



KATHRYN BUTLER, MD

Glimmers
of
Grace

A Doctor's Reflections
on Faith, Suffering,
and the Goodness of God

“Being a physician and caring for critically ill patients is not always fun, but it challenges our basic life assumptions and stretches us to be fuller persons. Reading *Glimmers of Grace* will teach you some medicine, but even more, it will model how to reflect on the difficulties of life by meditating on Scripture. In beautiful, almost poetic prose, Dr. Butler shares her thoughts on life in the hospital—its struggles, tragedies, and victories. Read this book slowly and pray that God will use it to transform you, helping you see your own challenges in light of Scripture. He will!”

John Dunlop, MD, Internal Medicine, Geriatrics, Yale School of Medicine; author, *Finishing Well to the Glory of God*

“As a father of two sons in the medical field and as a pastor who’s tried to help people learn to lament, I’m thankful for *Glimmers of Grace*. It’s a rare glimpse into both the spiritual struggles of being a surgeon and how to think biblically through relentless tragedy. Honest, candid, and hopeful, this book demonstrates how to embrace scriptural truth while living in a fallen world. *Glimmers of Grace* is not just for doctors and nurses—it’s for anyone learning to trust God through suffering.”

Mark Vroegop, Lead Pastor, College Park Church, Indianapolis, Indiana; author, *Dark Clouds, Deep Mercy* and *Weep with Me*

“This book combines the two qualities so often missing from our culture’s approach to suffering and death: brutal honesty and resilient hope. That’s because Butler writes from unique experience in the valley of the shadow of death. And she writes of the God whose rod and staff are our only comfort.”

Matt McCullough, Pastor, Edgefield Church, Nashville, Tennessee; author, *Remember Death: The Surprising Path to Living Hope*

“In the heartrending theater of trauma medicine, Kathryn Butler discovers parables and signs pointing to the God who loves, suffers, and heals. This book is for all who will suffer injury, illness, and death, including their clinicians. May we have ears to hear and eyes to see.”

Farr Curlin, MD, Josiah Trent Professor of Medical Humanities; Codirector, Theology, Medicine, and Culture Initiative, Duke University

“Gritty and grace-filled, this book offers much-needed perspective on suffering. As a trauma surgeon, Kathryn Butler has walked with the grieving, wrestling with the tension between the goodness of God and the reality of life in this broken world. Her honest questions as she learned to lean on God’s word and trust his character will make *Glimmers of Grace* a blessing to many.”

Vaneetha Rendall Risner, author, *Walking through Fire: A Memoir of Loss and Redemption*

“We spend our hardest moments in hospitals, whether with family or friends or in the bed ourselves. How many have here lost the faith they thought they had—or found the Christ they never expected? Kathryn Butler has walked these floors, performed the surgeries, delivered the worst news, and watched patients die—not only as a doctor but also as a Christian. She, of course, is not the only one, but what is rare is her heart and ability to communicate what she’s learned to others. Many doctors have had these experiences, fewer have had them as Christians, and fewer still have been willing to write about them and been able to do so with such skill. It’s only a matter of time until you find yourself in a hospital again. Will you be ready to lean on God’s word for the particular ways he meets us in illness?”

David Mathis, Senior Teacher and Executive Editor, desiringGod.org;
Pastor, Cities Church, Saint Paul, Minnesota; author, *Habits of Grace*

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Glimmers of Grace: A Doctor's Reflections on Faith, Suffering, and the Goodness of God

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This book offers spiritual encouragement drawn from the author's personal experience as well as exegesis of Scripture, and should not be mistaken for a source of medical advice. For any questions or concerns regarding your personal medical conditions and choices, please consult with a healthcare professional familiar with your medical history.

