

Virtual Magazine



July - September | Year 2025 | No. 8

Hospital Chaplaincy

Caring Lives, Touching Souls

Translation to english: Nycole Soares and Mireille Gomes

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Editorial

Dear brothers and sisters,

Hospital chaplaincy has been a valuable instrument of spiritual care, emotional support, and essential service to patients, families, and healthcare staff. God has raised up and called individuals to fulfill this work with love and dedication.

In this issue, we address this important topic in an interview with Eleny Vassão, a hospital chaplain who has dedicated decades to serving in this setting and promoting training for others to walk this same path. Pastor Washington Campello provides us with an overview of hospital chaplaincy, and physician and chaplain Dan Nakamura shares a story of his work at the bedside.

We are called to work in the service of the Kingdom of God by practicing holistic healthcare. Hospital chaplaincy is one of the ways in which we can answer this call. Let us pray, asking God to increasingly awaken this desire in Christian healthcare professionals; after all, the harvest is plentiful, the need for this support in Brazilian hospitals is immense, and for many patients, time may be all too short.

Happy reading!

Glauco Franco Santana

President,
Médicos de Cristo
Association

MDC magazine

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Position statement

Médicos de Cristo Association



A Statement in Support of Medical and Scientific Bodies

Whereas "Doctors of Christ (MDC)" is an association of healthcare professionals and students, followers of Jesus Christ, whose vision is to seek excellence in their fields of practice, serving in all regions of Brazil and in other countries;

Whereas our mission is to reach, welcome, and mobilize healthcare professionals and students to act under a Christian worldview in their various spheres of influence, as agents of holistic health, serving with relevance in society;

Whereas our values are: to have boldness in the practice of justice and in living out the values of the Kingdom of God on behalf of the needy, excellence in service to God and to our neighbor, and active participation in community education and in the training of healthcare professionals;

Whereas our principles are: foundation in the Holy Scriptures and commitment to the Gospel of Jesus Christ, the promotion of the dignity of the human person, the defense of life and human rights, and the promotion, recovery, and preservation of holistic health;

Whereas the professionals and students who are part of MDC operate within the framework of their Professional Councils, Associations, and Medical and Health Specialty Societies;

Whereas MDC does not define scientific guidelines;

Whereas we are committed to not contributing to the dissemination of dubious information lacking relevant scientific evidence in public spaces and on social media;

Whereas our commitment to the Christian faith and to practice based on scientific evidence;

We reaffirm our alignment with the scientific opinions and positions of the Federal Council of Medicine (CFM) and the Brazilian Medical Association (AMB), as well as those of the Specialty Societies endorsed by these bodies, with regard to the practice of Evidence-Based Medicine.

Therefore, we inform that the dissemination of information regarding practices not based on evidence—whether for diagnosis, prevention, and/or treatment—is not authorized within the common spaces (physical or virtual) of the MDC Association.

To exemplify, as of the present date, the CFM does not recognize "Orthomolecular Medicine" as a specialty, nor does it accept "Quantum Magnetic Bioresonance" as a diagnostic and therapeutic method, nor "Ozone Therapy" as a definitive therapy, among others.

In light of this, we do not authorize healthcare professionals or other professionals, whether they are members of MDC or not, to promote such practices in the spaces of the MDC Association, nor do we endorse other groups that do so.

As Christians seriously committed to the truth and desiring to be imitators of Christ, we understand that it is our duty to be discerning in the choices of our actions and professional practices, including our responsibility in disseminating information to the public.

31/03/2025

Jesus, the Doctor of doctors

Spirituality is a fundamental aspect of human health. Jesus Christ is the greatest example who lived and loved with compassionate love..

“But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was on him, and by his wounds we are healed.”

(Isaiah 53:5)



The Importance of the Spiritual Approach

The spiritual approach is fundamental to providing comprehensive care to patients and families. Some benefits include:

- ✓ Reduces stress and anxiety
- ✓ Improves quality of life
- ✓ Increases hope and resilience
- ✓ Promotes informed decision-making

The Chaplain's role

The chaplain plays an important role in the healthcare team, offering emotional and spiritual support to patients and families. Some examples include:

- ✓ Offering emotional and spiritual support to patients and families.
- ✓ Serving as God's instrument to lead people to seek Him.
- ✓ Being a light in the darkness and hope in the midst of despair.

Our Mission

Our mission is to offer holistic care to patients and families, to be instruments of God to transform lives, and to bring hope and love to those who need it most. Some objectives include:

- ✓ To offer holistic care to patients and families.
- ✓ To serve as instruments of God to transform lives.
- ✓ To bring hope and love to those who need it most.

Caring and Suffer

Care is an expression of love and compassion. In the midst of suffering, the presence of God is essential to bring comfort and hope. Divine grace can transform evil into good, even in the most difficult moments.

Hospital Humanization

Humanized hospital care is fundamental to offering holistic care to patients and families. The presence of a chaplain on the healthcare team is essential to bring light to dark times of crisis and to help overcome challenges.



Wounded Caregivers

Caregivers also need care and self-care. The importance of caring for the caregiver is fundamental to preventing burnout and maintaining the quality of care.

Hoping on the Crises

Hope is fundamental to overcoming crises. The presence of God and the compassion of caregivers can bring light to dark times and help overcome challenges.

People Caring People

Care is an expression of love and compassion. People caring for people is fundamental to offering holistic and humanized care.



Calling to Service

If you are a Christian healthcare professional who feels called to serve as a chaplain, join us in this noble and challenging mission. Together, let's bring hope and love to those who need it most, and make a difference in people's lives.

**Serving together, always for the Kingdom.
Until the return of our Lord and Savior, Jesus
Christ!**

"But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was on him, and by his wounds we are healed."

(Isaías 53:5)

Washington Luis Andrade Campello
Champlain, pastor, social manager
First Baptist Church on Recreio – Rio de Janeiro
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ÓTICAS
DINIZ
Pra ver você feliz.

Rua dos Tupis, 334 Centro - Belo Horizonte-MG Tel: (31)3273-3414

ON THE ROAD TO DAMASCUS

Saul of Tarsus, later called Paul, was traveling toward the city of Damascus, persecuting the followers of Jesus Christ. At a certain moment, a light from heaven shone around him, knocking him to the ground and leaving him blind. A voice said to him: "Saul, Saul, why do you persecute me?"

Often we are confronted, we fall, we get hurt, and we lose our way, so that our hearts may be directed to the true and only objective of our lives, which is Jesus. Later, Paul would become the one who took the Word of God to the Gentiles.

