Brett (00:02):

My hope is that the amazing witnesses that I see on display in Southern Appalachia that I can as best as possible faithfully tell their stories for others, myself included to learn from them. To learn what it means to more faithfully walk alongside folks living with pain and addiction, whether you're a healthcare practitioner, somebody in the criminal justice system, or somebody who is involved in the business sector, somebody in social service agencies, or just a member of the church seeking to faithfully love a brother, sister. What's the invitation at hand for us to more faithfully follow Jesus as we walk alongside those living with pain and addiction?

Announcer (00:42):

You're listening to The Faith & Work Podcast where we explore what it means to be a follower of Christ in the workplace.

Joanna (00:52):

Hi, this is Joanna Meyer. I'm the Director of Events and Sponsorships here at the Denver Institute. I'm here joined by Dustin Moody our Director of Communications. Hello sir.

Dustin (01:00):

Hi Joanna.

Joanna (01:01):

We today are talking about healthcare, the intersection of healthcare and faith and we can both commiserate because Dustin and I have both been to the doctor this month.

Dustin (01:10):

Yeah, I'm actually going in in a couple of weeks for my first surgery, which I've never had.

Joanna (01:15):

First in your life.

Dustin (01:17):

First in my life apart from wisdom teeth in college or something. So today's conversation is really interesting because we're talking to Brett McCarty about faithful postures towards medicine, but also most of his work has centered on the opioid crisis.

Joanna (01:32):

Yeah. And it's fascinating. And you know, your wife Laura is an emergency room nurse. My mother Linda, was a hospital nurse for more than 30 years. And so we've experienced through their lives watching the incredible industry, the big business of healthcare and how challenging it can be to care well and faithfully to patients who are in pain in that kind of system.

Dustin (01:51):

Yeah. And it seems like an interesting question. How do medical practitioners or health care providers integrate their faith with their work when so much of their work is systematized, corporatized, and built on efficiencies and seeing a certain number of patients in a certain amount of time?

Joanna (02:09):

Yeah. So today's conversation is anticipating an event we're hosting in March on healthcare, on how people of faith specifically can respond to people in pain. It's inspired to some degree, by what we've seen in the opioid epidemic that we've seen it reach crisis levels because we haven't always handled some really helpful solutions to pain relief, opioid prescriptions. We haven't always handled them well, and it's created much greater problems. But even more than that, like how do we think broadly about, as people of faith, about responding to the very real pain that you encounter when you're in the healthcare system every day. So it'll be a privilege to have a chance to talk to Brett McCarty. Would you introduce us to today's guest Dustin?

Dustin (02:47):

Yeah, absolutely, Joanna. As you mentioned, our guest today is Brett McCarty. Brett's the Assistant Research Professor of Theological Ethics at Duke Divinity School, and he's an instructor of Population Health Sciences in Duke School of Medicine. So he kind of sits on this unique aspect, both being in the divinity school and the medical school. He's also a faculty associate of the Trent Center for Bioethics, Humanities, and History of Medicine. Dr McCarty's work centers on questions of faithful action within health care and he spent a lot of time recently researching the intersection of the opioid crisis, faith communities in Appalachia and what we can learn from Christians being faithful public witnesses and serving alongside those experiencing opioid addiction.

Joanna (03:34):

Welcome to The Faith & Work Podcast Brett we're thrilled to have you here and to get us started, I would love to know more about the Theology, Medicine, and Culture Initiative at Duke because it's such a unique collaboration between different schools.

Brett (03:47):

Thanks so much Joanna. So great to be with you all and it's such a joy to work with the Theology, Medicine, and Culture Initiative, which you're right, it's a really unique endeavor. It consists of four faculty with joint appointments between the Divinity School and the School of Medicine at Duke. One palliative care physician, another... Two palliative care physicians, and one of those is a pediatric oncologist as well. I'm a psychiatrist and I'm not a clinician, but my appointment's in population health sciences because as we're about to talk about, I work on the opioid crisis and how religious communities might help respond.