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*For David, my brother in heaven and a light of grace to so many.
We love you, dear friend. Rejoice before the throne.*

Contents

Introduction 11

PART 1: WANDERING IN THE WILDERNESS

- 1 I Will Declare Your Greatness 19
- 2 I Will Remember Your Wonders 31
- 3 *Wonderfully Made* 39

PART 2: I AM YOUR GOD: FINDING SOLACE IN WHO GOD IS

- 4 The Lord Will Provide 49
- 5 Our Father in Heaven 57
- 6 *Man Shall Not Live by Bread Alone* 63
- 7 Blessed Be the Name of the Lord 69
- 8 My Grace Is Sufficient 81
- 9 A Gracious God and Merciful 89
- 10 *Life and Breath* 99
- 11 Great Is Your Faithfulness 107

PART 3: BY GRACE YOU HAVE BEEN SAVED:
REMEMBERING WHAT GOD HAS DONE

12 Why Have You Forsaken Me? 117

13 *By His Wounds* 127

14 Wait for the Lord 135

15 God Shows His Love for Us 141

16 *This Is My Blood* 151

17 Called Out of the Darkness 159

18 *Living Water* 167

19 I Will Give You Rest 175

20 I Will Be with You 185

Acknowledgments 193

Appendix 1: Verses to Memorize for the Hospital 195

Appendix 2: Finding the Right Words 199

Glossary 205

Further Reading 209

General Index 213

Scripture Index 219

Introduction

*Fear not, for I have redeemed you;
I have called you by name, you are mine.
When you pass through the waters, I will be with you;
and through the rivers, they shall not overwhelm you.*

ISAIAH 43:1-2

MIDWAY THROUGH MY surgical training, a single night's work in the emergency department shattered my belief in God.

I was a nominal Christian, with an understanding of God grounded more in sentimentality than biblical truth. One night, too many hearts thudded to a stop beneath my hands, and my tenuous belief unraveled. After work the next morning I felt hollowed out, as if a vital part of me had torn out from its roots. Although my body ached for rest, I drove two hours from home in desperation to reconnect with something good and true.

It was one of those gorgeous October days that sets New England aglow in jewel tones. I stopped at a bridge in the Berkshire Mountains, where the Connecticut River wound blue and pearl-flecked between hills afire with color. Amidst this brilliance I shut my eyes to pray.

No words came. Through closed lids I saw only the blood staining my gloves, a boy's eyes fixed in his final gaze. I heard his mother scream as she crumpled to the floor in grief.

I opened my eyes and scanned a horizon glittering with God's fingerprints. I yearned for certainty of his goodness to course through me like lightning, to penetrate to my bones.

But no faith sparked within me. Instead, questions haunted me: *How could people look at one another, and see no value? How could God allow such evil? How could he permit suffering to ravage people who love their families and dream of happiness and hope for something better, as we all do?*

When I returned to the hospital the next morning, I completed my rounds as always. I attended to my patients as usual, scrolled through the black-and-white images of CT scans, and peeled back dressings from wounds. But within, my heart was hardened. My limbs moved in their perfunctory work, but my mind remained on that bridge, pining for the God whom I'd abandoned.

Hope in the Wilderness

My struggle with faith in the hospital is hardly unique. Over years of walking alongside patients, colleagues, and friends during illness, I've witnessed how illness can threaten our grasp of God's love. We may sing God's praises with fervor in church, but when we can't breathe, or when pain seizes us, or when yet another procedure fails to cure, his presence can seem remote.

Even if disease doesn't strike us firsthand, all of us flounder in its shockwaves. Perhaps you've sat at the bedside of a dying loved one, and while memorizing the creases of a beloved hand you can't bear to release, you've agonized about God's plan amid all the hurt. Or maybe you've dedicated your life to car-

ing for the sick, and you regularly question God's compassion when children die or when catastrophic accidents rob families of those they love. *Where is God in all this?* you wonder. *Why doesn't he seem to answer when I pray?* Whether you're walking through illness firsthand, journeying alongside a loved one, or caring for the ill, the hospital can plunge you into your darkest hours, luring you into doubts about God's love, perhaps even about his existence.

No glib answers can alleviate such hurts. Nothing the world offers can erase the anguish when heart tracings flatline, or sponge away our questions when pain incapacitates us. Our only hope, and our satisfaction, derives from cleaving with all our heart and mind and soul to the truths in Scripture: that God is "merciful and gracious, slow to anger, and abounding in steadfast love and faithfulness" (Ex. 34:6), and that he "so loved the world, that he gave his only Son, that whoever believes in him should not perish but have eternal life" (John 3:16).

