

AMY WHITSETT

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# An Appeal to Medical Missionaries to Pray or Not to Pray for Healing

## Introduction and Background

When thinking about prayer and healing the first text that comes to my mind is James 5:14-15, “Is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord. And the prayer of faith will save the sick, and the Lord will raise him up. And if he has committed sins, he will be forgiven” (NKJV). This passage along with the myriad verses about asking for and receiving answers to prayer suggest that the life of the Christian should be marked by regular, and even daily, answers to prayer. They indicate that we have unlimited access to the power of heaven to effect good in this life. As a missionary these promises gave me hope. After all, the mission stories I read as a child seemed to indicate that answers to prayer were more common and much more abundant in the mission field than what I saw at home. But looking back on my sixteen years of cross-cultural missionary experience, I see what seems to be more unanswered prayers than those that were answered—particularly related to healing the sick and suffering.

In the early 2000s, our family moved to Southeast Asia. It was a dream-come-true for me as I had dreamed of being a missionary doctor since I was a mere five years old. Having studied nursing, I used my skills doing informal medical mission work. Initially, my patients were church members and their families who presented me with everything from gastritis to malaria, from leprosy to advanced cancers. I saw each case as a puzzle to solve and enjoyed the challenge of diagnosis and treatment. Over time I began seeing patients who were non-Christian friends and neighbors of members whom I had treated. So, it seemed that I was being at least somewhat successful.

But as I saw each patient, I was keenly aware that my medical ministry was not just a healing ministry. Each of my patients presented an opportunity for spiritual ministry and care as well. I truly believed that each time I treated a patient's physical body, it was a unique and special opportunity for God to touch the patient to both awaken them to the reality of himself as well as to reveal his true compassionate character (Blue 1987, 78). So, I made it a habit to pray with each patient, however, I struggled to know exactly how to pray. The Bible says that if we ask, we will receive (Matt 21:22), so shouldn't I be able to ask for immediate and miraculous healing? At that time, I was afraid to put God on the spot. While I knew without a doubt that God had the ability and power to heal people instantly, but what if he chose not to? What would the patient's view of God be then? I feared that I would be responsible for turning my patients away from God rather than turning them towards him; therefore, I chose instead to pray less boldly—to pray *safely*. I hedged my prayers with phrases like "if it is your will," or with suggestions that God could "work through the medicine to bring healing."

But I wasn't satisfied, and so began a search for a better understanding of how intercessory prayer works, and specifically how it works in relation to physical healing. The questions I asked were: What principles can be gleaned from Jesus' example as a healer? What, if anything, does research reveal about the efficacy of intercessory prayer? What did Ellen White and other contemporary authors suggest regarding intercessory prayer for healing? And what are the principles that, if applied, would lead to more effective intercessory prayer and healing?

### Differentiating Sources and Types of Unwellness

In his book simply titled *Healing*, Francis MacNutt outlines four kinds of sickness that is important to be aware of. First, is spiritual sickness caused by one's own personal sin. While this can lead to physical manifestations of illness, generally it leads to spiritual apathy and a general loss of well-being. Second, is emotional sickness resulting from past hurts. As with spiritual sickness, this can be manifested as physical illness and/or disability. Third, the area this paper focuses on is physical sickness or unwellness caused by accident and/or disease. These can be acute or chronic illness as well as short- or long-term disability resulting from injury of some kind. Fourth, are issues related to demonic oppression (MacNutt 1999:130). This differentiation, he argues, is as important for healing prayer as a physical diagnosis is for determining appropriate medical treatment. While identifying the root issue of someone's condition may not be simple, it is critical for a proper and effective prayer ministry. For

the purposes of this article, I will focus on the third category of physical illness and disability. I will also assume that the practitioner has already properly identified this as the root of the patient's complaints.

