

# Professional Excellence Is a Part of Discipleship









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In a troubled world, physicians and healthcare professionals who are members of The Church of Jesus Christ of Latter-day Saints have the benefit of spiritual insights as well as the art and science of medicine.

Collegium Aesculapium addresses the ethical and spiritual as well as the physical aspects of medicine. Thus, we invite qualified professionals to embrace the Collegium and take advantage of insightful meetings and seminars, newsletters, service opportunities, and the *Journal of Collegium Aesculapium*, all of which include this important expanded dimension, as well as the constantly changing body of scientific information available to us.

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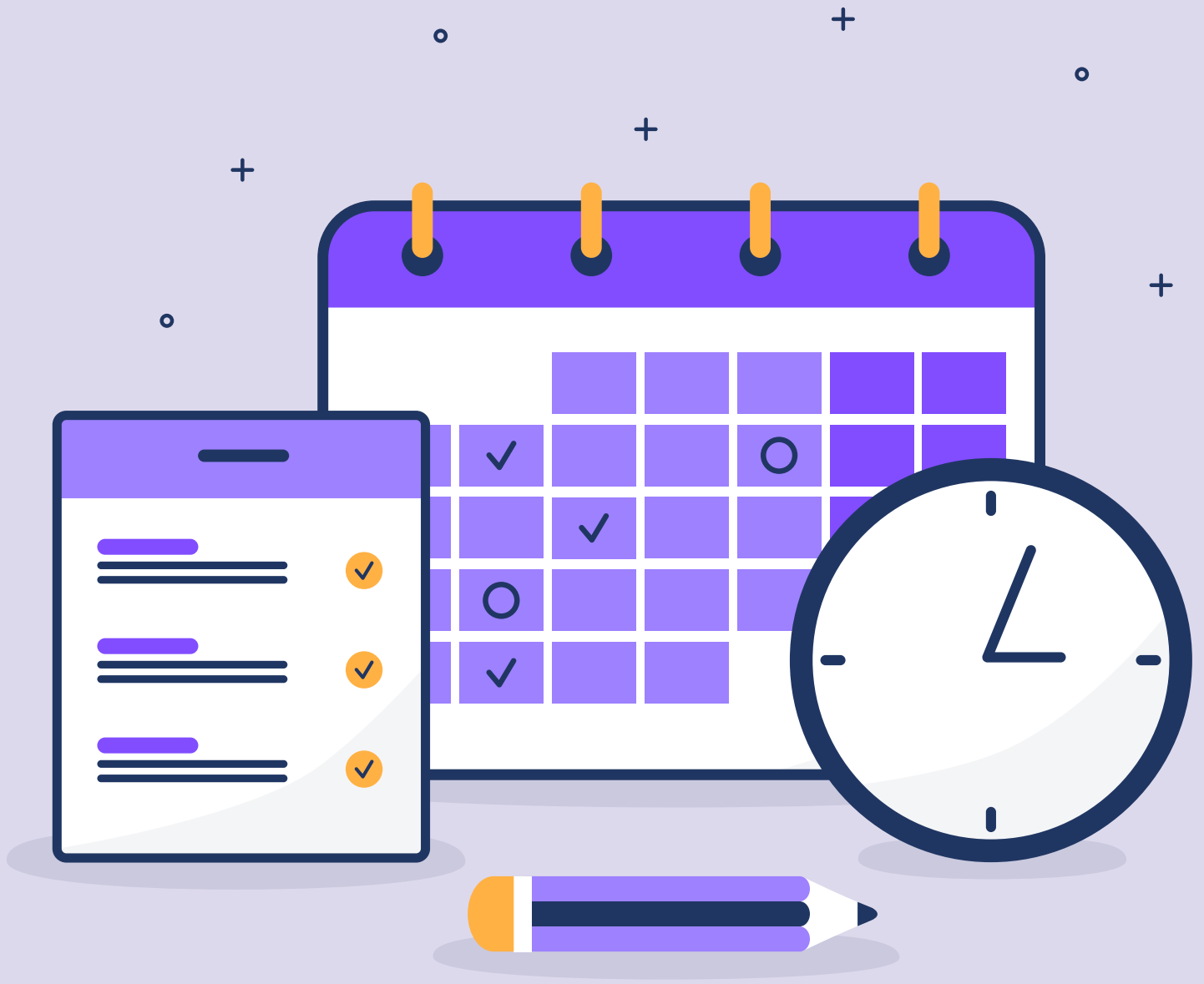
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Being Stewards of our

# Time





by Elder William K. Jackson

Thank you very much for that introduction.

I need to qualify a few things. First, my residency director at McKay Dee Hospital in Ogden, a University of Utah affiliate, was George Snell. So, if I say anything that seems iffy or questionable, please just send the letters directly to him! He is responsible for all my training! It was fabulous learning under him.

Second, after residency we decided to take our show on the road. We spent the next twenty-six years living abroad. Life in the Foreign Service was a lot of fun, but let me just tell you what the greatest blessing was—it was the Church and our associations with the members. Now, I concur completely with what Elder Clayton said in the prayer about the profession of medicine being a blessing. It really is. Not just to us and our families and hopefully to those that we have called our patients for many, many years but also for the doors that it opens and the opportunities that it gives us. It helps to expand our horizons, to learn more things and to serve other people. It really is a fabulous *means to an end*.

We lived mostly in the developing world by choice and worked in around 140 different countries over time in different embassies and consulates scattered across the continents. Despite the fact that we had fabulous experiences and were the recipients of many blessings by living overseas, the biggest blessing, bar none, was our association with the members of the Church in other parts of the kingdom.

At my retirement I was asked by the office to come up with the top twenty most memorable events of our career overseas. It was quite the exercise. What I never told them was that when I sat down with my

wife and we started to compile a list of those events, none of the top twenty had anything to do with the Foreign Service or with working in the embassies! So we had to go down the list a bit further to come up with our top twenty Foreign Service experiences because the opportunity to work with the Saints around the world was so phenomenal.

We lived most of our lives with the first generation of the Church, in the branches where all were new and enthusiastic but where nobody had any institutional knowledge. The second generation in some of the countries where we resided were yet to be born or were just beginning Primary. Those experiences were fabulous. They certainly gave me a huge appreciation for the Prophet Joseph who had to guide and lead a first-generation Church in a much more difficult time. Many of those same problems we encountered where we were, but the faith and the testimonies of these first generation were strong. We learned a tremendous amount from them.

Doubtless, many of you have had the experience to travel abroad and visit the congregations of the Church in different countries, and you know what I am talking about. There is just a special feeling there when people from completely different cultures, histories, backgrounds, socioeconomic states, languages, and ethnicities, with the help of a couple of youngsters in white shirts or dresses who often can't easily relate to them at all, can develop that testimony of the Savior and a reverence for living prophets and completely adopt a new culture. The transformation was just remarkable.

You were probably some of those youngsters once upon a time! You have witnessed that change of

heart and that expanded vision. Thank you for the miracles you performed. To see what the gospel did in the lives of these people overseas—how it changed them literally, physically, and temporally—was a testimony that is hard to refute—and hard to get in any other way.

We as members of the Church have a distinct advantage over many others in our field who travel or take overseas assignments. For many, battling culture shock and assimilating into a new society can take months. For some of my patients in the embassy it took a year or more before they felt comfortable living where they were. You and me, however, when we go to another country, find that by the first Sunday we have a new family—and in many cases a new calling! Getting into and developing friendships and relationships as members of the Church with our world-wide family was much easier. What a blessing it is to be a member of The Church of Jesus Christ of Latter-day Saints.

Brothers and sisters, tonight I thought I would spend the remainder of our time chatting with you about an important topic—something that is very topical. In this group online this evening we have a wide array of practitioners, I am sure—mostly seasoned veterans, I imagine. You have by inference proven that you are very good at managing your time, at doing many things, and juggling many balls. You have all heard the saying, “If you want something done, give the assignment to a busy person!” Well, that is you. You represent a wealth of experience and wisdom that would be hard to replicate anywhere else. As mature adults, what we also represent is a group of people who deal with the very real finite quality of time in our lives.

What I would like to talk about for the next few minutes is time. Time, as you know, is a precious commodity. In this, our second estate, time is a finite resource. Much of our time we have agency over. Yet there is still a great deal of our lives that are completely out of our control. What kind of stewards

are we? How wisely are we using the gift of time that we have been given?

The Savior has taught us in every dispensation of the importance of using our time wisely. He went about doing good and expects that we will do the same. Doctrine and Covenants 58:27–28 reads, “Verily I say, that men [and women] should be anxious engaged in a good cause, and do many things of their own free will, and bring to pass much righteousness; For the power is in them, wherein they are agents unto themselves. And inasmuch as they do good they shall in nowise lose their reward.”

Brothers and sisters, we are on this earth to *become*—to strive to become more like our Savior, to strive to follow the pattern of service that He set for us so that we might become like Him. “Be ye therefore perfect,” said the Savior in the Sermon on the Mount “even as your Father which is in heaven is perfect” (Matt 5:48). That is His work

and His glory (Moses 1:39). We are His work and His glory. And the idea is that we can become like Him at some time.

“Perfect,” as used in this New Testament verse, comes from a Greek word that means finished, complete, fully developed. And thus, our development, our progress through life, is important. Are we making forward progress?

We are reminded by the Savior that whatever principle of intelligence we attain unto in this life it will rise with us in the resurrection. If a person gains more knowledge and intelligence in this life through his diligence and obedience than another, he will have so much the advantage in the life to come (Doctrine and Covenants 130:18–19).

Alma, in the Book of Mormon, teaches us this principle as well. You all know these scriptures. They are ones you have used many times. “For behold, this life is the time for men [and women] to prepare to meet God; . . . And now, as I said unto you before, as ye have had so many witnesses, therefore, I beseech of you that ye do not procrastinate the day of your



Time is a precious commodity. What kind of stewards are we? How wisely are we using the gift of time that we have been given?



repentance.” Repentance, meaning change, positive change, forward progress—until the end. “For after this day of life, which is given us to prepare for eternity, behold, if we do not improve our time while in this life, then cometh the night of darkness wherein there can be no labor performed” (Alma 34:32–33).

I read some studies recently about time in this life and how we spend it, and I discovered some very unusual statistics that I thought I would share with you. In one study we are told that those of us that average eight hours of sleep each night and live to an average age can expect to be asleep for over 250,000 hours. That is a lot of our life! Now, I am not advocating that you cut your sleep in half to gain more hours, but that is a lot of our time.

But when you take sleep and other unavoidable things like work, eating, driving, and getting ready in the morning, that uses up a lot of our valuable time. You add to that television! Now, studies vary widely on this subject but most seem to agree that somewhere between 2.5–3 hours a day of television is what the average person watches. That comes to 80,000 hours of television in one’s lifetime. With that amount of time, you could watch every episode of *Friends* 838 times! To me that sounds like a very unique form of purgatory, but you get the point. What it does demonstrate to us is the idea that there is a lot of time being potentially wasted.

I have been told it takes 10,000 hours of doing something to become a master at it in this life, to become a master at your trade or at your discipline. Eighty thousand hours would potentially allow one to master eight separate talents in our lifetime if we weren’t so connected to the tube. Throw in the internet, where people average about an hour or so of surfing a day, and you get another 28,000 hours! That is literally 3.5 years of our life surfing the internet, or basically doing nothing! One study said that if you take all the tasks that you have to do or that you normally do, what we have left if we live to a ripe old

age, is eight years of actual discretionary time—our time. Eight years at our disposal to do with what we will rather than those things that are required of us.

Brothers and sisters, we need to use our *finite* time very, very wisely. Christ taught this principal when He taught His parable of foolish virgins. He also taught this principal in the Book of Luke when he shared this parable with his disciples:

“And he spake a parable unto them, saying, The ground of a certain rich man brought forth plentifully: And he thought within himself, saying, What shall I do, because I have no room where to bestow my fruits? And he said, This will I do: I will pull down my barns, and build greater: and there will I bestow all my fruits and my goods. And I will say to my soul,

Soul, thou hast many goods laid up for many years; take thine ease, eat, drink, and be merry. But God said unto him, Thou fool, this night thy soul shall be required of thee: then whose

shall those things be, which thou has provided? So is he that laith up treasure to himself, and is not rich toward God” (Luke 12:16–21).

I had an experience not too many years ago in my life that reminded me of this great teaching of the Savior, this eternal principal. I thought I would share it with you quickly, if you don’t mind. It takes place in the city of Kandahar in southern Afghanistan. I used to go to Kandahar very frequently as part of my Foreign Service assignment. The embassy had a presence there. Kandahar was the home of the Taliban. Our boys in blue and green and gray had driven the Taliban out of the city. The embassy had actually taken over the residence of Mullah Omar, the head of the Taliban. I am sure that did not make him very happy. Afghanistan was a war zone at the time, and we always took precautions when we traveled or ventured outside of the compound’s walls. We always would travel in caravans for protection. These multi-vehicle caravans almost always drove ridiculously fast in order to keep us “off the X”—out of harm’s way.

This particular day we were getting ready to drive



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through town on our way out to the airport so I could fly back to the embassy in Kabul. Ours was a six-vehicle caravan. The first and last vehicles were gunships. These were Toyota Hilux small pick-ups that were stuffed with Afghan soldiers and their AK-47s. In the cab was a mounted 50mm machine gun—a very powerful and very loud weapon. They served as our vanguard and our rearguard so to speak.

The second and third vehicles were embassy cars. I was in vehicle number three. These were special SUVs that had been altered to become heavily armored personal carriers. They had big thick bullet proof glass, and extra metal on the roof and the doors and underneath the carriage. We even sat in an additional metal box of sorts inside the car. Each SUV weighed approximately 12,000 pounds. I don't know how the tires supported us or how the suspension lasted. They were class 7 armored vehicles. Top of the line. The fourth and fifth vehicles this day were trucks driven by Afghan drivers. In fact, the truck right behind my vehicle had a little fifteen-year-old sitting in the passenger seat next to his uncle. He had taken the day off to go out to the military base to see the airplanes and so forth.

