

**Audience questions from the ICMDA webinar with Dr Mark Pickering - Lessons from the birth of medical mission  
11 May 2023**

1. Claudia: Are there any data on 'reverse missionaries', that is, Christian health care workers coming to Europe, the spiritually darkest continent, from other parts of the world in our present time, especially from Africa, bringing Christianity back to us? I know of many African colleagues like that and they are wonderfully bold! Europe once sent missionaries to these countries, now they are coming to us, blessing us. Are there any data or more information on that?
2. Aaron: How do you see the future of medical mission? Do you foresee particular challenges or opportunities?
3. Daniel: The East India Company's catchphrase was 'With God leading, nothing will harm us.' Did this lead to better acceptance of Christian employees expressing the gospel then? With secular healthcare systems today within which Christian doctors can work challenge that acceptance? How do you see that as a part of the movement?
4. Anonymous: As we study history, do you see opportunities in Medical Missions in ICMDA as a global organization?
5. Roshine: In countries where sharing the gospel in word in health care settings is being increasingly discouraged or prohibited, how should mission hospitals in these countries be guiding medical doctors to continue to serve these vulnerable populations and understand the bigger work of God that happens behind the scenes silently?
6. Anonymous: How can we take care at this time not to fall into just social service and not separate evangelism - because we see that trend these days?
7. Kris: The combination of theological and technical training as preparation is striking, as it feels so often there is a shift away from the theological / discipleship component of training. What can we do to reintegrate that (or to what extent it could help to bring this historic perspective into ICMDA/CMF/CMDA)?
8. Anonymous: Evangelism/proselytising is frowned upon in most western health care settings based on the ethics of not 'imposing' one's views on patients. How can a Christian health worker take care not to get sucked into this secularism and still get to reach the lost who came for care?