

VIRTUAL MAGAZINE



**médicos  
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# LET THE CHILDREN COME

*the Kingdom of Heaven  
belongs to them*

Translation: Nycole Soares

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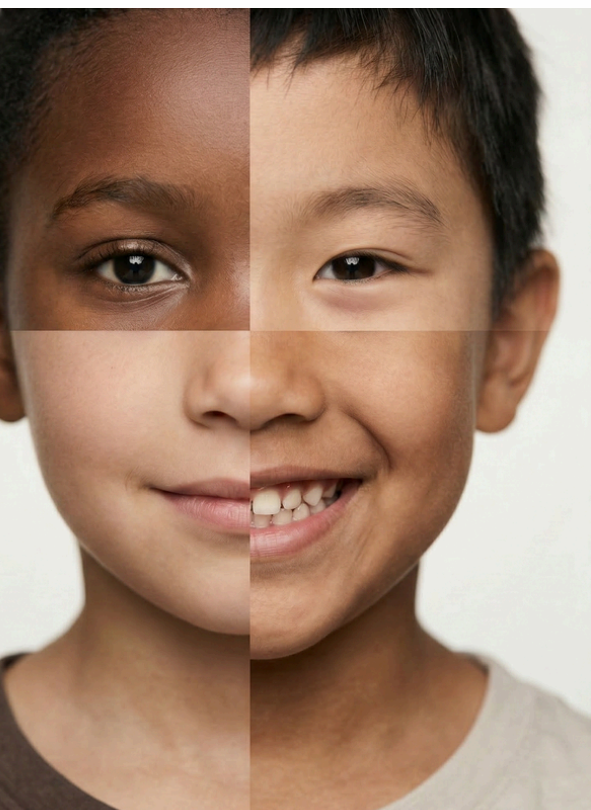
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# Editorial

**Hello, sisters and brothers,**

Children bring joy to the environments they frequent with their games, smiles, innocent phrases, and even the tears that quickly disappear when they receive a gesture of affection.

However, they are also a source of concern, care, and protection. Unfortunately, they do not always receive the love and family support they need, and many suffer from physical, sexual, and emotional abuse. What does the Bible say about childhood? How have the church and organizations been working to support abuse victims as well as children with special needs? How can Christian healthcare professionals intervene to change the reality of violence against our little ones and heal their wounds? In this edition, we bring some articles dedicated to these topics, and our interviewee, Joyce Ciriaco, discusses this sad reality, among other things.

We will not only touch on the theme of childhood, but also medical and spiritual intervention at the end of life will be discussed. We need to bring hope to the hospital corridors, and palliative care. The message of the gospel through compassionate professionals, and the reading of the word are instruments that God provides for facing final moments with dignity.

Students, did you miss our Student Camp? It was a blessing, and we'll comment on it in the Magazine. Oh! Make sure to attend the next one. We also take this opportunity to invite everyone to the XIV National Congress of Médicos de Cristo, to be held in the city of Santo André – SP/Brazil from November 19 to 21, 2026. Save the date and don't miss out!

**Enjoy your reading!**

**Glauco Franco Santana**

President of Médicos de  
Cristo Association

**MDC Magazine**



# NEST AND WINGS IN CHRIST

When Jesus said, "Let the little children come to me" (Matthew 19:14), he was not just allowing children to approach; he was revealing how the Kingdom of God manifests: through grace that welcomes, tenderness that does not despise the weak, and truth that corrects adult pride. The disciples wanted to organize the path to Jesus as if the little ones were a hindrance, while Jesus taught them that the path to the Father involved a new birth, becoming a child again, in a path of intentional and conscious dependence.

The adult heart tends to harden over time. We learn to hide tears, defend our own image, and confuse maturity with self-sufficiency. "Whoever does not receive the Kingdom of God like a child will never enter it" Mark 10:15. The Lord is not exalting immaturity, but trust. A child reaches out without shame. A child asks to be held. The gospel calls us back to the simplicity of those who know they need to be led.

The Bible teaches us not to despise the little ones. Samuel, still a boy, heard the voice of the Lord. David was called when many did not even consider him. Isaiah announced hope: "A child is born to us." John the Baptist was set apart by God from the womb. The Savior of the world came to meet us not dressed in visible glory, but wrapped in the holy fragility of a child. God loves to manifest His strength where men see weakness. Heaven does not treat childhood as if it were on the margins. In the economy of grace, the little ones appear at the center of the story of redemption.

## Article

Therefore, it is necessary to see the child as more than just an audience to be entertained. She is a sheep of the flock, heir to promises, and the target of Christ's care. The child needs a nest: presence, security, routine, loving correction, play, celebration, and prayer. She learns faith when she realizes that God is not a subject of occasion, but a presence that inhabits the home. She learns when she sees parents asking for forgiveness, when she hears the Word with sweetness, when she associates the name of Jesus not with fear, but with rest. Childhood flourishes where grace gains a face in everyday life.



The teenager, in turn, begins to ask for wings. It was Rubem Alves who said that “teenagers do not want nests. Teenagers want wings. Nests only serve as starting points for flights in all directions.” (A Eternidade numa Hora). They discover new questions, new pains, and an intense need for belonging. Often, what seems like rebellion is fear; what seems like coldness is confusion; what seems like distance is a silent request to be heard. At this stage, it is not enough to offer just activity, noise, or demands. It is necessary to offer truth with gentleness, boundaries with connection, direction with patience, and example with consistency. Teenagers quickly perceive hypocrisy. If they see religious and empty adults, they will distrust faith. If they see the real life of Christ, they will find a ground to mature.



## Article

Our days have made this care even more urgent. Many children are being shaped by screens before being formed by conversations. Many teenagers experience the anxiety of comparison first, and only later hear about the rest of grace. Many families live tired, guilty, and unsure where to start. The pain appears in the body, in irritation, in silence, in insomnia, in fear crises, and in the constant feeling of inadequacy. In light of this, the church needs to welcome, protect, discern, and walk alongside. The love of Christ was never a pious distraction; it needs to be a real presence amidst human pain.

For Christians serving in the healthcare field, this calling takes on very concrete contours. Sometimes, the clinic listens before the pulpit. Sometimes, a child's body speaks what the mouth cannot say. Sometimes, a teenager arrives wounded, and the entire family is too tired to notice. In these moments, faith, science, responsibility, and professionalism do not compete with each other, but complement one another. The Lord who heals also uses means, processes, technical care, and compassionate hands. Prayer does not eliminate the seriousness of treatment, and treatment does not diminish the need for prayer. Caring for the body and soul, each in its place, is also an expression of Christian love.

Kevin DeYoung, in "The Faith Once Delivered to the Saints," warns that people's greatest needs are: "to know God, love God, delight in God, and give great importance to God." May the Lord make our homes, churches, and clinics nests for the weary and wings for those who are maturing. And may He, as He leads the little ones, also restore in us a humble, teachable, and trusting heart, because those led by Jesus' hands are never too small for the Kingdom, and that is why Jesus challenges us to "return to childhood," because we will experience the complete dependence of those who cannot take care of themselves but will live in total dependence on the Most High.

Jônatas Barbosa Rodrigues Married to Edleia Lopes, father of three children and grandfather of three beautiful grandchildren and two more on the way.  
Pastor of the Jardim Paraíso Presbyterian Church in Botucatu, SP.



# What is the REDE MÃOS DADAS

**T**he Rede Mãos Dadas is composed of a group of nearly 70 evangelical Christian organizations that come together around a common goal: to improve the Christian response to the problems faced by children and adolescents in social vulnerability. The concept of social vulnerability was consolidated in Brazil in the 1980s and 1990s during the confrontation of the HIV/AIDS epidemic. It is based on the doctrine that health is a universal good and, therefore, access to healthcare is a right that needs to be available to everyone. The Rede Mãos Dadas today indirectly benefits from these discussions that emerged in the health environment!

Previously, the idea of "risk groups" predominated, based on the identification of specific populations, which led to strong stigmatization. Then, the focus shifted to "risk behaviors," but the excessively individualistic approach proved insufficient to contain the epidemic. The notion of social vulnerability then emerged to recognize that social problems result from a combination of multiple factors and require broad and coordinated responses.

And it is with broad and coordinated responses in mind that Rede Mãos Dadas was formed in the year 2000. Our mission is to undertake joint efforts in promoting a full life for all children and adolescents. Together we can be more effective, together we can go further.

Although all children are naturally more vulnerable than adults, some face much more intense vulnerabilities, which require specialized attention. When we say that many children and adolescents face great social vulnerability, we mean that they have fewer opportunities to protect themselves, develop, and exercise their rights due to their age group and other social, economic, and political factors.

