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In this new column, two doctors explain their contrasting positions on different issues.

## Is a Christian GP best off in

Jeremy and Ann Franklin present the case for an exclusively Christian GP partnership.

*Dr Jeremy Franklin, CMF pastoral secretary, was a GP for 34 years*

I wanted to work in a Christian practice for fellowship, mutual support and common aims. A GP partnership is like a marriage: it has great benefits and great dangers! Hopefully the underlying written contract will never be necessary. If it is, the partnership is probably in serious difficulty! There are no guarantees: it should be entered into prayerfully, carefully and with a servant heart. Our partnership worked extremely well but a dysfunctional Christian partnership could be particularly painful. The aim is not financial abundance but excellent medical practice with Christ at the centre.

I was blessed by five successive Christian medical partners who encouraged, challenged and educated me. Our management meetings contained much prayer and Scripture reading. Relations with the other staff - mostly non-Christians - were friendly and excellent. We didn't have overt Christian advertising but a Christian bookstand stood alongside the complaints book in the waiting room!

I tried to deal with abortion and post-fertilisation contraceptive requests sympathetically, tailoring Christian ethics to individual circumstances. If I felt I couldn't proceed, I referred the patient on. Rarely, I have signed abortion forms.

It was our stated policy to 'practise spiritually' with our patients. I found this very encouraging. It is a constant joy to look back and see those who came to Christ through witness at the surgery over the years. In one initial consultation I happened to mention the working of the Holy Spirit: this sparked immediate interest and eventually both husband and wife found Christ. Still, this experience was definitely the exception rather than the rule.

The Saline Solution course is a great help in advising how to share the love of Christ verbally and non-verbally with our patients. I am truly thankful that I have never had a complaint about overt Christian witness.

*Ann worked as practice nurse with Jeremy*

I joined my husband as practice nurse when the new GP Contract commenced in 1990. My appointment was meant to be a 'stop-gap' but I stayed for eleven years. As a newcomer and the senior partner's wife, I asked the other GPs whether they would be happy for me to speak about spiritual matters or pray with patients, if and when this was appropriate; none of them objected.

As practice nurse, I had longer time slots than the GPs. I saw my job and these contacts with patients as a great privilege. I tried to be aware of the Holy Spirit and the needs of the whole person.

Many opportunities arose during new patient and well person checks. I often asked an exploratory question as to whether the patient had any personal faith. I only broached this subject if it seemed appropriate or arose naturally, certainly not with every patient.

As I got to know patients and confidences were shared, there were opportunities to talk or pray with them, lend a book, give out a booklet - such as Daily Strength from SGM - or even an appropriate invitation. I often explained that this was not from the NHS. I never came across anyone who objected to this and patients were generally very appreciative. I remember one lady who was very fearful of heart bypass surgery: she was very grateful and considerably encouraged when I prayed that she would know God's peace and help.

### **The GMC's position on patient evangelism**

*The Council has hitherto taken the view that the profession of personal opinions or faith is not of itself improper and that the Council could intervene only where there was evidence that a doctor had failed to provide an adequate standard of care. The Committee...concluded that it would not be right to try to prevent doctors from expressing their personal religious, political or other views to patients. It was agreed, however, that doctors who caused patients distress by the inappropriate or insensitive expression of their religious, political or other personal views would not be providing the considerate care which patients are entitled to expect. (GMC Annual Report, 1993:4)*



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## a Christian practice?

**Dr Pete Crookall** trained at St Thomas' and is a GP principal in Worcester. He discusses how he works out his faith in a non-Christian setting.

I didn't actively choose a non-Christian practice. My friends and church geographically limited me. I wanted a forward thinking practice that offered top quality patient care and had partners I could establish good relationships with. The practice I joined is secular although there is a Christian salaried partner. I believe God called me to work here.

Christians are called to be distinctive from the surrounding world but not to isolate themselves in a Christian ghetto. Church activities, Christian books and music make it easy to lose touch with the rest of the world's attitudes. Although Christian fellowship is important, we need to be able to relate to non-Christians by witnessing. Many Christians encounter the largest number of non-Christians in their lives at work. Jesus called us to get our hands dirty impacting the world with the gospel. Personally, it would have been wrong to couch myself in the safety zone of an exclusively Christian practice

The danger of exposure to the world's values is that we assimilate them into our thinking and actions. To counteract this, I have a Christian doctor prayer partner and several close Christian GP friends. Having people to be accountable to and prayerfully share problems with is helpful. Being part of a socially aware church provides a useful access point for patients. I have referred several desperate mothers to our mums and toddlers groups. A counselling service run by local churches provides a much-needed service following PCT fund withdrawal for practice-based counselling.

I do not support abortion personally but I do refer women, though this distresses me every time. If I didn't refer then I would have to declare this at the outset of each consultation; these women would then see another pro-abortion partner. My colleagues might not discuss the potential damaging psychological effects of terminations or the possible alternatives. My doctor-patient relationship with these troubled ladies could break down at a time when they need great emotional support. I have directed women to a local Christian pregnancy

counselling service and some have decided against termination. I don't sign blue forms as I cannot legally sanction something I morally disapprove of. I am aware that this isn't a tidy solution and that some will see it as compromise. I reached this position with much prayer and consideration.

Evangelising patients is fraught with difficulty. So many patients clearly need to encounter God but confronting this directly could be considered an abuse of our position. There are subtle ways of introducing them to God. Our first duty is to demonstrate Christ-like compassion. Despite huge time pressures, it doesn't take much to demonstrate a real difference in approach. I ask certain patients if they have a faith that helps them and sometimes we discuss spiritual beliefs. I haven't prayed with patients in the surgery as I believe this may lead to confusion over my role. I encourage them to pray with friends and church leaders and pray myself afterwards. I don't have Bible verses or external signs of my faith on display - this is something I should consider - but I do believe that faith in the consulting room is demonstrated by attitude and action rather than words. I would welcome a natural opportunity to share the gospel.

It is easy to be sucked into coffee-time gossip and cynicism with my partners, particularly over heart-sink patients. The Christian GP can be a witness by refusing to condemn and malign people, however difficult they are. I remind myself that God created every one of my patients in his image; it is easier to do this when I am actively praying for them. A joke with the receptionists - trying not to get annoyed about missing notes - is a great witness to God's love for all, regardless of status.

Writing this has made me so aware of my failings as a Christian GP. Yet I am where God wants me and he will use me in spite of my imperfections. We encounter great needs and may burn out if we tackle them in our own strength. Yet our graceful God wishes to free us from guilt and equip us to be effective Christians. Whether in Christian or non-Christian practice, it is on our knees that we become more like the Great Physician.

What position do you take? Is there a particular issue that you would like featured in Head2Head?

Write in to [rachael.pickering@cmf.org.uk](mailto:rachael.pickering@cmf.org.uk) and join in the debate. In the next issue, we will publish correspondence along with the next Head2Head.