So, we started into town, and we drove fast, as was customary, and we drove close to try to avoid getting separated. Because the security detail always drove that way the cars were completely scratched up and dented. We were always hitting things: bikes, taxis, trucks, three-wheeled rickshaws, camels, donkeys, you name it. For those of you that have been in the developing world, you know what kind of traffic we are talking about! We got through the marketplace somehow together and started to exit the town on a narrow two-lane road with business establishments and mud and brick houses on one side and a big cement median on the other. There was really no way to get out of this two-lane tunnel we were in. We started to accelerate. As we do so, we noticed a green sedan ahead of us parked in the right lane. So we all got over to the left lane so that we could zip by him. The first gunship went by. The first embassy vehicle made its move just as the sedan started up and started moving down the highway. They blew past. Then the sedan sort of meandered into the middle of the road, effectively blocking our way in the third car. No surprise. This is kind of how you drive in the developing world, so you have options. The line down the middle of the road is more of a guideline

than anything else. So, with him comfortably in the middle of the road, we could not pass and so the caravan started to pull away.

Our driver was not happy about that. He decided that proper Afghan driving protocol demanded he get right on this guy's tail and lay on the horn and try and get him to give us the room to pass. Our chauffeurs in the car were professionals, consisting of a very talented driver and his partner sitting shotgun next to him—with an actual shotgun!

Me and a young lady from the embassy were in the back, seat-belted up and in our body armor. Eventually the sedan pulled over. I was glad he did because I knew that our driver was just going to not so gently move him out of the lane with our front bumper if push came to shove. He swung over to his lane. As we started to pass, I just leaned over to see who was in the car. It was just a young afghan man, seemingly oblivious to us. As we pulled next to him, he began again to swerve towards us, and I knew that we were going to hit him. I braced for this big scratch as we would likely tear the side of his car away. But instead, what we heard was a giant explosion. BOOM. And everything went dark.

I could tell that we were no longer on the road. You couldn't feel the bumpiness of the street's surface and it seemed to me in the darkness that the car was tilting to the left. Before I had time to think about it, bam, the car landed on the road on its roof, spun around, and tipped over onto its right side facing back to what had been a car bomb full of shrapnel and high explosives that had detonated point blank against us. As our brains started working again, we could see this big black mushroom cloud forty yards down the road.

Our 12,000-pound vehicle had been in the air for 120 feet. The security folk with us were shouting, "Get out of the car, get out of the car." This was a little strange since we are always trained to stay IN the car in an attack situation. That's when I realized that our car was on fire! I wasn't sure in that brief second how we were going to get out of the car. The doors weighed 800 pounds and so pushing the door open (upwards as the car was on its side) was out of the question. And we could all see the flames! But somehow, between the explosion and the landing, the big thick bulletproof windshield in the front of the car had popped out. We were able to unbuckle ourselves and climb out through the empty space

that was the front windshield and into the street.

Getting out of the car was a surreal experience. The street was empty between us and the black cloud of smoke. The soldiers in the last rearguard vehicle had piled out of the car and were running up and down the side of the road firing their AK-47s up into the air: “pop pop pop pop,” to try to keep people away from us so there wouldn’t be a crowd. To keep us safe. There were cars that had been blown off the road into the roadside establishments. Even cars in front of us, farther down the street from the bomb, had been blown off the road! A motorcycle that had been right behind us could not even be found. There was nothing left of the bomber’s car. It had been atomized. The young 15-year-old who was in the truck behind us had been killed instantly by a large piece of shrapnel through his chest. There were people screaming and crying. As we got out of the vehicle there were actually pieces of people in the road. It was an incredibly surreal experience to try to wrap your head around.

We went over the big cement median and into the other lane. Within a few seconds we were met by the first embassy vehicle that had found a gap in the road and had turned around to pick us up. I had inadvertently left my briefcase in the vehicle. My briefcase had everything that I owned and traveled with in it. I asked the security guy if I could quickly go back and get my briefcase before the car picked us up. He said, “Are you crazy doc? The car is on fire.” Almost on cue as the words left his mouth the diesel tank of our embassy SUV caught fire and exploded and the car disappeared inside a big yellow fiery mushroom cloud. Once my pulse went down and I started thinking again, I had the opportunity to do a quick first check on my three companions. To our utter amazement and happiness, the damage was negligible. One of the security guards had cut himself coming out through the car and another had singed himself in the fire. Otherwise our car had remained intact on the inside, and we were not injured.



Brothers and sisters,  
how do we spend our  
time? What will we do  
with the time we have  
left?

A few weeks later the same scenario repeated itself outside of the US Consulate in Karachi, Pakistan. A small sedan driven by a suicide bomber rammed an armored embassy SUV. Everybody died.

Why do I tell you this story? I tell you because of what happened next. You have a chance to think what is about what is really important when you go through something like this. Many of you may have had similar type experiences where things could have gone very south—very badly, very quickly. What do you think I was thinking about on the way to the airport other than, “Boy, I am glad that I still have all of my parts and pieces”? I will give you a hint, this was in November just before the BYU-Utah football game. Do you think that is what was on my mind? Of course not.

I was thinking about my wife. I was trying to remember if I had told her that I loved her before I left the house to go on this trip, one of many hundreds of routine trips that I would go on. They had just become second nature. Had I done that? Had I been kind to her? If I hadn’t come through this episode, what would have been her final memories of me? What about my kids? Had I been kind to them? Had I helped them with their homework? Had I cheered them on in a game or encouraged them in something they were going through? Or had I been indifferent to their needs?

I thought about my Church assignment. I was an Area Seventy at the time. I wondered if I had performed and completed the assignments given to me by the Area Presidency. Those were the kinds of thoughts that were going through my mind at that time. Had I procrastinated doing things of lasting worth, things of real true and eternal importance before I had gone on that trip, perhaps thinking that I could always get back to them later?

Brothers and sisters, how do we spend our time? What will we do with the time we have left? President Oaks is fond of teaching us the principal of good, better and best, which certainly applies here in our

discussion of time management. Elder Uchtdorf has asked us to prioritize all the good things we do in order to do the best things that we can. We have all heard the joke that nobody wants on their headstone to see the words inscribed “Didn’t spend enough time at the office.” None of us would think of putting that on our headstone.

President Nelson tells of an experience he had some time ago. He spoke of one of his surgery patients. He was asked to perform an operation on a very wealthy man. He had done a biopsy earlier and confirmed that he had an advanced cancer that had spread throughout his body. “As I reported the news,” President Nelson said to this patient, “his immediate response was to rely upon his wealth. He would go anywhere or do anything to treat his condition. He thought he could buy his way back to health. But he soon passed away. Someone asked, ‘How much wealth did he leave?’” To which President Nelson answered, of course, “All of it!”<sup>1</sup>

I report that not to be cute but to remind us that we are not here on this earth to accumulate wealth, titles, or position. That is not going to be on the final report card. We are here to be tried and tested. What that really means is to gain experience. To gain strengths. Empathy. To develop other Christlike characteristics as we grow from the things that we “suffer” and the things that we learn. We are here to become like the Savior—to learn how to choose wisely.

I think it is pretty obvious to most in this meeting that we are not going to become just like our Savior, or our Heavenly Father, in this our second estate. It is too big of a leap. There are too many things yet to be experienced and to learn after this life that will help us to complete our quest, our foreordination, if you will, of becoming. But, in this life we need to do the best that we can. It is in this life, since none of us are going to have a clean slate or have ticked all of the boxes by the time we move on to another stage of our development, that we are to prove that we can be trusted—to demonstrate by our actions that we will make an effort, that we will do the things that we are asked to do by our Heavenly Father and by the Savior, and that we will put in the *time*.

So where should our focus be? I would like to share something with you that many of you have probably heard or seen elsewhere. Maybe you have it memorized or tattooed on your back! I don’t know.

It is something accredited to President David O. McKay. Speaking with a group of priesthood holders, he said the following: “Let me assure you, Brethren, that some day you will have a personal priesthood interview with the Savior, Himself. If you are interested, I will tell you the order in which He will ask you to account for your earthly responsibilities.”<sup>2</sup>

That sounds pretty good doesn’t it? Wouldn’t you like to know the questions to the final exam in advance? Well, President McKay is going to give them to us. I would like to share them with you in reverse order.

6. “He will ask for an accountability on what you have done to contribute in a positive manner to your community, state, country and the world.”

What have we done to make the world a better place, to leave a positive mark behind?

5. “He will have no interest in how you earned your living, but if you were honest in all your dealings.”

Once again the money, the bank accounts, the stock options, the diplomas, the titles, the positions—those will not be important to Him. Even your job will not be because jobs are a means to an end, not the end in and of themselves.

4. “He will want a summary of your activity in your Church assignments. He will not be necessarily interested in what assignments you have had, for in His eyes the home teacher (ministering brother or sister today!) and a mission president are probably equals, but He will request a summary of how you have been of service to your fellowmen in your Church assignments.”

3. “He will want to know what you have personally done with the talents you were given in [your pre-mortal life].”

What of the talents that we were given here in this life? Have we improved upon them? Have we added to them? Think of the parable of the talents in Matthew 25.

2. “He will want an accountability report about each of your children individually. He will not attempt to have this for simply a family stewardship but will request information about your relationship with each and every child.”

Have their special needs been met?

1. (Remember, this is the first question.) “He will request and accountability about your relationship with your wife [or husband]. Have you actively been



engaged in making her [him] happy and seeing that her [his] needs have been met as an individual?”<sup>3</sup>

Brothers and sisters, *that* relationship, *that* is the relationship of exaltation. That is the relationship that is being groomed and prepared to go on eternally in a very, very personal way.

I have a feeling that if we can't answer the first question, then the interview is probably over.

Now is the time for us to serve others, to break an old habit and replace it with a new one, to heal a relationship, to add to our intelligence, to show respect for our physical bodies—even those of us who have had those bodies for many, many decades, to hearken—truly hearken—to the words of the living prophets and the promptings of the Spirit, to stand and be counted, to make His will our will, to keep moving forward, to maybe consider canceling that scheduled upcoming sabbatical and replacing it with a new adventure or a new chapter in our lives.

Nephi taught us about the rod of iron in the Book of Mormon. The rod of iron led up to that wonderful tree representing the Savior and His love. *Representing* making it *becoming*. I have always envisioned that rod to have been built on an incline. To get to the tree you had to keep moving forward. Holding onto the rod with all of our might, never letting go no matter what, wouldn't be good enough. We have to be moving along the rod in order to get to the reward, making steady forward progress. Movement and improvement are necessary to achieve the result that our Heavenly Father wants for us (Moses 1:39). Being on an upward incline it always seemed to me an object lesson, that there will be no coasting into heaven.

Now is the time, brothers and sisters, to prepare to move towards that spectacular existence that our Heavenly Father has prepared for His stalwart and trustworthy children.

Nephi taught us in his final testimony that the sting of death, sin, and sorrow are soothed by a steadfast faith in Christ, a perfect brightness of hope, and a love of God and our brothers and sisters and a genuine desire to minister to them for their good. These qualities witness our commitment to God and qualify us to live with Him and like Him for eternity.

It is all just a matter of time.

Brother and sisters, I testify to you that this is the gospel of Jesus Christ, that He wants us to succeed, that He has so much interest in our individual and

personal progress and success that He has never left us alone at any time during our development. He was with us in our premortal life as the champion of the Father's plan. He is the Creator of the earth. And it was He who promised to be our Savior. He demonstrated His interest in us in the Old Testament by helping our brothers and sisters, as Jehovah, to know how to live and what to do to be happy and fulfilled.

I testify that He came to earth in the meridian of time, born of Mary, to set a pattern for us to follow, to assist us in our own journeys of becoming. He organized a Church and kept his premortal promises to each of us in Gethsemane, on the cross, and in the tomb. Somehow, in some marvelous way beyond my comprehension, He experienced and was able to understand what we go through so that He can fully empathize with us when we struggle or are sad and be there, hand extended, to help us on to the next step of our journey.

I testify that in this last dispensation He appeared to the Prophet Joseph, along with His Father, to restore the gospel again in our day for our benefit. He leads the Church today through living prophets. I testify that He will yet come to the earth again in the Millennium to rule and reign and help us finish the work that the Father has sent us here to do so that all the family of God can be blessed. I testify that He will stand next to you and me in the Final Judgment, the one person who best knows our hearts and our minds, the perfect Advocate before the Father.

For those of us who are stalwart and obedient He will yet serve, I am sure, in kingdoms yet to come, as our mentor and teacher as we strive to become more like Him. I testify of the reality of His existence and of the desire that He has for us to use our time wisely. That we may become like Him.

I leave this with you in the name of Jesus Christ, amen.

## ENDNOTES

- 1 Russell M. Nelson, "Now Is the Time to Prepare," *Ensign or Liahona*, May 2005, 17.
- 2 As quoted in Robert D. Hales, "Understandings of the Heart," (Brigham Young University devotional, Mar. 15, 1988), [speeches.byu.edu](http://speeches.byu.edu).
- 3 Hales, "Understandings of the Heart."







# Perinatal PALLIATIVE Care

*by Dana P. Damron, MD, Maternal-Fetal Medicine*

Some years ago, I was asked to see a delightful patient named Sally (all names have been changed). Sally was about twenty weeks pregnant and was referred to me for evaluation of a possible fetal abnormality.

A comprehensive obstetric ultrasound was performed, and the diagnosis of limb-body-wall complex was confirmed. This is a severe fetal developmental abnormality that results in failure of the anterior abdominal wall to close during the early embryologic period. Additional severe defects involving the limbs and face are also common to this condition. Limb-body-wall complex is considered lethal, as the unborn baby cannot survive for long after delivery and there is no surgical repair. The news was devastating to Sally and her husband. They were a loving couple with three children at home, all healthy. This news came as a complete shock.

In such circumstances, the patient often needs time for greater understanding and insight. Not infrequently, patients do not remember much of what was discussed at the initial meeting and follow-up discussions are most helpful. The grave and lethal nature of the diagnosis was reviewed again with Sally and her husband. We explained this type of fetal abnormality was not inherited as a genetic disorder but occurred during the early embryologic period as an abnormal

and random developmental defect. Determining the cause and recurrence risk for severe fetal abnormalities is important because patients often worry about having another pregnancy with a similar condition or outcome.

