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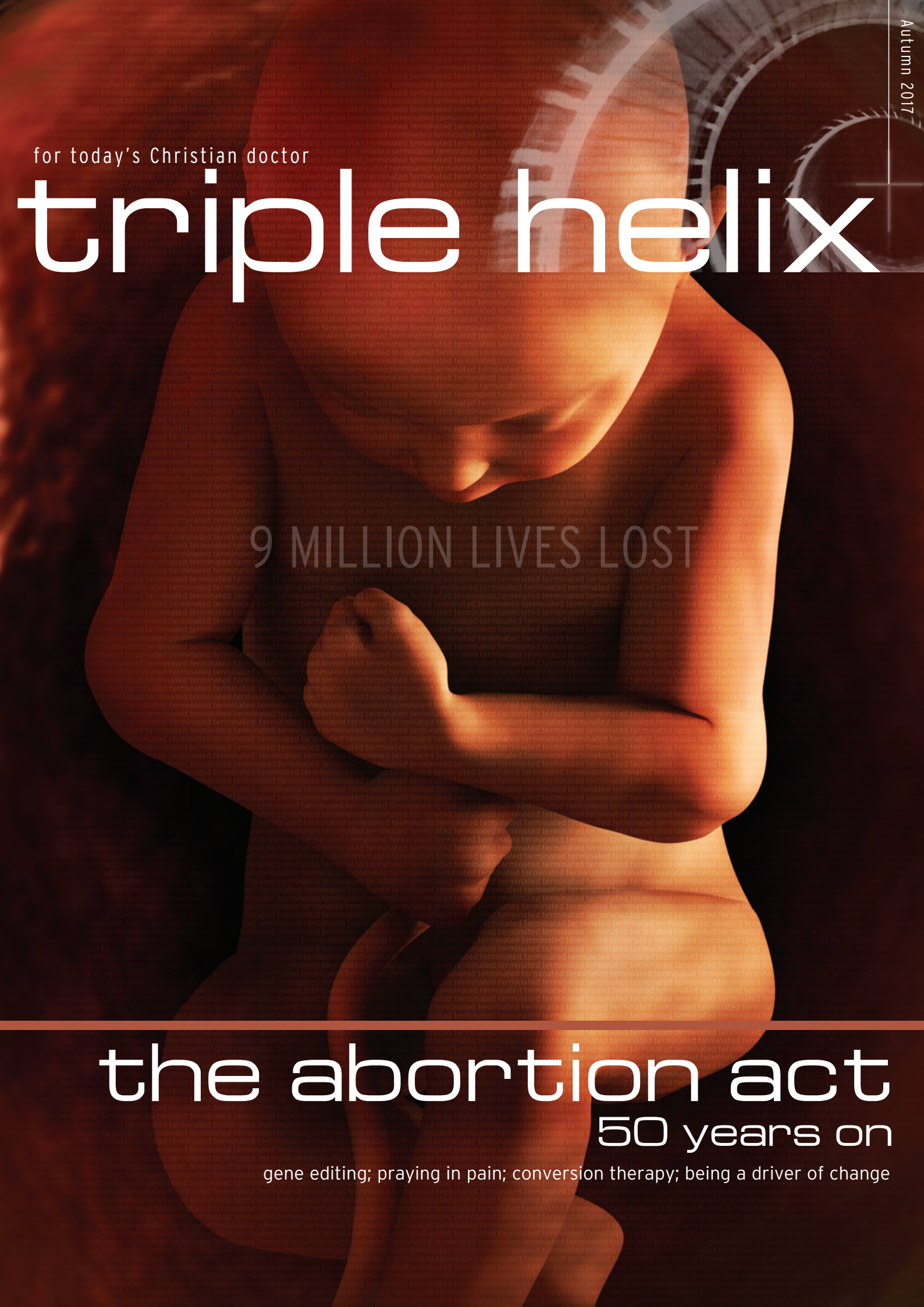

the abortion act
50 years on

gene editing; praying in pain; conversion therapy; being a driver of change

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contents

Medicine and The Reformation

The Reformation, begun in the 16th century, had an indelible impact for good on medicine

Martin Luther did not do anything particularly unusual when he nailed 95 'debating points' to the door of the Castle Church in Wittenberg, Germany. In those days it was the way to trigger debate in university towns and most such endeavours ran their course and were quickly forgotten. Martin Luther's action, however, entered a perfect storm. A rare combination of circumstances: unhappiness with a corrupt Church, a yearning for spiritual renewal, clamour for political change, the 'new learning' and the revolutionary power of new printing technology all combined to fuel a robust movement of the Spirit as had never been seen before.

Medicine quickly came under the influence of the renewed understanding of faith heralded by the Reformation. Christians already had the teaching and example of Jesus and his apostles which led to the natural marriage of Christianity and medicine throughout the centuries. But this gained fresh impetus, voice and expression after the Reformation. It continued through the Puritan century, the evangelical revival and the social reforms that went with it. Then followed the 19th century world missionary movement where healthcare played a vital role. In parallel came medicine as a vocation, application of scientific evidence, medical training, whole person medicine, specialities, ethics, public health and medicine in the developing world. We still bask in its legacy today.

Critics of the Reformation will point to the disruption caused in England by King Henry VIII's closure of the monasteries, indirectly depriving many suffering and disabled people of their only means of support. They have a point. We are not saying that every political consequence of the Reformation was good for medicine and society. But this disruption was not permanent. Luther and John Calvin (1509–1564) abolished the distinction between secular and sacred callings. They broadened the idea of vocation by incorporating into it the secular professions.

Luther became influential in changing how the public viewed physicians by emphasising that most diseases could be traced to natural explanations and were not always caused by black magic and Satan. He promoted medicine by advocating that physicians should be used whenever possible to treat a disease. He believed God would reveal medical information to physicians who sought answers. Physicians were, in this way, similar to ministers who could heal the heart and soul and act as extensions of God's will. Specifically, Luther recommended the use of apothecaries, barbers, physicians, and nurses to cure physical ailments when he ministered to the sick. He recommended fumigation for homes contaminated with the plague and avoidance of unnecessary travel and exposure to different places.

Clergy-physicians played an important role among Protestant ministers from the 16th through the 18th centuries. In an age in which trained physicians were especially uncommon in villages and rural areas, the Protestant belief in an educated clergy ensured a supply of persons who had both the leisure and the learning to read medical books. John Wesley (1703–1791) took a course in medicine so that as a minister he could be of help to those who had no regular physician. In 1746 he opened a dispensary and in the next year published a lay medical guide, *Primitive Physick*.

18th century Edinburgh, the centre of Presbyterianism, shaped by connections with Calvin's Geneva, saw one of the most celebrated medical faculties in Europe and in the eighteenth century the Christian hospital movement re-emerged. The religious revival sparked in England by the preaching of John Wesley and George Whitefield was part of an enormous unleashing of Christian energy throughout 'Enlightenment' Western Europe and America. It reminded Christians to remember the poor and needy in their midst. They came to understand afresh that bodies needed tending as much as souls. A new 'Age of Hospitals' began, founded by Christians, with new institutions built by devout Christians for the 'sick poor', supported mainly by voluntary contributions. Healthcare by Christians in continental Europe received new energy.

Christians were at the forefront of the dispensary movement (the prototype of general practice), providing medical care for the urban poor in the congested areas of large cities. When the National Health Service took over most voluntary hospitals, it became clear just how indebted the community was to these hospitals and the Christian zeal and money that supported them over centuries. In fact, the NHS was essentially created through the nationalisation of Christian hospitals like St Bartholomew's, St Thomas's, St Mary's and St George's.

Christian thought has also shaped much of the modern profession's ethical conduct, promoting personal integrity, truthfulness and honesty. Much more could be said about the Christian contribution to medicine applying the worldview shaped by the Reformation. But to borrow words from Hebrews 11, 'I do not have time to tell'.

***Peter Saunders** is CMF Chief Executive. Extracted from a lecture to the Guildford Diocesan Evangelical Fellowship*

news reviews

Nurse staffing shortages

NMC release worrying report on the declining numbers of EU nurses

Review by **Steve Fouch**
CMF Connections Manager

The media has been full of stories recently about the shortage of nurses and midwives faced in the UK. In November, the Nursing & Midwifery Council (NMC) released a report showing that the number of EU nurses on the register has declined by 2,700 in the last year. This is apparently due to a 67% increase in the number of EU nurses leaving and an 89% drop in the number applying to work in the UK, all apparently due to uncertainties over Brexit.[1]

Alarming as this may seem, the 36,000 plus EU nationals registered with the NMC account for less than 4% of the nursing workforce in the UK.[2] More alarming is the overall decline in the number of nurses and midwives registered in the UK. NMC figures show this has declined by around 1,700 this year.[3] This is the first decline in over a decade. This is partly because fewer nurses are training and qualifying; partly because more are leaving before retirement; and partly because a large proportion of the workforce are at, or approaching, retirement age.

While the government insists that there will be more training places (up to 25%), the ending of bursaries has, at least in the short-term, reduced the number of those starting training. It is clear that a significant proportion of those leaving the professions for reasons other than retirement are experienced nurses and midwives in their early fifties, meaning there is an attrition of skilled staff.

The main reasons for leaving are not pay, but stress and the impact of staff shortages on the quality of care these professionals are able to give. These stresses are not unique to nurses – we hear similar reports from junior doctors. It is not just a funding issue; many of these problems were emerging during times of record investment in the NHS in the last decade.

The core values of the nursing profession are deeply Christian in their origins.[4] However, the increasingly technical, acute and high throughput model of medicine under which the NHS operates today makes this hard to live out in practice. This dissonance between the values of patient-centred, whole person care on the one hand and a technological, protocol driven medicine on the other, is increasingly difficult for nurses, doctors and other health professionals to reconcile. Until we can address this and answer what kind of model of health care we really want and can deliver, we will continue to struggle with a long-term solution.[5]

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The 50th anniversary of the Abortion Act

It is not too late to change things

Review by **Peter Saunders**
CMF Chief Executive

50 years; 8.8 million abortions; 550 every day; 3,800 every week; 16,000 each month; 200,000 every year. One in five pregnancies ends in abortion. One in three women has cooperated in the death of her son or daughter. One in three men has fathered, and abandoned, an aborted baby. Or to put it another way, there are 100,000 people alive in Northern Ireland today precisely because they don't have a law like ours.[1]

Every abortion has been carried out by a doctor trained in the art of healing despite abortion being against the Hippocratic Oath,[2] the Declaration of Geneva and the historic stance of the British Medical Association.[3]

Seemingly, this is not enough. The 'We Trust Women' campaign[4] wants to decriminalise abortion completely. Driven by abortion 'provider' BPAS, the Royal College of Midwives,[5] the British Medical Association[6] and the Royal College of Obstetricians and Gynaecologists[7] have all given their support. There are also calls to relax the law in Northern Ireland, The Republic of Ireland and the Isle of Man. The pressure is relentless.

And yet at the same time, there is increasing disquiet about late abortions: high resolution ultrasound videos; media stories of babies born alive following 'botched' procedures; reports of late abortions flouting the existing law.

This lays open the fundamental conviction which permits this situation to continue. Virtually no one would contemplate dismembering a newborn baby and throwing the body parts into a bucket simply because the baby was unwanted, or even because it was the product of rape – this would be unthinkable. And yet the younger the baby in the womb, the more people regard abortion as acceptable.