A 55-year-old woman was traveling by car to visit her relatives. She lived in the state of Rio de Janeiro and was heading toward Paraná when she was in a terrible highway accident involving a truck. She suffered multiple fractures to her spine and hip. She underwent neurological surgery due to a cerebral hemorrhage.

By the grace of God, she survived all these traumas and

was considered a living miracle, especially when people saw the photos of what was left of her car. She was recovering. However, something was still bothering her.

I was called to see her for a skin rash associated with some medications and the hot, humid weather. It was a simple matter. I prescribed the medicines and ointments and she got better. A few days later, I went to say goodbye to her. I gave my guidance as a general practitioner, but she was to remain hospitalized because of the fractures. She was always downcast and a woman of few words. I asked if anything else was bothering her beyond the whole bad situation. Her husband and daughter had come from far away and had been keeping her company for weeks.



The conversion of Paul

However, her family told me that she was no longer the same, that she refused to talk about it, and would only cry when they insisted on talking about what had happened. I set my profession aside and began to speak, initially as a friend and then as a chaplain.

**The only thing
she remembered
was a clear voice
saying:
"Repent of your
sins."**

After a long conversation, she told me what had happened during the accident. She said she remembered nothing—not the impact, how she was rescued, or how she arrived at the hospital. The only thing she remembered was a clear voice saying: "Repent of your sins." Whenever she remembered that voice, she would begin to cry incessantly. She didn't understand what it meant. She considered herself a bad, sinful person and thought that everything that had happened was her fault. That was why she was ashamed to tell her husband and daughter what she had heard. She was afraid they would think she was crazy. Indeed, we are flawed and sinful. But she failed to understand the love inherent in that entire situation.

In Matthew 3:2, just after being baptized, Jesus says, "Repent, for the kingdom of heaven is near." Thus begins His ministry. It is necessary to recognize our mistakes, our sins. It is necessary to recognize that human beings are flawed and that we are completely dependent on God. It requires humility and setting our ego aside. It requires removing man from the center and placing Jesus at the center of our lives. Only then can we truly repent and begin a new life with Christ. Repentance is the beginning of everything.

After I explained these words to her, her eyes began to shine. There were still tears, but now they were tears of relief, of happiness. She perceived the mercy and love of God in that whole tragic situation, from the accident to the fact that she would have to remain bedridden for a long period.

In the following days, I continued my work as a doctor and guided my fellow chaplains to visit this lady regularly. They all said they were amazed by her testimony. And they told me that she now told everyone what had happened, about the voice she heard, about repentance. She told it with love in her heart, because she knew that Jesus had been with her the whole time—before, during, and after the accident. He had rescued her. Just as He is with you now, at this very moment. Repent, for He is calling for you.

Dan Janos Hiroshi Nakamura
Specialist in Internal Medicine and Intensive Care Medicine (ICU) Member of the
First Independent Presbyterian Church of Londrina - PR

Eleny Vassão

Hospital Chaplain, author, conference speaker, and founding director of the Association of Chaplaincy in Healthcare (Associação de Capelania na Saúde - ACS).



She is the mother of four children, has two stepchildren from her second husband, is a grandmother to eleven grandchildren, has one great-grandchild, and is married to Pastor Gavin Levi Aitken, an American missionary in Brazil. She is the author of 47 books on soul care and accounts of her experiences in hospitals.

She began her ministry in 1982 as the Head Evangelical Chaplain at the Hospital das Clínicas of the University of São Paulo's Medical School (FMUSP), where she worked full-time and voluntarily for 22 years. After 9 years, she also organized and directed the Evangelical Chaplaincy at the Emílio Ribas Institute of Infectious Diseases. Having prepared visitors and chaplains through theoretical Chaplaincy Courses and practical training, she expanded the Chaplaincy ministry to all states in Brazil and to 13 other countries.

As an extension of the Hospital Chaplaincy ministry, she also founded the IBA (Instituto Beneficente Aconchego), which runs the "Casa do Aconchego" (House of Comfort), a home that hosts and counsels children with rare diseases, those undergoing transplants, or in cancer treatment, along with their mothers, offering them holistic care.

Eleny has been an important reference for chaplains, healthcare professionals, and theologians due to her blessed work with the sick in hospitals. She granted us an interview in which we were able to better understand her work as a chaplain, comprehend her methods, and learn a great deal about how to apply Christian practice in the care of the sick.

MDC MAGAZINE: How did you feel the call to hospital chaplaincy?

ELENY: I have always liked hospitals, and it all began when I was 7 years old, while flipping through the medical books of my uncle, Dr. Carlos Patrício, a gastrointestinal surgeon and missionary at the Evangelical Hospital of Rio Verde, Goiás. In his consultations, after praying for each patient, Dr. Carlos would write two prescriptions: one with the medications and another with a Bible verse and the instruction to read it three times a day, with prayer.

I knew I wanted to be working inside a hospital, but I didn't know in what area. Upon accepting Christ as my Savior at the age of 13 at the Word of Life Camp in Atibaia, I realized the Lord was calling me to the mission field, but I didn't know which one. I studied Fine Arts in college, got married, and had four wonderful children, but I discovered that something was still missing in my life. I discovered that I wanted to be a hospital chaplain upon hearing about the soul-deep pain of patients and their families, as well as the conflicts experienced by healthcare professionals.

I prayed asking Him for direction, and He sent me to a Chaplaincy Course at the Hospital das Clínicas in São Paulo, and there I found my calling. I took the Theology Course at the Word of Life Biblical Seminary and later a Master's degree in Biblical Counseling. I wanted to be used by God to bring comfort and hope in Christ to patients, their family caregivers, and the healthcare professionals and staff in hospitals.

MDC MAGAZINE: Tell us a little about the ACS (Associação de Capelania na Saúde - Association of Chaplaincy in Healthcare).

ELENY: The ACS was founded based on 43 years of experience in Hospital Chaplaincy. The Hospital Chaplaincy Ministry of the ACS was born in 1982, at the Hospital das Clínicas in São Paulo, founded by me with the experience I gained as the head evangelical chaplain. Today, the ACS extends throughout the entire country, through Chaplains, Trainers, and Visitors who are equipped through theoretical courses and supervised individual practical training in hospitals. The Lord has also allowed us to equip chaplains for 13 other countries.

The ACS - ASSOCIAÇÃO DE CAPELANIA NA SAÚDE is a private, non-profit association that is charitable, social, educational, humanitarian, philanthropic, and cultural, with no political or partisan ties. It is universally dedicated, without distinction of race, creed, color, or social class, to the daily ministry of providing humanitarian and spiritual assistance and social support to the sick, their families, and healthcare professionals, as well as to the training

of Visitors and Chaplains and providing Consultancy for Chaplaincies. It aims to organize, develop, and supervise Hospital Chaplaincies throughout the country. The ACS also works on raising the awareness and skills of healthcare professionals regarding their own emotional and spiritual health, resulting in more humanized care for the public they serve. The ACS declares its complete and absolute trust in and dependence on God and the Holy Bible, and also recognizes that medical science is a Divine instrument for the healing of the soul and the holistic comfort of the sick, promoting their overall well-being.