As the fetal condition was lethal and the current gestational age allowed the option of pregnancy termination, Sally and her husband were informed this was a legal option, if they wished. Termination of pregnancy is always a controversial and difficult topic and not a procedure that I perform. But patients deserve to know all the available options. We also discussed the possibility of choosing life by continuing the pregnancy and delivering the baby at term. If this option is selected, we would continue prenatal care for the pregnancy. In addition, we would develop a careful and specific birth plan that incorporated the wishes of Sally and her husband for a loving experience with their baby.

After much discussion and careful consideration, Sally decided to continue the pregnancy. Eventually, she delivered the baby at term with her husband at her side. With delivery of the infant, the baby was wrapped in a soft and warm blanket and handed to the mother. Sally's children were brought into the room and the entire family took turns holding their newborn baby. The infant survived for a brief time,

then passed from this life to the next. But as Sally later wrote me, that brief time was more precious than anything she could have imagined, and all her family will always be grateful for the precious time they had with their baby.

When I was a much younger physician, especially in the years of medical school or residency, the diagnosis of a fetal condition that was considered severe or lethal usually led to a recommendation for pregnancy termination. The attitude was often “nothing can be done, so why continue the pregnancy?” Little attention was given to the emotional state of the patient and even less to the husband. If a patient declined pregnancy termination and soldiered onward with the pregnancy, she usually had to do this with little support from the health care team.

I was never content or satisfied with the common recommendation of pregnancy termination for severe or lethal fetal abnormalities. In addition, I was very aware that prenatal diagnosis of fetal abnormalities is not always accurate. As my professional career advanced and matured and with the assistance of some very capable professionals, we began to develop a care plan specifically for pregnant patients with lethal or life-limiting fetal conditions. Specifically, we developed a perinatal palliative care program. As our program developed, we were asked to share our knowledge and experience with others in the region where I worked, and this has been a most rewarding opportunity.

Advances in ultrasound and genetic testing have greatly increased our capability to diagnose abnormal conditions in the fetus before delivery. This has increased the awareness of parents about the health of their unborn baby and the decisions they must confront and make when an abnormal condition is detected. In addition, advances in neonatal care have expanded the gestational age at which fetal survival becomes possible. But with the increased survival of extremely preterm infants comes the increased risk of serious morbidity and complications. Thus, the opportunity and need for perinatal palliative care programs to benefit pregnant patients and their families has greatly increased.

The goal of a perinatal palliative care program is to assist and support the pregnant patient, her spouse, and their family when a life-threatening or life-limiting condition is detected during the pregnancy

or early neonatal period.<sup>1</sup>

The Institute of Medicine (now known as the National Academy of Medicine) defines palliative care as follows:

“Palliative care offers a comprehensive approach to medical care for people with serious illnesses. It can include end-of-life care, but can also be delivered along with curative treatments at any age, diagnosis, or stage in a serious illness. An interdisciplinary care team works with patients, families, and other health care professionals to provide support to the patient and his or her family.”<sup>2</sup>

To palliate is to relieve from pain or suffering, to mitigate, to lessen, with or without a cure. In medicine, palliative care is specialized care provided to patients and their families with life-altering or life-threatening conditions. Most often, palliative care is associated with end-of-life conditions for adults, especially for elderly patients. Palliative care is routine for patients with cancer. However, palliative care is not limited to patients with life-ending conditions (terminal cancer, advanced ALS, advanced and progressive dementia, etc.) as it can benefit patients with serious medical conditions that might be temporary or chronic but not always lethal (certain cancers, myocardial ischemic events, stroke, renal disease including dialysis, life-limiting COPD, Parkinson’s disease, etc.).

The World Health Organization (WHO) states the following:

“Palliative care is an approach that improves the quality of life of patients (adult and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.”<sup>3</sup>

Common aims of palliative care are to relieve suffering, improve the quality of care, and to help patients and their families better understand the choices for treatment. Palliative care is now a recognized medical specialty with specialized training

available to physicians, nurses, and others. Palliative care is best provided as a team that collaborates for the benefit of the patient, their family, and other health care practitioners involved with the care of the patient.

Palliative care is not limited to hospitals or nursing homes but can be provided in the out-patient setting or even in the home. Palliative care is not the same as hospice care. The American Cancer Society defines hospice care as:

“Compassionate care for people in the last phases of incurable disease so that they may live as fully and comfortably as possible. . . .

“The hospice philosophy accepts death as the final stage of life: it affirms life, but does not try to hasten or postpone death. Hospice care treats the person and symptoms of the disease, rather than treating the disease itself. A team of professionals work together to manage symptoms so that a person’s last days may be spent with dignity and quality, surrounded by their loved ones. Hospice care is also family-centered—it includes the patient and the family in making decisions. . . .

“Hospice care is used when a disease, such as advanced cancer, gets to the point when treatment can no longer cure or control it.”<sup>4</sup>

Hospice care and comfort care are oriented towards end-of-life issues—when the disease is terminal and death is inevitable. Palliative care is more encompassing. The goal of palliative care is to provide hope, to help patients and their families achieve greater understanding, to help alleviate pain and suffering, and to improve the quality of life. Palliative care can incorporate hospice care and comfort care plans when appropriate but can also be part of the care for a patient and their family while undergoing curative treatment or understanding and living with chronic disease.

Perinatal palliative care is a unique and focused form of palliative care that is targeted towards pregnant mothers and their unborn baby (fetus) or the newborn infant when a life-threatening or life-altering condition is identified. The experience gained with the development and implementation of palliative care for adults has been very useful in

**The goal of palliative care is to provide hope, to help patients and their families achieve greater understanding, to help alleviate pain and suffering, and to improve the quality of life.**

developing palliative care for newborn infants.

The American College of Obstetrics & Gynecology (ACOG) defines perinatal palliative care as follows:

“Perinatal palliative care refers to a coordinated care strategy that comprises options for obstetric and newborn care that include a focus on maximizing quality of life and comfort for newborns with a variety of conditions considered to be life-limiting in early infancy.”<sup>5</sup>

The variety of conditions to offer perinatal palliative care include pregnancies with lethal fetal conditions, defined as a medical condition that does not allow for long-term survival after delivery. In addition, conditions that are not lethal but associated with significant short or long-term morbidity are included in the need for perinatal palliative care. The top causes of perinatal death, defined as still-birth at 22 weeks or greater during the pregnancy, or neonatal death (occurring in the first 28 days of life) are fetal abnormalities (anatomic and genetic) and extreme prematurity.<sup>6</sup>

Examples of lethal fetal conditions include these:

- anencephaly
- alobar holoprosencephaly
- encephalocele, large
- limb-body-wall complex
- bilateral multicystic dysplastic kidney disease
- bilateral renal agenesis
- certain skeletal dysplasias (e.g., thanatophoric)
- certain genetic conditions

- » trisomy 13 (Patau Syndrome)
- » trisomy 18 (Edwards Syndrome)
- » triploidy

Examples of life-limiting conditions that may not be lethal in the early neonatal period but might not have long-term survival or may survive long-term but with life-limiting conditions include these:

- certain genetic conditions
  - » trisomy 21 or Down syndrome
  - » monosomy X or Turner's syndrome
- extreme prematurity or at the early limits of viability
- complex congenital heart disease
- twin-to-twin transfusion syndrome (TTTS)
- arthrogyposis (joint contractures)
- pulmonary hypoplasia, secondary to:
  - » preterm rupture of membranes
  - » large congenital diaphragmatic hernia
- giant omphalocele

Once a lethal or life-altering fetal diagnosis is suspected, the patient should be referred to a center of excellence or location with special expertise to confirm the diagnosis. The patient should be fully informed of the diagnosis and implications in a compassionate yet truthful manner. It is a cardinal sin in medicine to remove all hope but equally poor to provide false hope that will shatter the patient when the day of reckoning arrives.

The definition of a lethal fetal condition is subject to further discussion. Some fetal conditions are almost always lethal to the fetus during the pregnancy (in utero). An example might be severe fetal hydrops diagnosed in the first or second trimester. Other conditions are very likely to result in a lethal outcome after delivery, during the newborn period. However, the timing of death can be very difficult to predict.

It behooves the physician to be careful with discussions about the outcome of the fetus after delivery. Ultrasound is a phenomenal tool to visualize the fetus. But prediction of the post-delivery outcome is not always certain, and sometimes the suspected prenatal diagnosis is incorrect but not realized until after delivery.

I can distinctly remember two different pregnancies with fetal alobar holoprosencephaly. The ultrasound appearance of the fetal brain was similarly

grim. With delivery, one infant lived a short period of time while the other infant lived for several months. Yet the ultrasound appearance was similar.

The same is true for genetic conditions. Not all fetuses with a genetic abnormality such as Down syndrome will have identical phenotypic features and outcomes. Phenotypic variability is common and not reliably predictable by obstetric ultrasound or genetic test results. For example, about 50 percent of fetuses with Down syndrome will have some type of congenital heart defect, most of which can be identified with prenatal ultrasound. However, there is also an increased risk of immune and blood system disorders (e.g., leukemia) in infants with Down syndrome, which cannot be predicted by prenatal ultrasound. Fetuses with mosaic genetic conditions are even more difficult to accurately predict the phenotype after delivery.

Palliative care honors the values of the patient and her family, as well as providing compassionate and supportive care to the fetus (prior to delivery) or infant (after delivery). There can be overlap, and palliative care might eventually transition to hospice care or comfort care.

Perinatal palliative care involves a coordinated interdisciplinary care team that often incorporates the following members:

- primary obstetric care practitioner (certified nurse midwife, family physician, or obstetrician)
- perinatologist (maternal-fetal medicine)
- nursing
- genetics (physician or genetic counselor)
- pediatric specialists such as neonatology or pediatric cardiology
- social service
- child-life specialist
- minister, chaplain, or faith-based person

Informing a patient and her family of bad news is always a difficult and dreaded experience for the physician or health-care practitioner. My advice is to be candid and direct but with compassion and empathy. Patients need to know the truth. Before doing so, the physician or practitioner should prepare and have a solid understanding of the diagnosis and anticipate the questions and concerns of the patient and family. If the physician comes across as uncertain



or hesitant, the patient will pick up on that and have greater difficulty with understanding and accepting the diagnosis. The use of drawings or anatomic art can be very helpful. Above all, offer genuine compassion and empathy.

It is important to identify the time and place to deliver such news. A casual phone call is not recommended. Instead, a private location where the patient may grieve is best. If the patient is in our office, we often arrange for them to be excused through a private exit to avoid a waiting room full of patients who are otherwise happy and doing well. If possible, determine ahead of time who should be present for the discussion.

It is common for patients to misunderstand after the initial discussion. It is my practice to invite the patient to return within a few days for a follow-up conversation. In addition, we invite additional family members to join with us and suggest that one member of the family take notes of the discussion. It is very important for the spouse or partner to be part of the discussions. Sometimes the focus is strongly on the pregnant patient, but the spouse should not be neglected. They also mourn and might have strong feelings of grief. It is common for patients and family members to develop feelings of denial, confusion, anxiety, depression, or even anger. Some patients will request a second opinion with another physician to verify the diagnosis.

If the patient and spouse are young, having one or more of their parents or grandparents present can be very helpful. We provide information to the patient and family by printing educational material or providing web sites of proven value. With time comes understanding.

Patients benefit from the love and support of others, including family, friends, colleagues at work, their church, or support groups available online. In my experience, the more connected a patient is with others, the more resilient is the patient and the emotional outcome of the patient is improved. I recall a patient from South America married to someone from the United States. Their unborn baby was diagnosed with a lethal genetic condition. The patient cried when the diagnosis was confirmed, and she felt so alone because although she had a wonderful husband, all her friends and family were in the country in South American where she was raised.

Development of a palliative care plan, including a specialized birth plan, is very important for the patient and her family, as well as the health care team. The birth plan will be highly personalized and tailored to the needs and wishes of the patient and family. Copies of this should be made available to the patient and spouse, to the hospital where the patient will deliver her baby, and to all members of the care team. The goal is to provide the patient and family with accurate information and to assist the patient in making the choices that are compatible with her wishes and values.

Each birth plan is unique for each patient. It should incorporate plans and recommendations for the delivery of the infant and the care after delivery. Most birth plans will address the following issues:

- prenatal care during the pregnancy
- fetal assessment and monitoring in the days and weeks prior to delivery
- timing of delivery (what gestational age is best to deliver the baby)
- location of delivery (which hospital or birth center)
- method of delivery (labor or scheduled cesarean). If the fetus is not likely to survive the labor, does the patient prefer a cesarean delivery so she might have the opportunity to have time with her baby?
- fetal monitoring during labor
- who will be present with the patient during labor and delivery of the infant
- level of care and resuscitation upon delivery of the infant
  - » If the infant is not breathing very well, is active respiratory support to be provided?
  - » Is the infant to be intubated if necessary?
  - » Will intravenous access be obtained?
- basic care of the newborn infant including contact with the patient, respiratory support, and feeding. Would a feeding tube be used if the infant is unable to adequately feed?
- if death is likely, discuss burial or funeral plans
- create physical memories with photographs, hand and foot prints, 3D casting of hands and feet, lockets of hair, blankets

Pregnancies complicated by abnormal features or complications are at increased risk of preterm labor,

preterm birth, and stillbirth. Upon delivery and with assessment of the newborn infant by the pediatric and neonatal care team, the outlook and prognosis for the infant might change.

Delivery of the infant, whether by labor or cesarean, should be oriented towards providing the patient and her family the best possible experience with comfort, support, and love. If the infant is not expected to survive for much time, it is usually best to allow the patient and family to be with the baby as much as possible. If the baby survives long enough for the mother to be discharged from the hospital after delivery, some type of in-home perinatal hospice team should become involved to provide continued support to the family.