In 2008 an attempt by MPs to cut the upper limit for abortion to 12 weeks (the European average) was opposed by 393 votes to 71.[8] At 16 weeks, it was 387 to 84 and at 20 weeks 332 to 190. The closest vote, on a 22-week limit, was defeated by 304 to 233.

Why should a preborn baby be accorded less value at 16 weeks or twelve weeks or eight weeks? They all have developed organ systems and beating hearts. And an individual human life begins at conception. Isn't this simply discrimination based on age, or size, or neurological capacity – an arbitrary judgement akin to racism or sexism?

Righteousness exalts a nation.[9] It is not too late to change things; to reflect, repent and reorder our priorities; to speak out; to be advocates for the voiceless; to offer women in crisis something other than a curette.

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Opt-out for organ donation?

Not as straightforward as claimed

Review by **Peter Saunders**
CMF Chief Executive

Geoffrey Robinson MP wants to bring in an opt-out system for organ donation in England. His Organ Donation (Deemed Consent) Bill[1] is due its second reading (debate stage) on 23 February 2018.

In 'deemed' (presumed) consent, a person, unless he or she specifically 'opts out', is assumed to have given consent to the harvest of their organs after death, even if their wishes are not known. Although relatives may be consulted (a so called 'soft' opt out), to ascertain any wishes of the deceased expressed before death, their views can still be overruled by the state should they decide against transplantation.

Robinson's private member's bill may be overtaken by a new government bill seeking to achieve the same thing. The government is soon to launch a consultation which proposes 'changing the current law on organ donation consent whilst also allowing people to opt out if they want to'.[2] Both Theresa May, the prime minister and Jeremy Corbyn, the leader of the opposition have signalled support.

However, evidence for the claim that an opt-out system will increase transplants is still lacking.[3] In Wales, where an opt-out system was introduced in December 2015, there has actually been a small dip in the number of deceased donors, from 64 in 2015-16 to 61 in 2016-17. This resulted in a drop in organ transplants from 214 to 187 respectively.

As it currently stands, 6% of the Welsh population has opted out of organ donation. This is a group of people who in an opt-in system were still potential donors, depending on their families' wishes – they may not have ended up donating organs, but we just don't know.

The Nuffield Council advised in October that robust evidence is needed before any change to the law is considered.[4] Hugh Whittall, Director of the Council said: 'The evidence points very strongly to the fact that decisions about deceased organ donation are most effective when they are based on the known wishes of the donor, and involve discussions between trained professionals and relatives.'

These words of caution should give us pause for thought. As I have argued elsewhere,[5] whilst the donation of an organ with the intention of preserving the life or health of another person is a sacrificial act consistent with biblical morality and walking in the footsteps of Christ, the harvesting of an organ without the permission of the individual before death or his/her next of kin after death is inconsistent with biblical teaching about ownership and stewardship of the body.

Stewardship of the body, even after death, lies with the person whose body it is, and with their family. There are many biblical examples of people giving instructions about what was to happen to their bodies after death and these were respected by governing authorities. Pharaoh, for example, gave permission to Joseph to bury his father Jacob in Canaan in the tomb of his fathers in accordance with Jacob's wishes.[6] Joseph gave similar instructions about what was to be done with his own bones.[7] Donation must be without coercion and the final decision must lie with the family based on what the person would have wanted, if this is known. Organs are not the property of the state and must not be 'taken' without permission, however needy any prospective recipient may be.

The issue has been covered in much more depth on the *CMF Blog*.[8]

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Sustainable Development and Nursing

New global targets agreed

Review by **Steve Fouch**
CMF Connections Manager

Sustainable Development Goals (or SDGs) are the new, globally agreed targets for developing poor, middle income and rich nations between 2015 and 2030.[1] There are seventeen goals in total with the aim of significantly reducing poverty, inequality, injustice and environmental damage around the world. The international community (including the British Government) has signed up to seeing these goals achieved in the coming decade and a half.

As we have previously discussed in *Triple Helix*, Christians have different views about the SDGs.[2] However, if they are achieved, the impact on the world will be immense. Consequently, many churches and Christian agencies are looking at how to engage fruitfully with the SDGs.[3]

Last year the All Party Parliamentary Group on Global Health (APPGH), after a consultation to which CMF contributed,[4] produced a report that showed how investing in the training, recruitment and professional development of nurses could have a significant impact on community health, economic development and the empowerment of women – a so-called 'Triple Impact'.[5] This addresses three of the seventeen SDGs and prompted a new campaign (due to launch publicly in the New Year) called Nursing Now![6]

With a global shortage of nurses[7] (including in this country – see p4), we cannot ignore this. Investing in nursing is a big win-win for everyone. Furthermore, nursing is so deeply embedded in the Christian faith that it is hard to separate its core values (unconditional care, advocacy for the sick, compassion, education, a whole person understanding of health and care in the context of community and teamwork) from the life and mission of the Church.[8] Christians need to be campaigning for action nationally and globally on this issue.

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Trevor Stammers offers a Christian analysis

THE ETHICS OF GENE EDITING

key points

- Gene editing is arguably the most significant medical advance of the millennium to date and it is certainly here to stay.
- As with health and disease, the distinction between therapy and enhancement is not easy to draw. Christian attempts to do so originate from different historic interpretations of the creation and fall.
- While the freedom of the will is a key element of being in the image of God, we are not entirely free to do as we please.
- New developments in genomics have given rise for more reasons to be cautious about genetic determinism.

Before the completion of the Human Genome Project (HGP) in 2003, it was thought there were around 80,000 coding genes for proteins. One of the big surprises of the mapping was the actual number turning out to be around 25,000, and the rest of the DNA was initially written off as redundant and labelled as 'junk'.

However the 2012 publication of the Encyclopaedia of DNA Elements (ENCODE)[1] challenged that dismissive label showing that much of that 'junk' DNA consists of genes for non-coding RNAs involved in regulating protein coding genes.[2]

The analogy of the genome as the 'book of life' has hence been superseded by less linear ones such as the internet of life where the switches that operate active components may be separated from them by vast distances within the genome.

In 2013, a paper described the use of an endonuclease, CRISPR Cas 9,[3] to edit DNA in eukaryotic cells.[4] Such genetic scissors had been around for years but CRISPR Cas 9 was the first to combine accuracy, economy and speed enabling such rapid progress in the field. It has already led to cures of leukaemia using a virus to add a gene to the patient's immune cells that makes them target cancer cells.[5]

> It is a profound misunderstanding of the human condition to think we can optimise ourselves in such a way that all human suffering is abolished.

However, the pioneers of genome editing have wider goals than the mere treatment of disease. For most of them, creation of embryos explicitly for experimentation and destruction is ethically acceptable. However, alteration of the germ line (which would pass changes down generations) and genetic enhancement are also on the agenda.

Christian writing on gene editing often emphasises the Genesis account of creation which I now explore using Dietrich Bonhoeffer's 1937 work, Creation and Fall.[6]

Origins: creation and fall

Bonhoeffer emphasises several elements. First, God is distinct from his creation; creation is not a fragment of God. He does not give birth to the universe but speaks it into being. He creates by his word alone.

Furthermore, that 'which is created by the Word out of nothing, that which is called forth into being, remains sustained by the sight of God'. God does not wind up the universe like a clock and leave it to tick on of its own accord; rather 'he holds all creation together' [7] and 'sustains all things by his powerful word'. [8]

God also speaks life into being – vegetation, sea-life, birds and land animals, all 'according to their kind'. [9] However, when it comes to the creation of humankind, another element is involved. God creates humankind in his own image, male and female, from the dust of the earth. The human body is fashioned out of earth just like those of other animals, but God breathes his life uniquely into this creature which becomes 'a living soul'. [10]

Bonhoeffer singles out two prime elements of what it means to be 'in the image of God'; first, that it means to be free and in particular, free to worship the Creator, and second that it entails the delegated authority of God to rule over creation responsibly: 'I belong to this world completely. It bears me, nourishes, and holds me. But my freedom from it consists in the fact that world to which I am bound …is subjected to me and that I am to rule over [it].' [11]

Bonhoeffer's synopsis of the creation narrative ties in surprisingly well with contemporary knowledge of genomics. The account emphasises:

a) all living things, including human beings, are created out of the clay of the earth. The fact then that the HGP has shown us that there is a huge similarity between the DNA of all species is no challenge to belief in a Creator; the Bible does not encourage us to have too high an opinion of ourselves. [12] It should therefore not concern us that as a species we share over 98% of our DNA with a chimpanzee. We came from the same clay after all.

b) our physical embodiment is affirmed along with the rest of creation as being very good. It is not a mistake that we have bodies like other animals but rather, this is God's intention. Therefore, we are not to regard our bodies as prisons from which to escape but as a 'temple of God', [13] through which we are to live for his worship and praise.

c) despite our genomic similarities with the rest of living things, we are different. Christians have no option but to be 'guilty' of speciesism. Not because we believe other species should be treated in any way we like – there are many scriptural warnings against inhuman treatment of animals, [14] but because we alone have the freedom to rule over and care for the rest of creation and are delegated his authority to do so. [15]

Though for Bonhoeffer a key element of being made in the image of God is the reality of human free will, we are not entirely free to do as we please. God sets a limit on that freedom with a prohibition in the form of a tree from which Adam and Eve were not to eat. [16]

Adam, though made in the image of God, is not God; Bonhoeffer sees the Fall as a rejection of contentment with the imago dei resulting in an attempt to be as or like God – sicut deus. The price of success for Adam is the ultimate one, as Bonhoeffer explains: 'It is true that man becomes sicut deus through the fall but this very sicut deus can live no longer; he is dead.' [17] Not only does mankind undergo spiritual death – separation from God – the earth from which humanity was fashioned is also cursed. [18]

In the light of Bonhoeffer's analysis, one of the ways we might attempt to discern an ethic of genome editing is to determine whether what is proposed is appropriate to undertake as creatures made in God's image or whether it constitutes an attempt to usurp God's place.

Identity, healing and enhancement

'It is a profound misunderstanding of the human condition to think we can optimise ourselves in such a way that all human suffering is abolished', insists Maureen Junker-Kenny. [19] 'It is not good to be alone' [20] is the first thing in the creation account that God declared was not good. Our relationships remain a fundamental human need regardless of how high spec our selfish genes might be.

As with health and disease, the distinction between therapy and enhancement is not easy to draw. Christian attempts to do so originate from different historic interpretations of the creation and fall. Augustine of Hippo (AD 354-430) understands the fall as entailing the ruin of all humanity as the offspring of Adam, from a state of perfection by Adam's sin of disobedience. This Augustinian schema underpins Professor John Wyatt's analogies of the restored masterpiece and the Lego kit.

According to Wyatt, 'Our bodies do not come to us value free. They are instead wonderful, original artistic masterpieces which reflect the meticulous design and order imposed by a Creator's will and purpose' [21] This original masterpiece has however become defaced by the effects of the fall and the task of medicine is to renew the body back to the Creator's original intentions, just as an art restorer does with a damaged painting.

Wyatt contrasts this with the 'Lego kit' view. 'There is no right or wrong way to put the pieces together. There is no masterplan from the designer. There is no ethical basis of Lego construction. You can do what you like. In fact, as the advert says "The only limit is your imagination"'. [22]

Hype about both the elimination of all genetic disease and the advent of designer babies is likely to remain just that for the foreseeable future.

