



Q & A



Healing Purpose *Finding Satisfaction in a Healthcare Career*

October 7, 2025 | \$24.99, 216 pages, paperback | 978-1-5140-1238-3

Mark Topazian is a gastroenterologist and professor of medicine. He has practiced and taught at Yale University, at the Mayo Clinic, and in multiple sub-Saharan African countries. He is a regular speaker at the Global Missions Health Conference and a Saline Process trainer, coaching healthcare professionals on the integration of faith and medical practice.

Finding Purpose and Satisfaction in Healthcare

How did you end up in healthcare and what has your career been like?

Mark Topazian: My dad, who was an oral surgeon, used to go on short-term mission trips to Latin America. When I was 14 years old, he took the whole family along on a trip to the Dominican Republic, and I assisted him as he worked. I saw firsthand how much of the world's population lives. After that experience I knew I wanted to be a doctor.

After medical school and internal medicine residency, my wife, Janet, and I spent our first year of marriage in Liberia, West Africa, as volunteers with a mission agency called SIM. That was a pivotal experience for us. We came back to the United States, where I did fellowship training in gastroenterology and subsequently taught and practiced medicine at Yale University and the Mayo Clinic. For the past few years, we have lived and worked in Addis Ababa, Ethiopia, where I teach medicine.

After those years of experience in the healthcare field, where do you find satisfaction in your work?

Mark: When I started out in medicine, nothing made me happier than making sick people better. And to this day, I typically leave work happy because I've helped my patients. But in the long run, I've found that clinical success is not a sufficient basis for satisfaction in healthcare practice. For one thing, success becomes routine. The hundredth time we cure an infection or deliver a baby, it's not as thrilling as it was the first time. In many clinical contexts, success is an expectation, not a source of satisfaction, and when there's too much work, success can become an exhausting demand. And there are times when things don't go our way--when adverse events occur, or we don't achieve treatment goals. If our self-identity is based on our clinical success, we may deal with those situations poorly.

So for me, the spiritual dimension of healthcare has become an important source of professional resilience and career satisfaction.

What do you mean by "the spiritual dimension of healthcare?"

Mark: During our education we healthcare professionals learn the scientific account of health, sickness, and healing. It's a powerful set of facts - a cohesive narrative - that equips us to practice our professions. Scripture also gives us a powerful set of facts about health, sickness, and healing. It turns out that these two accounts--the scientific and the spiritual--are actually one unified narrative of God's creative and redemptive work in human lives. Living in that unified understanding of health while we're at work can renew our sense of purpose, mitigate our compassion fatigue, bring us satisfaction, and make us better at our jobs.

Can you give us some key takeaways from *Healing Purpose*?

Mark: First off, the biblical understanding of health, sickness and healing is relevant to many of the clinical scenarios we deal with. According to Scripture, health is more than the resolution of disease processes. Wellbeing has emotional, spiritual, material, relational and social aspects.



Karin DeHaven, senior publicist
kdehaven@ivpress.com or ivpress.com/media



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We often see patients who have routine, curable health problems. For many of them, dealing with their straightforward health issue is all that's needed to restore their wellbeing. But for some, their medical problem is the tip of the iceberg. It's an indicator that points to deeper issues. Perhaps there's a lifestyle issue, or spiritual distress, or financial or relational stress that's finding expression in their physical health. Scripture shows us that people are body, soul and spirit, knit together and made in God's image, and science shows us that spiritual and psychological matters impact physical health. When we recognize that reality in our day-to-day practice, we've got our 3D glasses on. We're seeing our patients in 3 dimensions: as bodies, souls and spirits. We're going to be more alert to those situations where a larger issue is presenting as an apparently straightforward health problem.

Other patients have serious or complex illnesses. Many of them are asking themselves "Why me?" Science explains the mechanism of their illness - how sickness occurs - and scripture explains the meaning of their illness - the "why" of sickness. These two understandings are complementary. But the answer to "why me?" that some of our patients settle on may actually diminish their hope and impair their overall health. For example, they may conclude that God is punishing them, or that they are caught in the machinery of a meaningless universe, or that their health issue is cosmic retribution for their past misdeeds. These understandings can steal their hope and impair their response to treatment. The biblical answer to "Why me?" is an important source of hope for such patients.

A lot of us work in fast-paced environments, and we may feel we have no time to put on our 3D glasses or take an interest in our patients' concerns. But there are easy, time-efficient ways of opening the door to these matters during our patient interactions. Many of these are detailed in *Healing Purpose*.