Some patients prefer to have little to no involvement with their baby after delivery if the infant is not expected to survive or if the infant has severe defects or life-limiting complications. I have cared for patients in which we made the diagnosis of a severe defect and the patient decided to continue the pregnancy but wished for no further involvement after delivery. In such cases, it is best to seek understanding and then develop a birth plan that provides compassionate care for the newborn infant while respecting the wishes of the patient.

If the infant is admitted to the neonatal intensive care unit (NICU), a neonatologist will be the physician that provides care. Decisions about what to do, which treatments to offer or withhold, whether to resuscitate, or whether to withdraw support can be very complicated and difficult. Often it takes time for the patient and family to develop understanding and acceptance before making definitive decisions.

If the infant is likely to not survive for long, but the patient and family wish to be at home with their baby, involvement of a perinatal hospice program can be very helpful. Hospice care is multidisciplinary as well but is focused on end-of-life issues. Support for the infant as well as the parents is the aim of perinatal hospice care teams. Unfortunately, the availability of perinatal hospice care is often very limited, especially in rural or lower population-dense areas. If a formal perinatal hospice team is not available, designated members of the palliative care team can provide ongoing support and assistance, often with use of telephone or video technology.

After delivery, if the newborn infant passes away, continued care of the patient is important. If the

patient has been discharged from the hospital, some type of close surveillance is warranted. This might be with in-person visits, phone calls, or email. Patients and their families with a pregnancy complicated by fetal or neonatal death or severe life-threatening conditions are at increased risk of postpartum depression and emotional issues. Patients might falsely assume a feeling of guilt that they did something wrong to cause the abnormal outcome. Emotional reassurance is important and should be ongoing.

In summary, perinatal palliative care should affirm the sanctity of life while accepting that imperfections and death are a normal process. No matter how short or long, life is to be valued and cherished. The values of the patient should be respected and honored. The goal of palliative care is to offer support to the patient and family and to provide care during the pregnancy and to the newborn infant in a manner that is supportive and with dignity for all.

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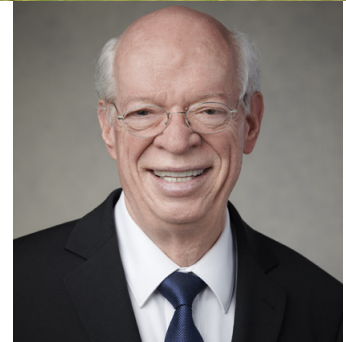
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# Professional Excellence Is a Part of Discipleship

*by* Elder J. Devn Cornish, MD,  
emeritus General Authority Seventy



**M**y esteemed colleagues and friends, thank you so much for the privilege of speaking with you today. It is an honor and a blessing to me. But much more importantly, my sincere thanks for the countless hours and the continuing stretching you devote to balancing a demanding Christlike profession with the heavenly mandates of family and faith.

Just as my adult life has largely been divided into two phases—full-time medical work and full-time ecclesiastical work—so I would like to share with you two life lessons I have learned, one from each of those phases. The first I will share briefly and the second in more detail.

As a young pediatric resident in August of my first year, it didn't take many trips to the delivery room in the Boston Lying In Hospital to realize that we were being confronted with a torturous ethical dilemma. Some of the babies we were paged to resuscitate were so very premature that they would likely have terrible long-term outcomes if they somehow survived, but they were mature enough that they might survive if resuscitated, and some took at least a few breaths. Intimately familiar with what lay ahead, it pained us to resuscitate them; but of course, we *could* not fail to support a baby who had a credible chance of



long-term survival, and we *would* not terminate the ones who were breathing.

As I wrestled with this dilemma over the years, I decided to confront it head on by specializing in newborn intensive care with the goal of helping to invent a technological solution to this ethical dilemma—an artificial placenta and uterus. We could simply deliver such babies and then connect them to a pump and oxygenator, place them in artificial amniotic fluid, and support them until they were ready for a healthy full-term delivery.

After extensive experimentation on pigs and lambs, we failed to overcome the prompt shrinking of the umbilical vessels after birth, making vascular access impractical. But I did find myself in the company of a group of visionary physicians who were applying the same kinds of technology to treat newborn babies with life threatening heart and/or lung failure. The technique came to be known as “ECMO,” which stands for extracorporeal membrane oxygenation.

Over the course of my career, I had the opportunity to start three ECMO centers: one in the US Air Force hospital in San Antonio, one at San Diego Children’s Hospital, and one at Children’s Healthcare of Atlanta. I was one of the founding members of the international Extracorporeal Life Support Organization, and I led the development in San Antonio of an in-flight ECMO transport system used by the US Air Force for long-range transport of patients on ECMO. But it goes without saying that this was not the outcome I expected for my career when I left my pediatric residency.

So the first lesson I would like to share is that our loving Heavenly Father, desiring to secure for us His choicest blessings, may sometimes inspire us to pursue goals He doesn’t intend for us to reach. Think about that for a moment. The Lord may sometimes inspire us to pursue goals He doesn’t intend for us ultimately to reach. You may have already discovered this, but it was a surprise to me.

My original intent was to become a general pediatrician and practice in a small office where I could quietly care for children and talk with their parents. Indeed, that was the direction I felt inspired to pursue. But I didn’t get very far down that road before I felt guided to make a sharp turn into neonatology. Before long, as I have noted, I was involved in a novel, high pressure, high risk, expensive, and terrifying venture that put babies in very real danger

and saved a very large number of lives. In this case, the Lord could not have inspired me to pursue that course from my early days in medicine because that option, that technology, did not yet exist.

I believe it is a true and important principle that to guide us through the intended path of our lives, the Lord must sometimes head us for a time in a direction that we are to follow only part way to the end. Then, when we have gone far enough in that direction, He gives us a new goal that heads us for the needed time in another direction. Unfortunately, in such situations people sometimes conclude that either they were not inspired in the first place or that somehow they have failed to follow the Lord’s will.

How sad it is if we lose faith along the way, concluding somehow that either the Lord cannot be trusted or that we cannot trust ourselves as to the inspired nature of our goals. I think that in general there are a number of different directions to be taken and experiences to be had in our lives that serve not only to *get us* where He wants us to *go* but, more importantly, help us to *become* who He needs us to *be* in the process. Please do not lose faith when the Lord inspires you to change directions for His purposes. Life is generally not one straight course, even if the covenant path is.

The second lesson I would like to mention in more detail is this: particularly in this second phase of my life, I have learned from watching many of the Lord’s chosen servants that striving for *professional* excellence is a part of discipleship. Perhaps it will help to share with you an unexpected example of this principle. [VIDEO: “Reid Cornish, the Greatest Showman”; see <https://www.youtube.com/watch?v=XKoDq6wYTdw> ]

As you might have guessed, Reid is our son, our sixth child. Though he is obviously substantially limited in his abilities by Down Syndrome, Reid has learned a crucial lesson of life. He knows he has Down Syndrome and that he will never drive a car or fully manage his grocery shopping or personal finances or live alone. But he believes he *can* bring light and joy to people, and he is deeply committed to doing all he can to that end.

You see, the quest for personal and professional excellence does not direct us to be better than someone else. In fact, it has nothing to do with anyone else. The quest for excellence simply demands of us that

we be our best selves. That is what Reid is striving to be.

In Alma 17:9 we read, speaking of the sons of Mosiah and their mission to the Lamanites,

And it came to pass that they journeyed many days in the wilderness, and they fasted much and prayed much that the Lord would grant unto them a portion of his Spirit to go with them, and abide with them, that they might be an instrument in the hands of God to bring, if it were possible, their brethren, the Lamanites, to the knowledge of the truth, to the knowledge of the baseness of the traditions of their fathers, which were not correct.

The question professional excellence and discipleship ask of one is not whether you are better or worse than someone else. The question is, when you offer yourself as an instrument in the Lord's hands, does He get a sharp instrument or not—whatever kind of instrument you are meant to be! He needs all the different kinds of instruments, but He needs them to be their best.

Would you like to be operated on by a mediocre surgeon? Do you think that is pleasing to the Lord if that surgeon could have been better than He is? Is it pleasing to the Lord for me to be a good doctor if I could be an excellent doctor?

As I have strived to develop true professional excellence, I have been deeply moved by the stirring examples of our senior Church leaders in their professional lives. While I will not attempt to offer detailed biographies, I would like to make note of at least a few of the indicators of professional excellence in the lives of some of them.

President Russell M. Nelson, who will be ninety-eight in September, grew up in a family that was not active in any church. He joined the Church as a sixteen-year-old high school senior and graduated as valedictorian at East High at that age. He graduated from the University of Utah with both a bachelor's and an MD degree at the age of twenty-two, receiving Phi Beta Kappa honors. He did a research-focused

residency program at the University of Minnesota, earning a PhD at the same time.

In those days, the University of Minnesota was one of the leading centers in the world in the disreputable effort to operate on the human heart. In fact, C. Walton Lillehei and Clarence Dennis, with both of whom Dr. Nelson worked intimately, would turn out to be two of the greatest pioneers in the history of that field. It was the Minnesota team that performed the first successful open-heart operation using cardiopulmonary bypass in 1951. Russell Nelson was a prized member of that team, which developed not only a successful heart-lung machine, but also the surgical approaches to many of the most complicated and challenging heart conditions.

Dr. Nelson then served for two years in the US Army Medical Corps during the Korean War followed by further surgical training at Massachusetts General Hospital/Harvard University and a faculty position at the University of Utah School of Medicine. In addition to performing nearly 7,000 surgical procedures, he served as president of the Society of Vascular Surgeons and a director of the American Board of Thoracic Surgery.

It is noteworthy that President Nelson sings well, has perfect pitch, plays the piano exceptionally, and can teach in many languages including Spanish, Portuguese, Mandarin, Russian, and others. He exercises regularly, watches his weight and diet, and maintains perfect posture. He prays and studies the scriptures often and seeks the Spirit constantly. He is also profoundly loving and amazingly attentive to individual people and their needs and feelings.

President Dallin H. Oaks, who will be ninety in August, spent a lot of time on his grandparents' farm as a youth after his father died when he was only seven. Early on he developed the habits of hard work, personal discipline, and a commitment to excellence. He also developed an enduring testimony of the Lord Jesus Christ and His Church.



Image: Freepik.com

Would you like to be operated on by a mediocre surgeon? Do you think that is pleasing to the Lord if that surgeon could have been better than He is?



He studied accounting at Brigham Young University (BYU), then went to law school at the University of Chicago, where he was editor-in-chief of the *University of Chicago Law Review* and graduated in 1957 with a JD *cum laude*. After law school, [President] Oaks clerked for Chief Justice Earl Warren at the US Supreme Court. After three years as an associate [in a local law firm], [President Oaks] returned to the University of Chicago in 1961 as a professor of law [at age twenty-nine!]. He taught at Chicago until 1971, when he was chosen to succeed Ernest L. Wilkinson as the president of BYU [at age thirty-eight]. [During this time, President Oaks remained active and faithful in the Church, serving, among other callings, on the stake high council, in the stake mission presidency, and as a counselor in the stake presidency.] [President] Oaks was BYU's president from 1971 until 1980 and was then appointed to the Utah Supreme Court, on which he served until his selection to the . . . Quorum of the Twelve Apostles in 1984.

During his professional career, [President] Oaks was twice considered by the US president for nomination to the US Supreme Court.<sup>1</sup>

Pres. Henry B. Eyring, who will be eighty-nine in May, received a bachelor's degree in physics from the University of Utah and, after two years in the US Air Force, received both a master's and a PhD in business administration from the Harvard Business School. He became an associate professor at Stanford University at age twenty-nine and also served as a bishop. He became president of Ricks College at age thirty-eight and was called as a counselor in the Presiding Bishopric at age 52. He has served in the First Presidency since 2007 and is the only person in this dispensation who has served in all the presiding quorums of the Church: the Presiding Bishopric, Quorum of the Seventy, Quorum of the Twelve, and First Presidency.

President Thomas S. Monson, who served as President of the Church from 2008 to 2018, was

known professionally to the Church by his early occupation as a printer. Although he had many other professional and academic achievements, one anecdote will illustrate the excellence he achieved in the printing trade.

President Monson began in printing as a teenager helping his father, a typesetter and printer, by washing the presses.

Later, as a member of the Quorum of the Twelve, Elder Monson chaired the committee that supervised the publication of the Latter-day Saint scriptures members use today. During that process, he, along with other members of the Twelve, visited the venerable Cambridge University Press in London where the scriptures were being printed. As they walked along the production line, Elder Monson picked up a page as it whisked by. With his printer's "eagle eye" he spotted an error on the page. The manager who was conducting the tour was

deeply offended when the error was mentioned, but at Elder Monson's insistence, the presses were stopped, the error was verified, and it was corrected.<sup>2</sup>

It is also interesting to note that, as an Apostle, Elder Monson continued his education and received an MBA from BYU in 1974.

Obviously, we could go on. The examples of professional excellence among the recently and currently serving general authorities are numerous and striking. But I think you get the picture. They serve as examples to us all that striving for professional excellence is a part of discipleship.

Now I hasten to confess that a reasonable response to my premise might be, "But I just can't do it all!" and indeed we can't.

But I think the example of Elder Dale G. Renlund and his wife Ruth is instructive in terms of stretching and balancing beyond our perceived limitations.

Elder Renlund graduated with both a bachelor's and an MD degree from the University of Utah. During his time in medical school, he married Ruth Lybbert. They had one daughter, Ashley, a week after



Image: Freepik.com

The examples of professional excellence among the recently and currently serving general authorities are numerous and striking.

he received his MD degree in 1980. He was accepted into the world-class, highly competitive internal medicine program at Johns Hopkins University School of Medicine where I had been a medical student a short time before.

He and Ruth had always been active and faithful Latter-day Saints, but maintaining regular church attendance at Hopkins—not to mention holding and magnifying any callings—was very difficult. The days in the hospital began early in the morning and ended late in the evening, even on his nights off. On his nights on call, he would work all day and through the night and into the next day until his work was finished, often in the evening. Then he would be expected to be at the hospital early the next morning to begin again. The environment was competitive and the pressure intense. At Hopkins few of the residents were married, and some of those marriages did not survive the strain.