This article was adapted from the Rendle Short Lecture give at this year's National Conference

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Furthermore, since there is no natural order within a random, mechanistic view of humanity, the difference between natural and enhanced is obliterated completely.

A different view, however, was taken by an earlier Christian theologian, Irenaeus (AD 130-202), who viewed the creation of Adam and Eve as a work in progress.[23] The first stage – that of being in the image of God – is complete. However, mankind is not yet mature and hence imperfect. Thus God's declaration of his creation as 'very good' did not mean for Irenaeus that the world was free from imperfection but that it was perfectly suited to God's purpose of developing us into his likeness. Ironically the very thing that constitutes the essence of sin for Bonhoeffer – mankind seeking to be like God – becomes the purpose of God for mankind in Irenaean thought.[24]

The Irenaean Adam has proven very attractive to many contemporary theologians such as Ronald Cole Turner who sees gene editing as having a legitimate role for mankind as partners with God in co-creating our own development: '...the question of the human creature as creator [or 'co-creator'] who contributes to the divine work of creation through new technology, remains an open question, more urgent than ever.'[25]

Genetic Determinism

Christianity contends that we are more than the sum of our parts, including our DNA base-pairs. However scientists have often embraced a rather fundamentalist genetic determinism. Francis Crick famously summarised such a view 'that "You", your joys and your sorrows, your memories and your ambitions, your sense of identity and free will, are in fact no more than the behaviour of a vast assembly of nerve cells and their associated molecules'.[26]

Jockemsen points out several problems here: 'If the DNA sequence contains a message, this presupposes a meaning in the message which cannot be generated by the mechanism which translates it. Furthermore the DNA has not generated the translation mechanism since in order to be expressed it needs that mechanism. The genetic message itself "needs an explanation – both a final and causal one".'[27]

New developments in genomics have given rise to more reasons for caution around genetic determinism such as the evidence that non-coding RNAs (ncRNAs) and their effects are influenced by environmental factors including smoking.[28] So with both the majority of DNA not coding for proteins and environmental factors influencing the ncRNAs' control of protein-coding DNA, the central dogma of molecular biology of one gene/one protein is increasingly untenable.

This is without taking into account the exploding field of epigenetics. Epigenetics is a field which has borne a range of definitions. Perhaps the simplest is 'the study of heritable changes in gene function that cannot be explained by changes in DNA sequence'. The key point here is that changes to the DNA other than mutations of DNA sequencing, can influence phenotypic changes, some of which are heritable.

Where does this leave us theologically in relation to our human responsibility before God? It surely confirms that though our genes do influence everything about us, they do not determine everything we do.

A Christian view of gene editing

Gene editing is arguably the most significant medical advance of the millennium to date and it is certainly here to stay. Christians are likely to take differing views on particular aspects of it depending on how Augustinian or Irenaean their theology. The goal of healing or enhancement will be another factor in their evaluation, as will the precise details of the technique being used. The correction of a single gene defect either before fertilisation or in the early embryo has already been considered as analogous to fetal surgery in terms of obtaining consent.[29] However most gene editing researchers see the creation and destruction of embryos as an intrinsic necessity in reaching that point, and many Christians will find this unethical – the end point here being neither healing nor enhancement of the embryo involved.

Hype about both the elimination of all genetic disease and the advent of designer babies is likely to remain just that for the foreseeable future. The more that is discovered about the complexities of interactions of genes and their modifiers both within the genome and the environment, the more unlikely the selection of traits such as intelligence or artistic creativity becomes let alone any prospects of moral enhancement.

Moreover, Christians should bear in mind it is not the perfect whom Christ calls to be his people but rather those who acknowledge their sickness and moral failings.[30] 'God chose the foolish things of the world to shame the wise; God chose the weak things of the world to shame the strong. God chose the lowly things of this world and the despised things – and the things that are not – to nullify the things that are'.[31] No amount of genetic editing will bring salvation from our sin; only the blood of Christ can do that.[32]

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Andrew Fergusson traces the story of *Triple Helix* magazine and its predecessors

20 YEARS OF TRIPLE HELIX

It is 20 years this autumn since the new-look *Triple Helix* first came out. As its first editor, I have been asked to review what led to its production. Let's begin at the real beginning. Christian Medical Fellowship came into existence in 1949 when the historic Medical Prayer Union merged with the medical section of the Graduates Fellowship of IVF, the Inter Varsity Fellowship (now UCCF, the Universities and Colleges Christian Fellowship).

ISM: In the Service of Medicine

It was not until November 1952 that the first edition of a 'periodical' was sent to members as 'Letter No 1'. It included an article, reprinted from a US translation from the French, by Paul Tournier, on doctors' matrimonial problems, comments on the Royal Commission on Marriage and Divorce, and a book review on miraculous healing.

How did the title express CMF's concept? The Christian faith saw itself as a servant of the practice of medicine, that John 13 servant spirit summed up later by the towel and basin logo of ICMDA, the International Christian Medical and Dental Association.

Initially printed annually and eight pages in length, *ISM* became more regular and grew in pagination. By 1956 it had grown to 12 pages with a supplement. By 1986 it had grown to 40 pages with a colour cover, and was ready to undergo its first major transformation.

JCMF: The Journal of the Christian Medical Fellowship

This newly titled, new-look stab at a more prestigious and more academic-feeling journal arrived in October 1986. I notice it included a long letter on the controversies of alternative medicine from one 'Andrew Fergusson, Bromley'; a personal view but written following lengthy investigations by the Medical Study Group.

Averaging 32 pages, *JCMF* came out quarterly, with its front cover colour coded for the seasons – green for spring, pink for summer, brown for autumn, and blue for winter. Its content had to be both 'Christian' and 'medical'. This still left plenty of room for manoeuvre, and the ethos was governed as now by the following guideline: 'Contributors enjoy a reasonable liberty of expression. The only requirement was for articles to be consonant with the Christian faith as recorded in the Bible'.

Being involved with production when I joined the staff, I don't think ever-busier CMF members particularly appreciated these branding changes. Many continued to call it *ISM* anyway! Anxious to produce something more eye-catching and perhaps attractive to colleagues outside faith, work began in the mid-90s on producing a full colour, fully illustrated magazine.

> A cord of three strands is not quickly broken.

The short life of Rx

There was much debate about the target readership and the range of content, but the ethos of something medical and biblically Christian was never questioned. John Martin, currently CMF's Head of Communications and then a neighbour in Partnership House, came alongside and professional designers joined the informal team. We had a lot of fun and various design options were piloted regionally and at conferences. The biggest debate concerned the title – what could CMF call its new baby?

At a time when snappy ambiguous words were in vogue in branding (Ford for example calling its new small car simply Ka) the outright winner rapidly became Rx, with a strapline *Christian perspective for health professionals*. Rx had historically been medical shorthand for a prescription, from the Latin recipe, 'take that'. It was short and quirky; we loved it.

We were ready to launch Rx in the summer of 1997, when to our horror on 6 April 1997 the *Sunday Telegraph* newspaper pre-empted us with its intended (though very short lived) regular colour supplement on health matters called – Rx! The design features recognisably echoed ours, and we concluded pre-publication plagiarism. Complaint produced an entirely predictable response, and we were forced to delay and rethink.

Triple Helix: what's in a name?

Reporting the problem at General Committee in summer 1997, there was a lively discussion. We went back to CMF's double helix logo, and suddenly a surgeon suggested *Triple Helix*. It clicked immediately. Ecclesiastes 4:12 states 'Though one may be overpowered, two can defend themselves. A cord of three strands is not quickly broken.' It was quirky and appealing and lent fascinating visual possibilities to our designers. Triple Helix was born.

The intention was to engage more readers, to recruit, and to be a multidisciplinary magazine exploring questions within the context of healthcare. Initially quarterly, the full colour 24-page magazine was reduced to three editions a year in 2007. Despite rising pressures on the reading time of us all, *Triple Helix* continues to be globally influential, with more than 4,000 copies going to more than 68 countries around the world. It is also available free online with an even bigger readership.

What will happen in the future? Only God knows, but 'A cord of three strands is not quickly broken.'

***Andrew Fergusson** was CMF General Secretary 1989–1999 and later was CMF Head of Communications 2006–2011.*

Peter May reviews a hurried and unsatisfactory debate at the Church of England's General Synod

THE CONVERSION THERAPY CONTROVERSY

key points

- A General Synod Private Member's motion moved by Jane Ozanne (Oxford) called for a ban on what it termed 'conversion therapy' for homosexuals.
- In this article Peter May suggests:
  (a) that the term 'conversion therapy' is inadequate and (b) is an umbrella term to cover several discrete forms of therapy. Thus the motion lacked clarity.
- He suggests that Ozanne's case remains unproven but despite this Synod approved the amended motion, which effectively rules out talking therapies, prayer and even conversations among friends.

What is gay 'Conversion Therapy'? A debate this summer in the Church of England's General Synod concluded it 'has no place in the modern world', and called upon the Government to ban it.

In the 1940s, psychiatrists offered 'curative' aversion therapies to homosexuals hoping to convert them to heterosexuality. Tragically these included castrations, lobotomies and electrical treatments. These were superseded in the 1950s by drug and hormone treatments, psychotherapies and hypnosis. In 1973, following a close vote and bitter disagreement among psychiatrists, homosexuality was removed from the American diagnostic Manual of Mental Disorders. An entire generation of psychiatrists has now passed without any clinical responsibility for 'treating' homosexuality.

In proposing her motion to Synod, Jayne Ozanne chose to use the term 'Conversion Therapy', a historic and stigmatising label. She defined it as an umbrella term for all types of therapy, including talking therapies which attempt to change sexual orientation or gender identities. She lumped them together as a single entity, which she denounced as being 'unethical, harmful and not supported by evidence'.

She asked Synod to endorse a 2017 statement signed by the Royal College of GPs, the UK Council for Psychotherapy, and other bodies, uniting to ban 'Conversion Therapy'. She claimed it was 'an abhorrent practice'. Included under the same umbrella were prayer and charismatic healing.

Ozanne cited her own online survey of LGBT people, claiming that 40% had willingly undergone 'Conversion Therapy'. Half of them were under the age of 17, highlighting the sexual confusions commonly experienced in adolescence. The therapies which these people claimed were 'most helpful', were in fact talking therapies – 'talking to psychotherapists, family and friends.' What matters, she asserted, is 'how we choose to live our lives', while ironically denying choice to those wanting to move away from homosexual feelings and behaviour.

Ozanne conceded that orientation fluidity exists – but 'cannot be manipulated'. She completely ignored bisexuality, which is more common than homosexuality. She also ignored the pivotal role of brain plasticity in adolescence. She admitted that prayer and 'deliverance ministry' worked for her temporarily 'for a few months, even years' but assured Synod that all 'health professionals' agree that therapy should be banned.

CMF member Simon Clift was quick to his feet, indicating that not all health professionals agreed. He saw the need to see Christ above culture, transforming it. He offered the scenarios of a married man with children struggling to hold his family together due to his unwanted, same-sex desires and of a teenager deeply disturbed by her conflicting sexual passions. They should, he claimed, be able

to consult appropriately trained psychotherapists.

Here lay a major misunderstanding, which the Synod failed to grasp. The motion, Synod was told, allowed for such therapy to continue. It didn't. A 'Memorandum' of 2015 ensured that anyone subsequently practising 'change therapy' would be removed from their authorising register. Only 'gay-affirming therapy' is nowadays permitted.