In simple terms, a child is more exposed to risks and difficulties not by individual choice, but because of the context in which they live. This includes children from all social classes, as digital addiction and sexual abuse attest. However, we understand that vulnerability increases as the situation of poverty and the inaccessibility of families to health, education, security, and leisure services worsen.

## Get to know the institutions

Thus, the Mãos Dadas Network operates based on the following convictions:

- Social vulnerabilities do not determine anyone's destiny, but they also cannot be ignored.
- It is dangerous to focus solely on at-risk groups or behaviors. A child is accompanied on their journey to maturity by many characters: family members, Christian leaders in the church, healthcare professionals at the clinic where they receive vaccination and basic care, merchants in their community, and the police on their street. The behavior of each one tells the child what can be positive or negative for their development.
- We need, as disciples of Jesus, to analyze how we welcome the children who come to us. This is because we notice that the disciples closest to Jesus decided to prevent them from approaching the Master. Is it reasonable to assume that we, today, have a better attitude than theirs?

So, thinking this way, the Mãos Dadas Network promotes three annual campaigns:

- The Global Prayer Marathon for Socially Vulnerable Children has been taking place for 30 years on the second weekend of June and brings together Christians from around the world to intercede for the children. With this campaign, the Hands Together Network calls every Christian to SEE the child and bring them into the presence of the Father.
- The My Christian Social Educator campaign takes place between September 15 and October 15. It asks every Christian to RECOGNIZE and HONOR the ministry that men and women deliver throughout the national territory and beyond our borders, serving directly the most vulnerable children and adolescents.
- The Child-Friendly Church campaign (which might get a new name in 2026) takes place between the second half of October and the end of November, asking the local church to seek concrete ways to become more attentive and open to children. One of the changes the campaign seeks is solutions to the protection issue. If a local church does not listen to and protect children, how can it claim to follow Jesus?

In addition to the campaigns, the Mãos Dadas Network promotes meetings, training sessions, and methodological transfers.

To learn more about us, get in touch:

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By Elsie B. C. Gilbert

# JOYCE KELLY MIGUEL CIRIACO

*Joyce Ciriaco is the first person hired by Médicos de Cristo (Doctors of Christ) to serve as executive secretary, a role she has performed with excellence since June 2025. Married to theologian and missionary Ivan Ciriaco, mother of Eric, 13, and Enzo, 10, and a registered nurse in both Brazil and the United States, Joyce has a history of missionary work not only in our country but also in others. She is the founder of the NGO Home of Joy, which works to protect children and adolescents from violence, exploitation, and abuse. In this interview, she tells us a little about her story and also speaks about child abuse.*



**MDC Magazine – Joyce, tell us a little about your conversion.**

JOYCE - I had a difficult childhood, marked by my parents' marital problems and alcoholism. I ended up being forced to take on responsibilities much too early and also getting involved in things that weren't appropriate for a child —friendships with people much older than me, trying things that shouldn't have been offered to a child just to be accepted into groups I shouldn't have been part of. I was invited by a boy who I really liked to go to church. And that's how it all began; following Christ became my way of life. He rescued me from the twisted paths I had started down, saved my life, and transformed my story.

**MDC Magazine – When did you feel the call to be a missionary and realize that this was truly God's purpose for your life?**

JOYCE -In my daily relationship with Jesus, through prayer and Bible reading, I experienced an immeasurable and indescribable love that deeply moved me (2 Corinthians 5:14). Moved by this feeling, I began to look for ways to give thanks. I began by serving the local church in various departments, but since I did not yet fully understand God's grace, I felt I was always in debt. I began to ask the Lord insistently in prayer what He wanted me to do. The revelation came in a very special way: on different occasions, God ministered to my life through different people, telling me that I was the "Apple of God's Eye" (Zechariah 2:8). At the time, I didn't even know there was a verse about that! Intrigued, I shared with some friends that I didn't understand what God was trying to tell me. One of them mentioned that there was a CD with that title. I bought it, and back in those days when CDs still came with booklets (lol), everything made sense when I read the liner notes. The album had been recorded by Ludmila Ferber and the Ouvir e Crer Ministry with the goal of raising funds to help at-risk girls in Nepal who were victims of sexual abuse and exploitation (human trafficking).



Schools - Guinea-Bissau

I immediately felt called to take action. I was around the same age as those teenagers who were suffering so much, and I understood that God was calling me to fight for those who could not defend themselves (Proverbs 31:8). Since Nepal was so far away, I began to look at what was around me. That's how my journey in missions began.

**MDC Magazine – After completing missions in urban areas, you moved to Guinea-Bissau. What were the biggest challenges you faced on the African continent?**

JOYCE - I served for several years in Urban Missions in the Belo Horizonte metropolitan area, where I conducted missionary training, met my husband, and we got married. I devoted about six years to studying healthcare—between my technical program and my bachelor's degree in Nursing—and, by the end of college, we realized it was time to leave everything behind to devote ourselves fully to ministry. Guinea-Bissau was our first cross-cultural field, where we served in evangelism, discipleship, and healthcare. We lived in the Gabu region (4 hours from the capital), a predominantly Muslim area. There, the way local society viewed women was always a major challenge for me, compounded by the insecurity that forced me to always be accompanied. Since it was a region with very few resources, I worked as a nurse in the wound care clinic at the mission base where we lived. There, I learned to improvise topical treatments using natural products, such as honey and papaya, which were the resources available at the



Nepal Villages - Nutri House

resources available at the time. The scarcity of drinking water was also a major obstacle; for this reason, we created the “Clean Water” project, through which we taught communities how to purify water at home using filtration and sodium hypochlorite, known as bleach in the region. Despite all the difficulties, we used every skill and tool we had to share the Gospel and express Christ’s love for the African people.

**MDC Magazine – You also lived in Nepal as a missionary. Tell us a little about that experience.**

JOYCE - Nepal is a country of great cultural diversity and significant linguistic challenges. With a population of about 30 million, less than 2% profess the Christian faith, and there are more than 200 people groups considered unreached. Since missionary work is prohibited in the country, many local and foreign workers have already faced retaliation for sharing the Gospel. My family and I have lived in Nepal for about seven years, working to support and plant churches and to care for girls and adolescents at risk.

**MDC Magazine – Before going on missions, you studied nursing. How did that profession help you during all this time?**

JOYCE – God gave me the opportunity to understand my missionary calling very early on, while I was still a preteen. He chose nursing as a strategic way to meet the needs within the mission fields where I served—and I am immensely grateful for that.

As a nurse, I was able to work directly in many villages in Gabu, Guinea-Bissau. Working at the Missionary Base Hospital taught me a great deal, revealing career paths I hadn't even known existed. In Nepal, women's and children's health were rich areas of work that opened many doors, especially in the most remote villages. In Brazil, within the context of child protection, nursing knowledge is of paramount importance, since child abuse has been classified by the Centers for Disease Control and Prevention (CDC) as a public health problem requiring precise and urgent interventions. As healthcare professionals, we are directly involved in this cause; we need to learn more about the subject and take a stand on it.

**MDC Magazine – Home of Joy was founded in Nepal. What motivated you to start this NGO, and how did it all begin?**

JOYCE - Due to cultural and social factors, child vulnerability is a serious issue that demands immediate intervention—especially in the case of girls, who are often oppressed, deprived of education, and victims of abuse. In 2015, we founded Home of Joy amid the humanitarian crisis caused by the earthquake that killed 9,000 people and left more than 3 million homeless. My husband traveled to the epicenter of the quake to aid families and, there, met a father who was pleading for someone to take care of his 13-year-old daughter. Even without knowing who my husband was, that man was willing to entrust his own daughter to us. We already knew that situations like this occurred in Nepal, but experiencing it firsthand confirmed that it was time to fulfill the dream God had placed in our hearts. That young girl became the first beneficiary of Home of Joy and was welcomed and protected. Home of Joy was founded to protect children at risk, offering comprehensive care and promoting social inclusion through education. In this way, we express God's love daily, making their dreams our own and building, together, a great family in Christ

Nepalese Girls Home of Joy





Sertão do Moxotó - Arcoverde-PE



Serving the People of Chepang - Nepal

## MDC Magazine – What are the epidemiological data on sexual violence worldwid?

JOYCE - When we look at the data on violence against children, the reality is very harsh. To give you an idea, every four minutes a child is killed by violence somewhere in the world. In addition, about 90 million children alive today have experienced sexual violence. When we look at adulthood, we realize how much this affects entire generations: approximately 650 million women—about 1 in 5—experienced sexual violence as children. And this happens to boys, too: up to 530 million men—about 1 in 7—have experienced sexual violence during childhood. And often this violence occurs within the very environment that should be safe.