Ruth Renlund had always wanted to be a lawyer like her father, but he felt that was a profession unbefitting a young woman. She graduated from the University of Utah with a degree in education and had taught high school in Salt Lake while Dale was in medical school. But some fifteen months after their arrival in Baltimore, she was diagnosed with ovarian cancer. This required the removal of both of her ovaries and nine months of chemotherapy. It was a difficult time in their lives as she struggled with cancer and he struggled to take care of her and their daughter, Ashley. He also continued full bore in his residency program.

To take her mind off her illness and her very significant chance of dying, Ruth decided to pursue her lifelong desire to become a lawyer and attended law school at the University of Maryland. She graduated a few years later.

Not surprising to anyone who knows Elder Renlund, he excelled in his residency program and was selected for the renowned cardiology fellowship program at Johns Hopkins. He ultimately specialized in cardiac transplantation medicine. But the challenges weren't over; at the beginning of his cardiology fellowship, Dale was called as the bishop of their inner-city ward, a calling he held throughout his fellowship and at which he also excelled.

When he was called as a General Authority in 2009, Elder Renlund had been serving for 18 years as the medical director of the regional heart trans-

plantation program at the University of Utah. In that role, he was not only a widely recognized expert in cardiac transplantation, but he was a man of great compassion. One of his colleagues noted, "If a patient didn't have means of transportation, Dr. Renlund would drive significant distances to the patient's home, lift him or her into his car, and then drive the patient back to the hospital," which was quite extraordinary.<sup>3</sup>

During the time between his fellowship and his call as a General Authority, Elder Renlund continued to be devoted to his family and to Church service as well as his professional career, serving as a stake president and an Area Seventy. In the meantime, in addition to her key role in raising their beautiful daughter, Ashley, Sister Renlund became president of her law firm and one of the most prominent personal injury lawyers in the state. Elder Renlund was sustained as an Apostle and a member of the Quorum of the Twelve in 2015.

Now, it's easy to dismiss the Renlunds' extraordinary accomplishments, as well as those of the others I have cited, by saying that these people are simply overachievers and that they are just wired differently than the rest of us. But please do not excuse yourself so easily from their examples. The truth of the matter is that when the going got tough, they refused to choose between being active in the Church and excelling in their professions. The level of busyness at which those choices are placed before you and me may be different than theirs, but you are going to have to confront that choice at some point—and perhaps at many points—in your life! I plead with you not to make this an "either-or" decision but a "yes-and-also" one!

There absolutely is time in your life to do all the things that the Lord wants you to do. As I understand it, that is exactly what consecrating your time means. The Lord will help you to balance worthy priorities and accomplish in the time available the things He wants you to do. Sometimes that will mean staying at the hospital or going in to see a patient when your children want you to stay home. Sometimes it will mean asking to be excused from a leadership meeting because your spouse really needs your support. And sometimes it will mean sleeping in on a Saturday morning just to unwind. But the key is that you are choosing what the Lord wants you to do, not just what you want to do.

Now, some things may have to be postponed or even discarded, but the things of importance must retain their importance. To be quite honest with each other, the choices such balance imposes upon us are rarely between urgent things and important things. They are usually between the things we know we should do and the things we just want to do. They are usually not choices between saving lives and saving souls. They are more often choices between blessing souls and watching something on a screen!

President Gordon B. Hinckley said, “The four obligations I have in mind are:

- “1. To one’s vocation
- “2. To one’s family
- “3. To the Church
- “4. To one’s self<sup>4</sup>

Excellence in our temporal ministry can—and must—be balanced with a deep commitment to spiritual observances including daily prayer and scripture study, Sabbath observance and Church attendance, fasting, paying a full tithe, keeping the Word of Wisdom, and strict observance of the law of chastity—no matter what one’s career may be.

At this point, I have probably ventured much too far into a theme—life balance—with which most of my hearers are probably more accomplished than I, and especially those women who are not only physicians but wives and mothers as well. But since I have rushed this far onto ground upon which angels fear to tread, I will be bold enough to venture just a bit farther.

I would like to say a word about setting your professional goals. Michelangelo, the great artist and sculptor, has been quoted as saying, “The greatest danger for most of us is not that our aim is too high and we miss it, but that it is too low and we reach it.”

As I have observed the extraordinary Latter-day Saints who have the courage to be both faithful and professionally excellent, I have sometimes felt the same sentiment that this master artist expressed. So many of you are not only good, but you are in fact in many ways truly great. But life circumstances and daily pressures bear you down and, combined with your laudable humility and understandable self-doubts, you forego opportunities to do more and be more professionally. Without going into the details, as a young bishop I sat in a meeting where Elder

James E. Faust gave us quite a lecture about pursuing professional excellence. Frankly, that lecture considerably changed the way I was approaching my life.

In closing may I note that in this as in all things Jesus Christ is our exemplar. As you reflect on the invitation to be a sharp instrument in the Lord’s hand, consider with what excellence the Savior did always His Father’s will.<sup>5</sup> Consider also the pressing counsel of Elder Jeffrey R. Holland in his most recent general conference address where he said,

When difficult things are asked of us, even things contrary to the longings of our heart, remember that the loyalty we pledge to the cause of Christ is to be the supreme devotion of our lives. . . . [W]e must be prepared . . . to have it cost ‘not less than everything.’

“ . . . Clearly the possibility of change and living at a more elevated level has always been one of the gifts of God to those who seek it.”<sup>6</sup>

I bear witness to you that God lives, that Jesus is the Christ, and that He leads this Church through living prophets and apostles. I testify that the Savior desires to use us as instruments in His hands. And I pray that we may be sharp and useful when we are needed. May Heaven ever bless you and your loved ones. In the name of Jesus Christ, amen.

## ENDNOTES

- 1 “Dallin H. Oaks,” [https://en.wikipedia.org/wiki/Dallin\\_H.\\_Oaks](https://en.wikipedia.org/wiki/Dallin_H._Oaks), accessed on March 25, 2022.
- 2 See Jason Swensen, “Printing Industry Lauds LDS Leader,” <https://www.thechurchnews.com/archives/2009-04-25/printing-industry-lauds-lds-leader-71967>.
- 3 Quentin L. Cook, “Elder Dale G. Renlund: An Obedient Servant,” *Ensign*, July 2016, 30.
- 4 “Life’s Obligations,” *Ensign*, February 1999.
- 5 See John 5:19; 8:28–29.
- 6 “The Greatest Possession,” *Liahona*, November 2021, 9.





# Leaning In

## A Medical Professional's Responsibility

*Adapted from a College Faculty Lecture presented by Dr. Winterton to the Ezekiel R. Dumke College of Health Professions at Weber State University, Ogden, Utah, September 28, 2018.*

*by Brad S. Winterton, DVM, MPH, DACVPM*

**E**pidemiologists are sometimes referred to as disease detectives or epidemic chasers. In the course of my career, I chased polio in Pakistan, clean water in post-earthquake India, allergic reactions to genetically modified corn in the US,<sup>1</sup> evidence of biological weapons in New York City after 9/11,<sup>2</sup> anthrax in New York<sup>3</sup> and Washington DC,<sup>4</sup> disease and non-battle injury among military personnel in US Central Command, and tuberculosis and rabies<sup>5</sup> in at-risk populations. Being an epidemiologist was never boring. Years ago, one of our young children asked my wife, Julie, “Mom, what if Dad got one of the diseases he chases?” Her appropriate response was, “Well, I guess that would mean he’s not very good at what he does.”

Being “good at what he does”—what is it that medical professionals do, and what are the criteria for being good at doing it? According to the World Health Organization, medical professionals “study, diagnose, treat, and prevent human illness, injury, and other physical and mental impairments in accordance with the needs of the populations they serve.”<sup>6</sup> Inherent in “the populations they serve” is the all too real potential for very difficult situations, including many things not taught in medical school. Medical professionals are often present when their patients are at their very worst, or at least when they are dealing with the worst life can throw at them.

In my family, we promote an approach called *leaning in*, which experience suggests is essential to

qualify as being *good at* the medical profession. We *lean in* to challenges, we *lean in* to trials, we *lean in* to people, and, most importantly, we *lean in* to the Spirit.

*Lean in* might sound like a synonym for courage, and it is—almost. Merriam-Webster defines courage as the “mental or moral strength to venture, persevere, and withstand danger, fear, or difficulty.”<sup>7</sup> *Lean in* includes that, but goes one step farther. To illustrate, consider Caleb who at the age of 85 was among those told to go against the Anakims—the giants who inhabited the promised land—before the Israelites could enter and take possession. Caleb, *leaning in* to the call, responded with courage and said, “Give me this mountain.”<sup>8</sup> Of his reply, President Spencer W. Kimball said, “There are great challenges ahead of us, giant opportunities to be met. I welcome that exciting prospect and feel to say to the Lord, humbly, ‘Give me this mountain,’ give me these challenges.”<sup>9</sup> That is certainly the attitude of many medical professionals I have known.

While *lean in* does not mean we go looking for challenges, it does mean that when the Lord or life puts them in our path, we move toward the challenge and the people involved, not in a menacing or offensive manner, but with a desire to face it, deal with it from a place of compassion, learn from it, and continue to move forward. In this context it is critical, particularly for medical professionals who are also members of The Church of Jesus Christ of Latter-day Saints, that we *lean in*. Perhaps examples can best illustrate what *lean in* looks like.

### *Lean In to Opportunity As Presented by the Spirit*

Growing up on my grandparents’ ranch, I knew early that I wanted to be a veterinarian. Along the way, I considered opportunities to change direction and pursue something else, but I held on to that early goal and always came back to it. I applied to veterinary school, was accepted, loved the four years at Colorado State University, and graduated as a Doctor of Veterinary Medicine in 1991.

Part of pursuing veterinary medicine was the expectation on the part of extended family and myself that I would return home after graduation, set-up or join a veterinary practice, and provide veterinary care for the family cattle business. I was on that path until

I attended a preventive medicine conference shortly after graduation. There I heard two veterinarians, wearing US Air Force uniforms, present research on “The Epidemiology of Communicable Disease in US Military Personnel during Operations Desert Shield and Desert Storm.”<sup>10</sup> I was fascinated! Two veterinarians talking about *human* epidemiology! Surprisingly, that felt right, and it triggered in me something I could not ignore. Six months later, I was a newly commissioned Air Force Captain moving my family to Keesler Air Force Base in Biloxi, Mississippi.

I had become a veterinarian according to my long-established goal, but instead of taking care of the family cow herd (to the dismay of extended family members), I ended up on the other side of the country wearing an Air Force uniform working in human health. Looking back now, I cannot imagine my life turning out any other way.

How often in our lives do we head down one path only to feel the Spirit nudging us toward another? Sometimes, *lean in* means *let go* of a long-established plan and *be cheerfully flexible*. The result may feel like our life’s path is full of zigzags and U-turns. However, I submit that what may feel like a wandering road is actually in the eyes of the Lord a straight line from where we are to where He would take us.<sup>11</sup> If we are willing to listen and *lean in* to quiet whisperings of the Spirit, the Lord will put us where He wants us—which will always be where we can be of greatest benefit to His kingdom and receive His greatest blessings.

### *Lean In to the Unknown, Aided by the Spirit*

In early 2001, I was working with local health officials and World Health Organization personnel on polio eradication in Pakistan. The strategy for polio eradication consists of immunizing every child five years of age and younger in the entire country—in one day—repeated three times per year until three years pass with no new polio cases. It is a *huge* undertaking that requires solid leadership, coordination, logistical support, and a small army of immunizers going door to door.

On one of those National Immunization Days, I was going from village to village in the Sindh



Province of southern Pakistan checking the progress of immunization efforts. Late that afternoon, my driver and I stopped at a small, rural village. We parked at the edge of the village and walked toward the center where we found a crowd gathered around two lady healthcare workers who were there to administer oral polio vaccine to the children.<sup>1</sup> It was immediately clear that something was wrong—the villagers seemed to be angry, and the two young women were clearly frightened; nothing in their training had prepared them for a crowd of angry parents.

I asked my driver (who was also my translator) what was going on. He listened for a moment and said, “The villagers are threatening the lady healthcare workers because someone said the polio vaccine is sent by the Americans to sterilize their children.” I was at the edge of the crowd, so obviously an American. A few villagers were just beginning to notice me, and it seemed the situation was about to deteriorate rather quickly. How do you lean in to a situation like that? I did not know what to do—I certainly did not have time to think about it, consider options, or weigh outcomes. All I had time to do was to act.

It is likely each of us will find ourselves in a similar situation—possibly many. When there is no time to think, we are told to trust our training and let it take over. While this is sound advice, as members of the restored Church of Jesus Christ, we can do more. Even as we rely on our training, we must also lean in to the Spirit. We can, as Elder Boyd K. Packer taught, take the first steps, even if as we move we are not sure what our course of action will be. Then Elder Packer assured us, “The light will appear and show the way.”<sup>12</sup> Nephi demonstrated how to do this when, trusting in the Lord, he “crept into the city [of Jerusalem] . . . , not knowing beforehand the things which [he] should do.”<sup>13</sup> We do not need all the answers before we start moving, and we should not let a lack of answers stop us from leaning in to the Spirit and acting.

That day in Pakistan, amid an angry crowd, the thoughts came quietly and distinctly, but one at a time, each step revealed only after I had taken the

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previous. “Walk to them.” I walked through the villagers to the lady healthcare workers. “Vaccine carrier.” I pointed at their vaccine carrier, and they handed it to me. “Vaccine vial.” I removed from the carrier a full, 20-dose vial of oral polio vaccine. “Drink it.” I did.<sup>2</sup> The feeling in the village changed immediately. The anger dissipated, the men wandered off, and the mothers lined up with their children to receive the vaccine.

That particular day could have ended very differently. Two years later, a similar situation occurred in Nigeria, where political and religious leaders in three northern states promoted the belief that the polio vaccine contained anti-fertility drugs and the human immunodeficiency virus (HIV). That led to a complete halt of the polio eradication program in those areas. World Health Organization workers were forced to leave, and wild polio virus spread to 18<sup>3</sup> previously polio-free countries<sup>14</sup> causing 1,122 reported cases of polio in children who had been safe from infection.<sup>15</sup> But that day in that rural Pakistani village, that outcome (desired and, no doubt, promoted by the adversary) was thwarted by leaning in to the Spirit, and I am eternally grateful for the experience.