Ozanne's motion was amended by another dissenting health professional, Dr Jamie Harrison, who moved that Synod should consider the earlier '2015 Memorandum'. The 2017 Statement, signed by the Royal College of GPs, stated that 'gender identities are not mental health disorders.' This was rejected by the Royal College of Psychiatrists. Many psychiatrists think they are (and so do many GPs, if they were only asked!). He thereby steered Synod away from a minefield.

A further improvement in the '2015 Memorandum' was the claim that Conversion Therapy was 'potentially harmful', rather than 'harmful'. That makes all the difference in the world, as all effective therapy is 'potentially' harmful.

Did Synod spot the implications? Ozanne's three reasons for banning 'Conversion Therapy' were that it is 'unethical, harmful and not supported by evidence'. Why might change therapy now be considered unethical, if it was not actually harmful?

It would, of course, be unethical if people were manipulated into unwanted therapy by therapists making unjustified promises. But every professional knows that clients only benefit from talking therapies, if it is their own free choice and they are motivated to work at it, while no-one can predict the outcome.

With two of her three reasons denied, Ozanne's now rested on science being able to show that therapy does not work. But as we have seen, 'Conversion Therapy' is not a discrete entity but an umbrella term covering many different approaches. Do any of them work?

The gold standard for this test is the randomised controlled trial. Difficult to set up and expensive to perform, such trials require ethical approval. In the current climate, where many LGBT people are loudly insisting that change therapy is ineffective, unwanted and harmful, it is difficult to imagine ethical approval being given.

Professor Michael King is the spokesman for the Royal College of Psychiatrists' 'Special Interest Group' on homosexuality, which was responsible for drafting the College statement of 2012 that people are born gay and there was no evidence that change was possible. These beliefs are the bed-rock of the popular case for same-sex marriage internationally. The College, to its shame, failed to respond to a detailed rebuttal in 2013,[1] yet withdrew both these claims after the Same Sex Marriage Act had passed through Parliament.

King, with ethicist and theologian Robert Song, issued a joint briefing paper for Synod before this debate.[2] Dismissive about 'sexual fluidity' and ignoring completely the existence of bisexuality, they said 'it is deeply misleading to state that...sexual desires can change.' Is it not universal human experience that sexual desires change with time?

Importantly, they wrote, 'No randomised controlled trials (RCTs) have been conducted in relation to the effectiveness or harmfulness of conversion therapies and *in this sense* it is certainly the case that there is no scientific evidence that change therapies are damaging.' They concluded, 'Whether this amounts to justification for a ban requires the exercise of wider moral and prudential judgement, and is not strictly a matter of scientific evidence.'

So, after repeated requests, Professor King has now – at last – publicly admitted that there is no good scientific evidence to show whether change therapy is effective or ineffective, harmful or harmless, and such evidence is unlikely to be forthcoming in the future. We are left with only self-reported anecdotes.[3] The decision then to ban change therapy and allow only 'gay-affirmative therapy' cannot be decided by science but is a matter, they concluded, for 'wider moral and prudential judgement'.[4]

Did Synod rise to this challenge? Did anyone point out the well-documented, serious health risks associated with homosexual behaviour[5] that might motivate a desire for change? No, they did not, yet they amount to very good reasons why people might want to move away from homosexual desires and behaviours. For instance, while there are in UK almost as many cases of HIV in the heterosexual population, the LGBT community is only around 2% of the population. This means that HIV incidence is about 40 times more common among gay men overall and is higher still among adolescents. Similar risks attach to syphilis and gonorrhoea. Add to these the well documented, increased incidence of anxiety, depression, suicide, loneliness and drug and alcohol addictions in the LGBT community, banning therapy for those who request it, without good scientific reasons, is surely a denial of their basic human rights.

Did the Bishops help the Synod to weigh up the wider moral and prudential judgement that was needed? No. The Bishop of Liverpool said that therapy is inappropriate as homosexuality is not a sickness. That is a sham argument. Many distressed psychological states respond well to psychotherapy without being illnesses, for example, bereavement. Despite good briefing papers, which included a detailed response to King and Song from Professor Glynn Harrison and Andrew Goddard,[6] the Archbishop of York closed the debate in confusion. He said, 'Only the Holy Spirit converts...technique is unsound, so ban it so I can sleep at night.'

With all three of Ozanne's arguments refuted, Synod still endorsed the 2015 Memorandum that 'the practice of gay conversion therapy has no place in the modern world, is unethical, potentially harmful and is not supported by evidence', and called on the Government to ban it.

Peter May *is a retired GP from Southampton who for many years was a General Synod member.*

The Synod Motion

Motion passed as amended by Jamie Harrison (Durham). That this Synod:

(a) endorses the Memorandum of Understanding on Conversion Therapy in the UK of November 2015, signed by The Royal College of Psychiatrists and others, that the practice of gay conversion therapy has no place in the modern world, is unethical, potentially harmful and not supported by evidence; and

(b) calls upon the Church to be sensitive to, and to listen to, contemporary expressions of gender identity.

'Conversion Therapy' is not a discrete entity but an umbrella term covering many different approaches.

further reading

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Philippa Taylor draws inspiration from the reforming zeal of two great individuals as abortion debate continues

THE ABORTION ACT 1967 50 YEARS ON

key points

- The reforming zeal of two individuals – Martin Luther in the 16th century and Raymond Johnston in the mid-20th – drew strength from common convictions.
- Advocates of the Abortion Act 1967 said they did not expect it would significantly increase the number of abortions – how wrong they were. Since then nearly nine million unborn lives have been lost at unfathomable cost.
- The medical profession has become abortion's greatest facilitator (as well as promoter), betraying its own historic position.
- 50 years on Christians can demonstrate compassion and understanding to women facing an unplanned pregnancy or difficulties following an abortion.
- Many CMF members are involved in the Pregnancy Centres Network. In a collapsing culture people get hurt.

A momentous day back in September 1971 saw 35,000 Christians gather in London's Trafalgar Square for the Nationwide Festival of Light. It was the largest outdoor gathering of Christians ever recorded in the UK.

They gathered together, as a grass roots movement, to stand for God's righteousness and grace. They had witnessed passing of several laws in the 1960s that radically altered traditional British culture and reflected how the UK's permissive society had moved away from the Bible's teaching and our Judeo-Christian heritage.

One of the more radical of these 1960s Bills was the Abortion Act, passed by Parliament on 27 October 1967, 50 years ago. Almost exactly five hundred years ago was another momentous event. Martin Luther, then an unknown monk, nailed his '95 Theses' to the door of the castle church at Wittenberg on 31 October 1517.

Luther's act had far-reaching consequences. It not only led to schism in the Western Church, but more subtly it gave shape to a different way of thinking about the relationship between God and human beings. An important side-benefit was that the natural marriage of Christianity and medicine, formed throughout the centuries, gained fresh impetus, voice and expression after the Reformation, as Peter Saunders reflects (see editorial page 3).[1]

Raymond Johnston, the first director of the Nationwide Festival of Light (NFOL), appointed in 1974, saw a clear connection between the NFOL and the movement initiated by Luther. Johnston was widely acknowledged as a 'prophet', able to discern the signs of the times and say: 'There's something wrong here and we need to change'. The NFOL had quiet but considerable influence, engaging in research, writing, briefings, and coordinating campaigns.

Rooted in the Bible

In 1983 the NFOL was re-launched as CARE (Christian Action Research and Education) and Johnston served as its director until his death in 1985. Three beliefs and concerns were at the heart of Johnston's work. First, he was rooted in the Bible and the 16th century reformers; second, he focused on cultural disintegration; and third, he called for radical and concerted Christian thinking and action. These three could hardly be more relevant today as we mark the anniversaries of both the Reformation and the Abortion Act.

Raymond Johnston believed that the 16th century reformers need to be rediscovered for our times. After all, they themselves were rediscovering apostolic Christianity. 'It was because Raymond was a "Reformation man" that he saw no dichotomy between his Christian faith and social concern. The doctrine of the Sovereignty of God means that God is concerned for the whole of life, not just on Sundays in church but Monday to Saturday out in the world as well.'[2]

'He believed that God had created man in his own image, and that although that image was distorted by sin, it hadn't been destroyed. He, therefore, believed in the sanctity of human life. Believing also that "the archetypal transgression was murder" as evidenced in the sin of Cain, he naturally campaigned against attacks on human life. And the great attack since 1967 he saw coming through abortion, that huge blot on the moral landscape.'

Johnston presciently asked (and answered): 'Is the unborn child my neighbour – or not?' Abortion always remained one of his deepest concerns. This was at a time when evangelicals, generally speaking, were silent on abortion. Most evangelicals had 'believed the politicians, that this bill would not result in abortion-on-demand, that it would end back-street abortions and that there would be careful safeguards'.[3] Indeed, the 'go-to' resource

among many evangelicals was a book published in 1972.[4] The author, Rex Gardner, argued that 'fully human life' begins only at birth, and abortion right up to full-term could be morally acceptable in some circumstances. CMF subsequently adopted a stance opposing abortion, based both on the biblical understanding of human life and the Hippocratic Oath.[5]

Although David Steel's original Private Member's Abortion Bill aimed to reduce the numbers of dangerous 'backstreet abortions'; in reality it quickly opened the door to legalised abortion on demand. Since 1968, nearly nine million unborn lives have been lost. Nine million human beings, the value of whose loss is impossible to measure: potential law-makers, journalists, doctors, inventors, scientists, technicians, scholars, city-builders, discoverers, and mothers and fathers. To put this into perspective, it is more than the combined populations of Wales and Scotland.[6] According to the Royal College of Obstetricians and Gynaecologists, at least one-third of women in Britain will have had an abortion by the time they reach the age of 45. Most of them are for so-called 'social' reasons.

Cultural disintegration

Tragically, the 1967 Abortion Act has resulted in a greater loss of human life than any other piece of legislation in the history of our country, while countless women have suffered – physically and emotionally – from the experience of ending their pregnancy.

Johnston's second concern about cultural disintegration needs little justification now. He knew we in the West are living in a 'collapsing culture', particularly with the loss of Judaeo-Christian religious and moral contribution. He described this as '...the deepest formative principle in the development of Western European culture. It was this that brought us the dignity of woman, the sacredness of the family, the intellectual base for the rise of modern science, our hospitals, our schools, our universities and – if we are to believe even some of the non-Christian economists – our great economic take-off after the Reformation.'[7]

The implosion of our 'collapsing culture' can be clearly seen as we not only look back at the last 50 years of legal abortion. The same can be discerned as we look forward in the face of growing pressure to decriminalise abortion further and allow it to take place for any reason up to full term in England, Wales and Scotland. Ironically, the medical profession has become abortion's greatest facilitator (as well as promoter), betraying its own historic position.[8]

For those who think it cannot get much worse, here are a few chilling tweets and media reports that I have recently picked up from those leading current campaigns to further promote abortion:

- 'The 67 Abortion Act made Britain a world leader in women's reproductive rights and it's time we were again.' Diana Johnson MP.[9]
- 'Counselling has become pro-life weaponry.' Dr Wendy Savage (who has carried out 10,000 abortions herself).
- 'Offering counselling unaffiliated from clinics providing abortion is deeply immoral.' 'Anti-choice protestors are a danger to women.' Professor Ellie Lee.
- 'Choice is choice and sex-selection abortion of girls must be allowed.' Kerry Abel, Abortion Rights.
- 'Abortion is just like having a bunion removed.' Lesley Regan, President of the Royal College of Gynaecologists.[10]

Christian thought and action

If ever there were a time for action, it is surely now. Johnston did not just ask questions, he challenged Christians to get involved. His third concern was for Christian thinking and action.