## Interview

It is estimated that 1.6 billion children—or about 2 in 3 worldwide—suffer some form of violent punishment at home, whether physical or psychological abuse. So when we talk about child protection, we are not talking about a small or distant problem. We are talking about a global reality that demands attention, awareness, and action from all of us.

**MDC Magazine – What are the epidemiological data on childhood sexual violence in Brazil?**

**JOYCE –** According to data from the 2022 Brazilian Public Security Yearbook, sexual violence against children and adolescents is a significant problem in Brazil. In 2021, 66,020 cases of rape and sexual assault against vulnerable individuals were reported, with 61.3% of the victims under the age of 13 and 85.5% being girls. Most assaults occur within the family environment or are committed by people close to the victim, as 82.5% of perpetrators are known to the victim, including parents, stepfathers, and other relatives. The yearbook also notes that these figures likely underestimate the true magnitude of the problem, due to the high rate of underreporting of these crimes. Data from SINAN also support these alarming figures based on an analysis of reports submitted by healthcare professionals.



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

## Interview

**MDC Magazine – What are the different types of sexual abuse?**

JOYCE - Child sexual abuse can take two main forms: with physical contact and without physical contact. The form involving physical contact includes any sexualized touching, such as touching the genitals, attempts at sexual intercourse, oral sex, or penetration, including the use of objects. Non-physical contact occurs without touching but exposes the child to situations of a sexual nature, such as verbal harassment, exhibitionism, voyeurism, showing pornography, or producing sexually explicit photographs and videos. There are specific forms, such as commercial sexual exploitation or abuse committed by family members or close acquaintances. Recognizing these situations is essential for preventing, identifying, and reporting cases of violence.

**MDC Magazine – What is the abuser's profile?**

JOYCE -It is almost always someone from the child's social circle, such as a relative, neighbor, or authority figure. They do not look like a villain; they are usually a kind, persuasive person who is respected in the community. They seek out roles or places where they can easily get close to children without arousing suspicion. They often spend time studying the child's routine to create the "perfect" situation for the abuse. The abuser isolates the child, keeping other adults and children away so there are no witnesses. Because it is compulsive, abuse rarely happens just once if no one intervenes.

**MDC Magazine – What are the long-term effects on mental health for victims of abuse?**

JOYCE - Abuse directly affects how a child develops emotionally and how they learn to process the world. It is very common for victims to develop low self-esteem and a very negative perception of their own health and of themselves. The scars often manifest as anxiety, depression, and outbursts of anger or aggression. Many develop PTSD (Post-Traumatic Stress Disorder), which causes them to constantly relive the trauma. In severe cases, the suffering is so great that suicidal thoughts, self-harm, and even actual attempts to take one's own life arise.

**médicos de Cristo**

**May Orange**

Month for raising awareness and combating child and adolescent abuse.  
Make a difference!

**Report it!**

Disc 100

\*scene from the movie "The Sound of Freedom"

VIRTUAL MAGAZINE MDC | 16

## Interview

### MDC Magazine – How can a healthcare professional recognize signs and symptoms that a child is being abused?

JOYCE -



**Sudden changes in behavior:** The professional should note if a cheerful child has become withdrawn, or if a calm child has started having outbursts of anger and aggression for no apparent reason.



**Direct physical signs:** Be on the lookout for pain, bruises, bleeding, or infections in the genital and anal areas that have no clear medical explanation.



**Regression:** It is a warning sign when a child starts wetting the bed again, sucking their thumb, or shows an excessive fear of being alone, reverting to behaviors typical of earlier ages.



**Premature sexual awareness:** Look for signs that the child is using sexual language or exhibiting sexual behaviors that are not age-appropriate, often mimicking what they have experienced.



**Psychosomatic symptoms:** Frequent complaints of headaches, stomachaches, or vomiting that do not show up in physical exams, but may be the body's way of reacting to anxiety and trauma.



**Delayed development:** The professional may notice that the child has stopped developing cognitively or emotionally.



**Mental health warning signs:** The presence of signs of depression, self-harm, or profound isolation during the consultation may indicate that something serious is happening.



**MDC Magazine – We know that the signs and symptoms of sexual abuse in children and adolescents can be quite nonspecific. What guidance would you offer to healthcare professionals to help them recognize these signs?**

JOYCE - Thorough physical examination and medical history should never be overlooked. The child's body may show signs that they are unable or afraid to express verbally. It is essential to listen to the child or adolescent's account without judgment. They need to feel that this is a safe space to talk about what is happening. The professional must be very attentive, as the abuser may be the very person who brought the child to the appointment. They may try to speak for the child or prevent them from being alone with the doctor. Being constantly alert means observing the interaction between the accompanying adult and the child. If there is excessive tension or fear in the victim's eyes, this is already a red flag.

**MDC Magazine – What is the role of civil society, as well as the church and the individual, in preventing this terrible reality?**

JOYCE - It is important to discuss this issue across different sectors of society and to equip teachers, healthcare professionals, NGO managers, and church leaders so that the support network for these children and adolescents can grow. But information alone is not enough: people need to be agents of change, understanding that they can and should report cases—even if they are only suspected and not yet

confirmed—to the relevant authorities available 24 hours a day, such as Disque 100, 181, and 190. Reports can be made anonymously, mitigating the risks for the person reporting. People close to the child or adolescent—such as neighbors, relatives, or acquaintances—who notice something suspicious in this regard can report it even if they are not certain, so that the Child Protection Agency is made aware and can investigate together with other responsible agencies.

Settings that work directly with children and adolescents must establish clear rules of conduct for the professionals and/or volunteers involved, such as: the two-adult rule, the ability to observe interactions through glass doors, camera monitoring, and an assessment of the physical layout to prevent unsafe areas for children and adolescents moving through the premises, among others. Policies for Protection Against Abuse should be included in the guidelines of these organizations, including schools, churches, and clinics that serve typical and atypical children and adolescents.

**MDC Magazine – Your oldest son has autism spectrum disorder. How do you cope with this challenge, and what suggestions do you have for churches to better support these individuals?**

JOYCE - The protection of children and adolescents—whether neurotypical or neurodivergent—is a responsibility and a calling of the Church of the Lord Jesus. As the mother of an autistic son, I face daily challenges, and his vulnerability raises deep concerns for his safety in all settings, including the

church environment. The Scriptures reflect God's zeal for this protection. In Zechariah 8:5, we read: "The streets of the city will be filled with boys and girls playing in them." This text expresses the divine desire for safe environments where children can develop with freedom and joy, without fear of any form of violence. For this to become a reality, children and adolescents need to be taught about protecting their own bodies and identifying inappropriate behavior, whether in face-to-face or virtual contact with others. This topic should be addressed using accessible and playful language. Currently, we have excellent literary resources to support this conversation, such as *\*Turminha Corajosa e Esperta\** (Marlene Antunes and Marcela Taís) and *\*Deus Fez Tudo em Mim\** (Justin S. Holcomb & Lindsey A. Holcomb). For adults who wish to learn more about the topic, I recommend two books: *How to Talk About Sexuality with Children* (Leiliane Rocha) and *Shields of Protection Against Child Sexual Abuse* (Braian Pitondo). In addition, there are training programs offered by Claves Brasil and Espaço de Proteção (Andrea Espírito Santo).

**MDC Magazine – After all that moving around, you now live in Marataízes, a beautiful beach town in Espírito Santo. What have you been up to in the Espírito Santo countryside?**

JOYCE - My husband and I are missionaries and attend the Presbyterian Church of Barra de Itapemirim, in the land of pineapples! We are in charge of Home of Joy's programs in Brazil and Nepal. We travel frequently to other regions of Brazil and, less often, abroad; but, in general, we have slowed down our pace due to the needs of our oldest son. In our community, in addition to valuable evangelism activities within the community and missionary training, we have also been promoting initiatives to prevent and combat child sexual abuse in schools and churches in the region.

**MDC Magazine – Finally, what has your experience been like as executive secretary of the MDC?**

JOYCE - I was already familiar with Médicos de Cristo (MDC) through my work as a nurse at Casa Nutri, where I collaborated with members of the organization. Encouraged by some friends, I attended the MDC 2025 Conference in Belo Horizonte. It was a very special moment in my life; I was deeply moved by what I learned and the connections I made. Since I become more involved and serve in the Association, I feel increasingly integrated, sharing the same mission and vision as a healthcare professional. Serving as executive secretary has allowed me to better understand MDC's guidelines, reinforcing my role as a Christian nurse in the various contexts where I serve. This experience has been extremely enriching, and I am very grateful to God for this opportunity.

