

# **FH** HEALTH MINISTRIES— DEPARTMENTAL POLICIES

## **FH 05 Philosophy**

1. The Seventh-day Adventist Church proclaims the saving grace of Jesus Christ and the sanctifying presence of the Holy Spirit in the life of the believers. Our bodies are the temple of the Holy Spirit. Consequently, whatever we think, do, eat, or drink should bring honour to his name. Our total being, physical, mental, spiritual, social, and emotional component should glorify God.

2. The Seventh-day Adventist Church promotes a philosophy of wholistic health and healing. The Church, through various organisations, operates health care institutions around the world. Additionally, a health-promoting way of life is taught to the Church membership and their communities. Teachings based on broad principles found in the sacred Scriptures, and more explicitly expressed in the counsels given by Ellen G White, continue to be augmented by the findings of scientific research. These teachings provide the basis of the lifestyle promoted by the Seventh-day Adventist Church.

3. The Church advocates that positive steps be taken to develop a healthful lifestyle, and encourages a balanced vegetarian diet. It requires its members to abstain from using alcoholic beverages and tobacco. It also requires the non-use of other drugs, except in a recognised evidence-based therapeutic context. The Church encourages the avoidance of flesh foods. The use of coffee, tea, and other caffeinated beverages and all harmful substances are discouraged. Physical well-being and clarity of mind are usually interdependent; clarity of mind is essential for discernment between right and wrong, between truth and error.

4. Out of its deep concern for human need, the Church has developed world-wide health care to alleviate sickness and suffering. The objective of our mission is not only physical healing, but also the promotion of physical, mental, social, and spiritual wellness of the whole person.

5. The Health Ministries Department, by upholding the healthful Adventist lifestyle, introduces others to the fullness of the gospel message. This gospel encompasses the physical, mental, social, and spiritual nature of man.

6. Conflict of interest is involved whenever there accrues, to an individual, profits from programmes or activity within the church. Church members and church databases deserve protection from activities that may result in personal gain.

7. God's grace enables Christians to bring their lives into harmony with His physical, mental, social, and spiritual laws. This enhances their state of moral discernment and the quality of their lives.

## **FH 07 Department Functions**

The Health Ministries Department has the following functions at all levels of church organisation:

1. To serve as a resource for information and counsel on health and temperance affairs.

2. To advise the church, and its departments and related agencies, in the development and administration of health and/or temperance related policies and programmes.

3. To promote, through the use of literature, programmes and Sabbath services, a healthy lifestyle among church members.

4. To provide through publications, services, and programmes, an ongoing witness to the world concerning the physical, mental and soul-destroying effects of tobacco, alcohol and other harmful substances.

5. To sponsor and/or organise societies to effectively involve church and non-church parties in united endeavours to promote the non-use of tobacco, alcohol and other harmful substances.

6. To encourage involvement in the evangelistic thrust of the Church by developing and using health and temperance programmes and media that will gain the trust and confidence of people, thereby leading them to a spiritual commitment.

7. To provide support for Seventh-day Adventist health-care institutions, clinics and health/temperance programmes at each level of church organisation. This is done through membership on boards, inspections, assistance in recruiting personnel, co-operation with community programmes, and support for spiritual ministries including the work of chaplains.

8. To maintain liaison with Seventh-day Adventist health related organisations, dentists, dieticians, nurses, optometrists, and physicians.

9. To promote and/or sponsor health and temperance seminars and workshops.

10. To develop and/or catalogue resource material for health and temperance education and programmes.

**FH 07 05 Staffing**—The Health Ministries Department Director shall be elected or appointed on the basis of their expertise and experience in caring for the responsibilities encompassed by the work of the department.

**FH 07 10 Division Advisories**—The Division advisory is normally called at the beginning of each new quinquennium. During this time the director meets with the union/attached field directors to discuss ministry needs and opportunities and to lay strategic plans for the next five years.