You say that simple techniques can connect us to God's presence as we move through our workdays. How does that work?

Mark: God is present and active in our workplaces. In fact, all healing is ultimately attributable to God, and we can think of our healthcare workplaces as outposts of his kingdom. We are part of his creative and redemptive work in people's lives, and he is working out his purposes in our clinics, emergency departments and operating rooms. Tuning in to that reality is good for us, in multiple ways.

I don't have time at work for extended meditation, worship or prayer. I'm busy providing healthcare. But being connected to God's presence relaxes me, relieves stress, and highlights the significance of my work. My faith supports me like water floats a boat, even as I'm focused on the medical issues at hand.

How to do that? We can use reminders like a scripture verse on our phone's lock screen, or a login password that refers to God's presence. We can also develop what BJ Fogg called "microhabits:" short silent prayers or snatches of worship songs at recurring moments, like when we're washing our hands, or before walking into the next patient's room, or standing in line at the cafeteria. And, assessing our patients' spirituality and encouraging their spiritual health in simple and uncontroversial ways also aligns us with God in the middle of our workflow. All of these connect us in real time to God's presence. They remind us that God is not a distraction from my work. He is present in our work. They bring us his comfort and guidance, even while we're dealing with medical tasks and challenges.



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Healthcare professionals are human and have limits, especially when it comes to compassion. What is your advice for medical professionals experiencing compassion fatigue?

Mark: First of all, our workplace culture has to respect our limits. When we habitually work too many hours, have more responsibility at work than any one person can manage, or don't have regular time away from the electronic medical record inbox, compassion fatigue and burnout become almost inevitable.

But even after taking care of all that, we can experience compassion fatigue. That's because there is a spiritual dimension to the weariness that comes from chronic exposure to difficult situations and the constant offering of ourselves to others. The Bible shows us that there's a lot we don't understand about suffering, there's a lot we don't control, but we can control our own response. When we're suffering from that weariness, the first step is to turn to God instead of turning away from him. To reaffirm that he is faithful and loving, even when our experience suggests otherwise. Lament, repentance and scripture memory can powerfully mitigate our compassion fatigue. They can become microhabits in our day-to-day routine, and I go into those in detail in the book.

We are conduits of compassion, not generators of compassion. 2 Corinthians 1 says that God is the Father of compassion and the God of all comfort, who comforts us so that we can comfort others with the comfort we've received from God. As we experience God's compassionate care for us, our own reservoirs of compassion fill up, and we're better able to respond to others out of compassion. It's possible to experience God's comfort in real time, at work, and be recharged by that.

You say that when we encourage our patients' spiritual health, we benefit, too. Explain.

Mark: Healthcare work is increasingly algorithmic, and it is starting to become automated. These are actually good things for the most part. But our patients are spirits, and we are, too. That gives us a commonality that an algorithm can't replace. Some of our patients are thirsty for spiritual refreshment. Connecting with them at a spiritual level, person to person, spirit to spirit, can make all of the difference for some of them. And it also reminds us that we are whole persons, working in and supported by God's presence. So there's significance and satisfaction embedded in talking about and encouraging spiritual health.

There's a scientific basis for encouraging our patients' spiritual health, and leveraging spiritual resources in the face of disease. We're not straying from the scientific basis for our competence when we do this.

How we encourage spiritual health will vary based on the patient, and the healthcare context we're working in. In the USA, about a third of adults are what Mark Matlock calls "spiritually curious:" interested in spirituality, but without religious affiliation. They may be more interested in the spiritual journey than the destination, and they may be looking for fellow travelers, not sermons. With these sorts of patients we can effectively assess and encourage their spirituality largely by asking questions. In fact, taking a brief spiritual history from our patients is a uncontroversial, widely accepted way to open a window onto their spiritual health, and a great way to get started.



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Can you list these takeaways for us?

Mark:

- The spiritual realities of healthcare are an important source of purpose, resilience and satisfaction in a healthcare career.
- The biblical understanding of health, sickness and healing is relevant to many of the day-to-day clinical scenarios we deal with.
- Simple techniques - microhabits - can connect us to God's presence in real time as we move through our workdays.
- The Bible shows us healthy ways of responding to compassion fatigue, and practices that can restore our equilibrium.
- When we encourage our patients' spiritual health we benefit, too.



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