Brett (04:20):

We've got a variety of other faculty, the Divinity School affiliated with our work as well. We seek to help Christians think deeply and faithfully and creatively about how to care for our embodied existence, for our suffering, illness, disability, our finitude and how that care intersects with the strange world of modern medicine in a variety of ways. And so the questions are always, ever bubbling up. Those intersections are always ever changing. I mean, it's a joy to work with wonderful colleagues and at the core of our work is a theology, medicine, culture fellowship where folks with vocations to health care come for a year for intensive study and formation to receive, kind of theological imagination for their

work and health care. And it's a joy to walk alongside them and just to witness what the Lord is doing in their lives. They're making people-

Joanna (05:08):

So cool. So cool. And as a faculty member that's come through said, often your healthcare training doesn't provide the theological imagination or the spiritual formation to make you a really great doctor. And so I love that the Theology, Medicine, and Culture Initiative exists. So keep up the good work out there. So I want to know, go ahead.

Brett (05:28):

Thanks. We make no claims to make folks... oh, sorry. I said we make no claims to make folks great clinicians but we do try to help with theological formation that we do believe will matter for how they attend well to folks they care for.

Joanna (05:40):

I know some of your people and they're good clinicians. So, I want to hear a little bit more about your research with the opioid crisis. That's something that has been all over the news nationally, so I'm sure many of our listeners are familiar in concept with the opioid crisis, but tell us a little bit more about the context, the areas that you've been working and what the situation that you stepped into as you started your research was.

Brett (06:00):

It's really kind of amazing how some of this has come together. We've been walking with a pretty doubting group of individuals and organizations in Southern Appalachia, particularly in Northeast Tennessee and Southwest Virginia. Really that partnership dates back to Ray Barfield, one that TMCs core faculty members traveling the region for a series of lectures. And out of that was burst a deep interest and passion for churches to respond deeply and faithfully to the opioid crisis. And so almost two years ago, there was a summit in the region with over 300 folks participating. And since then I've been walking as a researcher with folks involved, trying to discern, well what some of the possibilities and limitations and real opportunities are for religious communities to engage faithfully with the opioid crisis.

Brett (06:49):

So I did that first as a postdoc and now came on faculty this past summer and Farr Curlin and I have a grant where we're researching what some of the barriers are to institutions collaborating and how religious communities might help overcome those barriers. So that's a bit of my, how I came to the research and the work. But I'm happy to say a bit more about the opioid crisis overall if you'd like.

Dustin (07:11):

Yeah. I wonder if you can kind of give us, just kind of a step back and a little bit broader context for those of our listeners who may not be as familiar with the current state of the crisis, tell us a little bit about maybe the area that you're working with in Appalachia. How did we get here? What are our options going forward? And then I'd love to hear a little bit more about what you're learning from religious communities partnering together.

Brett (07:31):

Yeah, those are good and big questions. Thanks Dustin. So, well, in the last couple of years it's been around 50,000 people dying per year from opioid overdoses in the U S and that's more than gun-related deaths or automobile accidents. It's actually more people dying per year than HIV AIDS did at it's height. So it's a real crisis. It's a huge numbers of folks dying, but it's complicated both in its causes and in how it's being expressed today because these opioid overdoses are often laced with other drugs. Opiate dependency is not a kind of singular phenomenon for most folks, especially in it's kind of street drugs varieties. So from meth to fentanyl to a variety of other drug cocktails, it's not a singular current phenomenon. And the causes also aren't singular. You can go from the rise in prescribing patterns for opiates, both because of aggressive marketing campaigns like you've probably heard about with Purdue Pharma.

Brett (08:31):

And the desire for healthcare to really alleviate all symptoms of pain and suffering and some regulations went into the world of healthcare over the past... Eighties through the early two thousands that pain became known as a fifth vital sign. Something always assessed and once assessed, once you have a number you need to do better with that number. So the goal became to lower people's pain score. So, you know, what's your pain on a scale from zero to 10? Well if you say a seven. Well then you prescribed some pain relievers and then the next time you ask, it's a three, then medicine has worked. It's a success. And some of the patient satisfaction surveys coming out, some of the patient satisfaction questions were around was your pain managed in the way that you would like or something like that. And hospitals became very nervous because some of their accreditation and Medicare/Medicaid reimbursement are tied to these patient surveys.