For Raymond Johnston, 'thinking' did not just mean understanding and quoting biblical texts. He was also concerned to harness and use anthropology and sociology to confirm God's truth. Christian people, he said, are to think and then be active. He maintained that we all have a clear obligation to participate and to use our voice for the standards which we know God has revealed. If God is concerned with guiding nations, so must we be. Johnston was speaking at a time when most evangelicals deliberately steered clear of any engagement with politics, arguing that, 'we can't impose our ethics on others'.[11]

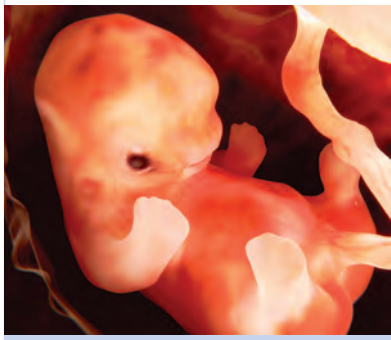
He wrote: 'We are commanded by the Apostle Paul to pray for good government.'[12] He maintained that the Public Square was bigger than Parliament Square.[13] He was constantly asking: 'What is our Christian duty in this situation?' But to Johnston 'action' also inevitably involves compassion because 'As a culture collapses people get hurt.'[14] Every time the scan allows us to gaze through a window into the womb we know that this is no bunion but a new member of the human race. Which is why one of the greatest gifts we can give an unborn baby is to care for his or her mother. Both lives matter.

That's why for many years, Christians have sought to equip and encourage volunteers in local Christian centres to demonstrate compassion and understanding, both to the mother facing an unplanned pregnancy and to the women experiencing difficulties following an abortion. Many CMF members are involved in the Pregnancy Centres Network, who today are carrying out this crucial work.[15]

However two things particularly angered Raymond Johnston. First, the false teaching of heretics and, secondly, the passivity of the faithful. That challenge stands as strongly today as it did then.

So inspired by Raymond Johnston, in God's strength, the challenge in our day is to be faithful and then to be active and not passive.[16] We cannot stop being active until all pregnant women choose to head to maternity clinics and not abortion clinics, even if that takes us longer than the next 50 years.

***Philippa Taylor** is CMF Head of Public Policy.*



CMF statement of values (extract)

As Christian doctors seeking to live and speak for Jesus Christ we aim:

To practise whole-person medicine which addresses our patients' physical, emotional and spiritual needs.

To maintain the deepest respect for human life from its beginning to its end, including the unborn, the handicapped and the elderly.

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Denis Alexander
reviews recent trends at the interface of science and faith

GENES, DETERMINISM & GOD

key points

- Even if the bad old days of genetic determinism are behind us, it still exists in public discourse and the sequencing of the human genome is accompanied by much 'genohype'.
- Likewise, the pendulum has swung from genetic determinism to socio-biology, with the 'blueprint' metaphor for the genome becoming popular.
- It all cries out for new language for integrated personhood; the Bible provides many of the needed footnotes.

The language of genetic determinism has come into daily discourse. 'It's in her DNA' or 'in this or that institution's DNA' highlight characteristics that are supposedly permanent.

There is a general perception that the bad old days of genetic determinism belonged to the earlier decades of the twentieth century. For more than half a century (roughly 1880–1940) it was widely believed that heredity determined race, class, mental health, and intelligence. Eugenic legislation ensured the compulsory sterilisation of hundreds of thousands of 'physical and mental defectives' in the USA, Denmark, Sweden and Germany.

Following the Second World War, as the horrendous revelations of the use of eugenics in Nazi Germany became well documented, a reaction set in that swung the pendulum away from genetics, shifting towards a greater focus on the environment. But then came the advent of molecular biology from the 1960s onwards and the beginnings of socio-biology from the 1970s onwards, together with the rise of behavioural genetics and the idea of the 'selfish gene'.[1] The sequencing of the human genome[2] was greeted with considerable 'genohype'. The 'blueprint' metaphor for the genome became very popular, replacing older, less deterministic terminology such as 'genetic lottery'.[3]

The new genetic determinism, unlike the old, is more subtle, absorbed more by a process of cultural osmosis than by bold assertions. Geneticists reporting their results tend to be cautious, highlighting the role of the environment. Yet at the same time the language of genetic determinism has come into daily discourse. 'It's in her DNA' or 'in this or that institution's DNA' highlight characteristics that are supposedly permanent.

The media reports the discovery of a 'gene for' violence, or happiness, or monogamy. A recent news report from *Nature* proclaims that: 'An increasing number of studies suggest that biology can exert a significant influence on political beliefs and behaviours…genes could exert a pull on attitudes concerning topics such as abortion, immigration, the death penalty and pacifism.'[4] Genes are seen as something different from 'us' and they seem to be exerting a 'pull'.

Integrated Personhood

Part of the problem in this discussion is the dichotomous nature of the language used. 'Nature–nurture' remains a common trope in media outputs, 'genes–environment' in more academic discourse. Either way the language tends to portray a somewhat fragmented view of human personhood in which the reified forces of 'genes' and 'environment' are competing for hegemony over the final product.

In my book on this subject[5] I introduce a new acronym, DICI, which focuses on a more unitary concept of personhood. This stands for Developmental Integrated Complementary Interactionism, four words which do much to subvert the dichotomous language of 'nature and nurture'. DICI focuses on the way in which genetic contributions are thoroughly integrated during human development with the microenvironments of the cellular machinery as well as the macroenvironment provided by the mother during pregnancy and the wider world post-partum. Interactionism continues all the way from the zygote to adult death, with epigenetic inputs from the environment continually modulating genomic functionality. Many levels of complementary description, using a range of disciplines, are essential to do justice to the complexities of the interactions.

What is inherited from the parents is not naked DNA, which by itself can do nothing, but a complex system of DNA, RNA, proteins and nutrients that together operate to regulate cell growth and division. The human egg just prior to fertilisation contains at least 3,000 different proteins, 7,500 different mRNA molecules, and many thousands more small, non-coding RNA molecules involved in regulating gene expression. By itself DNA would be as useless as a piece of software without any computer to run it on. Biologically, human life begins as an integrated

complex system and carries on that way to the end.

Our human identities and unique personalities are 100 per cent genetic and 100 per cent environmental, millions of factors integrated together during foetal development and in the postnatal years to generate the unique person, the unique 'I'. The Psalmist said that he was 'knit together' in his mother's womb[6] and we are all the products of this great knitting exercise.

Definitions of genetic determinism

Hard determinism we can define as the belief that 'given our particular genomes our lives are not really up to us and are constrained to follow one particular future', whereas soft determinism states that 'given our particular genomes our lives are more likely to follow one particular future', which arguably is not really determinism at all. In reality, the various human states of being are located somewhere on a spectrum lying between the two poles provided by these two definitions. The more deterministic pole of the spectrum is exemplified by medical genetics where often there are genetic conditions that constrain one to a particular future. But for the vast majority of the population, genetic variance may predispose people to do certain things, but in a probabilistic rather than deterministic way.

Determinism in medical genetics is a moving target. The phenylketonuria which once resulted in thousands of children worldwide ending up in care homes due to severe mental disability is now thankfully a thing of the past. Whilst I was working at the American University Hospital in Beirut during the 1980s, a baby was brought to A&E several times with failure to thrive and lactic acidosis. Each time we obtained a small blood sample for enzyme analysis. On the third visit, we identified the 39th case in the world of fructose-1,6-diphosphatase deficiency.[7] It turned out that the parents had been feeding the baby honey. A fructose-free diet thereafter promised a good prognosis. The genetically determined outcome of the week before was now no longer. Sadly, such is not the case for many thousands of other Mendelian genetic disorders, but in many cases prognoses are gradually improving with new therapeutic interventions.

Behavioural genetics

It is within the fields of behavioural and psychiatric genetics that discussion of genetic determinism becomes most relevant. 'Heritability' within this context refers not to inheritance but to the proportion of the variance of a trait that can be ascribed to genetic variation in a given population.[8] Heritability values are measured via twin and adoption studies. Genome Wide Association Studies (GWAS) seek to identify genetic variants that correlate with particular traits, such as intelligence or aggression. But even with a straightforward non-behavioural trait like height, which is 80 per cent heritable, the 697 independent, albeit common, gene variants that associate with height variation explain only 20 per cent of the heritability, with rare variants contributing some of the 'missing' heritability.[9] Unsurprisingly, therefore, investigation of complex behavioural traits by GWAS has revealed hundreds of gene variants that each make minute contributions – less than 0.1 per cent – to the overall variation in a population.[10] This is what one expects when thousands of genetic variants integrate with thousands of environmental inputs during development to generate complex human individuals.

Genes do not determine behaviour, but they are certainly 'difference makers'.[11] The possession of the Sry gene on the Y chromosome may help to explain why an average of 93 per cent of the prisoners worldwide are male,[12] but males are not determined to commit crimes by possessing the Sry gene (thankfully).

Humankind made in the Image of God

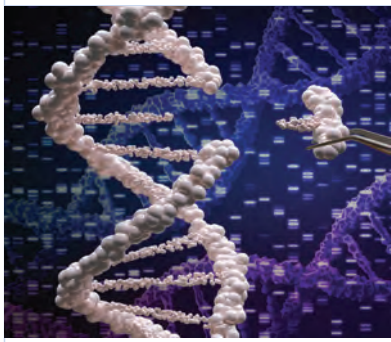
The fact that humankind is made in the Image of God, 'male and female he created them'[13] provides a key starting point for a conversation between genetics and theology. In its Ancient Near Eastern context, 'Image of God' language was used to refer only to kings and occasionally priests. In Genesis 1 we find a totally new idea about the value and status of humankind: the kingly and priestly roles previously allocated to the privileged few by a pantheon of gods were now being delegated instead by the one creator God to the whole of humanity.[14] Psalm 8 expounds this new status. The value of each human individual is bestowed by God's gracious decree, not 'earned' by possessing a certain list of qualities. There are two key entailments.

First, the fact of humankind being made in God's image subverts any move to make distinctions between people based on their genetic endowment. When human personhood is viewed in a purely utilitarian way, without any grounding in a wider worldview that undergirds human value and equality, then it is remarkable how quickly people can be treated as disposable. See Giubilini and Minerva for a frightening example.[15]

Second, the moral responsibilities and duties bestowed upon humankind made in the image of God imply genuine choice. The command given in Genesis 2 not to eat of the tree of the knowledge of good and evil is disobeyed; human autonomy seems much more alluring. There are terrible consequences: separation from the tree of life. The assumption of genuine human responsibility is inescapable. Free will brings heavy duties and obligations in its wake.

There is nothing in contemporary genetics, barring some rare but tragic cases of medical genetic pathologies, that in any way subverts personal moral responsibility. Genes do not influence us, and certainly do not control us, as if our genomes were somehow operating in a separate space isolated from the rest of personhood. We cannot escape our responsibilities to God, to each other and to our delegated task of caring for the earth, including our use of genetics. We will be called to account.

