

2021 M3 Conference
Q&A with Stephen J. Spann, MD, MBA
“Called to Share God’s Love as an Instrument of His Healing”

CLICK LINK TO WATCH SESSION: <https://youtu.be/XIfHbAagLho>

You have an impressive resume with extensive experience in many countries. How did you know when to move to the next task and mission in life? How do you handle such situations?

A great question for someone who has held so many jobs. I think God speaks to us in a couple of ways. I think sometimes He makes us uncomfortable, restless, wanting to do something different. Sometimes He closes doors, and then He opens doors. He gives us visions of new opportunities, new opportunities for different kinds of endeavors. But I have found that when I pay attention to that and I listen and understand that it's time to do something different, He always provides a place, and all I have to do His trust in Him and walk through that door.

Have you ever experienced any hostility (or resistance) in sharing the gospel of Christ in Muslim environments? If yes, how do you handle such situations?

We weren't able to openly proselytize in the country where we lived. In many Muslim countries, it is against the law for Christians to share their faith openly, and that was the case in the United Arab Emirates (UAE). So, we wouldn't go around with a Bible in hand openly proselytizing and sharing the Good News. Instead, it was very relational, it was very subtle, and yet (even with a subtle approach), we found our Muslim colleagues listening and asking questions. We would be invited to the home of some of our colleagues, and I would be asked to pray over dinner. We had multiple opportunities to just share the way we believe and sometimes to talk about the way they believed. Our witness there was very relational, getting to know people, and having spiritual conversations every time the opportunity arose.

Have you had opportunities apart from using your medical knowledge to teach people that God wants them well and to lay your hands on the sick and command healing in their bodies like Jesus said in Mark 16:17-18, “you shall lay your hands on the sick and they shall recover?”

I often talk to patients about Jesus, the Great Physician; that He is the healer, and I just work for Him. I remind them that Jesus said that He came so that we might have life in abundance. I often pray for patients, laying my hands on them, and asking God to reach down and touch them with His healing.

What's your encouragement to those healthcare workers out there who don't see healing even after praying?

God doesn't always answer our prayers for healing of our patients, our family or ourselves. We always pray that God will heal if it is His will. Our desires are not always His will. And despite our best prayer efforts and medical efforts, patients don't always get better physically. Healing isn't just about physical improvement, it's about emotional and spiritual improvement. God may heal patients emotionally and spiritually but not physically; that is still healing, and it goes a long way to restoring their well-being.

Thank you, Dr. Spann, for your service in Latin America and the Middle East. How can a non-medical person partner with you in your medical mission? I speak English and Spanish fluently and French averagely.

When healthcare professionals who only speak English travel to Spanish-speaking countries, or volunteer in faith-based clinics serving Spanish speaking patients, there is a need for translators. If you are fluent in English and Spanish, you can serve as a translator. If you live in the Houston area, you can volunteer at the Casa El Buen Samaritano clinic.

Dr. Spann, thank you for your very moving and compelling presentation and testimonies. Many of the elderly in underserved communities are afraid to go to our hospitals. Is there a network of physicians in the Houston area that serve as a compassionate “bridge” to the elderly, having conversations with them and helping them understand their pressing personal healthcare needs?

Great question! I am not aware of such a physician network. This is something that lay individuals could do, and a great opportunity for communities of faith to organize. I do know that Humana, a healthcare company that covers many older patients with Medicare Advantage plans, has a program in which they hire college students to establish phone contact and social support to elderly patients who are homebound.

What is the name of the book you mentioned?

“Compassionomics: The Revolutionary Scientific Evidence THAT CARING Makes a Difference”

In providing compassionate care, you can have compassion fatigue and burnout. Do you have encouragement for people experiencing compassion fatigue and burnout?

I think the COVID pandemic and the stress, the difficulty, the sadness of dealing with people who are so sick and dying have just compounded the compassion fatigue and the burnout. Pre-COVID, we know that 50% of our physicians in this country were burned out. I think it's probably worse today. It's easy to give and give and give, and at some point, just burnout. A lot of factors go into burnout. The hamster treadmill that we get on in practice, and electronic medical records have not been the easiest thing to deal with. I believe one of the fundamental causes of physician burnout in our culture and society is the loss of joy. I think we have lost the joy of caring for our patients. I think joy comes out of compassionate relationships. There was a book that was published by a couple of professors in New Jersey titled "Compassionomics: The Revolutionary Scientific Evidence THAT CARING Makes a Difference." Where you hear about genomics and proteomics, this is about compassionomics. It's an evidence-based review of the impact that compassionate relationships have on our patients and the outcomes of care. What they show very clearly, very evidence-based, is that when our relationships with our patients are compassionate, they have better outcomes, and the cost of care is less. Of course, the patients are way more satisfied, and the providers of care, the healthcare professionals, have more joy and less burnout. I think we need to recapture the joy of medical practice, and that will help us deal with compassion fatigue.



How is the program for the new University of Houston College of Medicine different from traditional medical school?

One of the fun things about getting to plan this from the get-go is that I could apply all of my learnings from my very long and varied career, along with my beliefs and my passions, to develop a different kind of medical school. We really wanted to develop a medical school to train young physicians with a focus on improving health and healthcare to provide what we call "high value care," meaning great quality compassionate care for reasonable cost. We also want them to have a focus on communities in our cities that have major health disparities. We want to teach these physicians about social determinants of health and caring for the needy and the underserved. So, that's really the focus of our new college of medicine. The exciting thing is that our first class that was enrolled in July of 2020 is absolutely passionate about this mission. We are already seeing them getting involved in the community and in the lives of patients that have significant needs.

Connect with others. Be inspired. Find your mission.

m3missions.com

Page 3 | 3