(See more at www.capeliananasaude.org.br)

MDC MAGAZINE: What is a typical workday like for you at the hospital?

ELENY: We arrive at the hospital's Chaplaincy room at 8 a.m. and gather the team of volunteer Visitors, the secretary, and the Chaplains for a brief devotional and for guidance regarding the wards to be visited and the special cases in each of them. It is important to emphasize that we have 24-hour access to all wards of each hospital where we work, every day. We pray to the Lord for more members for our teams so that we can provide assistance to everyone, as we seek to do so continuously, accompanying each sick person and their family member throughout their entire hospital stay, as well as assisting the healthcare professionals. The Chaplaincy's activities are: bed-to-bed visitation; biblical counseling in the Chaplaincy room and at the bedside; crafts with patients in care

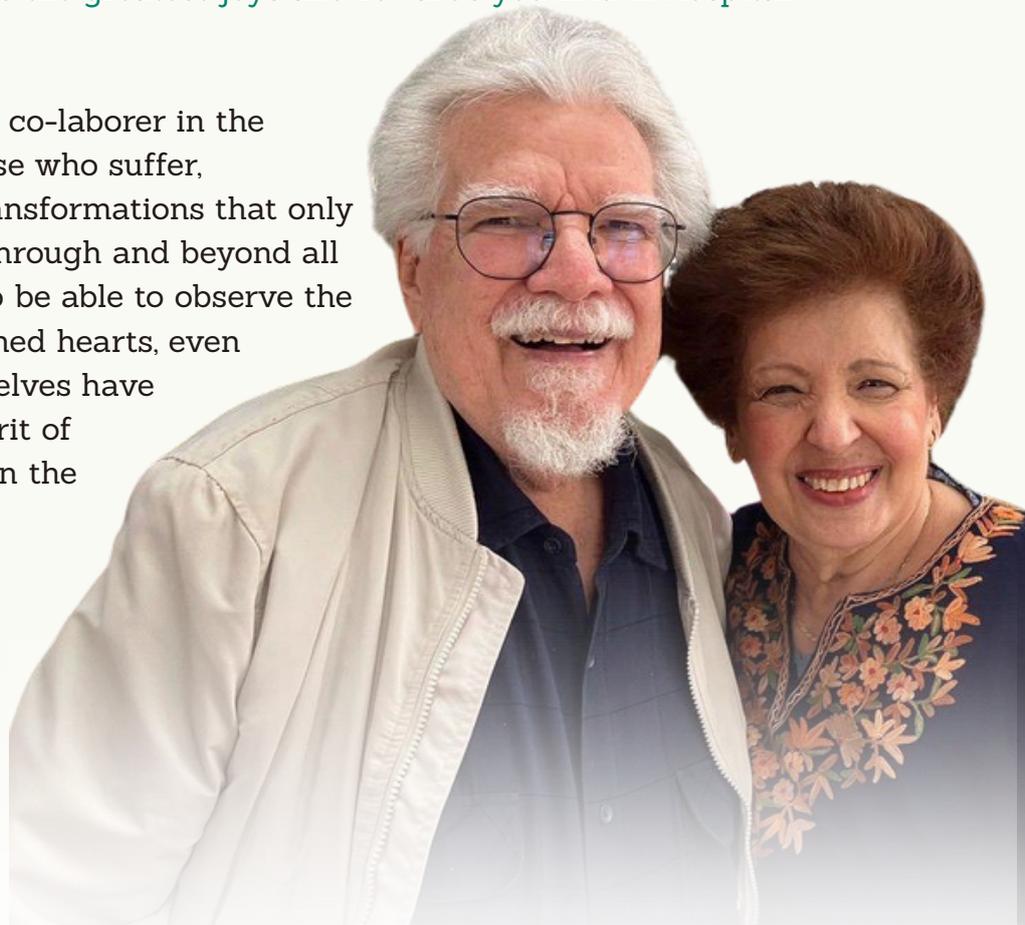
palliative care; crafts and devotionals with patients undergoing psychiatric treatment; crafts as an anti-stress project for professionals and staff; music provided by church choirs and ensembles; bedside guitar music in palliative care units and ICUs; weekly 7-minute devotionals and prayer in each ward with healthcare professionals and staff; celebration of all special occasions with cards we prepare, accompanied by a piece of chocolate or a small gift received as a donation from churches; programs in the hallways, wards, or in an amphitheater for celebration; participation in case discussions with the Healthcare Team; participation in Ethics and Hospital Humanization Committees; and the organization of Seminars, Courses, and Congresses on Spirituality in Health.

MDC MAGAZINE: What are the main challenges you face when dealing with patients and families in times of crisis?

ELENY: Many face the pain of guilt and shame due to conflicts that have arisen among their family members; anxiety and fear in the face of a diagnosis, prognosis, and medical treatment; restlessness about tomorrow, facing a new life situation and its limitations; concerns about family and employment; the dilemma between following the religion adopted by their parents and the choice to follow Christ; fear of death and the dying process, questions about the certainty of eternal life, and others.

MDC MAGAZINE: What are the greatest joys and rewards you find in hospital chaplaincy?

ELENY: The joy of being a co-laborer in the Lord's holistic care for those who suffer, witnessing up close the transformations that only He can bring about, both through and beyond all medicine. It is wonderful to be able to observe the peace He brings to anguished hearts, even when the situations themselves have not changed. The Holy Spirit of God works wonders, even in the most complex cases.



Eleny Vassão and his husband,
Pastor Gavin Levi Aitken,



And God gives us the privilege of watching all of this very closely, getting to know Him more deeply and glorifying His name. Each member of the Chaplaincy Team returns home more mature, secure in who they are in Christ, and with the certainty that, whatever difficulty we may face in life, He will always be with us and will guide us. We become even more grateful knowing how He has taken care of each of our needs and also those of all our family members!

MDC MAGAZINE: How do you balance spiritual care with respect for the individual beliefs and values of patients?