Denis Alexander *is Emeritus Director of The Faraday Institute for Science and Religion, Cambridge. His Gifford Lectures under the title 'Genes, Determinism and God' is published by CUP.*



Genes do not influence us, and certainly do not control us, as if our genomes were somehow operating in a separate space isolated from the rest of personhood.

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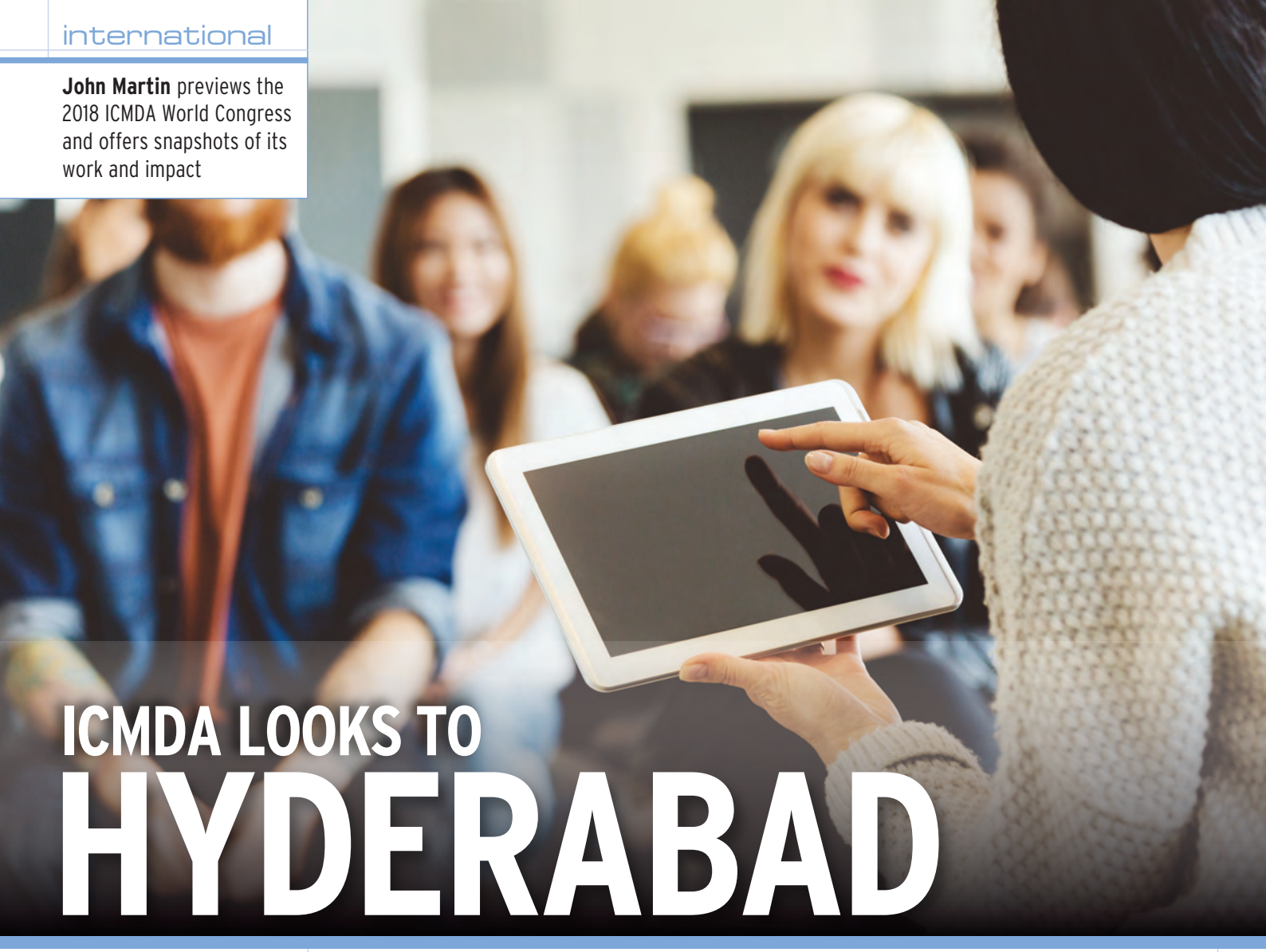
John Martin previews the 2018 ICMDA World Congress and offers snapshots of its work and impact



ICMDA LOOKS TO HYDERABAD

key points

- From small beginnings, ten national movements all based in Western Europe, ICMDA has become truly global, comprising over 70 member movements of doctors, dentists and other health professionals.
- The global expansion of ICMDA reflects the story of the expansion of Christianity throughout the world over the last five decades, where the gospel now flows 'from everywhere to everywhere' and its heralds are drawn from all over the world.
- Worshipping with people from nearly 100 different countries is inspiring – a foretaste of heaven.

Hyderabad, India's City of Pearls, will host the 2018 ICMDA World Congress. The chosen theme echoes words from Isaiah's first Servant Song, the role of God's people as 'a light for the Gentiles' partnering in God's work to 'open eyes that are blind.' (Isaiah 42:5-7). For the prophet's original hearers, here was a call to reach out in compassion to the sick and needy. Later, Christians would come to see in it the promise of a coming 'great physician', Jesus – the inspiration and role model for every Christian doctor and health professional. A rapidly changing global scene issues a call for a renewed understanding of Jesus and the mandate to follow in his footsteps.

The first International Christian Medical and Dental Association (ICMDA) World Congress was held in Amsterdam in 1963. The next was in Oxford. Peter Pattisson who eventually worked as ICMDA Europe Regional Secretary, tells how Oxford had a life-changing impact on his life and career. 'We were exploring how to respond to a call from God to serve in South Korea. During the conference the chairman of one session remarked that they had a clinical research project in progress in South Korea. The British doctor was leaving and he felt it would be a good post for a Christian doctor. This led to interviews and a departure for that post a few months later. This became the framework of our work for the next 15 years. It was also a stepping stone to a lifelong involvement with ICMDA and participation in numerous world and regional conferences.'

Since then, a pattern has emerged of four-yearly global Congresses with regional conferences in the years between. Vicky Lavy, who served until recently as CMF Head of International Ministries recalls attending the Durban ICMDA World Congress in 1998. 'It's very possible to feel alone as a Christian doctor, if you are working in a difficult or isolated place. Going to an ICMDA World Congress is an overwhelming antidote to that. When I went to Durban I was working in the small and struggling country of Malawi. I was working with minimal resources in the midst of the AIDS epidemic. The question often on my mind was, "Can a few Christian doctors make a difference?" Standing together with hundreds of brothers and sisters in Durban, I knew the answer: "Yes we can!" We can make a difference because we are not alone. We are part of a worldwide family. Together, we can change the world, one step at a time.' Vicky returned with renewed energy and an enlarged vision. Soon afterwards, the Christian Medical and Dental Fellowship of Malawi was born.

There were ten countries represented at

Amsterdam 1963, all of them from Western Europe. In the 50 plus years since, the ICMDA has broken the wineskins of the West to become a truly global movement. When the Congress returned to the Netherlands in 2014 there were nearly 100 countries represented and bringing together national member movements in 71 countries. World Congresses always have special moments. In Amsterdam doctors from South Korea told the story of the medical missionaries who had given their lives in service to their country as they brought the gospel a hundred years ago. The Christian doctors there were the living legacy of those who had gone before.

Vicky Lavy recalls taking a handful of Malawian students and junior doctors to the World Congress in Taiwan. 'It was mind-blowing for them. Several had never been out of Malawi before and meeting with hundreds of other Christian students was a new and powerful experience that changed the course of their lives. It led to lasting and fruitful relationships amongst Christian students across the Southern Africa region.'

All this parallels the expansion of the Church during these same 50-odd years. It's no longer 'the West to the rest' – the gospel flows 'from everywhere to everywhere'. In the process, the complexion of global Christianity has changed beyond all recognition, not least with the emergence of the Christian global south. As Todd Johnson, one of the editors of the World Christian Encyclopedia is fond of saying, 'The geographic centre of Christianity is located just south of Timbuktu and it moves south every day.'

There was a time when an expatriate doctor headed medical teams. Today he or she will be part of a team of mainly-local well-trained professionals. No longer are mission hospitals the sole context for global Christian medical work. There are a wide variety of openings and Westerners are not alone in relocating to fulfil a missionary calling. There is still a much-needed place for career-long commitments, but also ample openings for people who can give a few months or years, perhaps returning to the same location once or several times.

For Kevin Vaughan, a former ICMDA President who worked internationally as well as in the UK, Rotterdam was 'such a fantastic opportunity to meet Christian medics from all over the world. Worshipping with people from nearly 100 different countries was like a foretaste of heaven.' He adds that it is an enormous privilege to hear leading Christian thinkers, on today's topical healthcare issues.

For CMF CEO Peter Saunders, an ICMDA World Congress uniquely 'opens eyes to world mission and grows leaders'. Ever since 1963, CMF UK health professionals attending a Congress report having their whole outlook and career aspirations changed by the experience.

The wider ICMDA scene

ICMDA's rapid growth inevitably means increased complexity. For that reason ICMDA divided into twelve regions, each with a regional secretary to keep up the contacts and help with organising conferences. CMF UK is part of the Eurasia region which is led by Rick Paul from The Netherlands. In countries where the number of Christians is small, national fellowships consist of all types of Christian healthcare workers: doctors, dentists, nurses, physiotherapists etc. ICMDA has readily adapted and national groups can join 'if they have doctors and dentists among their members'.

'To reach the East you have to leave the West,' Rick explains. 'There is nothing quite like the World Congress for sharing a vision for the work of ICMDA. But global meetings are costly and obtaining visas can be problematic. So we are also focusing on sub-regional conferences.' An added advantage is that these conferences can be held in a regional language (Spanish, Portuguese, Russian or German). 'More importantly, getting alongside more local people has a greater potential for starting or strengthening national movements, the most important goal for ICMDA', Rick adds.

Emphasis on training

Training for service in resource-poor contexts and for future leaders is an ICMDA priority. Educational work based in CMC Vellore is a beacon of excellence and capacity building for primary care in developing countries. It's a modern example of the historical pattern of the church showing the state a better way. Another example is ICMDA-supported training for health workers for war-torn South Sudan.

The Annual Sydenham Conference, for students from mainly resource-poor countries, is a project organised and run by CMF UK. This is an example where witness among medical students is strengthened. Says one Sydenham alumnus: 'This was a wonderful experience and had a lasting impact on my life. The days were packed with challenging lectures on relevant topics like leadership, ethics and apologetics by a variety of excellent speakers.

'There was also plenty of time to connect with the other participants from all over the world. I gained a fresh passion and vision for my life as a Christian doctor. I recently joined a small leadership team of junior doctors and students that coordinates the Student Ministries of ICMDA in Germany, where I have been able to share some of the things I learned during my time in London,' he said.

In conclusion

So, plan to come to Hyderabad. It may be the start of something wonderful and new for you, something life-changing. If you can't, why not consider contributing generously, so medics from resource-poor countries can benefit from a life-changing event. Who can tell what the impact of your gift might be?

***John Martin** is CMF Head of Communications.*

Conference Dates:

- Students and Graduates
  21 - 23 August 2018
- Pre-Conference
  21 - 23 August 2018
- Main Conference
  24 - 26 August 2018

Theme:
A Covenant to the People,
a Light to the Nation.