Brett (09:25):

So there became a large systemic effort to make sure that patient pain was alleviated. And so that's on the healthcare side. And to be fair, a lot of that was reacting against an older kind of an unwillingness often to address pain because of fears of addiction. And so a lot of pain was unattended in many ways. There was not much attention to it and so rightfully there was a lot of resistance to that in reaction to it.

Brett (09:53):

And then I guess finally on a kind of, I mean like I said, the causes are legion, but there's a kind of cultural expectation that we should live life pretty pain-free with maximal choices. And being offered the choice of pain prescriptions, we Americans are pretty eager to take advantage of choices offered to us and to try to live a pretty comfortable life. And so those factors then become met by a variety of economic causes where you see kind of declining life expectancy for middle aged white folks with high school degrees. And so it's a really complicated nexus of medical, marketing, cultural and economic factors all combining into what many have called a wicked problem. So I think that was just answering your first question about what brought us to this point.

Dustin (10:45):

Let me interject a different one before we keep going. And you talked a little bit about this idea of pain and our response to it and our cultural expectations around it. This is something we've been talking about a little bit in the office as we prepare for our event with you in March, here in Denver. Is the mitigation of pain the right question? I'm asking this from a Christian or theological perspective as we look at healthcare and medicine, is the elimination of pain, the right question we should be asking or has

that set us up on this trajectory of proliferation of opioids in a manner that maybe no one was expecting? That's having ramifications to our communities and to our public health.

Dustin (11:20):

Like as you're approaching this problem, what different questions could we be imagining around the issue of pain? And I should say, like for my context, this feels like a very privileged question to ask because I don't suffer from chronic pain. I haven't necessarily needed the use of opioids or pain medication. And so I've been really fortunate in that, but I do see people in churches and communities suffering because of this. So I'm just curious if are there different questions around the issue of pain that we could be asking from a theological lens?

Brett (11:48):

That's a great question, Dustin, and I too, admit my approach to question from a position of privilege, I don't struggle from chronic pain and I've learned a lot from folks who do. Pain is, from everything I've read and listened to and tried to learn from, is a kind of irreducibly singular event. No person's pain is like another's. And so to understand pain, you have to ask somebody what's going on. There's no brain scan or blood count that's going to tell you what pain really is. It's always a first person experience, which actually is really frustrating for healthcare because we won't very objective scientific things that we can respond to very cleanly identifying pain just isn't that way. And so everything I'm saying is out of humility, learning from others who really should be speaking much more than me, but I'm happy to share from what I've learned.

Brett (12:37):

I think in terms of changing the question rather than how do we alleviate pain and suffering. I wonder if something like how do we attend faithfully to reality. And for quote unquote patients, that might mean how do I attend well to my body, to the people I love, to the work I'm called to do. And there might be occasions that pain really gets in the way of attending well to those that you love and those whom you love and the work that you feel called to do in your embodied experience as a finite embodied person trying to move through the world. Pain can really prevent you from attending well to those things you're called to do and the people you're called to love. And so pain medicines can be really helpful in enabling one to attend well and faithfully to reality to all that God has called us to do and be.

Brett (13:24):

But on the flip side, pain medicine can also withdraw us from reality. One of the famous quotes from Johann Hari is, "The opposite of addiction is not sobriety. The opposite of addiction is connection." And by that I think he's pointing at to how addiction is an incredibly isolating event. And pain as well is an incredibly isolating event because no one can share your pain. It's just yours and your world and your words start breaking down and reality seems to crumble around you in pain. And so there are times when opiates can, they're an escape from reality. They're not an effort to attend well to reality. They're offering escape from reality. And oftentimes that escape, might feel pretty well deserved when the economic order is structured against you or your family structures or are feeling incredibly hurtful or your church is shaming you or you find little way to find meaning in your daily life. Escape might seem like a pretty good option, but I think the question of how to attend well to reality is the right one.

Brett (14:28):

Both patients, but then on the flip side for practitioners and then for those who love those patients, how do attend well to the person right in front of you means not treating a patient like a pain score of an eight but instead a person with a story who comes to you with a history of frustrated interactions with the healthcare system and a desire to live life in a way that can better attend to the people they love and the work they feel called to do.