ELENY: The Chaplaincy never talks about "religion," which is why it encounters fewer conflicts. We approach the patient's bedside by creating a bond of friendship, asking open-ended questions to get to know them better, including their family life and personal beliefs. We raise questions about what is causing the most pain to their soul and ask for permission to share what God offers us in His Word, doing so in an informal and welcoming manner. This can take weeks or months in some cases, but we respect the patient's timing and their openness to discussing the subject. When we offer answers from the Word, we often do so in a paraphrased way, observing their reaction and waiting for the right moment to continue, if they so desire. And we offer biblical literature related to the theme they have raised, leaving them free to read it if and when they wish.

MDC REVISTA: Como você lida com o coping religioso-espiritual negativo, situações em que suas crenças pessoais entram em conflito com as decisões médicas?

ELENY: Lendo um artigo muito interessante sobre o “Coping religioso/espiritual”, destaco:

Pargament (2010, as cited in Monteiro et al., 2020) points out that many people use religious practices and symbols to cope with difficult situations, such as: reading religious books, prayers, objects, meditation, and good deeds, among others. From this perspective, religion can be both a source of and a search for meaning in difficult times, and people use their beliefs in both good and bad moments. In stressful situations, religion can serve as a way to embrace suffering and provide a sense of belonging, connection, and identity. What differentiates individuals is the way they face and manage stress, and this process is therefore called coping. Thus, coping can be pursued through the following strategies: problem-focused and emotion-focused.

The problem-focused strategy tends to include behavioral actions to deal with the stressor, while the emotion-focused strategy is geared towards actions aimed at regulating the emotional response. Religious coping occurs when people use religious behaviors and beliefs to manage and alleviate the suffering caused by stressful situations. According to Foch et al. (2017), Pargament is a leading author in studies on this topic, and, according to him, religious coping encompasses five main functions: the search for meaning, control, spiritual comfort, intimacy with God and with other people, and life transformation.

In contrast, it can also have a negative impact when used as an instrument of passivity. Positive religious/spiritual coping is when a person uses strategies that enhance their well-being, thereby managing to seek spiritual support, solve problems in collaboration with God, seek help in religious literature, forgive and be forgiven, pray for the well-being of others, seek help among members of their religious institution, etc. When the impact is negative, the person tends to use negative religious/spiritual coping, which is when the individual questions the existence, love, and acts of God; focuses on feelings of dissatisfaction and discontent in relation to their faith; when there are interpersonal conflicts with members of the religious group; delegates problem-solving to God; and believes in a punitive God.

*(From "Religious Coping as a strategy for dealing with stressful situations."
by Wiedenhoft, J. P., & Machado, L. M.).*

The role of the Hospital Chaplain is to be alongside the sick person and their family caregiver and to accompany them, living out and gradually speaking of Christ, even if the person is facing their suffering in an aggressive and negative way, distant from God. If they allow this relationship to continue, having created a bond with the chaplain—even if they do not understand or agree with their beliefs—they will gradually give more space for the chaplain to speak of Christ, and may begin to bring up past issues that have impacted their life story and led them to react this way in the present. To pray at all times for that life, which is loved by the Lord, placing oneself at His disposal and seeking His wisdom on when and what to say and when to be silent, are fundamental. The Lord is God. He can change anyone's heart. Regardless of all this, we must respect the choices of the sick person, even if it pains our hearts, hoping that God will continue to act and convince them at another time. And the healthcare professional, after showing all the positive points and the importance of that type of treatment, must also consider the side effects and, above all, respect the decision of the patient and the family caregiver.

MDC MAGAZINE: In your view, what is the greatest purpose of hospital chaplaincy?

ELENY: The greatest purpose of Chaplaincy is to offer the comfort and hope that can only come from Christ, bringing peace, dignity, and quality of life to the sick person and their family, and also cooperating with the humanization of the

hospital environment through the care of those who provide care.

Healthcare professionals who know Christ and live out the Gospel generate greater trust from their patients in their treatment, which helps with treatment adherence, better coping with pain and unpleasant symptoms, and a consequent reduction in the length of hospitalization. It also helps those who, when facing a terminal condition, experience serious personal and family conflicts and, through spiritual and emotional care, can live their final days with peace, purpose, and tranquility, impacting their families and the hospital environment, leaving a legacy that will not be erased.

MDC MAGAZINE: How does the ACS relate to other religious institutions, hospitals, and government bodies?

ELENY: When presenting the Chaplaincy Service to a hospital's Board of Directors, the ACS does so with respect, presenting results from scientific research on the impact of faith on physical and mental health and the promotion of quality of life. It also points to the results regarding the humanization of the hospital environment. Respect for other faiths—whether they are represented in that healthcare institution as other Chaplaincies or in the person of its patients and healthcare professionals—is also emphasized. And in public hospitals, this Chaplaincy Ministry is voluntary, daily, and carried out with the same respect and consideration, with the intention that we may be reflecting the light of Christ everywhere.

MDC MAGAZINE: What is the importance of training and continuous development for hospital chaplains?

ELENY: Many of our dear brothers and sisters from evangelical churches have good intentions, a love for souls, and a great desire and willingness to serve. Today, there are many chaplaincy training courses that, in a single day, cover ministry to prisoners, the sick, business people, the homeless, drug users, and others. But we need to perceive the difference between the groups to be approached and the personal prerequisites for each of them, especially one's calling to a specific audience.

A chaplain's badge does not give you the ability to deal with each of these groups with the same approach. Even less so with a person in a hospital bed, with their stressed and overburdened family caregiver, or even with the professionals who care for them.

For this reason, we are so demanding regarding the identification of a suitable profile for each person who undergoes our Hospital Chaplaincy Courses, with Level 1 and 2 having a duration of 40 hours each, and Level 3 having a minimum of 70 hours. After attending the course, submitting a reading report on the indicated books, a letter from their pastor, and references, the candidate still needs to be approved in an interview with one of the ACS chaplains or trainers to begin their practical, individual, and supervised training in hospitals for another 48 hours at each level. Then, they may be approved and, if so, invited to become part of the Chaplaincy Team at one of the hospitals. Or, alternatively, they may be mentored on how to open a chaplaincy in their own city or in another state or country.



Furthermore, every month and a half, there is a Continuing Education meeting for the hospital Chaplaincy Teams, which includes book readings and discussions on relevant ministry topics, addressing the areas of health, biblical counseling, and theology.

MDC MAGAZINE: What are the requirements and qualifications to become a hospital chaplain certified by the association?

ELENY: After being approved in the Courses and practical training for Levels 1, 2, and 3, the requirement is the continuation of ministry with the aim of "Healing the Soul with Competence and Heart," which is our main objective.

MDC MAGAZINE: What message would you like to leave for those who feel called to hospital chaplaincy?