Venue:
Leonia Holistic Destination
Bommaraspet, Shameerpet,
Ranga Reddy District,
Hyderabad,
Telangana 500078
India

There were ten countries represented at Amsterdam in 1963, all of them from Western Europe. In the 50 plus years since, the ICMDA has broken the wineskins of the West to become a truly global movement.

Melody Redman finds that almost inevitably, even young doctors are thrust into leadership

BEING A DRIVER FOR CHANGE

key points

- It helps to be intentional and reflect on what kind of leadership qualities we want to foster.
- The Bible is replete with examples of how God shaped unpromising people to be movers and shakers.
- Jesus was a leader par excellence and we have no better role model.
- It's not important to measure success by this world's standards.

Medics are often placed in a position of leadership. Depending on what paths we take and what responsibility we take on, the extent of this may vary. As Christian doctors and medical students, it is sensible then to take some time to be intentional and reflect on what kind of leadership qualities we want to foster. Here I want to explore some examples of biblical leadership.

To begin, let me tell you a little about myself. I hated speaking at school. The idea of standing at the front of class and delivering a talk was terrifying. I was not of noble birth. I was not a natural communicator. However, as Paul tells the Corinthians, God often chooses to use our backgrounds and our weaknesses for his glory. I have seen that through the opportunities I have had so far. I have been in positions of leadership where God has used me, phenotypically of a weaker nature, to bring influence. 'God chose the weak things of the world to shame the strong.'[1]

There are many examples of God using the unusual suspects to do remarkable things. One of the great movers and shakers, David, did not look prepared for his first big public gig – tackling the giant Goliath. King Saul doubted him. The king tried to talk him out of it or at least dress him in armour to make him look a bit more stereotypically fit for purpose. But David declares that the battle is down to more than just appearances. He knows where his strength is from. So he tells Saul, 'All those gathered here will know that it is not by sword or spear that the LORD saves; for the battle is the LORD's.'[2]

As Paul tells the Corinthians, God often chooses to use our backgrounds and our weaknesses for his glory.

If we're going to think about leadership, however, who better to focus on than Jesus? Whilst whole books have been written on this, I want to look at a few overarching principles. First, however, it is worth noting that Jesus prepared. Jesus waited.

It was around 30 years before he performed his first miracle. That is a long wait, and a lot of preparing.

Now let's look at some highlights:

- **Jesus treated individuals as special.**

He valued people. Servanthood underpinned many of his actions. He washed his disciples' feet then explained, 'Do you understand what I have done for you? You call me "Teacher" and "Lord". You are right. That is what I am. I, your Lord and Teacher, have washed your feet. So you also should wash one another's feet. I have given you an example.'[3]

- **Jesus was a master communicator.**

He tailored his conversation to his audience. He communicated profound principles through parables so that ordinary people could understand his message even though at times even the disciples struggled.

- **Jesus took time to focus and recalibrate.**

He often withdrew to lonely places and prayed. His ministry was powered by prayer and he understood the benefits of retreat.[4]

- **Jesus built a team around him.**

He spent a whole night praying and being close to God before he chose his disciples, and was intentional about the team he built around him. 'One day soon afterward Jesus went up on a mountain to pray, and he prayed to God all night. At daybreak he called together all of his disciples and chose twelve of them to be apostles.'[5]

- **Jesus was resilient.**

He was able to face utter humiliation and mockery. He knew elation, when the crowds put out their cloaks for him to pass over, and utter degradation: 'They stripped him and put a scarlet robe on him, and then twisted together a crown of thorns and set it on his head. They put a staff in his right hand. Then they knelt in front of him and mocked him.'[6] He was not only resilient; he actively and willingly sacrificed himself and willingly gave up earthly ambitions. 'Greater love has no one than this: to lay down one's life for one's friends.'[7]

- **Jesus empowered others.**

'After this the Lord appointed 72 others and sent them two by two ahead of him to every town and place where he was about to go. He told them: "The harvest is plentiful, but the workers are few. Ask the Lord of the harvest, therefore, to send out workers into his harvest field. Go! I am sending you out like lambs among wolves."'[8]

- **Jesus focused every opportunity towards the glory of God.**

He considerately re-directed discussions towards one of his goals – to bring glory to God's name. 'No, it is for God's glory so that God's Son may be glorified through it.'[9]

There are so many more qualities and examples which we could consider. We could talk about how Jesus dealt with betrayal, resisted temptation, managed conflict within his team, dealt with those who viewed him as an enemy, defended others and acted with passion which included overturning the tables of the temple traders. There are many more examples of godly leaders from whom we can learn:

- **William Wilberforce** exhibited great dedication, perseverance and commitment as he fought for the abolition of the slave trade and worked for what he called 'reform of manners' – working to create a just and compassionate Britain.[10]

- **Dame Cicely Saunders**, founder of the hospice movement and pioneer in palliative care, was creative, collaborative and deeply compassionate.[11]

- **Daniel** displayed an unswerving focus, humility and absolute integrity.[12]

- **Esther** demonstrated patience, bravery and gently won the favour of those around her.[13]

Ultimately, we each have different strengths and weaknesses. It is important to be insightful and thoughtfully challenge our areas of weakness, through prayer, reflection, and action. We will each have, and can each seek, multiple opportunities to drive change: quality improvement projects, research, your workplace environment, engagement with the media and medical politics.

There may be seasons of waiting (perhaps whilst studying for membership exams, or in a certain year of study), and seasons of preparing. Most importantly though, we should remember that all of this is to serve God and to bring glory to his name.

If we lose our 'position' of leadership, or if seasons change – that's okay. Our salvation is a gift through Christ and we don't have to 'succeed' by the world's standards.

What are your strengths and what do you need to work on? What are your passions, and what next step do you want to take?

Whatever your answers are, be purposeful about your character, reflect on your strengths and weaknesses, and be empowered to drive change. Always take a moment to think of your circumstances and opportunities for influence.

Melody Redman *is a second year clinical academic paediatrics trainee in Yorkshire. She is actively involved in medical politics and the media. Written in a personal capacity.*

Ultimately, we each have different strengths and weaknesses. It is important to be insightful and thoughtfully challenge our areas of weakness, through prayer, reflection, and action.

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Mark Houghton offers insights into the realities and spiritual challenges of living with pain over many years

PRAYING IN PAIN

I am writhing on the floor. The deep pain in my legs is hitting level four out of five, one notch higher and yelling would be inevitable. My 'prayers' come moaning rhythmically, 'Oh God, oh God, oh God...' and later – much later – I discover the Spirit of God groaning with me.[1]

Thankfully most of us will never know pain like that, at least not for long. It's like the worst toothache or a broken leg. Yet chronic pain at nasty levels, carrying on years, is not uncommon. Data suggests that chronic pain affects just under 28 million UK adults and this figure is likely to increase further with an ageing population.[2]

For over 20 years I lived with pain hovering between three/four out of five (where five is yelling) for much of the day for over 20 years; level three is where it intrusively dominates all living. This has compelled me to search deeply for resources my faith provides: how do we pray when in pain? While we are talking mostly about physical pain here, we remember that any physical pain can bring psychological questions, depression and challenge our faith.

I define 'prayer' as any time spent maintaining our living relationship with God. This is the key to survival and keeping going. Humans are spiritual beings who need spiritual help as well as medical help to defeat the inevitable pains of life.

The origins and end of pain

God gave us complex pain fibres to help us live on earth without harm. In Genesis the Lord surveys his newly minted creation (including the pain fibres) and said 'it was very good'.[3]

Prolonged pain is destructive and not the will of God. In his model of prayer[4] Jesus says, 'Your will be done on earth as it is in heaven.'[5] We know that in God's new creation there will be 'no more crying or pain.' While we await its coming in fullness, it's the calling of medics amd health professionals to use our knowledge and skills to remove pain, so that God's will is also done on earth.[6]

The Bible teaches that human rebellion against God instituted what Paul called 'the law of sin and death'.[7] Bad pain is a product of this regime, instigated by the evil one 'who come only to steal, and kill, and destroy'.[8] But Christ came among us to destroy the works of the devil.[9] Furthermore God is able, in this unfinished fight with the devil and pain, to turn all bad pains to good purpose – for the good of those who love him.[10] So when did you last pray for victims of torture?[11]

Being horizontal at home created time to pray more and discover bad things within that needed cleaning and healing by the great physician. God loves to relieve us of such deadly rubbish and set us free.[12] Life is far lighter and more joyful now. The Lord's searching in pain delivers us in ways that perhaps nothing else can. I remember erupting in a prayer cry, 'God this is a stupid, stupid waste of time; I think you are stupid.' I plodded to the phone and confessed it to a brother-in-Christ doctor. He promptly drove 20 miles to give me a warm talking to: 'God's shoulders are bigger than your bad language. He knows what's in your heart anyway so you might as well tell him'. God had broken in.

Tried and tested daily habits of prayer and praise keep the door to heaven open. Pursue them despite every fibre of your being saying, 'give up.' And the next level is meeting with God's people. I am grateful for two men who came to my house every week to pray. In praying with me for the world they kept me going too and their dogged prayers for less pain were answered.

If you are gifted by the Spirit with tongues, then use it. Last summer my wife and I had coffee with a young woman in London. I confessed my failure to control my tongue when trying to walk in pain. 'Try tongues,' she murmured thoughtfully. It proved a turning point to sidestep a behaviour of despair.

Dos and don'ts in praying with people in pain

How can we help as professionals and friends?

Dos:

- Get alongside the sufferer with love and compassion – you in yourself may be the only message of God's love they can still understand.
- 'Call the elders of the church to pray and anoint them with oil...'[13] It works. Keep seeking expert medical review for new insights or a missed diagnosis.
- Keep asking God for meaning and purpose in your disability.

Don'ts:

- Neglect to address major pain with every tool at your disposal including prayer for healing.
- Wade in first with Romans 8:28.
- Answer their question, 'Why me?' with 'Why not you?'

Pain can be a passport to being honest with God and knowing him better. Remember the agonised, 'My God my God why have you forsaken me?' was the prayerful prelude to the greatest miracle of history – the resurrection. If we believe that, then nothing, however painful, is impossible for God to transform and restore.

***Mark Houghton** is a retired GP based in Sheffield.*

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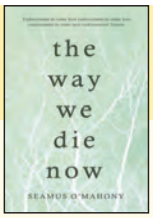


The Way We Die Now

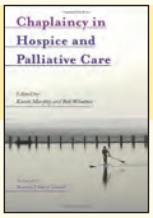
Seamus O'Mahony

- Head of Zeus, 2016, £14.99, 292pp, ISBN 9781784974268
- Reviewed by **Claire Stark Toller**, a Consultant in Palliative Medicine based in Southampton

Written by a consultant physician, this erudite but readable book explores the philosophical, cultural and medical influences that mould our Western view of death. O'Mahony starts with a personal overview of death and the ritualistic framework provided by the Catholic church. He discusses how the mutual conspiracy between the medical profession and society to deny death has contributed to its medicalisation.

With almost unbridled frankness he argues that our society chooses to use hospitals as 'dustbins' for the inconvenient elderly and dying; anyone who has worked in an NHS hospital will recognise the situations described. He examines the impact of 'celebrity' deaths and legal cases on our narrative of death. Exploring briefly the views of 20th century philosophers, he conceives the rise of autonomy and individualism as drivers for our unattainable wish for a controlled death, but expresses pragmatic reservations about legalisation of euthanasia. Reviewing the development of palliative care, he argues that while aiming to demedicalise death, it has also been responsible for contributing to its subspecialisation.