Even when despair obscures our vision of God, Scripture assures us *he is there*. He is holy and merciful, the great "I AM" who provides manna from heaven to feed the hungry (Ex. 3:14; 16:4; 34:6). In love the Father gave his only begotten Son for us (John 3:16). In love, that same Son now advocates for us when the wages of sin threaten to subdue us (1 John 2:1–2; Rom. 8:34; Eph. 2:4–7). He walks with us when our bodies languish and break, when our hopes crumble and scatter like brittle leaves in the wind (Ps. 34:18). When the floodwaters rise, he holds us above the waves (Isa. 43:2). He, too, has known deep suffering (Isa. 53:3) and embraces us in love no matter what bad news we bear or what fears we face. In him, we have forgiveness. In him, we have life beyond the confines of our dying, mortal shells (1 Cor. 15:55).

Even when afflictions assail us and we trudge heavy-laden through corridors where antiseptic and protocols prevail, God's goodness remains unchanged. His love for us in Christ endures. His faithfulness never fails.

When sin afflicts us body and soul, we draw our only hope from God's inspired word. Only through his word do we remember who he is and what he has accomplished for us in Christ, out of love for us. And when we remember the promises God has fulfilled and look forward to the promises he assures, the narratives of our lives bloom with examples of grace.

An Invitation to Remember

In *Glimmers of Grace*, I invite you to join me in remembering God's steadfast love, which covers us even during medical calamities. As I prayed about writing this book, verses from Scripture that emphasized remembrance repeatedly surfaced to mind: Joshua building the memorial of twelve stones (Josh. 4:1–7); a dying Moses pleading with his people to remember God's deeds (Deut. 4:9); Asaph turning to his memory of God's work to sustain him through despair (Ps. 77:9–11); Jesus, on the eve of his death, urging us to remember him with the wine and the bread (Luke 22:19). Such passages reveal that when we remember God's mercy, we learn to discern his guiding hand where once we saw only sorrow. We perceive glimmers of grace burning through the dark like unfading stars.

This book drastically differs from my first, *Between Life and Death*. In that work I sought to provide practical guidance, and so I heavily annotated the text with research studies and bullet points. In contrast, *Glimmers of Grace* emphasizes testimony and devotion, as I aim to steward the narratives with which God has

entrusted me during my years in medicine. As Jackie Hill Perry so beautifully states, through this book “I invite you into my worship.”¹

Most of the following chapters include stories from my own experiences as a critical care surgeon and as a friend coming alongside the sick, intertwined with exegesis of Scripture. Devotional chapters, titled in italics, interweave with the vignettes and focus on how mundane routines in medicine—intravenous fluids, blood transfusions, and so on—can trigger our memory of God’s grace. These shorter chapters close in prayer and reflect my own plea that the Holy Spirit would give us hearts to understand and eyes to see God’s love at work, even in the everyday drudgery of the hospital (Deut. 29:4).

Glimmers of Grace unfolds in three parts. In the first, we’ll explore in broad brushstrokes how medical settings can challenge our faith. In part 2 we’ll mine the Bible for *who God is*, while part 3 considers *what God has done for us*, especially through Jesus’s death and resurrection. Finally, the appendixes provide practical content, including a glossary and a list of verses to memorize before illness strikes.

Throughout the book I’ve changed identifying factors including names, diagnoses, and gender to protect privacy. The stories and the dialogue, however, are as accurate as my notes and memory allow. I’ve devoted special attention to the testimony of my late friend David, who in six months taught me more about faith in the face of illness than I learned in over a decade of doctoring. I’m deeply grateful to his family, especially his sister Roxi—now a sister to me!—for permitting me to share his story, and for reviewing pertinent chapters.