Brett (14:57):

And so attending well to that person for healthcare practitioners mean probably taking more time than you're allotted in a patient session. It means getting involved in messy interpersonal dynamics that it makes a claim on a clinician that a lot of the healthcare system is structured to resist, to keep a kind of divide separated where you can treat patients as facts and figures to be moved along pretty quickly. And so I think that that question, how do we attend well to reality, to the person right in front of us, whether that person is the person in pain ourself, who is trying to figure out how to faithfully inhabit this body that we've been given, or if that person is our patient or a loved one in church, how do we attend well to them and their life in a way that takes seriously their story and their efforts to live well in the midst of pain.

Joanna (15:44):

Yeah. Brett, you highlight a theme that I can just sense as you're talking that sometimes the healthcare system is exactly that. It's a system. It's highly technological, it's a business, and yet there are people often in pain at the heart of that, and it can create tension for healthcare providers. That'll be a key theme we explore at the March 12th event is how do you care for the whole person in front of you, not just the mechanics of their illness. But the opioid crisis reveals that sometimes what our medical system suggests that we do might not actually be the best thing for us. Like full alleviation of pain if it requires an opioid may not be the best solution to that problem. How do you think Christians can navigate that tension?

Brett (16:26):

Yeah, it's a great question. It's a question that presses Christians to not act primarily as a very efficient, productive clinician, nor primarily as a patient seeking to comply with the system, but as people trying to follow faithfully the call of God on our lives and for clinician that that means caring well for the people they encounter and caring well might mean being much less efficient than the system might want you to be. That's a tricky thing to navigate because you too have people depending upon your own income and livelihood, but it also means that patients and those walking with patients have to not accept what's handed to them from the system as a given, but really struggle to carve out agency for themselves inside of a system that may not be designed to help foster their own agency moving through it.

Brett (17:18):

If I can give an example of a story, not from pain but from family. My grandma, [Janell Wingo 00:00:17:23] has been a patient for quite some time after surviving a pretty rare cancer and she drives from South Carolina to Duke. And Mama Nell, as we call her, worked really hard to become an agent inside of this healthcare system. And my family has, my mom and her siblings have really helped her. So what that means is when she comes for her biannual checkup, they're often toting a bag of goodies. During the summertime there might be a basket of peaches because my grandparent's have some peach trees or during Christmas time it might be candy and nuts or something like that. So my mom, walking

through an academic medical center with a basket of peaches is not a family thing to do and it can be pretty cumbersome. And my mom isn't always a fan of toting around a basket of peaches.

Brett (18:04):

But when I asked my grandma why she does that and she said, well I want them to see me not as some number but as Janell and what I took that to mean is this deep forgotten wisdom from a woman who just has a high school education that she's had to work hard and those who love her and have had to work hard to present themselves as rich storied persons. Not some number to be treated efficiently and quickly and dismissed, but people to be dealt with and all their complexity. And I think that kind of hard advocacy, and it can be really hard for folks living with pain and or addiction, for that kind of advocacy is what Christians are called to do for members of the body of Christ who are trying to navigate the systems of healthcare that you were naming.

Joanna (18:52):

One of the things that fascinates me about this conversation is that healthcare has a long history in the Christian church. I mean, you think about the first hospitals were founded by Christians, specifically Basil or Basil, who was the Bishop of Caesarea, founded some first hospitals in the fourth century A.D. And so the sense of Christians wanting to respond to people's pain is fundamental to our faith. The mechanics of how we do that continues to be a complication. I mean, you think about scripture and you look at it and people would often be asking about the people with suffering that you would see in scripture. Why did this happen? Who caused this? Is this the result of some kind of sin in a person's life?

Joanna (19:28):

And we're still asking those questions today. So this intersection of healthcare practitioners, professional lives, and then their personal lives of being people of faith is vital. I was wondering if you could give us a little glimpse of what you might be talking about when we see you in March about healthy postures that healthcare practitioners can adopt or unhealthy ones that they could adopt as they care for patients in pain.

Brett (19:51):

That's a good question. Remind me to return to it because I really want to take a riff on the Basil connection that you just made because I think when you read some of what Basil and his contemporaries, the Cappadocian Fathers wrote around that time, they really saw in the presence of the sick, and particularly there were this kind of general phenomenon, leprosy, like the presence of Christ in those who were ill and suffering. As Matthew 25 says, when I was sick you visited me and Lord, when were you sick? That what you've done to the least of these you've done unto me. I think what that means is that when we approach folks who are sick, who are suffering, who are in pain, we approach people who carry within them, the person of Jesus Christ himself. And as Matthew 25 points out, we are under judgment for how we respond to that person for how we respond to Jesus.

