

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

GLOBAL HEALTHCARE CONFERENCE 2020

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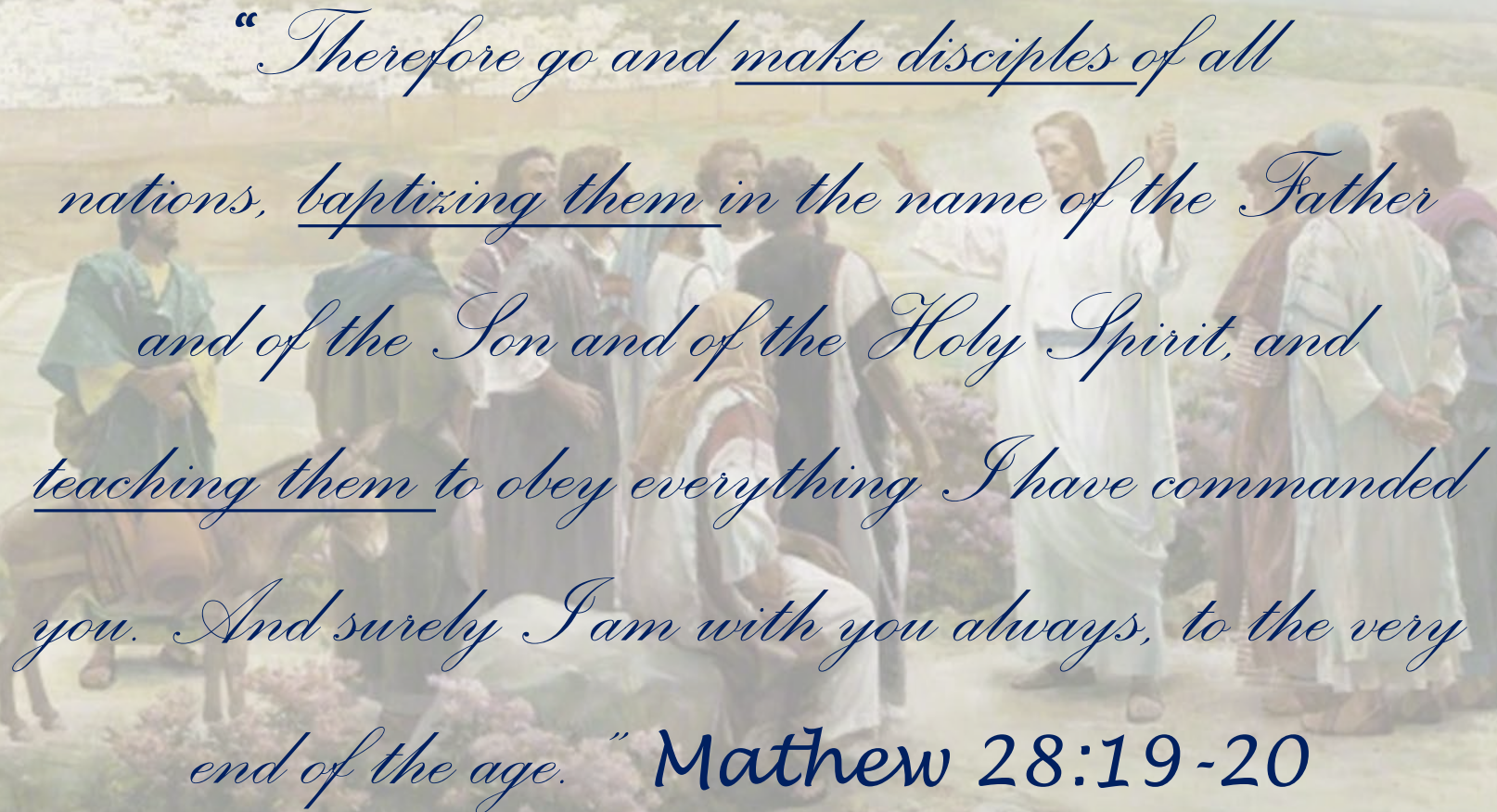
# OBJECTIVES

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, baptizing them 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

4



Ellen G. White by Ellen G. White Estate



# 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.



Ellen G. White by Ellen G. White Estate



# 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



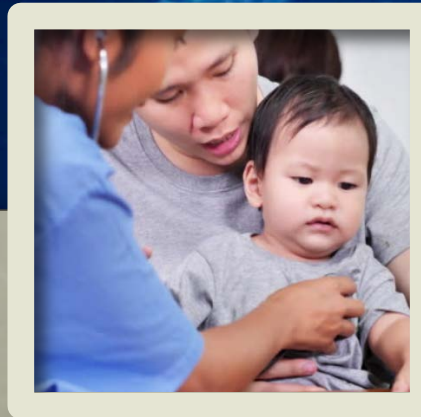
A world map with glowing blue city lights, set against a dark blue background. The map is centered on the Atlantic Ocean, with North and South America on the left and Europe and Africa on the right. The glowing lights represent major cities and urban areas.