### Learning from Jesus' Example of Healing Ministry

The Gospels are full of stories of Jesus healing the blind, the deaf, the lame. And, while not stated, I am sure he healed a good share of common-cold sniffles and settled the nauseous stomachs of those suffering the stomach flu or food poisoning. Author Barbara Ryan, in her book *Healing Prayer: Spiritual Pathways to Health & Wellness* notes:

The Gospel narratives reveal that Jesus did not follow a set pattern or technique in his healing ministry, but each request for help was treated differently. One paralytic is told to take up his bed and walk, and another is advised that his sins are forgiven. Jesus laid his hands on one blind man to restore his sight, and he applied a mixture of mud and spittle to heal another. (2001:36)

In other words, Jesus treated each person and each case individually, adjusting and adapting his approach to each unique situation. How did he know how to approach each case? The answer is prayer.

In 1903, Ellen White wrote, "Jesus of Nazareth is the great pattern medical missionary, the greatest minister of righteousness. He preached the gospel and practiced the gospel. *He spent whole nights in prayer. . . . He opened the way for all other medical missionaries to labor*" (Letter 51, emphasis mine). To effectively minister as Jesus did by treating and bringing healing to those who are suffering physical illness, we must also be people—men and women—of prayer. We must be connected to God, the source of life and health and strength. It is through that connection that we will be receptive to the Holy Spirit's prompting and able to discern how to approach each individual case.

The question is, How do we pray? What do we pray for? Should we be asking for miraculous and instantaneous healing or is there something else we should be praying for?

Pastor Pavel Goia, Associate Ministerial Director for the General Conference Ministerial Association, shares that we need to change our prayers from asking God to do something specific and instead asking him to work his will in our lives. He suggests that our prayers need to be more about submitting ourselves and our needs and wants to God's will. "God can never work in us or use us until we make His presence and plans our priority" (Goia 2022:22). This requires a big paradigm shift, but the only

way Goia believes we will experience answers to prayer is if we recognize that prayer is not about getting God to do something but is rather about aligning ourselves—our goals and purposes—with God’s goals and purposes, and then allowing him to work his will in and through us. Ellen White states in *Gospel Workers*:

True faith and true prayer—how strong they are! They are as two arms by which the human suppliant lays hold upon the power of Infinite Love. Faith is trusting in God—believing that He loves us, and knows what is for our best good. Thus, instead of our own way, it leads us to choose His way. In place of our ignorance, it accepts His wisdom; in place of our weakness, His strength; in place of our sinfulness, His righteousness. (1892:259)

Beverly Ryan echoes this idea. She says, “Many times our prayer requests don’t bear fruit because we have neglected to discover what the Lord wanted in the situation. We assume that his will is the same as ours without first asking for his guidance” (2001:34). It is therefore important that we take time to evaluate how we are praying. Are we praying in a way that is telling God what to do or are our prayers a dedication of ourselves and our work to be used by him for his purposes? There is a big and important difference between the two.

Jesus also treated people individually (Ryan 2001:36). As wonderful as it would be to have a one-size-fits-all prayer that would guarantee immediate and miraculous healing, Jesus’ example demonstrates that that is not possible. Each person’s experience and spiritual condition is different, and as a result, their needs are different. As Ryan notes, some patients whom Jesus healed needed physical healing while others needed spiritual healing even though their physical presentations may have appeared the same. How did Jesus know the difference? He invested in one-on-one time with his Father. And the result was a connection through which He could discern the Father’s will for each individual He healed.

But what does that discernment look like? Francis MacNutt suggests that “God often uses our natural intuitions and desires as a way of leading us, if we will just give him the chance” (1999:159). In other words, if we are spending time connecting with God, dedicating ourselves and our medical missionary practices to him, we can trust that he will guide our intuition and ‘gut’ impressions. Care must be exercised, however, as this can easily turn into self-confidence. It is only through a daily connection by prayer that we can be sure that the impressions we receive are indeed from the Holy Spirit.

## Will God Really Answer Prayers Today?

While it may be easy for us to believe the stories of miracles and answered prayers that we read about in the Bible, we may struggle to believe that God will answer prayers in the same way today. Perhaps this is because the Bible times feel so distant, and we forget that the people Jesus healed were just as human as we are today. But regardless of the reasons for doubt, if we are going to see answers to our prayers in our medical mission practice, it is important that we recognize and truly believe that God can still provide miraculous healing in response to intercessory prayer today.