1 Jackie Hill Perry, *Gay Girl, Good God* (Nashville, B&H Books, 2018), 192.

INTRODUCTION

My hope in the pages that follow is to encourage you that even during the most harrowing moments in the hospital, God's hold on you remains firm. As he parted the waters of the Red Sea before Moses's staff (Ex. 14:21–22), so also through Christ he clears a path for us, guiding us away from the enslavement of our failing bodies toward eternal communion with him.

Please join me in remembering that in Christ, our awesome, loving God has sapped even death of its sting (1 Cor. 15:55). When the heartbeat quickens and the monitor alarm sounds, God remains faithful, gracious, and merciful, abounding in steadfast love and faithfulness (Ex. 34:6). Things may fall apart. The waters will rise. You may grip a bridge railing and yearn for rescue. But in Christ, God's love will always buoy you through the storm, and through his word, glimmers of his grace will pierce the gloom.

PART 1

WANDERING IN
THE WILDERNESS

*He knows your going through this great wilderness. These
forty years the LORD your God has been with you.*

DEUTERONOMY 2:7

I Will Declare Your Greatness

*They shall speak of the might of your awesome deeds,
and I will declare your greatness.*

PSALM 145:6

“YOU NEED TO come in.”

I heard her draw a breath. We’d walked together through so many terrible months that I could picture her hand on her forehead, the creases at her eyes deepening as she raked her fingers through her hair. We’d shared upsetting phone calls before, but this time was different. In the gathering quiet between us, I could tell she knew it too.

“How much time do I have?” she asked, her voice cracking. “I’m over half an hour away. Do I have that long?”

I glanced at her husband’s monitor. His oxygen levels were dangerously low. The tracing of his heart activity spasmed, threatening to pitch into a fatal rhythm.

“Please just come as soon as you can,” I said.

Back at his bedside, the nurses and I fought to keep him alive. We pushed medications to prod his heart to contract and his blood

vessels to squeeze. We gave him blood and calcium, and corrected the levels of acid that steadily leached into his bloodstream. His respiratory therapist hovered at the ventilator beside him, adjusting the volume and pressure of each mechanical breath.

But the numbers would not rebound. They continued their steady decline, and soon his skin turned mottled from insufficient oxygen. I performed a bronchoscopy, and saw blood pooling into his bronchial tree. I suctioned it free, and felt a flicker of hope as I glimpsed the pearly surface of his airways, but then blood surged into the field again.

We could not keep up.

The dismal numbers continued to blink on the monitor. I thought about all the months he had struggled, the surgeries, the catastrophes. The moments with loved ones lost. The pain. All the while, his wife had held vigil beside him. Sometimes, stretched to the breaking point, she snapped at nurses and doctors, and guarded her fragile heart with words. At other moments the suffering so bore down on her that she was stoic, her heart compressed into stone, the way pressure hardens delicate shells into limestone and then marble. Throughout, she was steadfast in her devotion to him. She would sit beside him for hours, even while he faded in and out of a medication-induced haze, even when he no longer recognized her.

After all they'd endured together, he was now proceeding across the threshold without her. He was dying, and she was stuck in traffic.

Please, Lord, let him hold on until she arrives, I prayed over and over. Please don't take him until she's said goodbye. They've been through so much. Please let them be together one last time.

I stared at the monitor, but struggled to focus. Its lines blurred. I waited for the alarms to sound, for his heart to finally limp to a

stop. His nurse, too, waited. Our hands, always so frenetic, now itched from sudden inactivity, but there was nothing we could do.

We waited for the alarms. I paced back and forth, praying. I pleaded for God to grind the hands of time to a stop, to reverse the laws of physics for just this moment. I prayed that somehow the rows of cars that cluttered Boston could part like the Red Sea before Moses's staff, the taillights aligned into two glowing processions, and allow his wife through. That she could say goodbye.

Still, his heart beat. Still, he held on.

His nurse and I both looked at each other in disbelief. The numbers hung abysmally low. His meager oxygen levels couldn't sustain him. Yet still, he lived.

For another half an hour.