## **FH 10 Health and Temperance or Temperance Associations**

**FH 10 05 Health and Temperance or Temperance Associations**—1. These organisations provide an effective means for the Church to co-operate with other organisations and with governments in promoting health and temperance principles. This can be done through educational programmes and services related to the betterment of life and health. These should encourage social (and legislative) changes to counter the increasing use of alcohol, tobacco, harmful

drugs and practices. To provide a co-ordinated world effort, local organisations should function as part of the International Health and Temperance Association.

2. In some areas the Church's health ministries and temperance programme are best promoted through local temperance or health ministries and temperance associations. In other areas the Church is best served by having the health and temperance programmes as an integral part of the total church programme. Conferences/missions/fields and local churches in counsel with the Health Ministries Department at the next higher level of church organisation should choose the best approach for their areas.

**FH 10 10 National Health and Temperance Societies or National Temperance Societies Organisational Principles**—1. It is the purpose of the national societies to promote the principles and programmes of temperance in health ministry in order to improve the quality of life and character, and to counter the use of alcohol, tobacco, and harmful drugs and practices.

2. The Division committee should adhere to the following general principles of organisation in the launching of national health/temperance societies:

a. Local, union or division committees shall serve as the Board of Governors for the respective national associations (societies). For example:

1) When a conference/mission/field serves the entire country, the conference committee serves as the Board of Governors.

2) When a union serves an entire country, the union committee serves as the Board of Governors.

b. The local conference/mission/field, union or division president or his designee, shall serve as president of the society, the temperance director as executive secretary, and the treasurer as treasurer.

c. Individual membership fees shall be set by each organisation in consultation with the Division Committee.

d. Members of the national organisation shall subscribe to the purpose of the society and pay the required annual membership fee.

e. Membership shall not be limited to Seventh-day Adventists, but shall be open to all health- and temperance-minded people of the country who are willing to commit themselves to the principles of the society.

f. Each national society is encouraged to produce a publication, the size, format and frequency of publication to be determined in consultation with the union committee.

**FH 10 15 Relationship to Other Organisations**—Co-operation with other health/temperance organisations is encouraged to mutually support endeavours based on Seventh-day Adventist Christian principles. Co-operation may be better achieved through the temperance or health and temperance organisations than through regular church channels. Conferences/missions/fields may wish to grant financial assistance to other organisations when it is deemed advisable. However, such other organisations should not be permitted to raise funds in Seventh-day Adventist churches, institutions, or at church-related functions.

## **FH 15 World Health and Temperance Sabbath**

One Sabbath each year is designated as Health and Temperance Sabbath. The purpose of this special day is to call the attention of the membership to the importance of the health message and to secure their financial support for health and temperance programmes. Each division's Health Ministries Department is assigned the production of a contextualised sermon for its territory for this Sabbath.

## **FH 20 Statement of Operating Principles for Health Care Institutions**

1. Christ ministered to the whole person. Following His example, the mission of the Seventh-day Adventist Church includes a ministry of healing to the whole person—body, mind, and spirit. The ministry of healing includes care and compassion for the sick and the suffering and the maintenance of health. Adventist health care institutions (hospitals, medical/dental clinics, nursing and retirement homes, rehabilitation centres, etc) should teach the benefits of following the principles of health. The relationship of spiritual and natural laws, man's accountability to these laws, and the grace of Christ which assures victorious living are to be integrated into ministry. (See also *Total Commitment to God* declaration, A 15 35.)

2. Health care institutions should function as an integral part of the total ministry of the Church. These follow Church standards, maintaining the sacredness of the Sabbath by promoting a Sabbath atmosphere for staff and patients. Routine business, elective diagnostic services, and elective therapies should be avoided on Sabbath. Church standards also include the promotion of a balanced vegetarian diet free of stimulants and alcohol, in an environment free of tobacco smoke. Control of appetite shall be encouraged, use of drugs with a potential for abuse shall be controlled, and techniques involving the control of one mind by another shall not be permitted. The institutions are part of the ministry of the Church with activities and practices pervasively identified as the unique Christian witness of Seventh-day Adventists.