### *Lean In to Vulnerability, in Others and in Yourself*

Two days after the 9/11 terrorist attacks, I led a team of thirty Epidemic Intelligence Service (EIS) officers

1 Lady healthcare workers are local young women, typically in their late teens or early twenties, with a little training in basic sanitation and oral polio vaccine administration.

2 While my training assured me this was a safe action, even more importantly, a different sort of training had taught me the Spirit would never lead me into danger.

3 Benin, Botswana, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d’Ivoire, Eritrea, Ethiopia, Ghana, Guinea, Indonesia, Mali, Saudi Arabia, Somalia, Sudan, Togo, Yemen

from the Centers for Disease Control and Prevention in Atlanta, Georgia, to New York City. Publicly, we were going to help the New York City Department of Health and Mental Hygiene with whatever they needed. Our actual, not-for-public-knowledge purpose was to quietly look for evidence the 9/11 attacks might have included a chemical or biological weapon. Under the guise of collecting injury data, we set up syndromic surveillance in hospital emergency rooms in Manhattan and the surrounding boroughs, gathering data to detect illness patterns indicative of exposure to a chemical or biological agent.

If you are old enough to remember, recall your thoughts and feelings from September 11, 2001, as the attacks were unfolding. Think about the days and weeks after the attacks. What was the overall atmosphere in the country? My memory recalls a deep sense of vulnerability and an instinctive leaning in to each other as individuals in an amazing and unprecedented way. In doing so, we recognized one another by our most basic shared characteristic—our humanity—and, whether we realized it or not, as children of God.

Being in New York City after 9/11 was one of the most difficult things I've ever done. On our flight from Atlanta to New York on September 13th, we were the only non-military aircraft in the air anywhere over the United States. When we landed at LaGuardia, the airport was completely empty. The entire city of New York was in shock, and as we drove to our Manhattan hotel after dark, it seemed every New Yorker in every neighborhood was out in the street comforting—and seeking comfort from—one another in a citywide candlelight vigil. Many police and fire departments had makeshift memorials of photos, flowers, and mementos honoring members lost when the towers fell, and homemade missing-person posters were everywhere. Visiting the World Trade Center site two weeks after the attacks, I felt terrible awe and utter vulnerability at the level of destruction. At the same time, the area seemed saturated with deep reverence, and the Spirit clearly communicated I was on *sacred ground*. As a nation, we were harshly confronted with something far too many had considered unthinkable—we were vulnerable.

Another word for *vulnerability* is *weakness*, as in, “I give unto men weakness that they may be humble; and my grace is sufficient for all men . . . ;

for if they humble themselves before me, and have faith in me, then will I make weak things become strong unto them.”<sup>16</sup> A careful reading of this and related passages reveals the nature of that weakness (singular) given to men by God—it is mortality.<sup>17</sup> God has given each of us the gift of mortality, a state of weakness in which we must lean in to Him if we hope to overcome our weakness. Doing so requires humility (“recognizing our dependence upon God and desiring to submit to His will”)<sup>18</sup> and faith in Jesus Christ (trust and confidence in the Savior that leads to obedience).<sup>19</sup> To recognize our weakness is to recognize our vulnerability to the physical, mental, emotional, and spiritual challenges inherent to mortality.<sup>20</sup>

In New York City, my team faced a task that was physically, mentally, and emotionally exhausting. While the country was still reeling from the attacks, we quietly searched for evidence the attacks were actually *not yet* over. The weight of that reality sat heavily on each of us. As Epidemic Intelligence Service officers, we were trained for just this situation. We were the professionals brought in to do this job. But we were still so very vulnerable. As team lead, I was very concerned about the wellbeing of my team members and so leaned in to their vulnerability to make sure they were eating, staying hydrated, getting rest, and connecting with each other and with family at home. I also made sure to look each of them in the eyes every day and ask, “Are you OK?” Making that personal contact, leaning in to their vulnerability to the trauma that surrounded us, was essential.

Dr John Townsend wrote that approaching people person to person, “being connected to others face-to-face, in little ways, [is] an avenue to getting larger matters accomplished.”<sup>21</sup> The larger matter was to complete our task and return home safely without becoming casualties ourselves. The Spirit seemed to indicate daily face-to-face contact and eye-to-eye communication was essential to that larger matter.

The medical professions tend to attract individuals with a genuine desire to help and serve. Inherent in that desire is a willingness toward self-sacrifice. For many, the ability to show grace under pressure, to maintain a cool head amid chaos, and to connect deeply with those we serve are great strengths. But we must aware, as Then-Elder Dallin H. Oaks warned,

“We generally think of Satan attacking us at our weakest spot. . . . But our weaknesses are not the only areas where we are vulnerable. Satan can also attack us where we think we are strong—in the very areas where we are proud of our strengths. He will approach us through the greatest talents and spiritual gifts we possess” as well as through our weakness.<sup>22</sup>

Neither we nor our patients are invulnerable to the weakness inherent in mortality—and that is by divine design. Then-Elder Boyd K. Packer taught,

“We are indoctrinated that somehow we should always be instantly emotionally comfortable. . . .

“It was meant to be that life would be a challenge. To suffer some anxiety, some depression, some disappointment, even some failure is normal.”<sup>23</sup>

In other words, being vulnerable and susceptible to the difficult situations in which we may find ourselves, personally or professionally, is not only normal, but also acceptable and should be expected. As we lean in to meet others in their vulnerability, we must also lean in to our own vulnerability and recognize we cannot help and serve as did the Master unless we choose humility and faith in Him. Then He promises to strengthen our weakness. And that, in turn, allows us to continue to serve.

***Lean In to People, Meet Them Where They Are, See Them (and Their Needs) by the Spirit***

After thirty days in New York City and no significant findings from our surveillance, we were confident there had been no release of a chemical or biological agent, and we prepared to go home. The day before our departure, a production assistant on the staff of Tom Brokaw’s NBC Nightly News tested positive for cutaneous anthrax. Two weeks prior, she had handled a suspicious letter while at work, and now 30 Rockefeller Center was being evacuated.<sup>24</sup> I was instructed to take ten members of my team there and send the rest home to Atlanta.

At NBC Studios, as we worked with City Health Department personnel to screen and prophylax the NBC employees most likely to have been exposed to anthrax, we quickly recognized a significant information vacuum. As potentially exposed employees came through the screening process, they were asking questions. How is anthrax transmitted? What does

**Being vulnerable and susceptible to the difficult situations in which we may find ourselves, personally or professionally, is not only normal, but also acceptable and should be expected.**

it do to you? Am I going to get sick? Is it safe to go home to my family? Will you have to quarantine me? Are you going to give me a shot? There was nothing wrong with their questions—they were to be expected and came from a place of genuine concern mingled with fear. In the medical profession, we are familiar with such questions, but, in this case, there was no one to provide the answers. For two days, we stood in a foyer area of NBC Studios and answered the questions of the worried-well.

We soon realized, however, the employees being screened inside the building were only part of the information problem. We began to hear about another crowd gathering *outside*—larger, equally frightened, and equally in the dark. When NBC Studios was evacuated, the employees considered at highest risk of exposure were notified individually to return to the building and were in the process of being screened and prophylaxed. The employees considered to have been at *lower* risk of exposure were sent home.

At the same time, wall-to-wall news coverage informed everyone that NBC employees had been exposed to anthrax. By the time the employees made it home, their family members already knew what had happened. Several reported being turned away by a spouse who would not let them in the house. One man shared removing his clothes in the street, putting them in the garbage can, and hosing himself down with ice-cold water before his wife would allow him into their home. Many said they got part way home, started to worry they might be carrying anthrax to their families, turned around, and went back to work. As we screened the potentially exposed, a huge group of the less-likely-to-have-been-exposed

was gathering outside and there was no one to answer *their* questions.

From the perspective of an epidemiologist, I knew the people outside the building were not in imminent danger. The appropriate actions were being taken by screening first those at highest risk of exposure. Then, if indicated, screening would be expanded to those outside. But we could not exactly grab a megaphone and tell them, “Trust me. I’m a professional. Everything is under control. Go home.” It was somewhat tempting to ignore the group outside and focus on those inside who had somewhat greater cause for concern.

Sometimes, the most dangerous silence is to leave people alone in their fear to find their own answers—answers that likely lack basis in fact and may be far worse than reality. Additionally, it doesn’t take long for fear to turn to panic and panic to despair—a state that, as Elder Dieter F. Uchtdorf warned, “kills ambition, advances sickness, pollutes the soul, and deadens the heart.”<sup>25</sup>

Consider, for a moment, the example of the Master Healer. When Christ saw Mary’s pain over the death of her brother, Lazarus, the Savior wept with her. Why? He knew He was going to restore Lazarus to life and, therefore, her sorrow was unfounded. It could be argued that every moment He spent mourning with Mary was a moment she could have been rejoicing with a living brother. Christ could have simply performed the miracle—done what he went there to do—and Mary would have had no reason to cry. But He did not do that. He took the time to reach out to Mary, to meet her where she was, to fill her immediate need for comfort in her mourning.<sup>26</sup> Of this, Elder Moisés Villanueva of the Seventy marveled, “I am amazed by the Savior’s compassion and empathy for Mary; He understood the indescribable pain that Mary felt,”<sup>27</sup> and He took the time to address it. He leaned in and met her where she was. He did not leave her in silence.

As NBC employees clamored for answers about anthrax, we were meeting that need for those inside and, even though we were stretched thin, knew we had to do the same for those outside. Two of my team members proposed a solution.

Within a few days after 9/11, a free mental health clinic was set up near the World Trade Center site where the recovery workers could go, 24/7, to decompress and receive critical incident counseling. It had

been 30 days since 9/11 and, as worker visits became fewer and farther between, the clinic was closing. My teammates were aware of this and suggested we pair one of those mental health workers with each of our ten team members. Each pair would take a small group of the employees not identified for screening, sit with them, answer their questions until they were satisfied, and then take another small group. For two and a half days, we met with small groups of these employees and answered their questions. Overall, the vast majority left completely satisfied and when we had met with just over 1,200 people, we ran out of worried NBC employees.

As medical professionals, we are the keepers of so much information. We know things that are neither intuitive nor readily available nor easy to understand. We must lean in to meet people where they are and seek to meet their immediate needs. We cannot leave people in silence. As did Christ with Mary, lean in with compassion, patience, and the Spirit to see them—and their needs—as God sees them.

## Conclusion

While leaning in is something we can accomplish with others, it is first a choice we must each make individually and then carry in our hearts. Once we have humbly resolved to lean in with our time, talents, personality, creativity, knowledge, and experience—seeking always to be guided by the Spirit—we can truly influence the outcome of almost any situation for good.

The examples shared here illustrate situations in which I learned to lean in—to opportunity, to the unknown, to vulnerability, and to people. For members of The Church of Jesus Christ of Latter-day Saints, each is underscored by leaning in to the whisperings of the Spirit. These are only a few examples of the many things we can and should lean in to. The question for each of us, in this moment, is what do I most need to lean in to right now? What opportunity is the Spirit presenting? What situation is confronting me that needs immediate action? What vulnerability am I ignoring in myself or in someone else? Who most needs my love and service and in what way? Only by leaning in to the whisperings of the Spirit can we truly answer these questions, and that is our opportunity and our responsibility.



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# The Temporal Salvation of His Saints

by Blaine R. Jones, MD and Nathan M. Jones, MD, MPH

## INTRODUCTION

Members of The Church of Jesus Christ of Latter-day Saints and other Christians believe that Jesus Christ and His gospel can bring many blessings into our lives. Many people compartmentalize the religious domain of life from other aspects of their lives and associate spiritual blessings only with the spiritual “law[s] . . . upon which [they are] predicated” (Doctrine and Covenants 130:20–21). However, as has been set forth through the Children and Youth program, the Savior wishes for His disciples to follow His example and seek growth in the overlapping and interdependent domains of spiritual, physical, emotional, and social development (Luke 2:52). This is similar to the biopsychosocial model of medicine. Indeed, the Lord has made it clear that even though a particular law or commandment may seem focused on temporal matters, “all things unto [Him] are spiritual” (Doctrine and Covenants 29:34). As a humbly offered corollary, in this article we aim to review both scriptural and academic epidemiological data that support the conclusion that obeying God’s spiritual commands can yield temporal benefits to our physical health.

## SELECTED SCRIPTURAL AND MODERN EXAMPLES OF THE PHYSICAL HEALTH BENEFITS OF RELIGION

In the scriptures, there are numerous examples of physical health benefits obtained through obedience

to God’s spiritual commandments. In selecting examples to highlight this concept, a thorough review of miraculous healing is outside the scope of this present article. We instead opt to focus our attention on instances in which obedience to a divine principle or instruction is promised to produce physical health benefits.

## THE WORD OF WISDOM

For members of The Church of Jesus Christ of Latter-day Saints, an obvious example of this phenomenon is Doctrine and Covenants 89, also known as the Word of Wisdom. This scriptural passage includes, among other directives, the command to avoid harmful substances, such as tobacco and alcohol, and to focus nutritional intake on grains, herbs, and vegetables. To those who diligently obey the principles set forth in the Word of Wisdom, promised physical blessings include “health in their navel and marrow to their bones” as well as increased physical stamina (Doctrine and Covenants 89:18, 20). The promise “that the destroying angel shall pass by them . . . and not slay them” (Doctrine and Covenants 89:21) could allude to being saved from a spiritual death. However, the added context of “as the children of Israel” seems to reference the Passover sparing of Israel’s firstborn (Exodus 11–12), thus suggesting an added protection from physical mortality. Indeed, the Lord’s introduction to this section describes it as “the order and will of God in the *temporal salvation*

of all saints” (Doctrine and Covenants 89:2, italics added).