ELENY: The message is that there is nothing better than learning to know and love the Lord and those who suffer by serving them through the ministry of Hospital Chaplaincy. To be a participant in the ministry of compassion, being fed and strengthened by the Lord for everything He wants to do through us, is a great blessing!

MDC MAGAZINE: What resources or books would you recommend for someone who wants to learn more about hospital chaplaincy?

ELENY: I can recommend our online courses (EAD) that are on the ACS website (www.capelanianasaude.org.br). We have:

- Hospital Chaplaincy - Level 1
- Chaplaincy in Suffering - Level 2
- Choose Life - Suicide Prevention
- Home Chaplaincy
- The Healthcare Professional in Soul Care

As for literature, I recommend some of the books I have written, such as:

- Capelania Hospitalar (Hospital Chaplaincy)
- Consolo (Comfort)
- Cuidando de quem cuida (Caring for the Caregiver)
- Um dia de cada vez (One Day at a Time)
- Deus não se esqueceu de você (God Has Not Forgotten You)
- Deus cuidará de você (God Will Take Care of You)
- Mal em bem (Evil into Good)
- Psalms for the Sick
- Psalms for Difficult Times
- On the Sickbed
- God Will Take Care of You – God's Comfort in Grief
- Pain in the Soul
- Hope for Living and for Departing

...and others that can be purchased through our ACS website, or from the Bible Society of Brazil (Sociedade Bíblica do Brasil) or Editora Cultura Cristã.

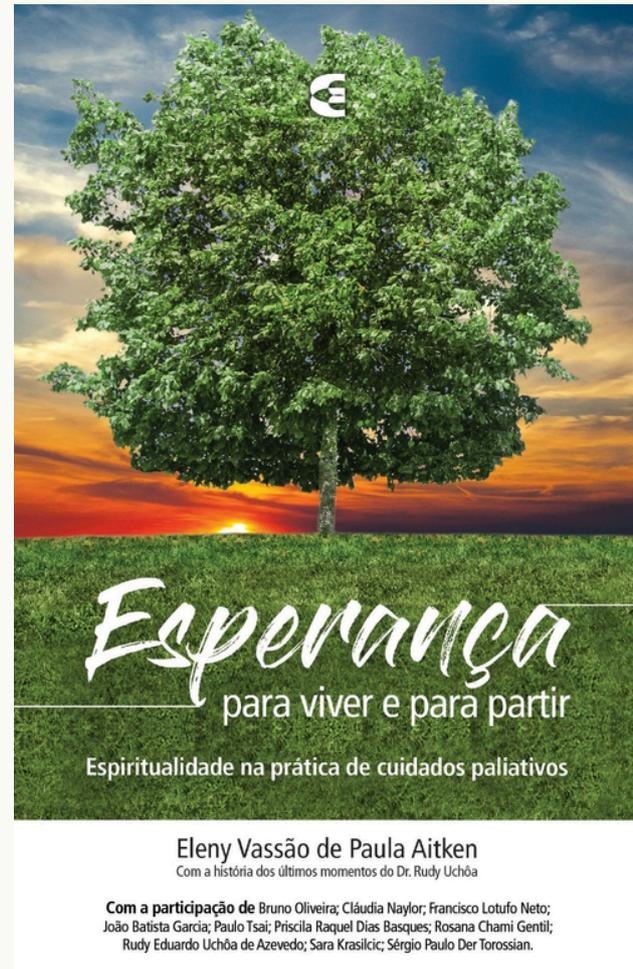
MDC MAGAZINE: Could you share a memorable experience you've had as a hospital chaplain?

ELENY: I believe a very memorable experience was accompanying a 42-year-old surgeon—an ENT specialist who also specialized in Palliative Care—for almost two years, until his death from cancer. At various times we were together daily, both in the family context and at work, as well as during his several hospitalizations. He also participated in lectures we gave on Palliative Care at a hospital where we were establishing this specialty, at the request of the Health Coordination.

It was very moving to have him as a palliative care physician and at the same time as a patient at the end of his life!

We developed a very precious friendship, and I was also able to provide counseling to his parents and wife, while two other chaplains from our team cared for his children.

It was a very sad time, but one of great spiritual growth, which I wrote about in my book, *Esperança para viver e para partir* (Hope for Living and for Departing), from Editora Cultura Cristã.



MDC MAGAZINE: You and the ACS have been long-time partners of Doctors of Christ. To conclude, tell us how this relationship came about and how we can strengthen the ties that unite us.

ELENY: I had the privilege of cooperating for many years with UNES – the National Evangelical Health Union (União Nacional Evangélica da Saúde), started in Brazil by Mrs. Elmira Pasquini, both by participating in Congresses for the healthcare field and by being part of its National Board of Directors. In parallel, I discovered the existence of Doctors of Christ through Dr. Edgar Schiefelbein. Dr. Edgar was known by my husband, Gavin L. Aitken, who, upon arriving in Brazil as an American missionary in 1963, spent a week staying at his family's home. Once contact was re-established, Dr. Edgar invited us to participate as speakers at the I Congress of Doctors of Christ in 1996, in Curitiba, and from then on we were able to participate in several others and were greatly blessed!

I pray to the Lord that He may continue to greatly bless this precious ministry and that many healthcare professionals may feel embraced, welcomed, and equipped to share the Gospel of Christ as they reflect His Light through their holistic care for the sick and their families!



Patient's dignity

Reflections for health professionals

Dignity, from the Latin *decus* (distinction, honor, glory, and esteem) and *dignitas* ("that which has value," "the sense of self-respect and self-esteem of an individual or group"), is a quality considered one of the fundamental principles of life and human rights. Dignity has been studied by various fields of knowledge, such as theology, philosophy, sociology, law, bioethics, and medicine, among others.

Dignity can be intrinsic or extrinsic. Intrinsic dignity is defined as an inherent and inalienable self-esteem found in all human beings; extrinsic dignity is defined as an acquired sense of self-esteem that is generally influenced by the social environment.