In 2013 Ian N. Olver, respected Australian oncologist, cancer researcher, and bioethicist, published a book entitled *Investigating Prayer* in which he describes a scientific study he performed to test the efficacy of intercessory prayer on improving sick people's quality of life. The study was a randomized double-blind trial in which intercessory prayer was added to conventional cancer therapies. After study participants had been identified, he enlisted the help of an established prayer group to pray for a randomly selected group of study participants for a period of six months. At the beginning and again at the end of the six-month period, all study participants were asked to fill out surveys that assessed their quality of life. The findings were remarkable as the study group who had been prayed for showed improved levels of spiritual and emotional well-being.

Though somewhat controversial in both the scientific and religious communities, studies such as Olver's show that God answers the prayers of faithful believers who are praying on behalf of those who are physically ill and suffering as evidenced by improved quality of life. Simply put, intercessory prayer works.

A second study worth noting is a study published in the *British Medical Journal* by Leonard Leibovici in 2001. Leibovici reasoned that because God is timeless, then intercessory prayer should also be timeless. So, he designed a study that measured the effectiveness of intercessory prayer—retroactively. In 2000, he selected patients who had had blood infections, or sepsis, sometime between 1990 and 1996. The study group was randomized into two groups: a group that would be prayed over and a control group. After a designated time was given for prayer, the patients' medical charts were assessed to determine hospital mortality, length of hospital stay, and duration of fever. Interestingly, the results showed slightly better outcomes for the intervention group even though prayers were said years after the incidence of sepsis.

Though Leibovici's study has been heavily criticized as absurd, a follow-up article in the same journal two years later suggests that, while we may not fully understand the dynamics of prayer or even feel comfortable attempting to measure its effects objectively, we should not rule it out as impossible, improbable, or absurd. The authors defending Leibovici's study state, "Rather than dismissing studies of prayer because they do not make sense or confirm our existing knowledge, we should consider them seriously. . . . In the history of science, findings that do not fit in often yield the most profound breakthroughs" (Olshansky 2004:1468). As Christians we should agree. Just because something cannot be explained scientifically does not mean that it isn't real. This becomes especially true when we recognize that, as Paul says, "we see in a mirror dimly" (1 Cor 13:12) and that our human minds in this sinful state are not capable of fully understanding God and his ways.

In his book *Authority to Heal*, author Ken Blue suggests that

the real tension is not between church and science but between a secular world view and a view of reality which allows for the activity of the living God . . . . [T]he church all too often seems to agree with the world's skepticism about the possibility of God acting in the world. . . . Where people do not expect miracles, they rarely see them; and where they do expect God's power to be at work, they often see it. (1987:59-60)

So, in spite of the weaknesses in Leibovici's study, and even if it were in fact a farcical study, because we do not fully understand the rules of engagement between the power of God and the power of darkness, we have to admit and believe that "with God all things are possible" (Matt 19:26), even retroactive intercessory prayer.

### The Role of Faith

Some authors writing about healing prayer state such things as "we ought not to demand proof that Jesus miraculously heals the sick today before we are willing to pray. We are to "renew our minds" by first suspending our scientific skepticism about miracles and then beginning to pray for the sick to be healed" (Blue 1987:61). This same author goes on, "The faith to be healed and to pray for the sick is nothing other than child-like trust in the loving character and purpose of our Heavenly Father" (103).

While this would suggest that we can, in faith, pray for immediate and instant healing, a couple of authors provide a little balance, which I believe is helpful and necessary. "Healing prayer is a petition asking God to

do the most loving thing for someone” (Ryan 2001:76). The most loving thing. That is something to think about. What could possibly be the ‘most loving thing’ for each of our patients?