Brett (20:43):

So what that looks like institutionally, it's an interesting question who is a guest and who is the host when you walk into a hospital room. So it feels like the hospital is the host and the patient is the guest of this institution. But if you flip the tables a bit and the patient, particularly if you're a Christian, and imagine the patient is somehow carrying the person of Christ himself is the host in that room and the medical practitioners come in as guests seeking to serve them faithfully. Then suddenly it changes the

kind of power dynamics. It changes, or at least it ought to change the power dynamics, it ought to change how we approach that encounter. So how do we think about care of folks living with pain and suffering as care for Christ himself? And for how our responses are somehow caught up in an account of our responses to Christ himself. And I think that really requires a pretty fundamental paradigm shift in how we approach that clinical encounter.

Dustin (21:46):

So let's keep go in there, Brett.

Brett (21:47):

I promise to return to your question.

Dustin (21:50):

No worries. Let's get into that. And I'm curious if this is a great time to transition to some specifics because the research you've done is at the intersection of the opioid crisis and faith communities and how they have responded in order to serve those around them. So tell us a little bit about what you're learning from churches, community groups, faith based organizations in Appalachia as they've responded to this problem.

Brett (22:11):

Yeah. Well I think the opioid crisis is really in many ways a distillation of so many struggles that people face in trying to have a sense of agency and seeking flourishing in all these different outpatient systems of care. So whether it's an outpatient healthcare clinic or a social service agency or the criminal justice system, or trying to get a job, there are all these institutions that folks in the opioid crisis are having to navigate continually. And it's not easy for folks who are not struggling with pain and addiction who might be really well educated. It's still not easy to navigate all these different bureaucratic systems. As anyone who's tried to navigate the courts or getting your license or car taxes paid or navigating the forms in an outpatient clinic.

Brett (22:59):

And they all have, it's really hard to do and it can be really difficult when the opioid crisis hit and so I think what churches can do is try to walk with people and enable their agency when their lives are existing at the intersection of all these systems that aren't really set up and designed to enable their agency in flourishing and what that looks like...

Brett (23:22):

One story that comes to mind is a woman who I've met and got to know and her church walked with her while she was navigating the criminal justice system after her child had been taken from her because she was living in active addiction, as she describes it. And while she's navigating the court system, her church came around her, she became a member of this church and they saw a transformation happening in her life. This is according to her words. So they started coming with her to her court appointments and they became known even by the judge as her cheer squad. Folks from the community advocating for her in the court system. And if you think about what that means, for folks who have a regular job, that means taking time off from work to go to a court appointment for somebody that you

just know from church, means waiting for the case to come up while you're in a courtroom and all the proceedings.

Brett (24:14):

It's a real devotion of time and energy and social capital for some folks to advocate on behalf of someone trying to navigate that system. But because of their advocacy, she received a much, I think more just sentence, one that enabled her to be reunited much more quickly with her child and to receive the kind of support in outpatient while she was on parole or on probation rather than while... She didn't have to serve time locked up nearly as long and the church helped enable that for her and she [inaudible 00:24:51]. And so I think in many ways this is an invitation for the church herself to become converted to be more faithfully embodying the body of Christ, walking alongside folks in the midst of pain and addiction. Because the folks suffering from the opioid crisis, if they really are carrying with them the person of Christ and this critically appointed way, they are an invitation from the Lord to become more faithful followers of him.

Brett (25:19):

And so reordering the church's life around care for those on the margins in this way I think can really be a way of becoming more faithfully the people God is calling us to be. One more story along these lines. There is a church... So oftentimes churches host recovery ministries which are a worship event that have a heavy infusion from the 12 steps model of AA and NA. And oftentimes after a meal and worship they'll have kind of break out groups loosely or tightly connected to AA/NA model depending upon how it's taking shape in a particular congregation. Oftentimes those events will happen like in a rundown basement or in a kind of older fellowship hall in the evening with little connection to what's going on on Sunday mornings for the regular rank and file, you know, well dressed Sunday morning crowd.

