ADVENTIST HEALTHCARE: FOUNDING GOVERNING PRINCIPLES IN 21ST CENTURY ADVENTIST HOSPITALS

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OBJECTIVES

Participants of this presentation are expected to:

- 1. Be motivated to study and research the mission and founding principles of Adventist Healthcare and its relevance.
- 2. Assess the Adventist Healthcare institution in which they serve considering the founding Adventist healthcare principles.
- 3. Promote attention and discussion of Adventist healthcare principles in their administrative operation by considering the founding governing principles implications in their decision making.

GREAT COMMISSION

"Therefore go and make disciples of all

nations, <u>baptizing them</u> in the name of the Father

and of the Son and of the Holy Spirit, and

teaching them to obey everything I have commanded

you. And surely I am with you always, to the very

end of the age. "Mathew 28:19-20

BEGINNING OF ADVENTIST HEALTHCARE INSTITUTIONS

1800's



EGW'S FIRST VISIONS ON HEALTH

| Number Date | Place | Main message |
|--------------------|-------------------|--|
| Vision 1 1848 | - | Against tobacco, tea and coffee |
| Vision 2 1854-Feb | 12 - | Hygiene and appetite control |
| Vision 3 1863-June | 5 Otsego, MI | Health Reform and natural remedies |
| Vision 4 1865-Dec | 25 Rochester, NY | Instruction to establish health Institutions |
| Vision 5 1871-Dec | 10 Bordoville, VT | Confirms principles of health Institutions |

Note. (Los adventistas y el mensaje de salud. Historia, fundamento y desarrollo, n.d.; Ellen G. White, 1992)

FIRST PART Document analysis: We distilled 12 principles from two of Ellen White's five visions on health from 1848-1871, and triangulated it with expert historians.



SECOND PART: FOCUS GROUPS



- 1. Four focus groups
- 2. 26 participants Adventist hospital leaders were asked to comment and discuss these principles and their application to current Adventist healthcare delivery.

CONCLUSIONS ON SDA PRINCIPLES

Widespread support for these principles

Non-SDA hospitals already implemented some of these principles

Participants struggle to apply some principles, even though leaders believe in them

Some leaders expressed resistance to the applicability of some of these principles

12 FOUNDING GOVERNING PRINCIPLES

ADVENTIST HEALTHCARE A combination of documental and focus group analysis

1. HEALTH EDUCATION AND PREVENTIVE MEDICINE.



Non-SDA hospitals already implemented it
 Reported as already implemented in all participant's institutions

2. HEALTHCARE FOR SDA MEMBERS.



Widely discussed
Complications in implementation
General resistance to exclusivity

3. DISCREET WITNESSING TO NON-BELIEVER PATIENTS



- Participants believe it still applies
- Originally (1800's) misunderstood

4. SUSTAIN FINANCIAL AND ADMINISTRATION MODEL DESPITE ATTENTION TO ALL SOCIAL CLASSES



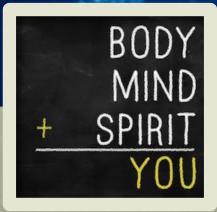
Still applicableImplemented with challenges

5. UNWAVERING BIBLICAL PRINCIPLES



Principle still applies
Adapted to 21st settings

6. WHOLISTIC PERSPECTIVE



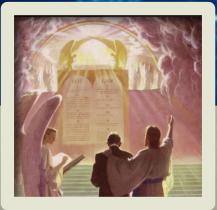
Non-SDA hospital already implemented it
All participants reported as implemented

7. PHYSICAL ACTIVITY AS PART OF TREATMENT



- Widely discussed
- Participants had divided opinion if it is still applicable in a 21st century hospital setting

8. PREPARING PEOPLE TO BE WHOLE TO BE RECONCILED WITH GOD



Most misunderstood and more controversial with both Adventist Historians and Adventist Healthcare leaders.

Holiness & Perfection are essentially referring to restoration, hence the word was change to "whole".
Main aim of healthcare

9. PRAYER COMBINED WITH TREATMENT AND OBEDIENCE TO THE LAWS OF HEALTH



- All participants expressed believing in this principle
- Some expressed complications to implement in some countries

10. GOD-FEARING PERSONNEL



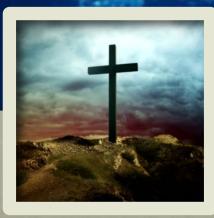
• Even though participants were convinced in practice, it is very complicated to implement due to lack of definition, laws and lack of SDA expertise

11. THERAPEUTIC NATURE INTERACTION



- Connected to Physical Activity principle
- Complications in implement in critical care and hospital setting

12. ORGANIZATIONAL CHARACTER OF SACRIFICE, HOSPITALITY, FAITH, AND PIETY



Statement was revised due diverse interpretation and lack of practical definition
Core principles of Adventist Healthcare

GAP

Adventist principles

Real practice at SDA hospitals

COMPLIANCE

"I saw that in an institution established among us, the greatest danger would be of its managers departing from the spirit of the present truth, and from that simplicity which should ever characterize the Disciples of Christ" (White, 1992b, p. 560).



METAMORPHOSIS OR DNA?



WOULD YOU LIKE TO CONTINUE THIS DISCUSSION???

For further discussion <u>cesiah@andrews.edu</u> or <u>covrig@andrews.edu</u> Or read the full study at: <u>https://digitalcommons.andrews.edu/dissertations/1733/</u> Another study on Adventist organization's identity over time: <u>https://link.springer.com/chapter/10.1007/978-94-017-0153-2_9</u>

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