Shane Clifton, an Australian theologian, became a quadriplegic after suffering a spinal cord injury in a tragic accident in 2010. Confined to a wheelchair and dependent on others for help with basic needs, he recently wrote a paradigm-shifting article entitled, “The Dark Side of Prayer for Healing.” In it he discusses the challenges and hurts he and others have experienced when confronted by well-meaning Christians who have prayed for their healing. His conclusions have profound implications. He states rather candidly,

There is overwhelming evidence among people with disabilities, by the very fact of continued disability, that healing prayers are not normally answered, and that this is not because God has it in for the disabled but, rather, because supernatural healing itself is rare—is miraculous—and injury, suffering, and disability are a part of life. (2014:213)

This is not to say that we should not pray for those who are disabled or who are living with a debilitating chronic medical condition. On the contrary. The question is not whether to pray or not to pray. Rather, the question is what we should pray for.

In his book *Spirituality in Patient Care*, author Harold Koenig notes that many patients rely on religious practices and beliefs as a form of coping (2013:30). One study showed that over 40 percent of patients in certain parts of the United States report religion as “the most important factor that keeps them going” (30). He also notes that “well-being and positive emotions such as joy, hope, and optimism are also more prevalent among the religious” (37). This would indicate that the majority of patients do not look to religion to heal them or to remove their suffering. Rather, they look to religion for strength, courage, and hope with which to endure their suffering. And for many that is as much an answer to prayer as immediate healing would be.

Adding to this thought Clifton remarks,

For most people with long-term disabilities, however, coming to accept that situation—to learn to live and even flourish with it—is one of the essential stages of healing. This suggests a potential way forward, a broadening of what is intended by the affirmation of divine healing, redirected to what I shall call “well-being.” (2014:216)

## What Does the Patient Want?

This leads to an essential principle. It is helpful to ask the patient what they want. Because we recognize that we live in a sinful world in which sickness and suffering are a part, we must work with the acceptance that not all sickness and suffering will be eradicated until Jesus restores this earth. There is a degree of suffering that we as humans are called to endure because we are living in the *now but not yet* period of God's kingdom. Jesus died and rose again, and his sacrifice has been accepted by his Father. But God's wisdom and love for the lost is causing him to delay the full establishment of his kingdom. Because of this reality, it is not always best, or even biblical, to pray for immediate and complete healing for every patient. Again, the question is, What DO we pray for?

Harold Koenig states, the health professional "should always ask the patient what he or she would like prayer for. It is unwise and perhaps even rude for the [health professional] to assume that he or she knows. Asking the patient about what the [health professional] should pray about shows respect and humility" (2013:72).

Koenig continues, it may be "appropriate to emphasize God's love for that person, asking for peace, comfort, and strength for the patient and for the family to help them endure through the illness, and wisdom and skill for the doctor" (72).

In a lecture at Andrews University, Dr. Bruce Bauer, retired missionary and professor of mission, suggested the following when praying with patients. First, learn to listen to the patient and their family. What are they concerned about? What are their fears? What do they hope you - and God can do for them? Second, ask questions so you can pray specifically for the patient. Are their needs simply physical? Do they need peace or, if they are Christian, do they need a sense of assurance that God has not forgotten them? Are there areas in their life that are affected by their illness that God can heal, such as broken or strained relationships, financial struggles, etc.? When asking questions, look for areas where God can do something specific to demonstrate his personal interest and love for them. Finally, ask your Christian patients what they want Jesus to do for them. Some non-Christians may also be open to the question if they know something about God and his character.

This practice of asking the patient what they want prayer for may be a little intimidating, especially if one assumes that each patient will want physical healing. However, MacNutt suggests that "Some [people] are not ready to be healed, even when they ask for prayer" (1999:157-158). The only way to know if this is the case is to be listening to the patient and family, asking questions, and listening for and seeking to discern God's will.



But what if it's not clear how to pray for a patient? Koenig suggests that it is okay to "point out to the patient and family that we as humans have such a limited perspective on things and don't really know what is best for our life . . . requiring that we trust God to bring about the very best response to our prayers" (2013:73). By praying for God to work out his will in a patient's life, we give opportunity for the Holy Spirit to respond to our prayers in a way that will best benefit the patient, their family, and others who may be watching. In Muriel Cook's book, *Kitchen Table Counseling*, she calls this "believing" or having faith for others. She and her daughter, Shelly Cook Volkhard, co-author of the book, say that many people who are experiencing a physical crisis are often also experiencing a spiritual crisis or crisis of faith. And in those situations, they need a person of faith to believe for them (2006:15-16).