Joyce Kelly Miguel Ciriaco

# FROM EXCLUSION TO THE CHURCH TABLE



**a call for the inclusion of autistic people**

*When the mother entered the church for the first time with her son, she longed for him to experience the worship songs, the biblical stories, and the fellowship of the Christian community. The boy, though he could not speak, smiled as he listened to the music. He gently tapped his leg, as if he was feeling the worship with his whole body. Even so, she often was told: "You need to teach him how to behave". On one of those Sundays, when her son had a meltdown, she took him out to the parking lot and wept. Not because she wanted to leave, but because she realized that she could not stay. Later, she summarized her pain in a few words: "I did not abandon my faith. I just did not find space for it in that place."*

**R**ecent data from the Centers for Disease Control and Prevention indicate that approximately one in every 31 child in the United States is currently diagnosed with Autism Spectrum Disorder (ASD). In light of this reality—one that extends beyond American borders—the contemporary world has been compelled to reflect more carefully on the significant rise in autism diagnoses. Considering humanity as a whole, we need to seek answers regarding the clinical and the social needs of these families. However, when it comes to the realm of spirituality, there remains a noticeable lack of meaningful interventions. In this context, the Christian Church must ask: how can we spiritually nurture individuals on the autism spectrum, communicating the message of the Gospel in a way that is intelligible, while including them and their families in the life of the Christian community?

It is in the Holy Scriptures that we can find such answers. 2 Samuel records one of the most theologically rich narratives concerning grace, faithfulness, and inclusion. David and Jonathan had established a covenant before God, marked by loyalty and love (1 Sam 18–20). After Jonathan's death, David ascended to the throne and asked, "Is there still anyone left of the house of Saul, that I may show him kindness for Jonathan's sake?" (2 Sam. 9:1). It is within this context that Mephibosheth appears. As a child, during the flight following Saul's death, Mephibosheth fell and suffered a permanent injury that left him physically disabled.

In the ancient world, disability was not merely a functional limitation; it carried with it deep social stigma, often associated with shame, dependence, and exclusion. Furthermore, as Saul's grandson, Mephibosheth could have been perceived as a potential political threat to the kingdom. Standing before the king, Mephibosheth bowed down, fully aware of his own frailty. Yet David's reaction completely overturned his expectations: "Do not fear for I will surely show you kindness for the sake of your father Jonathan; I will restore to you all the land of Saul, your grandfather, and you shall always eat at my table" (2 Sam. 9:7). David did more than restore land - he restored identity, dignity, and belonging. The king's table is not a mere detailed narrative. In Scripture, the table is a place of communion,

## Reflection

relational equality, and ongoing participation. Mephibosheth was not just invited to observe the kingdom from a distance; he was called to partake in it. The text is explicit: “he ate at the king’s table like one of the king’s sons” (2 Sam. 9:11). Grace did not leave him on the margins; it brought him into the very center of the communal life of the royal family.

Living with autism within our own family has led us to walk alongside many “atypical” families who remain on the margins of church life. Some watch services from home; others stop attending altogether. Not because they have lost their faith, but because the church environment—which should be a place of fellowship—often becomes an environment of judgment and stress. How many times have we ourselves entered the church to worship already calculating where the nearest exit was just in case our child had a meltdown? How many families live in tears, frustrated because they did not feel the space was for them? In order to give voice to these families, to better understand their reality within the church, and to propose practical interventions for their care, we have begun a deeper study of this subject. This research will culminate in a book that resembles this article’s title: “From Exclusion to the Table of the Church: A Call for the Inclusion of Autistic People,” (to be published soon). Our hope is that the church will rediscover its vocation not only as a place of worship but also as a place of hospitality, empathy, and grace—where those who are “atypical” are not merely tolerated, but truly welcomed.

Ivan Ciriaco – @ciriaco.ivan

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Member of the First Presbyterian Church of Barra do Itapemirim, ES, -Brazil.

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# PEDIATRICIAN AND NEONATOLOGIST

CHRISTIAN IN HOLISTIC CARE

**M**y journey in the healthcare field began about 40 years ago and, today, I am able to recognize that God was always guiding step by step, even when I didn't realize it. I began my studies in Pharmacy and Biochemistry in Minas Gerais, but when I moved to Aracaju with my husband, with our first child still young, I had to redirect my path because the course wasn't offered at the University of Sergipe. Trying to balance my career and family, I heard a phrase that marked my life: "You have the makings of a pediatrician." Today I understand that it was a direction from God. I managed to transfer to Medicine and, during my undergraduate studies, I naturally grew closer to Pediatrics.

After graduating, I began my practice in Aracaju and then went to São Paulo, where I completed my residency in Pediatrics with a specialization in Neonatology. While growing professionally, I faced the greatest personal challenges of my life, including two separations and raising my three children. Despite my career fulfillment, there was a void within me. I had a religious upbringing, but I didn't truly know God.

At 45, after my second separation, I had a real encounter with God and began to perceive His presence, care, and comfort. The Word gained meaning, as it is written in Jeremiah 29:11: "For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you hope and a future." This verse perfectly represents what God has done in my life and in the lives of my children, who are now educated and prosperous.

I deepened my knowledge of the Bible through three years of Bible seminars, which were fundamental in consolidating my faith and transforming my life and the way I practice medicine as a calling. Today, I am very grateful to Him, as I work in the delivery room and in the office, even in adolescence. I see how much we depend on God and how He uses us, as it says in Matthew 9:37-38, "The harvest is plentiful, but the workers are few. Ask the Lord of the harvest, therefore, to send out workers into his harvest field."

Babies don't always have a good start in life, and in the delivery room, during moments of pain and uncertainty, I clearly see the difference that faith makes. Families who trust in God go through these situations with a peace that doesn't come from circumstances.

## Reflection

In my practice, I see many lost parents, influenced by so many voices in today's world. Whenever possible, I share the importance of trusting in God and seeking guidance from Him. I often remind them of Proverbs 3:5-6, which instructs us to trust in the Lord and not in our own understanding.

**“IN MY PRACTICE, I SEE MANY LOST PARENTS, INFLUENCED BY SO MANY VOICES IN TODAY'S WORLD. WHENEVER POSSIBLE, I SHARE THE IMPORTANCE OF TRUSTING IN GOD AND SEEKING GUIDANCE FROM HIM.”**

I try to present this vision in a natural, respectful way, and as a testimony, because that's what transformed my life. Today I see that all paths, including the difficult ones, were part of God's process to mold me as a doctor and as a person. Today, my values are fully aligned with the principles transmitted by the Word of God. Whenever I find a context in which they apply, I try to share them, understanding that they are part of a new pediatrics that is consolidating and proving more effective in its contact with patients. A closer relationship with children and their parents, through a family-centered approach grounded in Lifestyle Medicine, allows these principles to act in an integrated way, promoting genuine cooperation, empathy, prevention, and correction, always with love.

Since 2010, the World Health Organization has recognized spirituality as one of the pillars of lifestyle, considering the consistent evidence of its impact on health. In this context, together with the family, it is possible to assess what can be transformed to promote more positive epigenetics, influencing gene expression and contributing to the prevention of physical, mental, and even spiritual illnesses.

As pediatricians, we have a unique position: in each consultation, we have the opportunity to understand the child's context and the behaviors of the family as a whole. In a time when the digital ecosystem often obscures or distorts truths and undermines families, this approach strengthens bonds, expands accessibility, integrates the pediatrician into the support network of parents and caregivers, and establishes our identity as pediatricians of Christ.

Elisabeth Pavanelli - @dra.elisabethpavanelli  
Pediatrician and neonatologist  
Central Boulevard Church – Belo Horizonte / MG



# Spiritual care to the terminally ill patient

## Introduction

That night, my father called and began thanking me for everything I was doing to take care of him. I found it strange, calling at that hour of the night and with that tone of voice. I crossed the street and went to his apartment, where he was being cared for by a professional caregiver. Alone in his room, I asked my father, “What’s going on with you? Why that strange phone call?”

Then he told me he felt as if “his candle was slowly going out.” Moments of lucidity alternated with others of great drowsiness, making him realize that his end was approaching. At 84 years old, having suffered multiple heart attacks and surgeries that left him in great physical weakness, he now wanted to talk about his death. Leaning against the wall around him were beautiful paintings he had done with one hand.

We talked about what was troubling him, his spiritual doubts, issues from the past, and the inner pains that tormented him most. Even though he had been an elder and Sunday school teacher, he needed to talk about guilt, fears, and other things that came to mind in that context of pain.

We recalled passages from the Word of God, prayed together, and he found peace. I asked him how he would like me to take care of his health issues when the end was near. He asked me to introduce him to our Palliative Care Team, with whom I was working at one of the hospitals, and to ask them to care for him, avoiding futile procedures, but giving him quality of life and comprehensive care until the end.