**OATH AND COVENANT OF THE PRIESTHOOD**

Doctrine and Covenants 84 contains what is commonly referred to as the oath and covenant of the priesthood. Those who faithfully pursue the various instructions included in this passage are promised a “renewing of their bodies” (Doctrine and Covenants 84:33). Again, this promised blessing could be in reference to the ultimate resurrection of the Saints who prove faithful to these instructions. However, another outcome could be the strengthening of physical health and the prolongation of mortal life.

**DANIEL IN BABYLON**

The ancient prophet Daniel and his companions were offered various meats and wine from the table of the Babylonian king. Ingestion of these victuals would have defiled the religious nutritional code of their time. By adhering to God’s commands and proposing that a comparison be made between them and those who *did* partake of the proffered sustenance, these young men effectively designed and participated in perhaps one of the first prospective

cohort studies on the effects of religious observance on physical health. The obedience of Daniel and his companions resulted in their “countenances appear[ing] fairer and fatter in flesh,” compared to the control group that partook of the forbidden food (Daniel 1:8, 12–16).

**ANCIENT ISRAEL**

The Mosaic law has been described as extremely advanced for its time in regard to concepts of public health and infection control found therein. While it was never explicitly identified as such, many of the procedures for public sanitation and individualized diagnosis, isolation, quarantine, and decontamination were much more closely aligned with the germ theory of disease in contrast to the predominantly mystical and shamanistic medical practices of many contemporary cultures. Indeed, the Lord’s instructions to the ancient Israelites on how to deal with potentially contaminated food (Leviticus 7:24, Numbers 19:15, Deuteronomy 14:21), dispose of excreta in a sanitary way (Deuteronomy 23:12–14), and manage potentially infectious disease (Leviticus 13–15, Numbers 5:2–4) are largely in line with recommendations finally proposed by science many centuries later (Table 1).

**Table 1. Selected Scriptural Examples of Physical Health Benefits from Obedience to God’s Commands**

Scriptural Reference	Brief Summary Narrative	Commandment/ Principle	Physical Health Benefit
Doctrine and Covenants 89:6–14, 18, 20	Nutritional guidelines and health behaviors (Word of Wisdom)	Avoid: strong drink, wine, tobacco, hot drinks, excessive meat consumption Consume: herbs, grain, fruit	Health in the navel and marrow to the bones, increased physical stamina, passed over by the destroying angel, “temporal salvation”
Doctrine and Covenants 84:33	Spiritual faithfulness (oath and covenant of the priesthood)	Obtain the two priesthoods and magnify your calling	Renewal of the body
Daniel 1:8, 12–16	Religious nutritional code	Not defile themselves with the king’s meat/wine	Fairer countenances and fatter of flesh
Leviticus 13–15, Numbers 5:2–4	Public health practices for control of infectious disease	Isolation of infected/suspected individuals, quarantine of potentially exposed individuals, burning/washing of contaminated clothing, bathing/shaving of contaminated flesh, remediation/decontamination of potentially contaminated houses	Prevention of spread of infectious disease
Leviticus 7:24, Numbers 19:15, Deuteronomy 14:21	Sanitary food practices	Discard/dispose of potentially contaminated meat; food must be stored in covered containers	Prevention of food-borne illness
Deuteronomy 23:12–14	Public health hygiene practices	Sanitary disposal of excreta	Prevention of fecal-oral disease

## MODERN-DAY EXAMPLE OF RELIGION AND HEALTH

More recently, our living prophets and apostles have put forth many directives, suggestions, and supplications for members of The Church of Jesus Christ of Latter-day Saints to participate in the ongoing global fight against the COVID-19 pandemic. These efforts have included the vigorous support for overarching public health recommendations and have manifested as the unprecedented temporary suspension of in-person Church meetings worldwide, restrictions on temple worship, groundbreaking changes to missionary service, and strongly worded counsel for members to use masks in public places and to be vaccinated against COVID-19.

## ACADEMIC RESEARCH ON RELIGION AND HEALTH

The traditional paradigm of public health research involves measuring the relationship between an exposure and an outcome and ultimately trying to draw a conclusion of causality. While there are many different ways to measure an exposure to religion, this review will focus on attending religious services as the exposure of interest. Overall mortality is the health outcome on which most of the quality, large-sample-size religion-health research has been performed and will be the focus of this article.

## RELIGION AND MORTALITY RESEARCH

An early epidemiological study of 39,000 adults in Maryland, US, found that attending religious services more than once per week was associated with a 39 percent decrease in mortality compared to those who did not attend any religious services. A nationally representative study of over 3,500 American adults found a 25–35 percent reduction in mortality among those subjects attending religious services compared to those not attending. A large systematic review and meta-analysis of religion-health studies (42 studies and 126,000 study subjects) concluded that less religious involvement was associated with a 29 percent higher odds of death compared to non-religious study subjects. Interestingly, this study also suggested that private religious practices did not have as large an impact on mortality as public religious activity (such as service attendance). These conclusions were corroborated by an updated meta-analysis (44 studies, 121,000 participants), which

showed an overall decrease in mortality of 18 percent among those with higher extrinsic religiosity and service attendance.

## RELIGION AND MORTALITY: DOSE-RESPONSE RELATIONSHIP

A dose-response relationship between the exposure and the outcome is important to an argument for causation rather than association (i.e., more of the exposure leads to more of the outcome). One of the first major religion-health studies to confirm this phenomenon included 21,000 nationally representative adults and demonstrated a dose-response relationship between an increasing frequency of religious service attendance and a decreasing hazard ratio of death. Study subjects who never attended religious services had a 72 percent increased risk of death compared to those who attended services more than once per week. Service attendance of less than once per week was correlated with a 34 percent increased risk of death, and weekly attendance demonstrated a 23 percent increased risk.

This dose-dependent relationship has been confirmed in various other academic publications. A subset of 8,450 subjects from the well-known National Health and Nutrition Examination Survey (NHANES) study demonstrated that, compared to no religious service attendance, less-than-weekly attendance was associated with an 11-percent reduction in mortality, weekly attendance with an 18-percent reduction, and more-than-weekly attendance with a 30-percent reduction. Even larger studies of 36,613 and 74,534 participants demonstrated that attending religious services more than once per week was associated with a mortality reduction of 36 percent and 33 percent respectively, weekly religious service attendance demonstrated an improvement in mortality of 35 percent and 26 percent respectively, and attending less than one religious service per week was associated with a 25 percent and 13 percent reduction in mortality respectively (Table 2).

## RELIGION AND MORTALITY: MECHANISM OF ACTION

Another important consideration in any discussion of causation is whether there is a biologically plausible mechanism of action to link the exposure with the outcome of interest. In our consideration of religious service attendance and mortality, a clue to



Frequency of Religious Service Attendance	Gillum et al., 2008 <sup>1</sup> (n=8,450)	Li et al., 2016 <sup>2</sup> (n=74,534)	VanderWeele et al., 2017 <sup>3</sup> (n=36,613)
More than weekly	30%	33%	36%
Weekly	18%	26%	35%
Less than weekly	11%	13%	25%

1. Gillum, et al., “Frequency of Attendance.”
2. Li, et al., “Association of Religious Service Attendance.”
3. VanderWeele, et al., “Attendance at Religious Services.”

a possible mechanistic pathway lies in the fact that personal religious practices such as prayer, faith-based meditation, etc. have *not* consistently demonstrated the mortality benefits cited above, even within some of the same studies previously referenced.

For instance, in the meta-analysis with over 120,000 participants, intrinsic/personal religiosity (HR = 1.00) and non-organizational religiosity (HR = 0.95) demonstrated an insignificant impact on mortality compared to organizational religious engagement (HR = 0.77). An earlier even larger meta-analysis came to the same conclusion. A study with 36,613 subjects concluded that there was no relationship between mortality and prayer (regardless of the frequency), self-perception of spirituality, or the degree to which religion supports a personal response to stressful situations. This lack of mortality benefit from private acts of religious devotion suggests that a possible mechanistic pathway for reduced mortality associated with religious observation could include the well-documented positive impact of social support and connection.

**RELIGION AND MORTALITY: MECHANISM OF ACTION—SOCIAL SUPPORT**

A comprehensive analysis of the religion-health literature found that 82 percent of the relevant identified studies demonstrated greater social support and connection among individuals with increased religious engagement. Positive associations have been observed between higher levels of religious involvement/service attendance and greater marital stability/reduced divorce. Individuals who attended at least one religious service per week were 50 percent more likely to interact with multiple close friends/relatives at least monthly. Multiple studies previously referenced in this article included sensitivity analyses, which controlled for the effects of social connectedness: a known protective factor that *reduces*

the overall risk of mortality. In general, these analyses reduced the observed mortality benefit of religious engagement from between 25 and 50 percent suggesting that social connection is an important mediator along the mechanistic pathway between religion and mortality.

**RELIGION AND MORTALITY: MECHANISM OF ACTION—HEALTH BEHAVIORS**

Another proposed mechanism for the mortality benefit observed with religious engagement is a greater propensity for healthful daily behaviors and practices. Smoking is a behavior with enormous impacts on overall health and mortality. Increased religious service attendance is associated in a dose-dependent manner, with reduced total pack per year smoking history and a lower likelihood of being an active smoker. Likewise, at-least-weekly religious service attendance is associated with a 78-percent higher odds of successfully quitting smoking and a 45–90 percent reduced odds of initiating smoking in the first place.

Other beneficial health practices associated with increased religious service attendance include reduced illicit drug use, less alcohol abuse, higher levels of exercise and physical activity, a more healthy diet, less pre-/extra-marital sex and safer sexual practices, and a greater likelihood of wearing seatbelts. All of these health behaviors are independently related with mortality.

Similar to social connectedness, additional evidence that health behaviors fill a mediating role along the causal pathway between religious involvement (exposure) and mortality (outcome) lies in the fact that controlling for health behaviors reduces the effect size of this relationship in multiple studies.

Other health outcomes that have at least suggestive evidence for a relationship with religious observation



**While there is a significant amount of high-quality research supporting the health benefits of religious engagement, there are also limitations and criticisms.**

include improved immune and endocrine function, reduced cholesterol, lower blood pressure, greater likelihood of continuing regular medical exams and acquiring recommended screenings/preventive services, and decreased cognitive decline in Alzheimer patients.

### CRITICISMS/LIMITATIONS

While there is a significant amount of high-quality research supporting the health benefits of religious engagement, there are also limitations and criticisms. For instance, much of the early religion-health research was cross-sectional in nature. These studies fail to establish whether the exposure preceded the outcome (temporality). For example, a comprehensive review of the religion-health literature found that only 16 out of the 110 studies identified on religion and smoking were prospective in nature. However, the religion-health research has become progressively more prospective in nature as the field has matured.

The research linking religious observance and mortality has been criticized for potentially exhibiting reverse causation. This argument distills to this: there is a mortality benefit seen among those attending religious services because only the healthy individuals are able to go to church. However, this concern has been addressed in later studies by (1) controlling for baseline health status and (2) following a prospective cohort forward in time.

### CONCLUSION

The aim of this paper was to review both scriptural and academic data that support the conclusion that obeying God's spiritual commands can contribute to the temporal salvation of His children through physical health benefits. Further research is needed to more fully elucidate the epidemiological relationships between religion and health. However, these writers

find it gratifying that there is academic evidence supporting our spiritual conviction that obedience to the Lord's commands contributes to our temporal salvation. Moses, Daniel, Joseph Smith, and modern prophets have provided guidance from the Lord to lessen human suffering and improve the pursuit of physical health.

### ACKNOWLEDGMENT

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# Patriarchal Blessings

## Personal Divine Declarations Conveyed Through A Revelator

Doctrine and Covenants 107:39–100

*by* Bruce H. Woolley

One of the unique benefits a member of The Church of Jesus Christ of Latter-day Saints can obtain is the privilege of receiving a patriarchal blessing. A patriarchal blessing is a personal revelation communicated or conveyed by a patriarch to stimulate and assist the recipient in learning to receive their own personal revelation. It is a gift of God to provide a component vision for the beneficiary as they go through the sifting processes of the refiner's fire within the eternal, unchangeable laws of Heavenly Father.

It follows the pattern established by the ancient patriarch Israel and is designed to incrementally stretch the recipient as they intensify their powers of conversion and eternal progression. It lays the foundation of an endless service and can help the recipient become perfected in the understanding of their mission and expectations.<sup>1</sup> In contemplating patriarchal blessings, President Ezra Taft Benson stated: “You are choice spirits, many of you having been held back in reserve for almost 6,000 years to come forth in this day, at this time, when the temptations, responsibilities, and opportunities are the very greatest.”<sup>2</sup>

President Russell M. Nelson stated: “You are one of God’s noble and great spirits, held in reserve to

come to earth at this time. (See D&C 86:8–11.) In your premortal life you were appointed to help prepare the world for the great gathering of souls that will precede the Lord’s second coming. You are one of a covenant people. You are an heir to the promise that all the earth will be blessed by the seed of Abraham and that God’s covenant with Abraham will be fulfilled through His lineage in these latter days. (See 1 Ne. 15:18; 3 Ne. 20:25)”<sup>3</sup>

Heavenly Father foreordained His noble children in premortal life when He chose them to do a special work for Him on earth. Being foreordained does not mean that they are compelled to do the work; they still have their freedom or agency, but the opportunity is theirs if they choose.