Sometimes, however, it is not the patient's faith that is wavering. Rather it is ours. Francis MacNutt shares his experience:

I don't always know whether the person I pray for will get well. Unless the Lord reveals to me all the necessary details of the situation, I simply do not know whether healing will take place at this time. Does this mean I don't have faith? No, I don't think so; it simply means I am human. My faith is in God, not in my own powers—not even in my own faith. (1999:95)

Ryan agrees. She says, "Prayers for others must always take into consideration our human limitations since we cannot fully comprehend the work of God" (2001:70). So, recognizing and admitting that we do not know God's will or exactly how to pray for a patient is not necessarily a sign of lack of faith on our part. Instead, it is a sign of our humanity. In those instances, we should then simply pray for the issues we know the patient and family are struggling with. We can pray for God to bless them with peace, restored relationships, and that he will provide for their physical needs. And we can also pray that God will bless the medical professionals guiding the care for the patient with wisdom, clarity, and discernment so the treatment can be most effective.

Ellen White says the following about faith:

True faith lays hold of and claims the promised blessing before it is realized and felt. We must send up our petitions in faith within the second veil and let our faith take hold of the promised blessing and claim it as ours. We are then to believe that we receive the blessing, because our faith has hold of it, and according to the Word it is ours. "What things soever ye desire, when ye pray, believe that ye receive them, and ye shall have them" Mark 11:24. (1882:72)

This does not mean that we must pray for healing. But it does mean that we can have faith that God will answer our prayers to execute His will in our patients' lives.

However, some caution is advised. In *Testimonies for the Church* volume 2, Ellen White recounts an experience in which an Adventist member requested prayer for healing. Not knowing the man, the Whites did not feel comfortable praying for his healing and told him that they could not pray for him without knowing God's will. That night, after prayer, God revealed to them in a dream that the man was harboring known sin in his life and that because of his unwillingness to surrender the sin, God was not able to heal him (1868:349-351). While sad, this story illustrates the seriousness of sin and how it can prevent God from working his will in a believer's life. So, when working with Christians, it is important that some pre-work be done to be sure that the patient has confessed and forsaken known sin. For those who are not Christians, they may be participating in activities or indulging in addictions that they know are not good for them. While they may not know it as *sin*, it is no less sin. In such cases it may be that the focus of prayer should be asking for a spirit of confession and repentance or asking God to help them break their destructive habits, rather than praying for healing.

When we sense, through the Holy Spirit's prompting that the patient needs prayer for something other than healing, then we should still do what we can to relieve the patient's suffering. Ellen White states, "when the suffering body has been relieved, and you have shown a lively interest in the afflicted, the heart is opened, and you can pour in the heavenly balm" (1892:403). The good news is that even if all we can do is bring some relief to suffering, and possibly even if all we do is demonstrate our compassion particularly if our attempts to relieve suffering fail, our care and concern can open doors for spiritual ministry. And isn't that the most important thing? If we are not engaging in medical missionary work for the purpose of using it as a bridge to gospel ministry, what differentiates us from secular medical care providers?

### The Risk of Praying for Healing

While every medical missionary would love to have the experience of praying for and receiving a miraculous answer to prayer, there are some risks involved that we must be aware of. Shane Clifton suggests that "the way pentecostals [sic] preach and pray for healing negatively impacts people who are not healed, especially those with a disability" (2014:213). In the article he shares a story in which a young woman was physically injured by overly-aggressive prayer warriors seeking healing for her

life-long scoliosis. Pulling her out of her wheelchair and forcing her to stand left her bruised and triggered severe and painful muscle spasms in her back that lasted for several days. But worse than the physical injury was the emotional damage. Clifton relates how he and others have been hurt by those attempting to cast out various demons such as the demon of pain or the demon of paralysis. While those praying may be sincere, they often do not realize that when their prayers are not answered, the message they send is that those who are physically imperfect are in some way also spiritually imperfect. He says, “The trouble is that the message of healing is inevitably alienating to the “unhealed.” (214).