Looking at his painted works, I asked him if he would like to use them as gifts for our family. He chose each one individually, according to the characteristics of each loved one, signing his name on the bottom margin of the painting. For me, he chose one with a large yellow ipê tree, saying: “This one looks like you, who are always smiling, even in the most difficult moments!”

What an enormous privilege the Lord gives us to listen to, welcome, care for, pray for, and discuss the deepest issues of the soul with the patients He brings to us, both in hospitals and in our own families! This is part of the ministry to which the Lord has called us and in which He sustains us, guiding us through His Spirit in every gesture, in every word, so that we may bring peace, meaning, hope, and quality to the days that remain to them through the Word that brings forgiveness, restores life, and gives the certainty of eternal life in the Father's House, through Jesus.

### **What is Hospital Chaplaincy?**

Hospital Chaplaincy is a daily ministry in hospitals, where chaplains, trainers, and visitors, trained through complex theoretical courses and practical training, earn their place as part of multidisciplinary teams. Spiritual care extends to the sick, their family caregiver, and also to healthcare professionals and hospital staff, humanizing care and bringing greater quality of life (see more information at [www.capeliananasaude.org.br](http://www.capeliananasaude.org.br)).

The Association of Chaplaincy in Health – ACS, founded by Chaplain Eleny Vassão during her 44 years of daily service, has the mission: “To welcome and offer spiritual assistance in suffering, aiming to promote the integral well-being of the human being”.

### **A patient in palliative care.**

While visiting a palliative care patient daily in the ICU of Samaritano Hospital, where I am a chaplain, and sharing the Gospel with her and praying with her every day, I received her heartfelt affection through her request that the Lord bless me in everything I do, giving me health and wisdom for each visit. What a lovely gesture to receive!

I remember writing an article many years ago titled “What to do when there's nothing left to do – Spiritual care at the end of life” for a medical magazine, at the editor's invitation. Soon after it was published, I received a call from a doctor at the Oncocentro in São Paulo. He introduced himself as Professor Dr. Marco Túllio de Assis Figueiredo, who had just returned from a meeting with Dr. Cicely Saunders in England. He was in charge of training healthcare professionals throughout Brazil to begin providing palliative care. He told me that while reading my article in his dentist's waiting room, he had noticed the importance of the theme of “Spirituality” in palliative care, a vital point advocated by Dr. Cicely Saunders. He then invited me to join his team, which would be teaching at many medical schools on the following topics:

"Terminal Patients," "Palliative Care," and "Thanatology." This became one of the courses at UNIFESP, where we taught for about 5 years. Even without knowing the term "Palliative Care" at that time, I discovered that I had already been providing this care for many years, learning from each patient and family caregiver how to talk about death and dying and help them in their relationship with God so that they could depart in peace, living until the end.

### **Spiritual history**

When we enter a room, we know almost nothing about the patient's beliefs, whether they have a faith inherited from their family or a real relationship with God through Christ. To know how to conduct the conversation and counseling that follows, we need to informally conduct a Spiritual Anamnesis during the conversation, asking open-ended questions and allowing the patient to express themselves, showing what they believe in and whether their faith has served as a source of comfort and hope amidst their pain. Many methods are used, such as FICA, SPIRIT, and many others that can be found on the Internet. This data collection about our patient's faith will offer us the direction to follow, offering them comfort from the Word or presenting them with the Gospel so that in their relationship with the Savior, they may find forgiveness, peace, and the certainty of eternal life. We never talk about religion, but always about how to have this living relationship with the Lord. Thus, even their suffering will gain another meaning, as Viktor Frankl said: "Man is not destroyed by suffering; he is destroyed by meaningless suffering."

### **Opening the heart in the valley of the shadow of death**

In God's Word we find several men of God speaking about death, but King Hezekiah, in the account written in Isaiah 38:1-3, shows the pain in the soul of a man sentenced to death and his cry to the Lord for his life:

"In those days Hezekiah became ill and was at the point of death. The prophet Isaiah son of Amoz went to him and said, "This is what the Lord says: Put your house in order, because you are going to die; you will not recover." Hezekiah turned his face to the wall and prayed to the Lord, "Remember, Lord, how I have served you faithfully and with wholehearted devotion and have done what is good in your eyes." And Hezekiah wept bitterly."

"But what can I say?" He spoke to me, and he himself did it. I will walk humbly all my life because of this affliction of my soul. Lord, by such things men live, and by them also my spirit lives. You restored my health and let me live. It was for my benefit that I suffered so much. In your love you kept me from the pit of destruction; you cast all my sins behind you, for the grave cannot praise you, death cannot sing your praise. Those who go down to the pit cannot hope for your faithfulness. The living, only the living, praise you, as I am doing today; fathers tell of your faithfulness to their children." Read Isaiah 38:1-6, 9-19

## Packing the bags

Beth was 39 years old, married, with children aged 9 and 12. Before passing away, she wrote:

"...They say I'm strong... Wrong! My strength comes from God..."

You know, I'm packing my bag... but to where I'm going, I've discovered I don't need to carry much! All the things that filled my suitcase until now, like school, college, marriage, children... They say nothing about me... None of that belongs to me. I've learned that I have to look at what all these things tells about Him. It's not chemotherapy that gives me extra time, it's God!"

*"And what we believe is that He who raised the Lord Jesus will also raise us... Even though outwardly it may seem that everything is ending, inwardly, where God is creating new life, there is not a single day in which His revealing grace does not manifest itself. Difficult times are nothing compared to the good times to come, the endless celebration prepared for us." II Cor. 4:15-18*

And are we ready to leave?

Eleny Vassão has been a Hospital Chaplain for 44 years, holds a Master's degree in Biblical Counseling, and is the author of 47 books.

He is a member of the Presbyterian Church of Lapa, in São Paulo.

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# Medical

## care of the terminally ill patient

To alleviate suffering, care for the body, and reflect God's love until the last breath of life.

In keeping with spiritual care, proper clinical management of the terminally ill patient is also a form of ministry, where science and faith walk hand in hand in holistic care.

Caring for patients at the end of life is one of the most challenging and, at the same time, most profound moments in medical practice. When the possibilities of a cure end, many wonder what the role of medicine still is. However, experience shows that even when doctors cannot cure, we can still do a great deal.

Advances in the field of Palliative Care have transformed this reality. Today we understand that the focus of care is not only on the disease, but on alleviating suffering and preserving the dignity of the patient and their family until the end.

A fundamental principle, especially evident in geriatric practice, is that physical care supports emotional care. A patient with poorly controlled pain, shortness of breath, nausea, or constipation will hardly be able to cope well with their emotions or experience meaningful spiritual care. Controlling symptoms is not just a clinical intervention; it's about creating space for the patient to rediscover peace, relationships, and meaning throughout the process.

In this context, broadening the perspective on what care means is paramount. "Morphine" is important, but it's far from sufficient. Symptoms such as dyspnea, dyspepsia, constipation, insomnia, and anxiety often cause great suffering and need to be actively addressed. Often, an irregular bowel or persistent abdominal discomfort impacts quality of life more than the underlying disease itself.

Proper care for the terminally ill patient requires a shift in mindset in medical practice. Unlike other stages of the disease, the goal here is not to normalize test results and vital signs, but to alleviate symptoms and promote comfort. This demands clinical discernment: knowing what to maintain, what to discontinue, and what to introduce, always focusing on the real benefit for the patient.

Being aligned with the latest guidelines, knowing how to treat and differentiate well, for example, between heart failure and COPD, can significantly alleviate dyspnea. Correcting a cold can reduce pain, improve appetite, and bring well-being. In other words, it's not about neglecting treatment, but about treating with a different objective in mind.

This care requires balance. It's important to avoid both excessive and disproportionate interventions, as well as therapeutic neglect. Not everything that is possible is beneficial, but neither should everything be suspended. The art of care lies in proportionality.

Furthermore, small gestures have a big impact: positioning the patient properly in bed, caring for their skin, respecting their appetite, not forcing food at all costs, adjusting their hydration. These are simple actions, but they convey respect and promote real comfort.

For us, Christian physicians, this care takes on an even deeper meaning. When we read the verse "The Lord will sustain him on his sickbed" (Psalm 41:3), we realize how God can use us as his instrument in this scenario. This verse is not just a promise of healing, but of presence. God, through us, sustains patients in their fragility and also honors those who dedicate themselves to their care. Thus, we participate in something greater than the medical act itself; we participate in a concrete expression of God's love for his people.