The book is not written from a Christian perspective, but O'Mahony completes his ten chapters with 'modest proposals' that the expansiveness of overmedicalisation needs to be reined in. A work that would be of interest to all doctors, but particularly those working in secondary care and who seek broad philosophical, cultural and historical reflections on death.



Chaplaincy in Hospice and Palliative Care

Karen Murphy and Bob Wharton (eds)

- Jessica Kingsley, 2017, £18.99, 208pp, ISBN 9781785920684
- Reviewed by **Jeff Stephenson**, Medical Director, St Luke's Hospice Plymouth

In the evolving context of multiculturalism, secularisation, and outcome-driven healthcare, the role of hospice and palliative care chaplaincy faces enormous pressure, not least to justify its continuance as what the book describes as an 'essential piece in the patchwork of holistic care for those with life limiting illness'.

This masterly compilation of contributions from those working in the field, drawing on personal experience and the wider literature, cogently and movingly argues the case for that description. It not only informs about the complexity and diversity of a palliative care chaplain's work, but also invites the reader into that 'space between', in which they operate, a 'safe space... to consider the "ultimate questions"' that we will all one day face.

This is probably the most accessible and enlightening book I have read on spiritual care, and I would thoroughly recommend it to anyone who wants to be, or works alongside, a chaplain – or might someday find themselves in need of one.

What are they teaching the children?

Lynda Rose (ed)

- Wilberforce Publications, 2016, £12, 354pp, ISBN 9780957572584
- Reviewed by **Paul Malcolm**, Clinical Radiologist based in Norwich

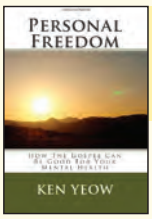
This is a collection of essays by authors with experience of teaching, politics, the law and the history of child education. As Tim Dieppe of Christian Concern comments in his review, 'The education of the next generation is the key battleground for the soul of our society'.

These essays explain how the biblical view of men and women as equal under God has been the basis of British education. Decades of attack from Marxism and secularism are removing the rights of parents to choose how their children are educated.

The Equality Act (2010) is used to promote sex education that attacks the family with the support of Ofsted. In a brave new world in which 'protected characteristics' and not the 'person' are defended by the law, dissent is outlawed and Christians are silenced in the public sphere. Sound familiar in the NHS?

An essay by Baroness Cox pleads: 'May we not leave our children to fight the battles we have not had the courage to fight'.

We need to know this battleground if we are to counter the threat to Christian freedom in the public sphere. I enjoyed and recommend it.



Personal Freedom

How the Gospel can be good for your mental health
Ken Yeow

- Createspace, 2014, £7.99, 204pp, ISBN 9781505415742
- Reviewed by **Andrew Sims**, Emeritus Professor in General Psychiatry, based in Shropshire

Living the Christian life and walking daily with Jesus is Ken Yeow's theme. The author is a practising Christian and a consultant psychiatrist. He links working out the Gospel in everyday life with better mental health: 'the potential positive impact on a person's psychological and emotional well-being whenever they personally encounter the powerful truths of the gospel is a blessed by-product of belief in and experience of the truth itself, the person of Jesus Christ himself.'

The book is not primarily intended for psychiatrists or other medical practitioners and, although 'mental health' is mentioned quite often, there is little about mental symptoms or psychiatric disorder or debate. The emphasis is a practical guide to the Christian life. The appendix briefly outlines his support for 'Christians and churches having a collaborative, complementary model' when working with professional services. He dispels the fear that some Christians have of mental health professionals.

Personal Freedom is aimed at a Christian readership, as shown by the volume of scriptural references and the use of some language not readily understandable outside the Christian community. Church members who are timid about using psychiatric services will find his approach reassuring: there is no conflict between the Christian way of life and receiving psychiatric care when it is required.

eutychus

Colorado's gay cake case

The Episcopal Church USA (TEC) is often regarded as a byword among the nations for liberal theology and a 'progressive' agenda on social questions. Eutychus notices that its Presiding Bishop Michael Curry has joined with other religious leaders in signing an amicus brief supporting the Colorado Civil Rights Commission in the case that concerns a baker who declined to make a celebration cake for a same-sex wedding and was prosecuted. This is part of the duty of the church to 'speak God's word to the church and the world', Curry explains. *TEC Office of Public Affairs* 31 October 2017 *bit.ly/2z6uZS4*

Amos still speaks

Amos the prophet spoke out against allowing the rich to grow richer while the poor grew poorer. His analysis can be applied to healthcare provision today. A Nuffield Trust report identifies a 'consistent gap', a 'shocking' north-south divide between the dental health of the rich and poor. People from deprived backgrounds are twice as likely to be admitted to hospital needing dental work as the better off. John Appleby of the Nuffield Trust said it is 'shocking that your income or where you live can still determine your dental health'. *Guardian* 31 October 2017 *bit.ly/2zdxuo0*

Abortion clinics: 'conveyor-belt culture'

It's an axiom of hard-headed business: cash flow is everything - even for abortion providers. Marie Stopes, one of the country's largest abortion providers, has been accused of paying bonuses to staff who encourage women to have procedures. The allegations came to light following a report by the official watchdog, the Care Quality Commission. It is alleged that management 'encouraged' staff to ensure women went ahead with a termination and this was linked to performance bonuses. Critics greeted this news with dismay, claiming there is a 'conveyor-belt culture pervading the industry'. *Daily Mail* 18 October 2017 *dailym.ai/2xRSOLv*

Don't drink in front of children

Research will often confirm what has been intuitively known for years. The Institute of Alcohol Studies (IAS) has released a new report that says even moderate drinking by parents has an adverse effect on their children. It can make them feel embarrassed and worried; and it disrupts bedtimes. The IAS claims this research stands apart from other alcohol studies as the first to show that even low-level parental drinking can prove damaging to children. Children notice changes in behaviour even when drinking by parents is moderate, says the report. *Institute of Alcohol Studies* 18 October 2017 *bit.ly/2zyAoBx*

Reduction in homebirths

Just one in 50 babies in England and Wales was born at home in 2016 (National Office of Statistics). This was the lowest number since 2001. Of the 676,271 births in England and Wales, just 2.1% were born at home. The reason, it's claimed, is an overstretched NHS where more and more midwives are helping out in labour wards and thus are unavailable for home births. 'Women are being failed as they are being denied choices,' said Elizabeth Duff, Senior Policy Adviser at the National Childbirth Trust. *Guardian* 16 October 2017 *bit.ly/2gKv5a9*

Shortage of health visitors

It's not just midwives that are lacking in the NHS. Opposition MPs claim that a lack of health visitors means babies are being denied basic health checks. New figures show the number of health visitors has fallen by 900 in a year, with almost 10 per cent fewer staff in post. Statistics from NHS Digital show that the total workforce is now the lowest it has been since 2013, with 8,588 staff employed across the health service.. Babies are supposed to receive a visit around the end of their first year, but figures show that a quarter of babies missed this, with London the worst performer with half of babies missing out. *Daily Telegraph* 17 October 2017 *bit.ly/2yzJFuL*

Death before birth trauma

Eutychus notices that Zoe Coates-Clark, founder of the 'Saying Goodbye' charity which encourages church services for women who have suffered the trauma of miscarriage, is publishing a book under this same title. Zoe would agree there are still lots of lessons to be learnt for coping. For instance, The Death Before Birth report, from the Universities of Birmingham and Bristol, says that parents are often not told the options available to them for disposing of pregnancy remains. 'It's like a bereavement - and you need time to process what has happened and say goodbye,' one miscarrying mother explained. *BBC Online* 10 October 2017 *bbc.in/2xvSG45*

Mental health crisis

A third of GPs' 'sick notes' are for mental health problems, official figures show. Levels of anxiety are soaring across Britain. New NHS data reveals how more than five million people are being signed off work every year with mental health and behavioural conditions. The Royal College of Psychiatrists said the figures were 'alarming' and is urging employers to do more to help support staff who struggle with common mental health problems such as depression. The NHS said mental health was now 'front and centre' of the health service agenda. *Telegraph* 31 August 2017 *bit.ly/2vOXSzf*

Harnessing grey talent

By the time the NHS is 100 in 2048, Britain will have more than 100,000 centenarians. We are living longer and living better as well. 'For more than half a century now, we have treated the trials of sickness, ageing and mortality as medical concerns,' says surgeon Atul Gawande in his book *Being Mortal*. A failed strategy, he insists. In that spirit, Transform Aging has launched a pilot scheme in England's South-West aimed at finding and funding grey social entrepreneurs with the drive and potential to make a difference in their communities. *Guardian* 18 October 2017 *bit.ly/2gjlfug*

Global atheist convention called off

And finally... *Eutychus* couldn't help noticing that the third Global Atheists Convention planned for Australia next year has been cancelled, because of 'lack of interest'. The chosen theme 'Reason to Hope' would have been quite appropriate for a Christian event. Invited international speakers included Richard Dawkins and the author Salmon Rushdie who once said religion was 'poison in the blood'. It would have been interesting to witness how some of the world's top atheist minds would have approached the theme of hope in our times. Sadly it is not to be. *Sydney Morning Herald* 8 November 2017 *bit.ly/2z2hshL*

Liz Thomas reminds us of the importance of prayer

LESSONS FROM KING ASA

A non-medical friend approaches you, pointing to a part of their body. 'I've got a pain here – what is it?' You smile and inwardly sigh. Some people seem to think that doctors just know everything. Many don't realise the methodology of history, examination, investigations. Or even that after this, many symptoms will remain medically unexplained.

We health professionals know how fallible we are. We know that even if the symptoms fit into a pattern we recognise, that even then we cannot always fix it. Despite this, medicine is our first instinct; it's what we rely on.

My son appeared to be in a lot of discomfort with reflux as a young baby. I knew this was common and that he would likely grow out of it. He appeared to be gaining weight ok, but I mused about going to the doctors to discuss medication as his symptoms worsened. That same week I happened to read about King Asa in 2 Chronicles: 'In the thirty-ninth year of his reign Asa was afflicted with a disease in his feet. Though his disease was severe, even in his illness he did not seek help from the Lord, but only from the physicians. Then in the 41st year of his reign Asa died and rested with his ancestors.' [1]

These verses challenged me. I had unintentionally not prayed about my baby's symptoms, but instead had automatically considered the NICE guidelines on childhood reflux. Yes, being a doctor is my job, and hours of study and practice have prepared me to think in a certain way, but I want to be a Christian first – a person of faith.

The shocking fact about King Asa is that he was not a bad king. The Chronicler records, 'Asa's heart was fully committed to the Lord all his life.' [2] This led me to realise you can be fully committed to the Lord and yet still make bad decisions and neglect to bring everything before him in prayer.

I explained this to a Christian friend who visited and she offered to pray for my baby as he started crying in discomfort after a feed. As she prayed, he calmed and that day was the best I had had with him. I felt that God was giving me a much-needed reminder, 'seek me first'.

We can learn from King Asa's mistake. We need to seek God first and not rely exclusively on our profession. Christ, after all, is the greatest physician.

***Liz Thomas** is a trainee GP based in South Wales currently on maternity leave.*

references

1. 2 Chronicles 16:12-13
2. 2 Chronicles 15:17

national conference
27-29 April 2018

Yarnfield Park,
Stone, Staffordshire

WEEKEND

book online: cmf.org.uk/nationalconference

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