3. The activities of the devil are rampant, both within and without the Church. The Church is warned (Col 2:8) "Beware lest any man spoil you through philosophy and vain deceit, after the tradition of men." Because of the great controversy between good and evil, Health Ministries encourages church members to avoid practices rooted in non-Christian philosophy and belief. The Church and its institutions should promote and provide competent and caring service that respects the dignity and rights of patients.

Adventist health care and ministries are to promote only those practices based upon the Bible or the Spirit of Prophecy, or evidence-based methods of disease prevention, treatment, and health maintenance. "Evidence-based" means there is an accepted body of peer reviewed, statistically significant evidence that raises probability of effectiveness to a scientifically convincing level. Practices

without a firm evidence-base and not based on the Bible or the Spirit of Prophecy, including though not limited to aromatherapy, cranial sacral therapy, homeopathy, hypnotherapy, iridology, magnets, methods aligning forces of energy, pendulum diagnostics, untested herbal remedies, reflexology, repetitive colonic irrigation, "therapeutic touch", and urine therapy, should be discouraged.

4. In harmony with Christ's loving reaffirmation of freedom of choice, and the dignity of humankind, Seventh-day Adventist health care institutions should give high priority to personal dignity and human relationships. They should seek to provide an efficient, safe, and caring environment conducive to the healing of mind, body, and spirit. Education in healthful habits of living, as well as supportive care of the patient and family through the dying process is integral to Adventist health care.

5. Health care policies and medical procedures must always reflect a high regard and concern for the value of human life as well as individual dignity.

6. Seventh-day Adventist health care institutions operate as part of the community and nation in which they function. In representing the love of Christ to these communities, the health of the community and the nation is a concern of each institution. Laws of the land are respected and the regulations for the operation of institutions and licensure of personnel are followed.

7. The institutions welcome clergy of all creeds to visit their parishioners.

8. The mission of institutions in representing Christ to the community, and especially to those who utilise their services, is fulfilled through a compassionate, competent staff which, in the performance of their duties, upholds the mission, practices, and standards of the Seventh-day Adventist Church.

9. A regular programme to assist the staff in keeping up to date professionally, growing in understanding, and in sharing the love of God shall be instituted. Staff development and support of formal education is a priority.

10. Institutions must operate in a financially responsible manner and in harmony with the *Working Policy* of the Seventh-day Adventist Church.

11. Primary prevention and health education shall be an integral part of the health emphasis of Seventh-day Adventist health care institutions.

12. The administration and operation of Seventh-day Adventist health care institutions shall include consultation with the Health Ministries Department on a regular and continuing basis. Consultation shall include the mission/conference, union, division, and General Conference Health Ministries Departments as circumstances and occasion may indicate.

## **FH 25 Health Care Institutions—Plan of Operation**

**FH 25 05 Establishment and Closure of Health Care Institutions—1.**  
When consideration is being given to the opening of a new institution, building a

major addition, or evaluating the continued operation of an existing institution, consideration shall be given to:

- a. The long-range plans of the Church in that area and whether the institution facilitates the mission of the Church.
- b. The health care needs of the area.
- c. The available resources, especially finances, personnel, and equipment, to operate the institution.
- d. Government regulations for the operation of the institution.
- e. Government regulations for closing an institution.
- f. The impact which the opening or closing of the institution will make on the Church in the area and on the community at large.
- g. The educational needs of the Church.

2. A proposal for the establishment of a new health care institution, a major addition, or the closure of an existing health care institution shall be submitted to the Division for review and approval by the Division executive committee before a decision to act is finalised.