# 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

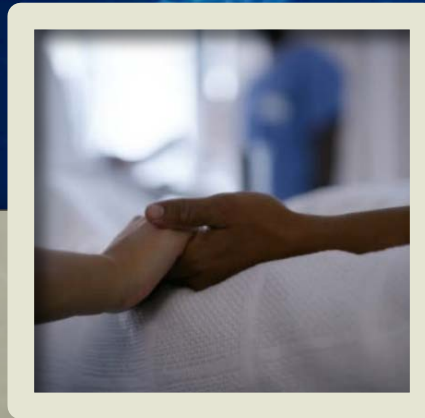


## 2. HEALTHCARE FOR SDA MEMBERS.



- 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 applicable
- Implemented with challenges

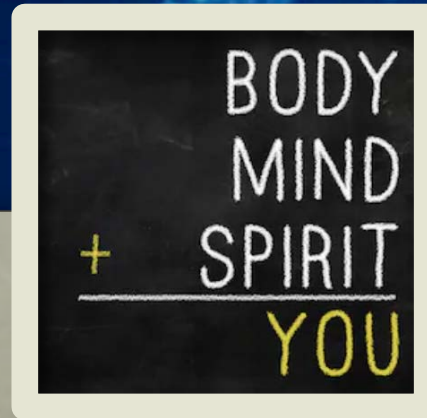
# 5. UNWAVERING BIBLICAL PRINCIPLES



- Principle still applies
- Adapted to 21<sup>st</sup> settings



# 6. WHOLISTIC PERSPECTIVE



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

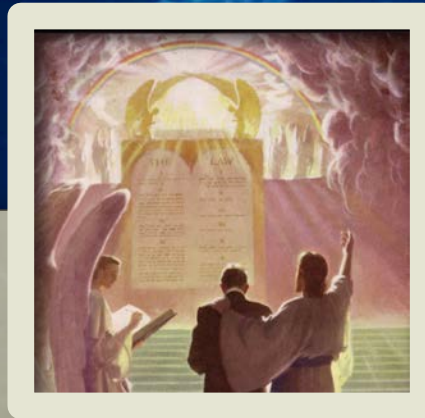
# 7. PHYSICAL ACTIVITY AS PART OF TREATMENT



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

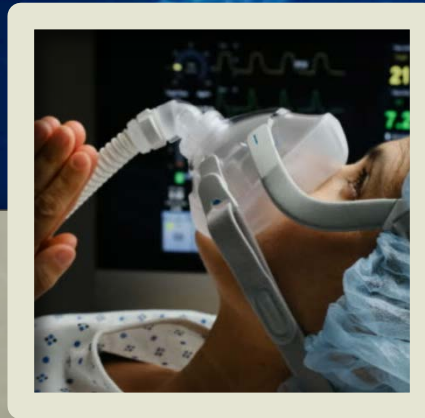


# 8. PREPARING PEOPLE TO BE WHOLE TO BE RECONCILED WITH GOD



- 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

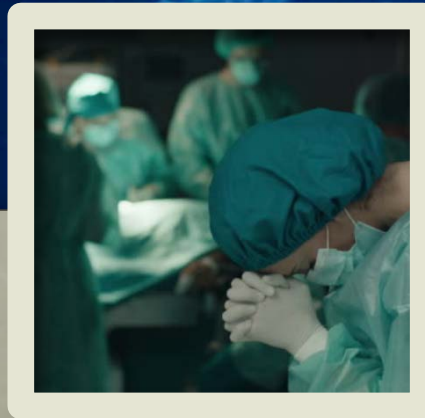
## 9. PRAYER COMBINED WITH TREATMENT AND OBEDIENCE TO THE LAWS OF HEALTH



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



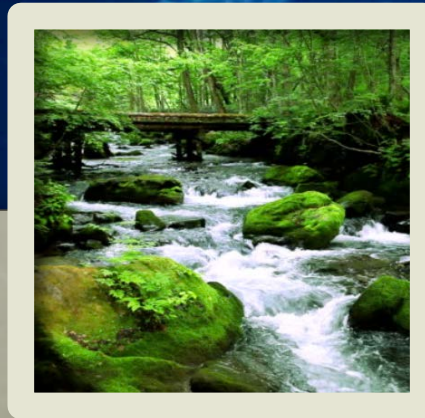
# 10. GOD-FEARING PERSONNEL



- Even though participants were convinced in practice, in some countries it is 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).



“Go Ye Therefore” by Harry Anderson




Ellen G. White by Ellen G. White Estate

# METAMORPHOSIS OR DNA?





A world map with glowing blue city lights, serving as a background for the title text.

# WOULD YOU LIKE TO CONTINUE THIS DISCUSSION???

For further discussion

[cesiah@andrews.edu](mailto:cesiah@andrews.edu) or [covrig@andrews.edu](mailto:covrig@andrews.edu)

Or read the full study at:

<https://digitalcommons.andrews.edu/dissertations/1733/>

Another study on Adventist organization's identity over time:

[https://link.springer.com/chapter/10.1007/978-94-017-0153-2\\_9](https://link.springer.com/chapter/10.1007/978-94-017-0153-2_9)



# REFERENCES

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<https://digitalcommons.andrews.edu/dissertations/1733>

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