Remember our calling to be the living expression of God's care in the life of each person He places under our responsibility. Understanding the magnitude of this mission, we set out in the service that has been assigned to us.

Haniel Passos Eller, Geriatrician,  
Presbyterian Church - Goiânia

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# HOPE IN THE CORRIDORS

## THE MISSION OF THE GIDEONS INTERNATIONAL IN HOSPITALS

In times of pain, uncertainty, and physical fragility, hospitals become settings where hope is urgently needed. It is precisely in these environments that The Gideons International carry out one of its most silent, yet profoundly impactful works: the free distribution of the Word of God.

Recognized worldwide for distributing New Testaments, the Gideons—Christian businessmen and professionals (including doctors)—and the Auxiliaries—their wives—partner with churches to bring spiritual comfort where it is most needed. But how exactly does the Bible reach the bedsides and healthcare professionals?

### How is hospital distribution done?

The presence of the Gideon in healthcare units is structured, disciplined, and highly respectful. Every action is preceded by prayer and prior contact with hospital directors and administrations to obtain authorization.

Work in hospitals is divided into two main areas, with well-defined roles.

- For patients (beds): Gideons and Helpers place a medium-sized copy of the New Testament next to each bed in the wards and rooms, as well as in the waiting rooms. The Auxiliary Nurses play a crucial role, being responsible for entering and placing the New

New Testaments in the women's wards. The Ministry recommends that these rooms be visited monthly to replenish the copies, since it is common and encouraged for patients to take the New Testaments with them when they are discharged.

- For healthcare professionals: The second focus is on the medical and support staff. The Auxiliary Staff have the exclusive privilege of personally delivering the pocket-sized New Testament (white cover) to all personnel working in the area: doctors, nurses, dentists, technicians, paramedics, and even cleaning, kitchen, and administrative staff. The approach is always very brief so as not to disrupt the professionals' work routine. In many cases, the delivery is formalized through a two- to three-minute dedication ceremony, held together with the hospital's management.

### The Dimension of the Sowing: How many New Testaments are distributed?

Although the Association does not publicly disclose specific numerical breakdowns for the hospital sector, the overall volume of distribution gives us a sense of the monumental scale of this mission

## Get to know the institutions

with healthcare being one of the Ministry's priority pillars.

Globally, the Gideons International has surpassed the historic milestone of 2.5 billion New Testaments and Bibles distributed. In Brazil alone, since the ministry's establishment in 1958, more than 212 million copies have been distributed.

Each year, the numbers continue to impress. In the 2024/2025 fiscal year, for example, the Association distributed more than 73 million New Testaments around the world, of which more than 3 million were distributed in Brazil alone. A significant portion of these millions of white and medium-sized books finds its final destination in the hands of doctors and on patients' bedsides.

### Stories of Transformation and Life

The effectiveness of this work is not measured solely in numbers, but also in transformed lives. The Ministry has collected stories of people who, in their greatest moments of anguish, found salvation on a printed page.

One of these moving accounts involves a Bolivian woman who traveled to Brazil seeking medical treatment. During her journey in search of physical healing, she went to an emergency room, a laboratory for analysis, and finally, was admitted to the Hospital das Clínicas. It was in one of these beds that she found a New Testament left by the Gideons. Upon reading the Word of God during her treatment, she accepted Jesus Christ as her Savior.

Some time later, back in Bolivia, she made a point of calling the Gideons' National Headquarters in Brazil. Speaking a mix of Portuguese and Spanish, she overflowed with joy at having returned to her country healed and saved. So impacted by the event, she decided to become a volunteer in her homeland: she promised that, despite her own limitations, she would distribute leaflets and share God's love with others in Bolivia.

Stories like this prove that the New Testament, in a hospital setting, goes far beyond just a book. For those who are vulnerable, it is a survival manual, a source of comfort, and the path to eternal healing. The Gideons International continue their journey with the certainty that, in the cold corridors of pain, the Word of God will always bring the light of hope.

Sidney Lino de Oliveira, Representative of the International Council of The Gideons for Brazil, Former President of The Gideons International in Brazil, Member of the Baptist Church of Barro Preto in Belo Horizonte - MG, [www.gideoes.org](http://www.gideoes.org)



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## IV STUDENT CAMP MDC II LATIN AMERICAN MEETING OF ICMDA STUDENTS

A call to Christian excellence in healthcare.

The 4th Médicos de Cristo Camp (MDC/ICMDA), in association with the 2nd ICMDA Latin American Students Meeting, was marked by a call to an integral, visible, and faithful Christian life amidst the dilemmas of the world. Inspired by the biblical exhortation of Philippians 2:15 — “that you may become blameless and pure, children of God without fault in a warped and crooked generation, in which you shine like stars in the universe” — the meeting brought together students and healthcare professionals from Brazil and various Latin American countries around the same purpose: to live their vocation with excellence, witness, and commitment to Christ.

The camp was the result of a long organizational process, which began in December 2024, a journey of more than a year of planning. Throughout this period, volunteers diligently dedicated themselves to each stage of this ministry, balancing dreams, work, studies, and purposes to make this project possible. The organizing committee consisted of approximately 20 people on the board, in addition to several collaborators who actively served in different areas, demonstrating dedication, generosity, and commitment to excellence and the care of each participant.

Over four days, approximately 130 participants experienced diverse and memorable events in a program designed to combine spiritual depth, practical training, and fellowship with their brothers and sisters. Activities included themed rooms, a scavenger hunt, a themed dinner representing different nations, a luau, lectures, workshops, cultural exchanges, prayer, worship, and testimonies. Each of these experiences contributed to creating a unique environment of learning and edification, centered on the themes presented by Paul in the book of Philippians, where stories, cultures, and personal journeys could converge in the Word.



# Events

Another key aspect for the success of this project was the financial support received. The event benefited from support from ICMDA and donations made possible through the scholarship program, which broadened the reach of the camp and encouraged the participation of students from diverse backgrounds.

This investment enabled the participation of scholarship recipients from Brazil and also from various Latin American countries, such as Costa Rica, Chile, Paraguay, Argentina, Colombia, Ecuador, and Bolivia, contributing to the unity among ICMDA movements in Latin America and to the strengthening of projects and initiatives developed in different countries.

The fact that the event was international further enriched the movement, promoting cultural exchange, sharing of challenges, and strengthening unity among Latin American Christian students. Amidst different testimonies, presented in different languages and from different backgrounds, the centrality of Christ as a common foundation among all these people became evident.

Thus, the IV Médicos de Cristo Camp (MDC/ICMDA), in association with the II Meeting of Latin American Students of ICMDA, leaves a legacy of faith, unity, service, and hope. It was the visible result of collective work sustained by volunteerism, generosity, and international cooperation, but mainly by the grace of God, reaffirming that He continues to sustain us and raise up people to be a light in their contexts and to serve with excellence, compassion, and faithfulness.

Guilherme Miranda Silva de Oliveira, Physician, Independent Presbyterian Church of Manaus - AM



# *The reminiscences of brotherhood*

Belonging has a smell, a temperature, and a sound.

It smells of hot food and freshly brewed coffee;  
The murmur of cutlery clinking against the plate and the table.

It has the warm feeling of a hug on a difficult day, or the anteroom of one's own bodily sweat in a room full of people.

It sounds like distant laughter, joyful sighs, that "aaah," "uuh," or "wow" that springs forth when something surprises, whether out of awe or gratitude.

And it becomes apparent in glances that, although newly encountered in a space, seem to have known each other from before.



Student Camp MDC 2026

I once read that when two souls are destined to intertwine, they don't see each other for the first time: they recognize each other. For a long time, I thought this idea only applied to romantic love and that the concept of brotherhood didn't fit into that narrative. However, Brazil proved me wrong.

*When I saw you, it wasn't love at first sight;  
I just recognized you.  
— Camila Esguerra*

# Article

I went to Curitiba to cover, as a journalist, the World Congress of Christian Students and Healthcare Professionals. I received a scholarship because they needed someone who spoke Spanish and English to communicate with the Portuguese-speaking team and create content in Spanish. It was my first time traveling abroad professionally. It was just me, my camera and two tripods, in an environment composed solely of doctors, dentists, physiotherapists, and psychologists.

By way of confession: although I had been a Christian all my life and later called myself a Messianic Jew, it had only been a few months since I had felt a constant closeness to God. I was far from home, with people I had never met in person, and I didn't expect to make friends, only to work. But the first night in Curitiba proved that I wasn't there just for work, but to find one of my purposes in this life and to recognize my brothers and sisters.

When we were working, we had different professions and talents; but when we were in God's presence, we were brothers and sisters in Christ. They treated me as if I were one of them: smiles, hugs, stories, prayers. They had a genuine curiosity to know who I was and why I believed in God. Recognizing that the person beside me also considers Yeshua their anchor in life not only renewed my faith but made me feel less alone on this narrow path.