Finally his wife burst into the room, her jacket still zipped to her chin. She pushed past us, and grasped his hand. Her fingers interlocked with those she'd loved as a newlywed, and which she'd massaged when illness contorted and discolored them beyond recognition.

At that exact moment, his heart stopped. The alarm sounded.

I drifted from the room, sadness weighing down my steps, and incredulity gripping my chest. The memories from the last hours tumbled through my mind, cresting and breaking like waves against the shore.

He'd held on until *the moment* she'd touched him. Against all odds. Against everything the statistics and the rules and the workings of physiology would dictate, he'd held on. His oxygen levels were so low that his blood had turned to acid. His proteins had uncoiled, his enzymes halted their work. The envelopes encasing his cells had split open and spilled his DNA from their pores. Death draped over him like a pallid cloak.

But God (Eph. 2:4). God ushered him through that dark valley. God walked with him, even while the blood frothed in his lungs, even while life ebbed away. Out of mercy. Out of love, and out of mercy.

Christ bore the same torrent of blood and water and cried out for his Father, but he died alone. And that same God, who gave his Son for us, gazed upon a man alone in a bed, life dwindling from his ghastly body, and granted him mercy. One last handhold. One last touch.

This was an answer to prayer.

I was shaking. The only appropriate response was to worship, to fall to my knees and thank God for his steadfast love, for being who he is—the great “I AM,” the one who saves. It was a moment to proclaim to all those who could hear. It was a moment worthy of ten thousand hallelujahs: *Look, what our Lord has done! He who is mighty has done great things for me, and holy is his name* (Luke 1:49).

But I didn't praise him. I didn't kneel, sing, or pray. I didn't rejoice at how God had made himself known, how his grace had filled a hospital room as his robes once billowed through the temple (Isa. 6:1). I said nothing about God's work that day in the ICU.

Instead, my pager went off, and I went back to work. There were nineteen more sick patients to see. There wasn't time to pause, or to reflect.

And in the hospital, we don't talk about such things.

The Wilderness of Medicine

Modern medicine enables healing at rates unprecedented in history. HIV is now a chronic condition, rather than a death sentence. Improved treatments and resuscitation techniques have dramati-

cally reduced mortality rates from severe infections. We surgeons can now perform gallbladder and colon operations through tiny incisions, freeing patients to return home in a day or two rather than weeks after surgery.

Yet for all its merits, the field of medicine often ignores the human dimensions of disease, especially the questions illness stirs up about faith. In medical school, my peers and I learned to trace out the courses of vessels and nerves, and to glean meaning from the concentrations of salts and molecules in the bloodstream, but we learned nothing about how illness compels us to grieve, to pray, and to search for meaning. We cultivated fluency in medical jargon but were left with no vocabulary for suffering, faith, or empathy. And so when your heart cries out for help in the hospital, my colleagues and I are more likely to check your labs than to partner with you in your pain.

In my first year of medical school, hints of this disconnect between the science and the humanity of medicine prompted me to chuck my anatomy textbook against a wall. I'd been drowning in test preparation for weeks, and unfamiliar terminology slowed my progress as I repeatedly stopped to cross-reference a medical dictionary. Finally, the word *decussate* pushed my aggravation to the brink. A quick heave, and the book slammed against the wall of my dorm room and slid, mangled, to the floor.

"Why can't they just say *cross over*?" I shouted to the air. "How can I talk with patients when medicine is a foreign language?" I'd majored in biochemistry in college, and so was accustomed to scholarly discussions within laboratories, but I knew medicine reaches beyond the realm of microscopes and pipettes, into the lives of people who are scared and hurting. Wouldn't technical language distance me from the very people I sought to help?

I vowed thereafter to always maintain my compassion, and to never lose sight of each individual as unique, layered, and loved by God.

Yet years later, when a census of forty patients to see by seven in the morning became the norm, I too morphed into the aloof, detached doctor—all science, scant humanity—I'd so loathed becoming. This humbling reality struck me at the end of my chief year of surgery residency, when my interns roasted me with a video during a graduation assembly. In the clip, an actress portrayed me barreling down the hallway on my morning rounds and shoving others out of my way like a bulldozer. Advisors and mentees in the audience snickered. I squirmed in my seat. Like most parodies, the depiction was funny and humiliating, because it echoed the truth.