**FH 25 10 Governance**—1. Ownership conditions which may vary from institution to institution or from country to country may prohibit rigid adherence to an international pattern, but they shall in general include the following provisions:

- a. Ownership shall be vested in a specific church entity.
- b. No indicia of ownership shall be present unless the Church exercises ultimate control of an organisation.
- c. Equipment may be owned or leased.
- d. The buildings and land shall be titled by the Church or secured by a lease of at least 25 years.
- e. The use of the property shall be assured on a continuing basis over an extended period of time; and the Church shall have full responsibility for the policies, administration, finance, and freedom to operate the institution according to Seventh-day Adventist beliefs and standards.

f. If separately incorporated, its Articles of Incorporation and Bylaws shall provide:

1) That it is an integral part of the Seventh-day Adventist Church, clearly stating its primary purpose in relationship to the mission of the Church.

2) That a minimum of two thirds of the members of its corporate body be composed of members from specific denominational constituencies, boards, or executive committees of organisations that are listed in the *Seventh-day Adventist Yearbook*.

3) That in case of dissolution, the net owned assets of the institution shall be transferred to the Seventh-day Adventist organisation(s) listed in the *Seventh-day Adventist Yearbook* from which the membership of its corporate body has been derived.

2. *Finances*—a. Funds generated by health care institutions/services shall not be diverted from the institution until the financial needs of that institution are met.

b. In unions where rental charges are made to hospitals, the organisation originating the charge shall hold these funds, less appropriate expense, for the replacement and development of needs of the institution.

3. *Constituency*—The constituency of the institution shall be defined in the charter and bylaws.

a. *Membership*—Conditions may vary from institution to institution or from country to country which prohibit rigid adherence to an international pattern for constituency representation. In general, the constituency shall include the executive committee of the sponsoring organisation; members of the union, division, or General Conference Executive Committee who may be present; and representation from the staff of the institution and conference/mission/field concerned. The number to be selected from each of the groups mentioned above shall depend upon the size and the importance of the institution.

b. *Duties of the Constituency*—1) To determine the overall purpose and goal of the institution in harmony with church goals and policies.

2) To hold annual or biennial meetings to receive reports from the board of trustees or operating board.

3) To elect a board of trustees or operating board charged with the responsibility of the business of the institution for the ensuing period. The selection of members and officers shall be specified in the bylaws.

4) To hold special meetings for specific purposes when requested by two thirds of the board of trustees.

**FH 25 15 Board**—The duties and responsibilities of the board shall be as follows:

1. To adopt bylaws in accordance with legal requirements and denominational guidelines and its responsibility to the constituency which specify:

a. The selection of members and officers of the board, any procedures directing governing board activity, and the eligibility requirements and terms of appointment of members and officers.

b. The duties and responsibilities of the board which shall include:

1) Accepting legal responsibility for the operation of the institution and the conducting of its business.

2) Implementing the overall policy of the institution.

3) Approving major business transactions of the institution such as land purchase, new building, major alterations, purchase of expensive equipment, etc.

4) Approving major personnel appointments and changes.

5) Receiving gifts, annuities, and other assets on behalf of the institution.

6) Approving the annual budget and receiving from the administration regular reports indicating the relationship of current operations to the budget.

c. The frequency of board meetings. A minimum of one board meeting per year shall be held at the institution.

d. The number of members that constitutes a quorum for board meetings.

e. A list of committees, method of selecting members, term of appointment of committee chairmen, and purpose and authority of the committee.

f. The relationship between the CEO (chief executive officer) and the board.

g. The responsibilities of the medical staff and its relationship to the board.

h. A method for the adoption and subsequent amendment of the bylaws.

2. To adopt a schedule of meetings and define attendance requirements and the method of documenting board proceedings.

3. To periodically examine the mission or purpose of the institution and its goals, policies, and current programmes.

4. To appoint a CEO whose qualifications, responsibilities, authority, and accountability shall be defined in writing.

5. To appoint the medical staff and conduct a periodic review. The board shall hold the medical staff responsible for self-government in maintaining the quality of medical practice.