I had a camera, a microphone, and five years of experience; but God saw a woman who needed to feel that what she did could change lives, bring light to others. And that's precisely what happened. My profession was my excuse to receive an awakening in the gospel ...and to be able to give others answers to prayers they had been making for months, while I myself received what I had been silently crying out for.

Student Camp MDC 2026



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## Article

In one of the lectures where I was taking photos, the speaker said, "You will embrace your brothers and sisters and bless them, perhaps say something that the Holy Spirit puts in your heart. Don't be afraid to do it." At that moment I was working, not participating, until a voice inside me instilled in me the feeling to tell a young woman that God found her beautiful, that she was His precious jewel; that He saw her and cared for her. Honestly, I thought I was being influenced by seeing fraternal embraces, tears, and an atmosphere of vulnerability. But that feeling wouldn't subside, it wouldn't leave me in peace.

I resisted until the end of the event. When I couldn't anymore, I approached her and timidly said, "God put it in my heart to tell you that you are beautiful, you are His precious jewel; Yeshua sees you and takes care of you." After saying that, fearing her reaction, I only saw that she began to cry. She threw herself into a hug like a child and could barely say "Thank you" because she couldn't speak while crying. I will never forget that.

That hug, those words, are not spoken by a stranger; they are spoken by a sister, daughter of the same Father, who recognizes the other along the way.

I am 25 years old. I have experienced many things far from God and also close to Him, and I can affirm that the right words at the right moment will never compare to the healing power of words that come from God and the strong love they carry, capable of healing wounds that have lasted for years.

I didn't speak to her about the matter again; I chose to simply deliver the message and not get involved in anything further.

Much of my work involved attending various lectures; but amidst the hustle and bustle, God worked in surprising ways. One of them was hearing one of the missionary doctors speak about when they arrived in an indigenous community to provide them with general medical and dental care. These communities suffer from numerous dental infections and have the custom of pulling out a painful tooth with a thread; therefore, when they reach an advanced age, they end up with only one or two teeth.

Since there is no medical assistance and reaching the health center can involve days or weeks of walking, not only is oral health affected, but also mental and physical health. She recounts that this community resisted the entry of missionaries because, for reasons of cultural and religious preservation, they did not accept them; but the fact that they were all doctors gave them free rein to show Yeshua.



Curitiba - View of the German Woods

The way to evangelize is through stations: there is the clinic of the soul and the clinic of the body. The doctors offer the possibility of going through both or just one. In the form of a medical consultation, if it is at the clinic of the soul, prayers are offered for the patients and Christ is discussed; while the clinic of the body is a "normal" consultation. The doctor recounted the case of a young man who had a deformity in his arm. He decided to go to the clinic of the soul and accepted a prayer for his physical healing. Surprised, she stated: "We were praying when we saw that the deformity in his arm was healed instantly." After this miracle, several members of the community decided to accept Yeshua into their hearts. Currently, the community remains in contact with the doctors of the brigade; they ask for prayer and intercession and rely on them for medical consultations, this miracle being one of the banners of faith of that community.

Hearing about this miracle was impressive, because I believe that a miracle recounted by a doctor doesn't resonate in the same way as one recounted by an ordinary person; or at least, not in the same way with those who tend to be somewhat skeptical of these supernatural events. The doctor concluded her account with the following phrase: "My profession is my passport to the mission to which Christ called me." At that moment, I understood that my camera was also a passport.

## Article

This doctor, like many other physicians and healthcare professionals, leaves the comfort of her job and the value of her knowledge to go to places where healthcare is not easily accessible. Not only to provide care through her profession, but to be promoters of what God has done in their lives and to speak of the physical and spiritual miracles they have witnessed.

Then comes the most astonishing part of all: have you ever imagined a doctor saying to you during a consultation, "May I pray for you? Do you believe in God?" or affirming that there is a God who heals all things and that you should place your trust in Him?

I'll begin: I never imagined this was possible. But in Brazil I was able to see—and now tell you—that there are hundreds of healthcare professionals who love Yeshua, belonging to different denominations of the Church, who are daring to speak of Christ as the healer of the soul and of life. There are professionals who decide not to perform certain practices, supported by their right to object to what they consider contrary to what God says in the Bible.

There remain generations of professionals, both graduates and those still in training, who have decided to risk their careers, their relationships, and even their lives in various nations around the world, with the aim of showing who the One they believe in is and what He can do, thus offering holistic healing. And it gives me pleasure to say that they are my brothers and sisters.

*Special thanks: Bia, Lua, Nycole, Jasiel, Artur, Gus, Henrique, Ana Livia, Ana Luisa, Arthur, Haniel, Jennifer D., Elisa, Amanda, Julliana, Islena, Leticia.*

Carolina Torres Gómez,  
Social Communicator and journalist,  
Director of Communications for the Shalom Medics Association Colombia,  
El Lugar de Su Presencia Church.



Carolina, Camila, and Dr. Peter Saunders, CEO of ICMDA, at the Nations Party at the MDC Student Camp 2026.

# Upcoming Events

## SALINE TRAINING

Dates: May 9th and 16th Time: 8 AM to 1 PM  
Format: 100% online FREE

Limited spots available!

Secure your spot now:

<https://Eventosmedicosdecristo.associatec.com.br/Evento/saline-process--treinamento-de-testemunhas-virtual-3>



GT TREINAMENTOS  
curso



## CONFIDENT Christianity

BELO HORIZONTE

O treinamento Cristianismo Confiante é um curso desenvolvido originalmente pela **Christian Medical Fellowship**, no Reino Unido, e adaptado ao **ICMDA** (International Christian Medical and Dental Association) pelo dr Peter Saunders.

O objetivo do curso é ajudar os participantes a **entender a mentalidade não cristã** e a **compartilhar sua fé**.

### QUANDO?

25 de Abril (Sábado) das 8h às 17h  
e  
26 de Abril (Domingo) das 9h às 13h

### ONDE?

Av. Francisco Sales, 1614  
Santa Efigênia - Auditório  
Belo Horizonte - MG

Inscrições:



Faça parte do grupo de interesse no WhatsApp

## CONFIDENT CHRISTIANITY

In-person Training – Belo Horizonte April 25th and 26th  
Av. Francisco Sales, 1614 – Santa Efigênia

Contribution: R\$ 30 (coffee break) for non-members, R\$25.00 for MDC members.

Subscribe:

<https://Eventosmedicosdecristo.associatec.com.br/Curso/confident-christianity>

NEW ONLINE CLASSES IN THE SECOND SEMESTER!

## SALT AND LIGHT IN DENTISTRY

Dates: April 7th to June 23rd, 2026 Days: Tuesdays  
Time:  
\* 7:30 PM (Brazil) \* 12:30 AM (Mozambique)

How it works:  
Weekly live meetings via Zoom.

Subscribe:

<https://Eventsmedicosdecristo.associatec.com.br/Curso/salt-light-in-dentistry-2>



## Upcoming Events



### BIOETHICS TRAINING

**PAY ATTENTION!  
NEW CLASSES IN THE SECOND SEMESTER.**

### SYDENHAM

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

**PAY ATTENTION!  
NEW CLASSES STARTING IN THE SECOND SEMESTER!**



## The 18th ICMDA World Congress on Jeju Island, South Korea

**June 30 to July 5, 2026**

Médicos de Cristo has been associated with the ICMDA (International Christian Medical and Dental Association) since 2006. The World Congress is the perfect opportunity to meet other Christian health associations around the world!

Register here: <https://jeju2026.icmda.net/registration/>

# XIV NATIONAL CONGRESS OF MÉDICOS DE CRISTO

NOVEMBER 2026

THU

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## SAVE THE DATE

XIV CNMDC

Santo André - SP

# what happened

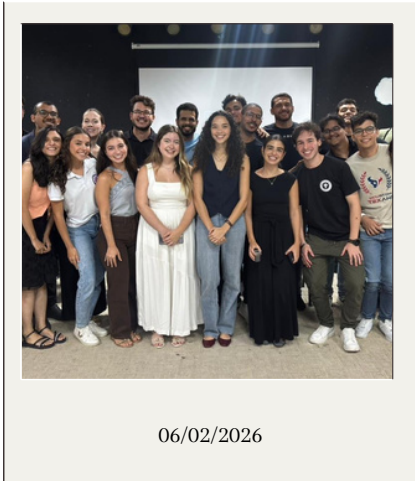
## AT MDC

# January - March 2026



**IV Student Camp MDC and II Latin American Meeting of ICMDA Students**

Presence of students from all over Latin America, representatives from ICMDA and MDC. Theme: Blameless - Philippians 2:15



06/02/2026

**MDC Meeting Fortaleza - CE**

Roundtable discussion on the topic: Christian Leadership in Healthcare.