Despite my pledge to the contrary, I'd learned to prioritize efficiency over tenderness, and hard, cold data over the content of people's hearts. As laughter in the crowd died down, I wondered how many people with hard questions I'd stranded for the sake of expediency. I wondered how many concerns I'd dismissed, how many souls I'd left wounded when, too busy to pause, I'd poked incisions, listened to lungs, and with a cool sense of duty marched on to the next patient.

If research offers any insight, the answer is probably a lot. Surveys show that although patients often seek spiritual support from their doctors,¹ we routinely ignore their requests.² In a culture rooted in science and secularism, medical staff find faith discussions uncom-

1 Michael J. Balboni et al., "Nurse and Physician Barriers to Spiritual Care Provision at the End of Life," *Journal of Pain and Symptom Management* 48, no. 3 (2014): 400–410.

2 Natalie C. Ernecoff et al., "Health Care Professionals' Responses to Religious or Spiritual Statements by Surrogate Decision Makers During Goals-of-Care Discussions," *JAMA Internal Medicine* 175, no. 10 (2015): 1662–69.

fortable, even unwelcome. If we do listen, too often we conflate the humanistic with the spiritual, offering a handhold when our patients ask for prayer.³

Spiritual questions *are* outside the scope of doctors and nurses when undertaken alone, especially when beliefs conflict. The expertise of a hospital chaplain is essential. But here's the problem: *we doctors don't even refer patients to chaplaincy.* In one multicenter study of terminally ill cancer patients, 85 percent expressed spiritual concerns, but only *1 percent* reported that their doctors had referred them to chaplaincy.⁴ Nurses fared better, but still not stellar, with a referral rate of only 4 percent.⁵ Studies show that when we do think of chaplaincy, physicians usually seek out help for patients in the last day or two of life, to people actively dying, on breathing machines, and unable to communicate.⁶ While we so diligently attend to the cadence of the heartbeat and the concentration of potassium, doctors abandon people with crippling questions about the meaning behind their ordeal. Medical school teaches future doctors much about the body, but precious little about how to guide people when illness fractures the soul.

The disconnect is troubling, because illness doesn't begin or end with biological processes run amok. A hospital stay wrenches us from our homes, vocations, and families. It places life on hold, afflicts us with loneliness and despair, and challenges our convictions about life, death, suffering, and the goodness of God.

3 Michael J. Balboni and Tracy A. Balboni, *Hostility to Hospitality: Spirituality and Professional Socialization within Medicine* (New York, Oxford University Press, 2019), 29, 65.

4 Balboni and Balboni, *Hostility to Hospitality*, 58–59, 65.

5 Balboni and Balboni, *Hostility to Hospitality*, 65.

6 Philip J. Choi, Farr A. Curlin, and Christopher E. Cox, "The Patient is Dying, Please Call the Chaplain: The Activities of Chaplains in One Medical Center's Intensive Care Units," *Journal of Pain and Symptom Management* 50 no. 4 (2015): 501–6.

As chaplains James Gibbons and Sherry Miller so aptly stated decades ago:

Hospitals are far more than biological garages where dysfunctional human parts are repaired or replaced. They are rather places where patients, and their loved ones, come face-to-face with their vulnerability, their finitude, and ultimately their mortality. As such, hospitals are places of anguishing ambiguity. [Patients] journey along a path with hope and healing ranged along one side, while terror and tragedy threaten on the other.⁷

Although we try to buffer ourselves with science, those of us in stethoscopes and white coats walk this path, too. We witness the suffering of the ill and lie awake at night. Guilt floods us as we remember the child, the mother, or the grandfather we couldn't save. We analyze our mistakes and replay harrowing scenes in our minds, and their sickening impact tears our hearts open. We too wonder, *Where is God in all this? Where is he, amid the calamity and the loss?*

Yet while caught up in the bustle of medical care, we remain silent. Even when our faith breaks and crumbles, we don't voice our questions. Even when we witness God's mercy in an ICU room, when he prods the heart of a dying man to beat a while longer, we keep our prayers and our praises to ourselves.

