In co-operation between Church and government many valuable forms of service present themselves. These lie particularly in the fields of health education, nursing and para-medical training programmes and the extension of rural clinics and public health. It is recommended that in planning for future work we should always seek government co-operation for the closer integration of health and medical services within the area. However, the Christian concept of healing as we have defined it may sometimes necessitate the continuance of existing institutions or the development of new ones which may appear superfluous to a government health plan which takes no account of this understanding of healing.
2. The Consultation favours co-operation with government and secular agencies provided this in no way compromises our understanding of a Christian healing ministry. Particular care must be taken with respect to this where such

agencies are approached for financial aid. In recent years we have seen the extension of such aid outside the once familiar relationship which used to bind one country to another. Care will need to be exercised that the solicitation and receipt of such funds should not jeopardise the integrity of Christian witness and the relationship between the local church and the government of its country. Nor should the receipt of such funds ever release the church from its own obligation to support the project.

Joint Planning and Use of Resources for the Healing Ministry

To an increasing extent financial resources are being allocated without regard to denominational lines.

The Consultation recognises that the resources of funds and personnel for the healing ministry are not equally available in all countries to all operating agencies. The Consultation, therefore, gratefully notes the considerable degree to which financial resources are being allocated through ecumenical channels according to need and opportunity.

The inter-denominational and international assignment of medical missionary personnel should be extended.

The Consultation further notes with appreciation the instances of, if not trends toward, inter-denominational and international placement of available personnel to meet urgent needs. This procedure requires more effective organisation than is presently available. |

The churches are not sufficiently aware of the urgent need for joint planning.

The Consultation believes that churches in all parts of the world, at the local, regional and national levels, must increasingly join together in survey, study and planning for the most efficient and effective carrying out of the healing ministry. In all localities and regions such joint planning will make more effective each individual church's medical ministry. Beyond this, in some places it may be desirable not only to plan together, but to conduct additional united medical programmes.

The involvement of the congregation in the ministry of healing demands a re-appraisal of existing co-operative structures.

It is not clear whether such bodies as Christian medical associations, related or unrelated to national councils, are the most effective structures for joint planning and action. How can such associations be so related to the churches that they may aid in the fuller expression of the healing ministry in the congregational setting? Should some other co-operative structures be planned, which would be more appropriate to the healing ministry of the Christian community?

A Continuing Programme of Study and Work

The complex of theological and practical problems relating to the Church's healing ministry requires three kinds of continuing work if there is to be some progress made in finding valid Christian solutions to the many issues before the Church.

The first is an effective gathering, analysing and making generally available of the very large amount of work in survey and study that has been done and is in progress around the world.

It is recommended that DWME, in co-operation with other divisions of the WCC, make provision for the systematic handling of this in as far as funds and facilities permit.

The second is the encouragement of study and survey at local, regional and international levels.

1. *It is recommended* that WCC/Division of World Mission and Evangelism and the Committee for Specialised Assistance to Social Projects sponsor a series of studies, surveys and consultations on the healing ministry, particularly from the perspective of the lands of the "younger churches", and that the Commission on World Mission of the Lutheran World Federation, the Advisory Council on Missionary Strategy of the Anglican Communion, and other Christian bodies concerned with these issues be invited to participate in this process. |
2. *It is recommended* that a particular attention be given to the following issues:
 - a) The theology of health and healing.
Specifically, it is hoped that:
 - churches and groups now working in this area of theology will be encouraged;
 - at an early date, perhaps in 1965, a small consultation of theologians be called to discuss the subject "Health and Salvation" from an exegetical and systematic point of view.
 - b) The relationship of Church and state in the area of healing and health.
 - c) The relationship of the Church's ministry of healing to private practice of medicine.
 - d) Joint action by the churches in the ministry of healing, particularly in relation to medical missions. Such study must be based on factual surveys, which for maximum effectiveness could be much more fully co-ordinated in both planning and execution than is now the case. It is recommended that surveys be carried out by teams which should include both local and outside people.
It is specifically recommended that:
 - steps be taken for the provision of advice and counsel and the development of uniform principles which would be offered to those initiating surveys;
 - when so requested the WCC undertake to assist with both local and regional surveys.

The third is the carrying out of pilot and experimental projects in an integrated programme of healing.

It is recognised that such experiments in a number of forms are now being undertaken in various parts of the world.

It is recommended that churches should work together where desirable on further experiments, based on the principles of a full Christian healing ministry.