6. To approve the medical staff bylaws, rules, and regulations.

7. To hold the medical staff responsible for making recommendations concerning medical staff appointments, termination of appointments, and the delineation of clinical privileges.

8. To require that the medical staff establish mechanisms designed to assure the achievement and maintenance of Seventh-day Adventist Church standards of medical practice and patient care.

9. To appoint an executive committee of the board to carry out the responsibilities of the board between scheduled board meetings.

10. To appoint an administrative committee (see FH 25 25).

**FH 25 20 Administration of the Institution**—1. The institution shall be directed by a qualified chief executive officer who shall answer to the board and be responsible for the following:

a. Planning (short- and long-term), developing, and maintaining programmes that implement the policies and achieve the goals established by the board.

b. Acting as the institution's representative to the community.

c. Taking all reasonable steps to assure that the institution complies with applicable laws and regulations.



d. Establishing an organisational structure to carry out the programmes of the institution and meeting the needs of the patients. This structure shall include:

- 1) An organisational chart with clear lines of authority and responsibility.
  - 2) Policies and procedures that govern each department in carrying out its duties and functions.
  - 3) A formal system of financial procedures for all types of transactions adequate to provide accounting control over assets, liabilities, revenues, and expenses.
  - 4) Written policies and procedures for control of financial matters.
  - 5) Employment of personnel whose qualifications are commensurate with their responsibilities.
  - 6) Review of policies, rules, and regulations with each employee as stated in the Employee Handbook. The employee signature of agreement shall be on file.
  - 7) Maintenance of personnel records on each employee in a confidential manner.
  - 8) Maintenance of a safe and secure environment for employees and patients.
  - 9) Responsibility to secure adequate insurance covering property, personnel, and general liability exposure.
2. To be responsible for implementing board policy for the financial management of the institution.
  3. To provide, maintain, and safeguard appropriate physical resources and to provide for their judicious use in implementing the programmes of the institution and for meeting the needs of its patients.
  4. To develop and implement a management communication system throughout the institution.

**FH 25 25 Administrative Committee**—1. *Appointment*—The appointment of the administrative committee shall be the responsibility of the board of trustees.

2. *Membership*—Membership shall include the following:

Chief Executive Officer

Representation from:

Medical Services

Financial Services

Nursing Services

Other individuals to bring counsel and strength to the administration.

3. *Chair*—The CEO, or designee in the absence of the CEO, shall serve as chair.

4. *Responsibility*—a. The administrative committee shall serve a wider purpose than merely counseling the administration. All matters of substantial

importance shall come before the regularly scheduled administrative committee sessions for study.

b. The business manager shall handle routine business matters on his/her own responsibility and, where pertinent, in counsel with the CEO.

c. Major business transactions such as the purchase of expensive equipment, the purchase or sale of land, or the commitment of the institution to any major obligation of whatever nature shall be accomplished only by action of the board.

d. Matters affecting policy shall be studied and recommended to the board for action.

e. The administrative committee shall operate within denominational financial policies.

### **FH 30 Training of Hospital Administrators**

1. Medical institutions shall continue to encourage and financially assist qualified individuals to attend universities offering graduate programmes in health care institution administration. Such programmes shall be compatible with Seventh-day Adventist standards and principles.

2. Institutions shall give preference in their financial support and encouragement for graduate work in health care institution administration to those who have had successful health care institution experience.

3. Hospitals are encouraged to offer residency and employment opportunities to qualified graduates of programmes in health care institution administration.

### **FH 35 Survey of Health Care Institutions**

The International Adventist Health Care Council (IAHC) shall employ a survey/accreditation process as a tool to assess the needs of an institution, determine its effectiveness, and assist in its development. The IAHC shall establish minimum standards for the operation of an institution. The Division shall be responsible for conducting the review process following the standards of the IAHC to whom accreditation reports shall be submitted for review. The IAHC may request additional information or recommend additional reviews.