In the context of a patient requiring hospital admission, there is a tendency for a loss of dignity due to the occurrence or worsening of physical and psychological symptoms, as well as a disruption in the sick person's social structure, as indicated in the following figure:

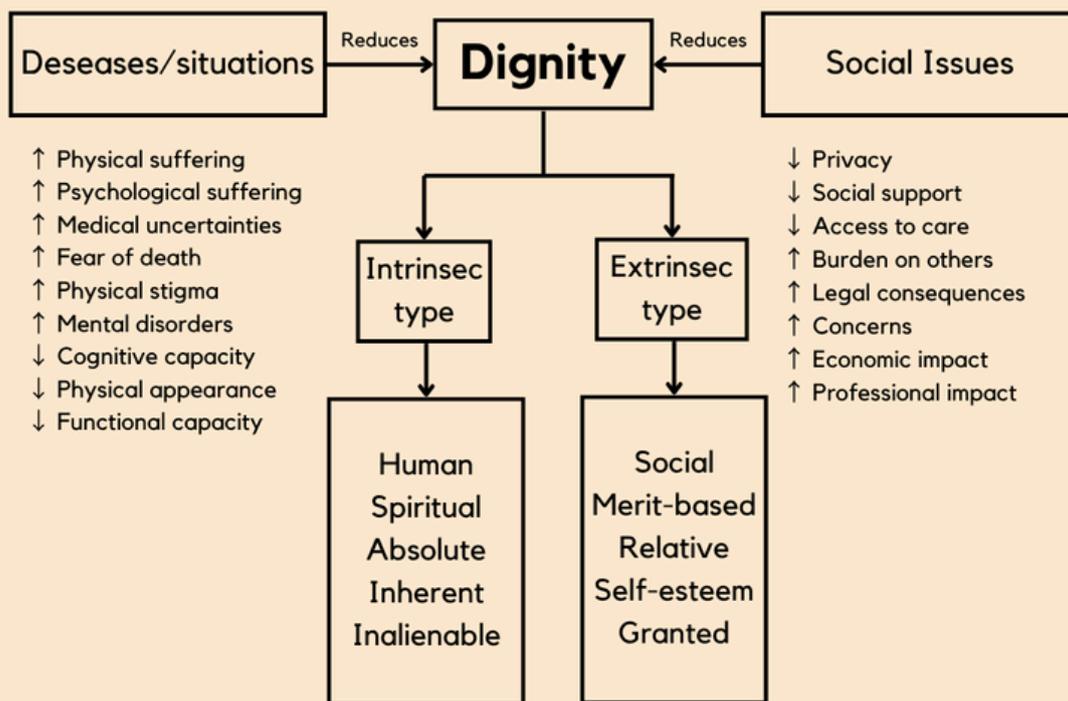


FIGURE – Types of dignity and factors associated with its reduction. (Reprinted with permission from Duque RAS, Santana GF, Souza SF et al. Principles of Religiosity and Spirituality in Medicine – Focus on Cardiovascular Practice – in press)

Dignity in the Light of the Word of God

For Christianity, intrinsic dignity is based on the fact that we are created in the image and likeness of God. This means that all of us, without exception, have a sacred, transcendent value that is given to us freely, unrelated to merit or acquired qualifications. Thus, being a Divine gift, human dignity is inviolable.

On the other hand, the dignity of our neighbor is something to be highly valued by the Christian. In light of the Bible, we should strive to promote the best care and approaches to elevate the self-esteem of individuals. The apostle Paul, writing to the Corinthians about the unity of the church as a body, gave instructions that we should understand as a distinctive mark of Christianity. Paul wrote as follows:

“On the contrary, those parts of the body that seem to be weaker are indispensable, and the parts that we think are less honorable we treat with special honor. And the parts that are unpresentable are treated with special modesty, while our presentable parts need no special treatment. But God has put the body together, giving greater honor to the parts that lacked it, so that there should be no division in the body, but that its parts should have equal concern for each other. If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it.”

1 Corinthians 12:22-26

We perceive from these words that those who have a transformed heart recognize an honor in others who, in human eyes, would be labeled as unworthy.

Promoting Patient Dignity in Clinical Practice

An inadequate approach by a healthcare professional is a factor that can trigger or worsen a patient's feeling of being devalued. What can we do to avoid this problem and honor the patient?

The simple question, "What do I need to know about you as a person to give you the best possible care?" is a good start to breaking down any existing barriers between the healthcare professional and the patient, in addition to opening up the possibility of understanding how dignified or undignified they feel.

One of the factors in making a patient feel valued is having enough time to listen and to communicate. Unfortunately, more and more, whether due to the mismanagement of both public and private healthcare systems or due to greed, healthcare professionals have been dedicating less time to their consultations.

A study of primary care physicians in 67 countries observed that the average consultation length was 48 seconds in Bangladesh (!!!) and 5.5 to 8.3 minutes in Brazil, while Sweden's was 22.5 minutes, was the country where doctors had the longest consultation times (Irving G et al. International variations in primary care physician consultation time: a systematic review of 67 countries. *BMJ Open*. 2017 Nov 8;7(10):e017902).

Another important factor is the use of accessible language, replacing medical terminology with simpler, patient-centered words, while understanding their educational and cultural background. A conversation with eye contact, a good tone of voice, a gentle facial expression, and an affectionate and fraternal touch certainly demonstrate respect and increase the patient's sense of dignity.

Another way to enhance a patient's sense of dignity is to offer the best of scientific knowledge to diagnose and treat their physical and psychological complaints and diseases.



It is not possible to be a good Christian and a bad professional! Obviously, the patient feels valued and honored when receiving professional care that is delivered with competence and expertise.

In addition to these individual actions mentioned, we must pay attention to important situations in the hospital environment to promote dignity. These are attitudes that should come from managers, but as Christians, we should be influencers for the necessary changes to occur. We can cite some circumstances that destroy a patient's sense of esteem and worth: lack of privacy in ward beds or even on stretchers in hospital hallways; poor quality food; difficulty for families to have full-time access during a hospital stay; torn clothing (gowns, pajamas), of an inadequate size, or that does not sufficiently cover the individual's body. Can you perceive these and other situations in your work environment? How about we become instruments of good change?

We are called to be imitators of Christ. We must love our neighbor as ourselves. Welcoming the patient with dignity should be the fruit of our gratitude to the Father for unmerited redemption and of a transformed heart.

*“Whatever you do, work at it with all your heart, as working for the Lord, not for human masters”
(Colossians 3:23)*

Glauco Franco Santana
Cardiologist
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Tolkien's tree

Life is a continuous flow of choices and unfinished projects. We launch ourselves into the excitement of new possibilities, but soon we are faced with the chaos of a routine that never seems to have enough time, with unforeseen events that steal our hours, with the natural resistance to perseverance, with our own human inconsistency, and with so many other challenges that seem to distance us from what we believe to be our calling. We feel as though we are always failing to maintain the garden of our talents, which never seem to multiply at the rate we once thought possible. The task of settling our debt with time presents itself as impossible.

Let us then imagine the world of a rather perfectionistic writer, engaged in the endeavor of creating a complex fantasy universe with new languages and endless revisions. Even for a genius like Tolkien, the creation of *The Lord of the Rings* certainly represented a great challenge. In 1966, he wrote in his diary: "...I am trying to complete my work - I can't abandon it while I have it all in mind. So much time has been wasted in all my work by this constant breaking of the threads." Although the writer did not establish a direct correlation with his life, it is believed that the short story "Leaf by Niggle" is an autobiographical illustration of the drama of his life.