The question is, what do those with disabilities and chronic illness really need? While they would each love to receive healing, many have made peace with the fact that healing is not God’s plan. Clifton again states, “The concept of well-being recognizes the reality of our limits. So, rather than seeking to escape our finitude, it looks to individual and communal flourishing in the midst of our limitations” (221). Simply stated, those suffering with unhealed illness and/or disability have had to come to terms with the fact that they have to live with pain and suffering the rest of their lives. What they need is a community of support and care who can help them find and experience flourishing and well-being in spite of their limitations. I would take this a step further and suggest that they need support from a caring and understanding Christian community to help them sustain and maintain their faith and belief that God does care about them even though he allows them to remain unhealed while confined to life on earth.

### What If God Does Nothing?

One question remains: What if I feel impressed to pray for someone’s healing but God does not answer my prayer? What if it appears that God is doing nothing? It can be embarrassing and even humiliating when our prayers are unanswered. And perhaps you can relate to my fear of unanswered prayers turning potential disciples away from Jesus before they even have a chance to hear the gospel. So how should we respond when God seems silent?

Based on my study I would suggest the following. First, pray for discernment and clarity. Was there something the patient said that we did not hear or understand? Is there a hidden sin in my life or in the patients’ life that prevented God from being able to intervene? Spend time in prayer asking God to give understanding and clarity so you know how to better pray for the patient.

Second, work hard to maintain and deepen your relationship with the patient and their family. Even though we may feel embarrassed or ashamed because our bold prayers did not lead to miraculous healing, we should not withdraw from them. Rather, we should come closer and continue to exhibit faith that God is still deeply interested in the patient but has a different answer. But we must remember that the patient and family are in no less need than they were before we prayed. So, it is important that we continue to offer friendship and support.

Third, seek to relieve the suffering of the patient. Helping them to find comfort and finding ways to increase their well-being can help mitigate the disappointment they may feel and help reorient and refocus their faith and belief. We should also invite other believers to become involved in the life of the patient and their family. Based on his experience becoming disabled, Shane Clifton shares that “the church can do what the medical profession cannot: create communities that welcome those with long-term injury and disability and help them to flourish” (2014:218). When God does not answer a prayer for instant or complete healing, it does not mean that God did not hear or that he does not care. Nor does it mean that he has given up on the patient or their family. In these situations, the patient and family may benefit from a community of believers who can support them as they grapple with the reality of having to learn to live with the illness or disability. The support and help given by a community of faith can even help them to find God in the process.

Fourth, continue to pray with and for the patient. Ask God to give them a sense of his presence and to help everyone involved experience him in some way. Keep looking for other needs and continue to pray for God to intervene in their lives.

Finally, never give up. Just because God does not answer one prayer doesn't mean he won't answer the next prayer. Persist and persevere. Keep talking faith. Ken Blue suggests, “The real question is not, “Do I believe strongly enough to be healed or to pray for the sick?” but, “Is God the sort of person I can trust, and am I willing to be open to his love?” (1987:103). Seemingly unanswered prayers do not mean that God has given up or does not care. Rather, we should see them as perspective-changing experiences. We need to recognize that our assumptions may not have been correct and allow the Holy Spirit to use these times as opportunities to teach us something new about God's character and his ways. Rather than weakening our faith, they can serve to strengthen our faith.

## Conclusion

Prayer for healing for those who are sick and who suffer is a special ministry and it has the potential to connect people from all different backgrounds and persuasions to the God who created and loves them. And by knowing how best to pray for those we are caring for, we will see the results Ellen White saw: “Medical missionary work has been presented as the entering wedge of present truth. It is by this work that hearts are reached, and those once prejudiced are softened and subdued. This is the work that is to be done today” (1902: para. 25).

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Amy served as a church-planting missionary for sixteen years in Southeast Asia with her husband and two sons. During that time she transitioned from a career in nursing to a career in mission and obtained a Masters degree in Global Leadership from Fuller Theological Seminary. She is now pursuing a doctorate in Missiology from Andrews University at the Seventh-day Adventist Theological Seminary while working as an associate director of the Institute of World Mission at the General Conference in Maryland, USA.