10/02/2026

**MDC Meeting Campinas-SP**

Movie Night: Miracle Blue.



11/02/2026

**MDC Meeting Campo Mourão - PR**

# What happened at MDC



27/02/2026

MDC, Legendários, Convenção Batista Mineira, Projeto Vida na Estrada and Central Saúde in Ubá and Juiz de Fora-MG



07/03/2026

MDC, Legendários, Convenção Batista Mineira, Projeto Vida na Estrada and Central Saúde in Ubá and Juiz de Fora-MG



05/03/2026

MDC, Legendários, Convenção Batista Mineira, Projeto Vida na Estrada and Central Saúde in Ubá and Juiz de Fora-MG



05/03/2026

MDC, Legendários, Convenção Batista Mineira, Projeto Vida na Estrada and Central Saúde in Ubá and Juiz de Fora-MG



11/02/2026

MDC, Legendários, Convenção Batista Mineira, Projeto Vida na Estrada and Central Saúde in Ubá and Juiz de Fora-MG



28/02/2026

MDC Meeting São Paulo - SP  
Theme: What God Has Been Doing Among Professionals in Latin America - Student Camp.



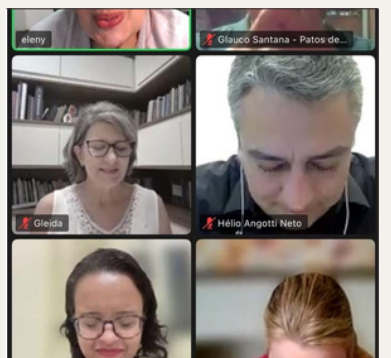
01/03/2026

MDC Meeting Belém - PA



04/03/2026

MDC Meeting Fortaleza - CE  
Theme: Women's Day Stories



05/03/2026

Colloquium on Palliative Care

# What happened at MDC

**Transtornos Mentais e a Bíblia**

MARY PINHEIRO  
06/março  
20h - 21h30

DAVI ARAÚJO  
07/março  
09h - 10h30

6:3 Mary Pinheiro - Temperamentos e Personalidade: O entendimento sobre a diversidade do Corpo de Cristo

7:3 Davi Araújo - Funcionamento e Expressão das emoções à Luz

06/03/2026

**Introductory Webinar of the Course "Mental Disorders and the Bible" with Davi Araújo and Mary Pinheiro**



**MDC Piauí Meeting**



**Local group MDC Campinas-SP**  
Supporting the NGO Páginas Novas in a missionary action involving a mobile health clinic and beauty day.



**MDC Meeting Campo Mourão - PR**  
Theme: Living the Kingdom of God in all areas.

**WEBINAR PRÓ-VIDA:**  
Princípios éticos e cosmovisão cristã a respeito do aborto

**Bioética**

**ONLINE**

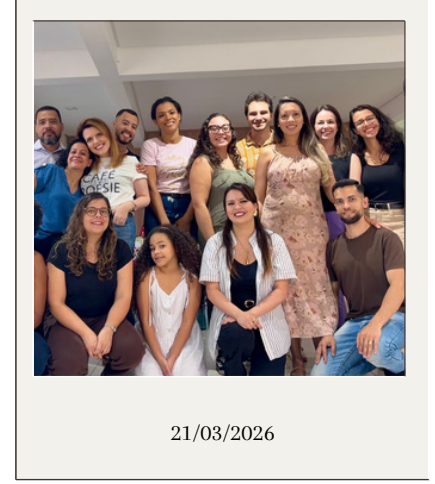
**Dr Hélio Angotti Neto**  
Médico pela UNIFESP, Oftalmologista pelo Conselho Brasileiro de Oftalmologia e pela USP. Mestre em Administração Pública pela FGV, Doutor em Ciências Médicas pela USP. Filiado pela MDC. Atua no Grupo de Trabalho de Bioética do Conselho de Cristo e na Comissão Técnica de Bioética do Conselho Federal de Medicina do Brasil.

**Isabela Mazoni Pentagna Guimarães Arges Correia**  
Diretora e fundadora do Projeto Bioethics. Possui a pós-graduação em Vulnerabilidade Social, Especialista em Bioética, Pós-graduada em Bioética e Biociências, Hospitalar e palestrante em temas relacionados à dignidade humana, gravidez em contextos de vulnerabilidade e direitos do nascituro.

medicos

20/03/2026

**Pro-life webinar - Bioethics Working Group**  
Event with Dr. Hélio Angotti Neto and Isabela Mazoni.



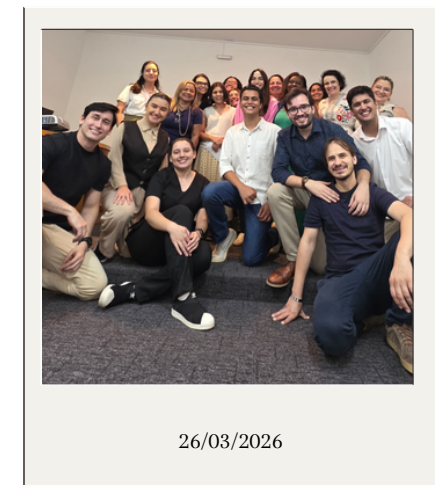
**MDC Meeting São Paulo - SP**



**MDC Meeting Florianópolis - SC**



**MDC Meeting Patos de Minas - MG**  
Topic: Study of the book "How to Integrate Faith and Work" by Timothy Keller.



**MDC Meeting Belo Horizonte - MG**  
Topic: Christian Faith and Science in Healthcare: How to remain faithful in a world of high technology and pressure.

What happened at MDC

*This is MDC happening!*

JOIN US!

**WEBINAR PRÓ-VIDA:**

Princípios éticos e cosmovisão cristã a respeito do aborto

Bioética

ONLINE

**Dr Hélio Angotti Neto**

Médico pela UFSC, Oftalmologista pelo Conselho Brasileiro de Oftalmologia e pela USP, Mestre em Administração Pública pela FGV, Doutor em Ciências - Medicina pela USP, Filósofo pela UCCS. Atua no Grupo de Trabalho de Bioética do Conselho de Cristo e na Câmara Técnica de Bioética do Conselho Federal de Medicina do Brasil.

**Isabela Mazoni Pentagna Guimarães Arges Correia**

Biótica e Fundadora do Projeto Bioeth - Núcleo de Apoio a Gestantes em Vulnerabilidade Social. Especialista em Bioética. Pós-graduada em Bioética e Bioética. Pesquisadora e palestrante em temas relacionados à dignidade humana, gravidez em contextos de vulnerabilidade e direitos do nascituro.



20 de Março de 2026 - 19H00 - ONLINE



**médicos de Cristo**

# Institutional

Médicos de Cristo (MDC) is an association formed by evangelical Christian professionals and students in the health field, whose main objective is the promotion of holistic health, considering the individual in their physical, mental, spiritual, and social dimensions.

In seeking to fulfill these objectives, Médicos de Cristo relies on 4 pillars:

## Called



To awaken the understanding that medicine is a divine calling to serve God with love and integrity in the field of health.

## Communion



To promote friendship, mutual support, and prayer among Christians in the healthcare field.

## Training



To equip Christian students and healthcare professionals to be witnesses for Christ with technical and spiritual excellence.

## Service



Serving society and supporting missions by using healthcare professions as tools of love and justice, especially for the vulnerable.

Médicos de Cristo is affiliated with ICMDA (International Christian Medical & Dental Association), HCFI (Healthcare Christian Fellowship International), and RENAS (National Evangelical Network for Social Action).

[WWW.MEDICOSDECRISTO.COM.BR](http://WWW.MEDICOSDECRISTO.COM.BR)

## Get to know the Association



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#### SYDENHAM

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#### BIOETHICS

Hélio Angotti Neto Bianca  
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Silveira

#### TRAINING

Jennifer Laura Daltro Monteiro Alóide  
Ladeia Guimarães

#### MDC 60+

Soraya Cássia Ferreira Dias Wilson Bonfim

#### SALT AND LIGHT IN DENTISTRY

Ida Regina Tomaz Carvalho da Silva Capela Cláudia  
de Castro Gama

#### MENTAL DISORDERS AND THE BIBLE

Maria da Conceição Antônio Ana Luiza Gomes  
Pereira



# ASSOCIATE WITH MDC

WITH THE QR CODE OR FOR THE  
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BY BECOMING A MEMBER

1

Contributes 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!

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