### **WHAT IS AN EVANGELICAL MINISTER [PATRIARCH] IN THE MELCHIZEDEK PRIESTHOOD?**

A patriarchal blessing is conferred by an ordained patriarch. The offices in the priesthood are delineated in Doctrine and Covenants 107, and the revelation was recorded in 1835, but “the historical record affirms that most of verses 60 through 100 incorporate a revelation given through Joseph Smith on November 11, 1831.”<sup>4</sup>



*It is the duty of the Twelve, in all large branches of the church, to ordain evangelical ministers, as they shall be designated unto them by revelation— . . .*

*This order was instituted in the days of Adam.<sup>5</sup>*

Joseph Smith taught: “An Evangelist is a Patriarch, even the oldest man of the blood of Joseph or of the seed of Abraham. Wherever the Church of Christ is established in the earth, there should be a Patriarch for the benefit of the posterity of the Saints.”<sup>6</sup>

President James E. Faust taught:

*“These chosen men live lives that entitle them to the inspiration of heaven. Patriarchs are privileged to impart blessings directly rather than just solicit blessings to the individual, for the patriarchs are entitled to speak authoritatively for the Lord. . . .*

*“The office of patriarch is one of the great separate priesthood offices of the Melchizedek Priesthood. The patriarchal office is one of blessing, not of administration, nor of counseling. It is a sacred, spiritual calling that usually will continue the remainder of the patriarch’s life.”<sup>7</sup>*

President Spencer W. Kimball stated: “The patriarch is a prophet entitled to the revelations of the Lord to each individual on whose head he places his hands. . . . [N]one of the blessings he pronounces will fail if the participant of the blessing fully subscribes.”<sup>8</sup>

Wilford Woodruff in the Salt Lake Temple Dedicatory Prayer solicited the Lord to “Remember in loving kindness Thy servants, the Patriarchs. May they be full of blessings for Thy people Israel. May they bear with them the seeds of comfort and consolation, of encouragement and blessing. Fill them with the Holy Spirit of promise, and be graciously pleased to fulfill their words of prophecy, that Thy name may be extolled by the people of Thy Church and their faith in Thee and in the promises of Thy ministering servants be increasingly strengthened.”<sup>9</sup>

Patriarchs are called and ordained under the

direction of the Twelve Apostles to convey revelatory blessings upon recommended recipients. Due to the far-reaching, worldwide expansion of the Church, and following specific guidelines, stake presidents have been delegated permission to recommend potential patriarchs to the Twelve. Upon approval they are authorized to call and ordain patriarchs to convey specific apostolic direction. Patriarchs are ordained in each stake to communicate these blessings to the Saints living within the boundaries of that stake, to direct posterity, or to members who do not have a stake patriarch of their own.<sup>10</sup>

### WHAT IS THE CONTENT OF A PATRIARCHAL BLESSING?

Heavenly Father has spoken to His prophets since the beginning of time. They wrote down what was discussed, and it is contained in the authorized canon of our scriptures and the admonitions of the modern and living prophets. Heavenly Father loves and knows all His children and has promised at least two direct and personal revelations from Him consisting of a revelation of belief (testimony) and a revelation of conversion (becoming something—patriarchal blessing).

This revelatory blessing is conveyed once in a lifetime by an ordained patriarch. It is recorded, and a copy is provided to the person receiving the blessing, and a copy is kept in the archives of the Church.

It is a sacred document comprising personal scripture and should be read and studied often but should not be shared casually with others. A patriarchal blessing may include:

1. A reminder of who you really are
2. An assurance of the divinity of Jesus Christ and the truthfulness of His gospel, and an invitation to deepen appreciation, love, and allegiance for the Savior, Jesus Christ
3. An invitation to strengthen faith, loyalty, and conversion to the restored Church of Jesus Christ
4. Comfort, reassurance, and peace in times of sorrow, trouble, confusion, questioning, and concern
5. Guidance in efforts to reach your promised potential
6. Information about your participation within the Abrahamic Covenant

7. A delineation of heritage into one of the tribes of Israel

### **1. A Reminder of Who You Really Are**

Elder David A. Bednar stated: “One of the primary reasons we receive a patriarchal blessing is to help us more fully understand who we are . . . and to recognize the responsibility that rests upon us.”<sup>11</sup>

“The Family: A Proclamation to the World” states: “All human beings—male and female—are created in the image of God. Each is a beloved spirit son or daughter of heavenly parents and, as such, each has a divine nature and destiny. Gender is an essential characteristic of individual premortal, mortal, and eternal identity and purpose.

“In the premortal realm, spirit sons and daughters knew and worshipped God as their Eternal Father and accepted His plan by which His children could obtain a physical body and gain earthly experience to progress toward perfection and ultimately realize their divine destiny as heirs of eternal life.”<sup>12</sup>

### **2. An Assurance Of The Divinity Of Jesus Christ And The Truthfulness Of His Gospel, And An Invitation To Deepen Appreciation, Love, And Allegiance For The Savior, Jesus Christ**

President James E. Faust stated: “A patriarchal blessing is a very unique and remarkable privilege that can come to the faithful members of the Church having sufficient maturity to understand the nature and the importance of such blessings. These privileged blessings are a powerful witness of the mission of the Lord Jesus Christ in bringing exaltation to each of us.”<sup>13</sup>

### **3. An Invitation To Strengthen Faith, Loyalty, And Conversion To The Restored Church Of Jesus Christ**

President M. Russell Ballard wrote: “True conversion comes through the power of the Spirit. When the Spirit touches the heart, hearts are changed. When individuals . . . feel the Spirit working with them, or when they see the evidence of the Lord’s love and mercy in their lives, they are edified and strengthened spiritually and their faith in Him increases. These experiences with the Spirit follow naturally when a person is willing to experiment upon the word. This is how we come to *feel* the gospel is true.”<sup>14</sup>

### **4. Comfort Reassurance, And Peace In Times Of Sorrow, Trouble, Confusion, Questioning, And Concerns**

President Gordon B. Hinckley in training the worldwide patriarchs stated: “[A patriarchal blessing] is intended to bring comfort, to bring confidence, to set objectives to be sought and lived for, to bless in a very real and remarkable way. Patriarchal blessings should be sacred to those to whom they are given. They should not be bandied about. They are private and should be kept so, although they might be shared with parents and immediate family members.”<sup>15</sup>

### **5. Guidance In Efforts To Reach Your Promised Potential**

Heavenly Father knows the recipient will have many divergent voices surround them and desires to fortify them against inappropriate pressures as they seek to remain on the covenant path leading to exaltation and eternal life.

President Dallin H. Oaks stated in general conference: “In contrast to the institutions of the world, which teach us to *know* something, the gospel of Jesus Christ challenges us to *become* something.”<sup>16</sup>

President Thomas S. Monson stated: “The same Lord who provided a Liahona for Lehi provides for you and for me today a rare and valuable gift to give direction to our lives, to mark the hazards to our safety, and to chart the way, even safe passage—not to a promised land, but to our heavenly home. The gift to which I refer is known as your patriarchal blessing.”<sup>17</sup>

A patriarchal blessing may offer counsel and direction for the recipient’s life but will not tell them what to do. It can offer personalized insights about which paths and priorities, if pursued in faith, will align them with Heavenly Father’s will.

### **6. Information About Your Participation Within The Abrahamic Covenant**

To understand the House of Israel, a person must begin with Abraham. The Lord told Abraham that his seed after him would take the gospel and the priesthood to all nations.<sup>18</sup> All who receive the gospel will be called after his name and be accounted his seed.<sup>19</sup>

Elder David A. Bednar taught: “We were foreordained in the premortal existence and born into mortality to fulfill the covenant and promise God made to Abraham. . . . That is who we are, and that is why we are here—today and always.”<sup>20</sup>

“[T]he blessing is broad enough  
to gather all good, penitent,  
obedient people under its wings,  
and to be extended to all nations  
the principles of salvation.”

Elder Melvin J. Ballard stated: “There was a group of souls tested, tried, and proven before they were born into the world, and the Lord provided a lineage for them. That lineage is the house of Israel, the lineage of Abraham, Isaac, and Jacob and their posterity. Through this lineage were to come the true and tried souls that had demonstrated their righteousness in the spirit world before they came here.”<sup>21</sup>

Robert L. Millet wrote: “The Lord called upon Abraham and his posterity to set themselves apart forevermore from worldliness, to live godly and upright lives—to be a covenant people. In return, the Lord promised Abraham and his posterity that they would be entitled to the blessings of the gospel, the priesthood, and eternal life (see Abraham 2:10–11, Bible Dictionary, s.v. “Abraham, Covenant of”). Further, we learn that ‘in addition to Abraham’s direct descendants, all who should receive the Gospel from that time forth, should also become of Abraham’s seed by adoption, and his blood should be mixed among the nations to leaven them with the privileges of the Gospel’ [Joseph Fielding Smith, *The Way to Perfection*, 1970, 88].”<sup>22</sup>

Elder Parley P. Pratt wrote: “By obeying the Gospel, or by adoption through the Gospel, we are all made joint heirs with Abraham, . . . and we shall, by continuance in well doing, all be blessed in Abraham and his seed. . . . [T]he blessing is broad enough to gather all good, penitent, obedient people under its wings, and to be extended to all nations the principles of salvation.”<sup>23</sup>

### 7. A Delineation Of Heritage Into One Of The Tribes Of Israel

President Joseph Fielding Smith taught: “The patriarch has the right by revelation to declare the

lineage of those who are blessed. It is true that we are of mixed lineage. A man said to be of the lineage of Ephraim may also be a ‘descendant of Reuben, Benjamin, or Simeon’, but the blood that predominates is the one that counts. Therefore, two brothers could be assigned to a different lineage.”<sup>24</sup>

Eldred G. Smith, a retired patriarch to the Church stated that your patriarchal lineage is not determined primarily by the recipient’s race or nationality and, thus, it is not a statement about their genetics.<sup>25</sup>

Robert L. Millett and Joseph Fielding McConkie wrote: “The declaration of our lineage by patriarchs is as much a statement about who and what we were as it is about who we are now and what we may become.”<sup>26</sup>

President Harold B. Lee stated in general conference: “It would seem very clear, then, that those born to the lineage of Jacob, who was later to be called Israel, and his posterity, who were known as the children of Israel, were born into the most illustrious lineage of any of those who came upon the earth as mortal beings.”<sup>27</sup>

### WAYS TO UNLOCK THE POWER OF YOUR PATRIARCHAL BLESSING

In a past issue of this journal, I wrote of twelve ways to unlock the power of a patriarchal blessing. In summary, Church leaders have stated that one of their greatest concerns is how they can help members understand doctrine and eternal truths to fortify them against current, often confusing and dangerous, social issues and clarify their personal mission at both secular and divine levels. One of the significant resources is a personal scripture called a patriarchal blessing. Consider these twelve ways:

1. Contemplate and maintain your blessing as sacred personal revelation/scripture.
2. Use your blessing to increase your love and appreciation for the Savior and to activate the power of your conversion to Jesus Christ and His Atonement in your life.
3. Read and study all you can about the gifts of the Spirit mentioned in your blessing.
4. List content by topic, doctrine, promises, counsel, and warnings.
5. Cross reference your blessing with the scriptures and with the admonitions of the modern and living prophets.



6. Use your blessing as a preparation and guide for future personal revelation and to clarify your promptings from the Holy Ghost without bias or preconceived opinions.
7. Use your blessing to identify and discern false messages and half-truths of society, social media, popularity, peers, and associates.
8. Determine and adhere to the blessings and expectations of your tribe of Israel.
9. Create a plan and exercise necessary effort to fulfill the stated expectations and promises.
10. Make worthy personal changes.
11. Document your awareness, confidence, and extensive gratitude for your promised potential.
12. Regularly record in your journal your feelings and insights about, appreciation for, progress toward, and your blessing's fulfilling experiences.

## CONCLUSION

In a letter sent to stake presidents, the First Presidency stated: "Patriarchal blessings contemplate an inspired declaration of the lineage of the recipient, and also where so moved upon by the Spirit, an inspired and prophetic statement of the life, mission of the recipient, together with such blessings, cautions, and admonitions as the patriarch may be prompted to give for the accomplishment of such life's mission, it being always made clear that the realization of all promised blessings is conditioned upon faithfulness to the gospel of our Lord, whose servant the patriarch is."<sup>28</sup>

President James E. Faust stated: "A patriarchal blessing from an ordained patriarch can give us a star to follow, which is a personal revelation from God to each individual. If we follow this star, we are less likely to stumble and be misled. Our patriarchal blessing will be an anchor to our souls, and if we are worthy, neither death nor the devil can deprive us of the blessings pronounced. They are blessings we can enjoy now and forever."<sup>29</sup>

## ENDNOTES

1. See D&C 97:14.
2. "A Message to the Rising Generation," *Ensign*, Nov. 1977, p. 30
3. "Choices," *Ensign*, November 1990.
4. Doctrine and Covenants 107, section heading
5. Doctrine and Covenants 107:39, 41
6. Joseph Fielding Smith, comp. *Teachings of the Prophet Joseph Smith* (1976), 151.
7. "Your Patriarchal Blessing," *New Era*, Nov. 2005, 4.
8. *Teachings of Spencer W. Kimball*, 1982, 504.
9. "Dedicatory Prayer: Salt Lake Temple, 6 April 1893," churchofjesuschrist.org.
10. See "Information and Suggestions for Patriarchs," churchofjesuschrist.org.
11. "Becoming a Missionary," *Ensign* or *Liahona*, Nov. 2005, 47.
12. "The Family: A Proclamation to the World," churchofjesuschrist.org.
13. "Patriarchal Blessings," *Liahona*, June 1983.
14. "Now Is the Time," *Ensign*, Nov. 2000, 75.
15. "The Patriarch," *Worldwide Leadership Training Meeting*, Jan. 8, 2005.
16. "The Challenge to Become," *Ensign*, Nov. 2000)
17. "Your Patriarch Blessing: A Liahona of Light," *Ensign*, Nov. 1986, 65.
18. See Abraham 2:9.
19. See Abraham 2:10.
20. "Becoming a Missionary," *Ensign* or *Liahona*, Nov. 2005, 47.
21. *Crusader for Righteousness* (Salt Lake City: Bookcraft, 1966), 218–19.
22. "The Ancient Covenant Restored," *Ensign*, March 1988.
23. *Journal of Discourses* 1:262.
24. *Answers to Gospel Questions*, comp. Joseph Fielding Smith Jr. [1966], 5:167.
25. Fireside given at the University of Utah Institute of Religion, January 17, 1964, p. 3)
26. *Our Destiny: The Call and Election of the House of Israel* (Salt Lake City: Deseret Book, 1993), 18.
27. "Understanding Who We Are Brings Self-Respect," *Ensign*, Jan. 1974, 5.
28. First Presidency letter June 28, 1957.
29. "Priesthood Blessings," *Ensign*, Nov 1995, 63.