Brett (26:09):

At one of the churches that I've been privileged to partner with, there was some consternation upon the Sunday morning crowd that there wasn't more connection with the say Tuesday evening recovery ministry crowd and you know that's good that they were worried about that, but their proposal was that the Tuesday night crowd come worship with them on Sunday morning, which you know is a good thing to invite folks to come. But the response from the Tuesday night crowd when they were approached by this possibility was we would love to worship with the folks on Sunday morning and they are welcome to come to our Tuesday evening service whenever they would like.

Brett (26:45):

And that kind of flipping of center and margin of where Jesus is and we might find and encounter him, I think is a deep invitation to the church and for Christians to more faithfully follow the Lord in the midst of some really difficult circumstances.

Joanna (27:00):

Yeah, really, really powerful thought. As we've been looking ahead to the March 12th healthcare event, you've talked about three postures that Christians working in healthcare have adopted historically. Some of which have been helpful and some of them have not been helpful. Give us a little taste of what people can anticipate the event by telling us more about those three postures.

Brett (27:20):

Thanks so much Joanna. This is definitely speaking in very, very broad strokes, as an academic I have to give all kinds of qualifications when I say anything, but I think that early on in Christianity, and this is still present in our culture in many ways, there's a reception from stoicism and we think about being stoic as kind of a stiff upper lip and able to endure suffering without complaining and all. An idea that whatever happens with our bodies doesn't really matter. We can endure that because what really matters is going on with our soul and this is where it gets infused with certain Christian inflections. We're going to leave this tired old body behind and escape it to a better life hereafter. I know generally that life is not imagined in a kind of embodied way. So there's a kind of escape from the soul.

Brett (28:08):

We just have to put up with what we have in front of us right now. And that oftentimes can lead to telling people to suck it up, to putting all the burden on them rather than questioning what our role is to walk alongside people. What are the kind of structures in place that are continually creating these situations where people are suffering in certain ways and it fundamentally betrays us. The lack of love for these good bodies that God has gifted us with as creatures that we can just put up with them and then discard them. That's not the vision of embodiment of good created life that we see in scripture. And so that kind of message, just suck it up and we'll get over these bodies soon enough. It's fundamentally not the kind of Christian posture that I think we should adopt. And there's another that I hinted at already, that you can see expressed in medicine, which is, alleviate all suffering no matter what form it takes.

Brett (29:02):

That itself has deep Christian roots and others like Gerald McKenny at Notre Dame have written about the role that Francis Bacon, himself a Christian, played hundreds of years ago in developing this impulse to relieve the human condition as he phrased it. This desire to relieve the human condition funds a lot of what medicine and science and engineering, a lot of our societies seek to, again, see our embodied situation as in some ways a problem. Though instead of telling you to suck it up and get over it, we can seek salvation in a sense through the scientific and medical miracles that are presented to us. So on this account, Oxy is a miracle. A gift from God to relieve all of our human... and I said it kind of tritely. I mean for many people in intense pain it is a gift to receive opiates, to have some relief, like I said earlier, an ability to attend well to reality. But the goal is not to escape our bodies or overcome them and the goal is to live well as embodied creatures with them and within them.

Brett (30:10):

And so the third question is how might pain, and it's a really tricky question, how might pain be a possibility for Christian discipleship? A site we're called to be formed more faithfully into the image of Jesus Christ. And the danger of that posture is that it can become one person saying, well, your sufferings are just the Lord's visit upon you, to make you more Holy, like just grin and bear it. But I think that the invitation to discipleship is more broad than simply you alone struggling with your pain. It's an invitation for all those who love you to walk with you. Like I was describing earlier with the woman in her church, navigating the criminal justice system, it's an invitation for folks who love you to walk with you, for your medical practitioners to practice better forms of attending well to you.

Brett (30:57):

And then these forms of love and attention, those are invitations for all who surround the person in pain to become more faithful disciples. And for the person in pain, how might bearing with this pain be a moment in your journey of discipleship and following Jesus? How might it participate in Christ's own suffering? That is a very tricky question to ask and it is one that is ultimately only answered in the first person. Just like pain is only a first person phenomenon. How is my pain a site for me to become a more faithful disciple of Jesus? Ultimately, no one can answer that but yourself because if I were to presume to answer that for somebody, then been suddenly I'm starting to tell people what to do with their pain in a way that's really bad.