I Will Declare Your Greatness

For far too long, as a professional steeped in a secular system, I've witnessed God's greatness in silence. I've let the questions of the

7 James L. Gibbons and Sherry L. Miller, "An Image of Contemporary Hospital Chaplaincy," *Journal of Pastoral Care* 43, no. 4 (1989): 355–61.

suffering hang in the air, and the gospel memories of dying believers grow dim.

Christ calls us to more.

In the Gospel of John, Jesus warned his apostles that the world would despise them, and promised the following: “But when the Helper comes, whom I will send to you from the Father, the Spirit of truth, who proceeds from the Father, he will bear witness about me. And you also will bear witness, because you have been with me from the beginning” (John 15:26–27). Note the exhortation to *bear witness*. Those of us who know Christ and whom God has anointed with the Spirit are called to proclaim who he is and what he has done. The Christian walk mustn’t proceed in silence.

The book of Acts reveals that the apostles heeded Jesus’s command under the most dangerous of circumstances. In chapter 4, the priests and Sadducees arrested John and Peter for preaching about Christ’s resurrection. If you or I were in the same situation, we’d likely keep quiet to avoid further trouble. Yet the truth burned so brightly in their hearts that Peter and John declared, “We cannot but speak of what we have seen and heard” (Acts 4:20)!

Their proclamation guides us to declare the Lord’s deeds to our brothers and sisters even in environments hostile to his word. When our fervor for God overflows, not only do we glorify God’s name, but also we take hold of the biblical truth that *God is there*, working all for good (Rom 8:28). His hand covers us in the midst of the pain, the sedatives, and the decaying of our bodies. While a ventilator sighs for us, or cancer invades spaces it doesn’t own, God remains with us (Matt. 28:20). “Where shall I go from your Spirit?” sings David. “Or where shall I flee from your presence? / If I ascend to heaven, you are there! / If I make my bed in Sheol, you are there! / If I take the wings of the morning / and dwell in

the uttermost parts of the sea, / even there your hand shall lead me, / and your right hand shall hold me” (Ps. 139:7–10).

God’s hand, the same that heaped up the crystal-capped peaks of the Himalayas and molded us from dust, leads us through the tempests that afflict us. This side of the cross he promises that the aches and the heaviness, the bruises and the wounds that trouble these bodies now will eventually fade away, washed clean in the blood of Christ (Rev. 21:4–6).

Psalms 145 teaches us that when we bear witness to God’s greatness, we make him known and illuminate his promises. We remind one another of who God is: “The LORD is gracious and merciful, / slow to anger and abounding in steadfast love. / The LORD is good to all, / and his mercy is over all that he has made” (Ps. 145:8–9). We also remind one another of how the Lord walks with us in the wilderness:

The LORD upholds all who are falling
 and raises up all who are bowed down.
 The eyes of all look to you,
 and you give them their food in due season.
 You open your hand;
 you satisfy the desire of every living thing.
 The LORD is righteous in all his ways
 and kind in all his works.
 The LORD is near to all who call on him,
 to all who call on him in truth.
 He fulfills the desire of those who fear him;
 he also hears their cry and saves them.
 The LORD preserves all who love him,
 but all the wicked he will destroy.

My mouth will speak the praise of the LORD,
and let all flesh bless his holy name forever and ever.
(Ps. 145:14–21)

We brothers and sisters in Christ need these reminders. We need to know, when the heavy days plod on without relief, that the Lord is near. When we undergo yet another test or wince through yet another needle stick, we need to remember that he upholds the falling and raises up the bowed down.

Too often, the technical routines of the hospital and the checklists of busy clinicians hide such reminders from view. You may thirst for God, for the cool comfort of his word, but settle for a mouth swab. You may wrangle with questions that steal your breath, but your doctor, too overwhelmed to pause, listens to your chest, shrugs, and hurries on.