In the story, we are introduced to the character Niggle (a name that means "a small thing." Depending on the translation, we also find "Speck" or "Niggle." These are all names that denote insignificance), a painter who envisions in his imagination a beautiful painting of a landscape whose main focus is a tree with innumerable branches and imposing roots. He intended to depict its leaves with meticulous richness of detail, each with peculiarities that distinguished it from the others. Niggle used to spend a great deal of time painting a single leaf, as he wished to be as precise as possible. The canvas was so large that he needed a ladder to work in the shed he built to accommodate it.

Niggle, however, was about to go on a journey, a definitive one. He did not know the precise date he would be summoned, but he was aware that he needed to prepare. The story does not tell us the exact destination, but we understand as we read that it is an allegory for death. Furthermore, successive interruptions pulled him away from his project, such as the strict laws for maintaining private gardens in his country or the insistence of neighbors who were always in need of help (to whom he could not deny assistance). Those close to him did not value his painting and referred to it as "Niggle's Nonsense." They thought he should make better use of the material for repairs on his own house and in the neighborhood.

On an unfortunate cold and wet day, Niggle went out on his bicycle to fetch a doctor for his neighbor's wife. As a result, he ended up falling ill himself and, in the progression of his illness, was summoned for his journey, leaving his work (largely unfinished) behind. After a few twists and turns in the story, the character is surprised to be led, on the eternal plane, to a green slope with a flight of stairs and a gate, next to which he found a sign with his name. Upon pushing the gate open and exploring the area before him, Niggle began to recognize that he was in a real version of his own painting. All the details he had envisioned were now materialized before him. He recognized the living Tree he had designed, "its leaves opening, its branches growing and bending in the wind that he had so often felt or guessed, and had so often failed to capture." It was "Niggle's Country." Enchanted by what he saw, he opened his arms and exclaimed, "It is a gift!"

Meanwhile, in the earthly world, a leaf from Niggle's painting was preserved and displayed in a museum. However, over time, the establishment was destroyed in a fire, and both Niggle and his painting were forgotten. In the immortal world, however, Niggle's Country continued to display its perennial splendor.

It is impossible not to be moved when reading the climax of the tale and the outcome of the protagonist's story. We envision our own dreams, our own trees and leaves, shimmering and perfected on the eternal plane. Tolkien's fiction serves to illustrate that the complete consolidation of who we are will only occur in eternity, redeeming the dilemmas of our daily routine with hope. We do not know exactly how this will happen, but while we strive to do our part, we can rest in the Author of Time, knowing that His sovereignty extends far beyond our limited horizon. Here in our world, Tolkien continues to inspire many generations with his masterful "little leaf": an unparalleled literary work.

Bianca Sampaio Bonfim
Clínica Médica
Metropolitan Baptist Church Salvador - BA



Next events

IV MDC STUDENT CAMP

II LATIN AMERICAN MEETING OF ICMDA STUDENTS

a calling to Christian excellence in healthcare

From January 29th to February 1st, 2026, the city of Curitiba will host the IV Student Camp of the Doctors of Christ Association, an event that will profoundly impact the lives of healthcare students and professionals from all over Latin America.

This year's theme—"Blameless and Pure: A Call to Christian Excellence in Healthcare"—invites us to reflect on the role of the Christian in the world of healthcare: to be representatives of Christ in a field of ethical and spiritual challenges.

Inspired by Paul's exhortation to the Philippians (Phil 2:14-16), the camp seeks to awaken in each participant the urgency of being blameless, according to the scriptures, in all areas of life, including their professional lives, so that all may see that Jesus is Lord over all things.

The event will feature targeted lectures led by national and international guests, as well as practical workshops to consolidate knowledge, team-building games, and times of fellowship.

This camp is more than an event—it is a calling. A call for us, as children of God, to shine the light of Christ, reflect His character, and keep the Word of God alive in every action, word, and decision, in both our professional and personal contexts. Come be built up, challenged, and transformed!

 When: January 29th to February 1st, 2026

 Where: Curitiba, PR - Brazil

Register through our website or the QR code on the side.



Next Events



BIOETHICS TRAINING

Enrollment: until August 3, 2025

Language: Portuguese

Format: Online

Weekly meeting: Saturdays at 9:30 a.m. Brasília time

Duration of weekly meetings: 90 minutes

Course duration: 14 weeks

Course break: November 15, 2025 - Holiday

Start and end date: August 23rd to November 29th

Registration is open!

<https://forms.gle/q9yjtZCBbgPUYxFCA>

SALINE PROCESS TRAINING

In-person

August 2 in Curitiba, PR

August 9 in Governador Valadares, MG

September 13 and 14 in São Paulo, SP

September 20 in Belo Horizonte, MG

October 26 in Aimores, MG

Online

Dates:

August 24

August 31

Time: 8:00 to 13:00



THOUGHT LEADERSHIP

Language: English

Format: Online

Weekly meeting: Saturdays at 7 a.m. Brasília time

Duration of weekly meetings: 1 hour and 30 minutes

Course duration: 14 weeks

Start and end date: August 9th to November 8th

Registration is open!

<https://forms.gle/Qzwd6vq676jxV34v6>



CONFIDENT CHRISTIANITY



Class A - ONLINE

- Fridays 19:30 - 20:30 (GMT-3 - São Paulo)
- Start 12/9/25

Class B - ONLINE

- Saturdays 10:00 - 11:00 (GMT-3 - São Paulo)
- Start 13/9/25

Class C - ONLINE

Note that in Brazil, this class is at 14:00 São Paulo time, which corresponds to 19:00 in Maputo.