Brett (31:42):

So in that kind of complicated way, how is pain an invitation to discipleship? It's not a... I'm not trying to say that pain is a good thing in and of itself though it does help us often know what our limits are, like folks who can't sense pain and burn their hands and the fingers like pain does help us react in many ways. But what are the invitations within it? I think both for the person experiencing it and those around them. That kind of question I'd love to see pursued more.

Joanna (32:13):

Yeah. Thanks Brett. As we start to wrap up the conversation. I want to hear from Joanna in a minute about the event that we're hosting in March that you'll be joining for us. But just as a final thought, I'm curious, what goal do you have or sort of aspirational idea do you have for the work that you're doing with the opioid crisis and faith communities from your work at Duke? I'm just curious kind of what can we learn, what can we take away? What's kind of your future hope for your research and for that work?

Brett (32:35):

My hope is that the amazing witnesses that I see on display in Southern Appalachia that I can, as best as possible, faithfully tell their stories for others, myself included, to learn from them. To learn what it means to more faithfully walk alongside folks living with pain and addiction. Whether you're a healthcare practitioner, somebody in the criminal justice system, somebody who is involved in the business sector, somebody in social service agencies, or just a member of the church seeking to faithfully love a brother, sister. What's the invitation at hand for us to more faithfully follow Jesus as we walk alongside those living with pain and addiction? And then with that, how might those living with pain and addiction become Holy witnesses showing us surprising and beautiful ways that the Lord is at work in the world. And my hope is to tell these stories in a way that Christian healthcare practitioners and patients and all those surrounding them can more faithfully walk the path of discipleship in this strange world of medicine.

Brett (33:35):

And then beyond that, I think at a more general level, I hope that I can try to articulate some ways that religious communities and commitments, can play constructive roles in the world of healthcare and in society. That they're not simply private commitments that are dealt with in the evening or on the weekend, but they can be taken seriously by quote unquote secular institutions and all their diversity. Religious commitments and communities can be constructive partners that ought to be taken seriously in their particularity as we seek to navigate living well as embodied creatures. I'm going to hope to tell a story in some of the literature that helps institutions catch a vision for that kind of partnership rather than kind of cutting it off and tossing it to the side. And in that way, I think I've got a lot to learn from you all out in Denver and I'm grateful for the work that you're doing there.

Joanna (34:24):

So cool. You know, as we've been preparing for this event, I've learned a lot from Brett and a number of faithful healthcare providers here in town. And the one thing that has stood out is that for all of the intense training that folks like doctors and nurse practitioners and pharmacists receive, one of the gaps is this sense of how do you step into the world of healthcare as a person of faith. How do you integrate spiritual principles into the very technical care that you provide? And so the event we're hosting on March 12th is a wonderful opportunity to pursue that, to further develop people's proficiency, to live more integrated lives every day in their practice of healthcare. And so whether a person who is listening to the podcast is working in health care or has a loved one that is, many people are, we would love to have you join us on Thursday, March 12th to hear from Brett.

Joanna (35:14):

We'll also be hearing from Abraham Nussbaum who's the Chief Education Officer at Denver Health. We'll be hearing from Dr Bob Cutillo, who I always joke, Bob is a pastor in a white lab coat who's been caring for the homeless as a physician here in Denver for decades. Amazing, amazing people helping us think about how do we bring faith into our daily practice of medicine. So we would love to have you or a loved one who's working in healthcare attend the event. You can find out more information about it at denverinstitute.org/events. And if you know someone that's a medical student or in any of the schools that are out on the Anschutz Medical Campus and we have a $10 discount for our students who would attend. So lots of incentive for people to be joining us. And Brett, thank you for the privilege of having you on the air with us on the podcast and we'll see you in person in a couple of weeks.

Brett (35:59):

Thank you both so much, Joanna and Dustin. It's just so vocationally fulfilling to partner with you all and walk with folks on the ground in this way. I'm grateful for the work. Thank you both.

Joanna (36:07):

Excited to see you soon, sir.

Dustin (36:07):

Thanks, Brett.

Brett (36:08):

Great. Thank y'all.

Announcer (36:12):

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