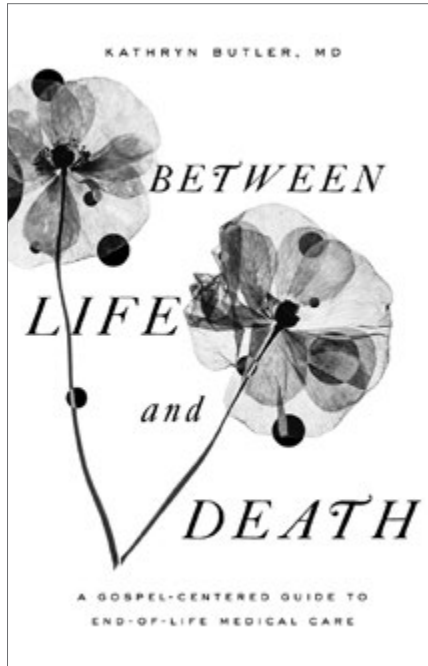
In the pages that follow, I humbly aim to pause, to attend, and at long last to speak of what I've seen and heard. When we delve into Scripture, we see that God hears and heeds the cries of his people wandering in the wilderness, be it in the wind-whipped desolation of ancient Arabia or in the monitoring unit of a cardiology wing. His grace in Christ penetrates the lonely corners of the hospital even when no one acknowledges his guiding hand. Even when catheters and monitoring wires entangle you, and even when those around you speak in a foreign language, "the LORD upholds all who are falling / and raises up all who are bowed down" (Ps. 145:14).

When fear and anguish shake you, he holds you in his righteous hand.

When medical techniques falter, his love for you in Christ never will.

Please join me in declaring his greatness, so we may remember.

Also Available
from Kathryn Butler



“Dr. Butler has woven together a clear explanation of detailed and complex medical issues with an intimate knowledge of Scripture to bring forth a book of immense value for patients, loved ones, and clergy as they face the seemingly insurmountable questions of ICU and end-of-life care. It is well written, illustrated with real-life dilemmas, and oozing with compassion, both her own and that of our Savior.”

ROBERT D. ORR, MD, CM, clinical ethicist;
author, *Medical Ethics and the Faith Factor*

For more information, visit crossway.org.

If you've ever spent time in a hospital, you know that it can be a place of struggles and hardships. These hardships aren't limited to physical problems; often when our bodies are in pain, our spiritual lives can suffer too. Former trauma surgeon Dr. Kathryn Butler experienced this firsthand as she walked alongside patients, colleagues, and friends through various illnesses and aching loss. In *Glimmers of Grace*, Butler draws from this experience to guide believers through the deep questions of God's trustworthiness in the midst of suffering. Blending memoir and devotional reflections, Butler interweaves her own stories of grace with narratives from Scripture to reveal how God's steadfast love endures even in times of great affliction.

"In the heartrending theater of trauma medicine, Kathryn Butler discovers parables and signs pointing to the God who loves, suffers, and heals. This book is for all who will suffer injury, illness, and death, including their clinicians. May we have ears to hear and eyes to see."

Farr Curlin, MD, Josiah Trent Professor of Medical Humanities;
Codirector, Theology, Medicine, and Culture
Initiative, Duke University

"As a father of two sons in the medical field and as a pastor who's tried to help people learn to lament, I'm thankful for *Glimmers of Grace*. Honest, candid, and hopeful, this book demonstrates how to embrace scriptural truth while living in a fallen world. *Glimmers of Grace* is not just for doctors and nurses—it's for anyone learning to trust God through suffering."

Mark Vroegop, Lead Pastor, College Park Church, Indianapolis, Indiana;
author, *Dark Clouds*, *Deep Mercy* and *Weep with Me*

KATHRYN BUTLER (MD, Columbia University) trained in surgery and critical care at Massachusetts General Hospital and Harvard Medical School, where she then joined the faculty. She left clinical practice in 2016 to homeschool her children, and now writes regularly for desiringGod.org and the Gospel Coalition on topics such as faith, medicine, and shepherding kids in the gospel.

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