

Nick Wooding hits hard on the developing world challenge



# Hardship, heaven and healthcare

*We must go through many hardships to enter the kingdom of God.*  
(Acts 14:22)

The Apostle Paul knew all about hardships. He spoke these words soon after being stoned and left for dead. Perhaps the main hardship some doctors have faced recently (apart from MTAS) will have been the interest rate rises and higher mortgage repayments. Even as Christian doctors we may rely more on our salaries than on God. We are called to suffer hardships for the kingdom of God but we rarely do so.

The day after studying this passage I was at a medical charity discussing a missionary who was struggling as the only doctor running a Christian hospital in a Muslim area in Africa. Someone said, 'Surely people in CMF could go to help?'

The next day the *BMJ* arrived with two challenging articles. The first was by Professor Chris Lavy, *Ten years in Malawi: was it worth it?*<sup>1</sup> He described how, having just become a consultant and started up private practice in orthopaedics, he gave it up to go to Malawi, a country with the same population as London but no orthopaedic surgeon. He mentioned the difficulties of reintegrating into an NHS that does not recognise work abroad. The second article, by another CMF member working in Afghanistan, described possible future problems in the NHS if he could not do a face-to-face appraisal. He therefore would not be able to work as a locum in the UK when on leave.<sup>2</sup>

I was able to relate to these articles. Three years ago I returned from running a mission hospital in Uganda. I did a GP returner scheme, for which there is now no funding locally. It was a useful reintroduction in a safe environment to UK life. Had I returned any later I would have had to sit exams. Post-Shipman, it seems there is a knee jerk reaction to check up on everyone, even those whose time out of the NHS was spent doing medicine. What can CMF members do?

## Fill gaps

First, we can fill the gaps in other health systems. Statistics show the need for this.<sup>3</sup>

COUNTRY	DOCTORS/100,000 POPULATION (2004)	RANK
Italy	606.5	1
USA	548.9	4
UK	166.5	72
Afghanistan	18.6	148
Uganda	4.7	174
Malawi	1.1	185

We might think we have staffing problems in the UK but we are still 150 times better off than Malawi. There are supposedly many unemployed junior doctors: some must be Christians who could use this time profitably serving abroad. It would be easier health-wise for a younger person, rather than a retired doctor, to work near the Sahara. The experience would be invaluable. A surgeon does more operating in

a mission hospital than on a training scheme. This is one of the hardships we need to consider if we call ourselves Christians – to get off the career ladder and get stuck into the developing world. Do we want to make money or make a difference? We have bought too much into the lifestyle aspirations of the western world.

## Lobby

Secondly, we can lobby for change. Are there CMF members in high places in the medical establishment? I would hope so. Are they speaking up for those who work abroad or who would like to? I do not know. Are they pushing the Royal Colleges to recognise experience abroad? And recommending doctors gain it? Can we foresee a time when CVs will be rejected if candidates have not spent time in the developing world? But maybe those suggestions make us feel uncomfortable because they mean we would have to go ourselves?

## Use our leave

Thirdly, we can think about using our leave to do appraisals abroad, or to help a single-handed doctor get leave or administration time. As Chris Lavy wrote, this could help doctors become global citizens: 'I recommend that all UK doctors spend some time in the developing world so that they can ground themselves in the realities of what is happening on our planet'.

## Give

Fourthly, if for career reasons we do not go, then instead we can always give financially. Jesus said, 'From everyone who has been given much, much will be demanded; and from the one who has been entrusted with much, much more will be asked'.<sup>4</sup> When it comes to suffering hardships for the Kingdom of God, this may be the hardest. Are we willing to live simply so that others may simply live? How counter-cultural is our way of life among our affluent peers?

## Could we have stepped in?

One day we will enter heaven and worship with every tribe, nation, colour and tongue. The people dying now because we neither went nor gave are in areas of the world where the majority would call themselves Christian. One day we will have to look them in the face. Could we have stepped into their suffering, relieving their hardships by increasing ours just a little?

*Nick Wooding is a GP who spent six years as medical superintendent of Kiwoko Hospital in Uganda. He is doing further studies with a view to returning abroad.*

## references

1. Lavy C. Ten years in Malawi: was it worth it? *BMJ* 2006; 333:976
2. Duncan A. Appraising UK doctors working overseas: open letter to the chief medical officer. *BMJ* 2006; 333:977
3. [www.globalhealthfacts.org/topic.jsp?i=53](http://www.globalhealthfacts.org/topic.jsp?i=53)
4. Luke 12:48