- Wednesdays 14:00 - 15:00 (GMT-3 - São Paulo)
19:00 - 20:00 (GMT+2 - Maputo)
- Start 10/9/25

Class D - IN-PERSON BH

- DATES: November 8 and 9
- Saturday from 8:00 to 17:00 (GMT-3 - São Paulo)
- Sunday from 9:00 to 13:00 (GMT-3 - São Paulo)
- Location: Belo Horizonte (MG) - Av Francisco Sales 1614 Santa Efigênia

Class E - IN-PERSON SJC - SP

- Date to be defined
- Saturday from 8:00 to 17:00 (GMT-3 - São Paulo)
- Sunday from 9:00 to 13:00 (GMT-3 - São Paulo)
- Location: São José dos Campos (SP)

Class F - IN-PERSON Curitiba PR

- Dates: August 4 and 5
- Saturday from 8:00 to 17:00 (GMT-3 - São Paulo)
- Sunday from 9:00 to 13:00 (GMT-3 - São Paulo)

Location: Curitiba (PR)

Class G - IN-PERSON SP

- DATES: August 2 and 3, 2025
- Saturday from 8:00 AM to 5:00 PM (GMT-3 - São Paulo)
- Sunday from 9:00 AM to 1:00 PM (GMT-3 - São Paulo)
- Location: São Paulo (SP) Rua Marechal Barbacena 1056 (Igreja Cristã da Família Anália Franco)

Class H - IN-PERSON RJ

- DATES: To be determined
- Saturday from 7:30 PM to 9:30 PM (GMT-3 - São Paulo)
- Sunday from 8:00 AM to 5:20 PM (GMT-3 - São Paulo)
- Location: Rio de Janeiro (RJ)

Class I - IN-PERSON Fortaleza CE

- DATE: September 2025
- Saturday from 8:00 AM to 5:00 PM (GMT-3 - São Paulo)
- Sunday from 9:00 AM to 1:00 PM (GMT-3 - São Paulo)
- Location: Fortaleza (CE) - Primeira Igreja Batista de Fortaleza - Rua Silva Paulet, 1111, Aldeota

Class J - IN-PERSON Guinea-Bissau

- DATE: To be determined
- Saturday from 8:00 AM to 7:00 PM
- Location: Guinea-Bissau

Class K - IN-PERSON Florianópolis

- DATE: September 12 and 13
- Saturday from 8:00 AM to 7:00 PM
- Saturday from 8:00 AM to 5:00 PM (GMT-3 - São Paulo)
- Sunday from 9:00 AM to 1:00 PM (GMT-3 - São Paulo)
- Location: Florianópolis

TASTER - ONLINE - "GET TO KNOW THE COURSE"

August 29: 7:30 PM - 8:30 PM (GMT-3 - São Paulo)
August 30: 10:00 AM - 11:00 AM (GMT-3 - São Paulo)

Registration:

<https://forms.gle/UbwoQby4zvmtWQ6A7>

More information:

<https://icmda.net/resources/confident-christianity/>

Next Events



SYDENHAM

The course aims to prepare Christian health professionals for leadership in ministry and is an ideal foundation for other ICMDA training tracks, as it provides a comprehensive view on issues at the intersection of Christianity and health.

Language: Portuguese

Mode: online

Starts: 02/August and ends in 22/november

Course duration: 14 weeks

Registration open!

<https://forms.gle/Edv2JgCnK2cibTNR7>

SALT AND LIGHT IN DENTISTRY

The course explores ways to be salt and light within dentistry.

Language: Portuguese

Format: Online

Starts in September

Course duration: 11 weeks

New information coming soon via the website and Instagram



What happened at MDC

april - june

**Saline Process
MDC Florianópolis
26/04/2025**



**Confident
Christianity
MDC - RJ
25/04/2025 a
26/04/2025**



**Leaders core
MDC - SP
13/04/2025**



What happened at MDC

**Local group
MDC - SP
26/04/2025
"Missionary whole
caring"**



**Saline Process
Huambo - Angola
MDC - SP
17/05/2025**

**Saline Process
MDC - BH
17/05/2025**



**Local group
MDC Campo Mourão - PR
22/05/2025**

What happened at MDC

**Saline Process
MDC
Fortaleza/CE
31/05/2025**



**Local group
MDC - Campo Grande
“Faith and science -
evidences?”
31/05/2025**

**Local group
MDC - SP
“Importance of
healthcare
professionals in
preventing child
sexual abuse”
31/05/2025**



What happened at MDC



**Local group
MDC - Roraima
"God and grief"
31/05/2025**

**Local group
MDC - Curitiba
"Christian woman's
challenges on
health"
31/05/2025**



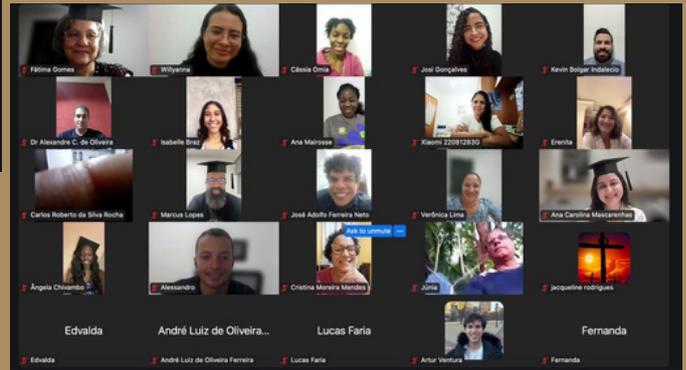
**Saline Process
MDC Juiz de Fora
01/06/2025**

What happened at MDC

**Local group
MDC - Manaus
“The power grows on
weakness”
04/06/2025**



**Graduation
Confident Christianity
09/06/2025**



**Online and in-person
1st semester of 2025**



**Local group
MDC - Campinas
Fellowship, contemplation of
nature, physical exercise.
Integral health.
14/06/2025**

What happened at MDC

**Mission MDC + Brazil
for life project
(Baptist Church at
Itaim SP) at Pauini
22/06/2025**



**Local group
MDC - BH
26/06/2025**

What happened at MDC

**Local Meeting
MDC - SP
“Contributions of
Anthropology to
Holistically Consider
Others and Health”
28/06/2025**



**Saline Process
MDC - Patos de
Minas
28/06/2025**

**Local Group
MDC - Curitiba
“Servant”
28/06/2025**



Corporate

Médicos de Cristo (MDC) is an association of evangelical Christian healthcare professionals and students whose main objective is to promote holistic health, considering the human being in their physical, mental, spiritual, and social dimensions.

To fulfill these objectives, Médicos de Cristo is based on four pillars:

Calling



Awaken the understanding that medicine is a divine calling to serve God with love and integrity in health care.

Fellowship



Promote friendship, mutual support, and prayer among Christians in the health field.

Training



Equip Christian students and professionals to witness Christ with technical and spiritual excellence.

Service



Serve society and support missions, using medicine as a tool of love and justice, especially for the vulnerable.

Médicos de Cristo is a member of ICMDA (International Christian Medical & Dental Association), HCFI (Healthcare Christian Fellowship International) e RENAS (Rede Evangélica Nacional de Ação Social).

WWW.MEDICOSDECRIStO.COM.BR

JOIN THE MDC



BY JOINING, YOU:

1

I contribute to the association's projects and challenges.

2

Get discounts on MDC's online and in-person events.

3

Answer the call to be salt and light through your profession!



WWW.MEDICOSDECRISTO.COM.BR