

**Andrew Brown** revisits the priorities for Christian Medical Fellowship



# CMF AT 60

## - back to the future?

### key points

Recognising the risk that retrospective views are inevitably rose tinted, the author recounts the history of CMF's foundation in 1949 and shares some personal reflections on Dr Douglas Johnson.

He reviews the subsequent period of momentous change for the profession and society at large, and notes the current target-driven, over-regulated health service with its reduction in the influence and power of doctors.

If the founding fathers could consider continuing Christian witness in these complex times, they would still stress the priorities of prayer, a boldness to speak up for Jesus Christ, and consistent Christian living as the most powerful weapons in our armoury.

*The older I get the more vivid is my recollection of things that never happened.*

(Mark Twain)

The problem with looking back in time is that it is almost as inexact a science as predicting the future. Even if accurate records are available, it is an enviable skill to be able to place events in their proper perspective as far as their true relevance and importance are concerned.

For many of us nearer the end of our careers it is generally when looking at old photographs, or viewing old films and television programmes, that we are confronted with the enormity of the changes in political, professional and social life that have taken place over a working lifetime. This evidence, combined with the natural conservatism that usually comes with age, risks a 'rose tinted' retrospective view as we fondly look back to a 'golden age' of the medicine of our younger days. We wistfully remember (probably correctly as it happens) the vitality of Christian life and witness that we recall as students. The risk of such a sentimental view is particularly strong when we reach a milestone as notable as a 60th anniversary!

### Founding father - the role of Douglas Johnson

My own contact with CMF came shortly after I entered medical school in 1969 with a career aim of training in maxillofacial surgery, having already completed a dental degree. As a not so young medical student, I was approached to see if I would take over as the 'CMF Students' Representative'. Thus I was introduced to the man who was probably more responsible than any other for promoting the

vision of a Christian witness in the profession, and who ensured that the Fellowship prospered during the 25 years he served as its first General Secretary. Despite his natural reticence and antipathy to taking the limelight, Dr Douglas Johnson (known to all simply as 'DJ') was a seminal figure in the world of student witness in the universities and colleges during the first half of the 20th century.

A graduate in arts, theology and medicine, he had been General Secretary of the Inter-Varsity Fellowship since its inception in 1928 (renamed the Universities and Colleges Christian Fellowship in 1975). In response to a stimulus from W M 'Bill' Capper (later Professor of Surgery in Bristol and a joint Editor of 'Bailey and Love') he established a medical section of the graduates' division of the IVF in 1947. Shortly after this the leaders of the Medical Prayer Union, which had a long and honourable history since its foundation in 1874, suggested that merging the two groups would be sensible in view of shared aims and purposes. Thus the CMF was born in 1949, less than a year after the founding of the NHS, with an initial membership of 6-800. The MPU ('it did exactly what it said on the tin' - a continuing challenge to our own lack of prayer!) simply asked that CMF continue their regular breakfast meetings at the annual BMA conference. This evangelistic opportunity continues to this day, usually with the BMA President in the Chair, and there have been many distinguished speakers.<sup>1,2</sup>

There were, of course, many other significant contributors, but since his name and considerable influence will be unknown to many, it is only fitting to pay tribute to the very important role that DJ played behind the scenes in so many areas. Bishop John Taylor ended his *Times* obituary: 'Little known in mainstream Christian circles and virtually

unknown outside of them, Johnson did much to shape the church of the 20th Century’.

### Coping with change

How has CMF developed since? Most change is incremental of course and we inevitably adapt to it as it happens. This is as true for institutions as for individuals. The challenge for Christian organisations and for us as individual Christians is to remain loyal to our calling and purpose in the face of change.

This does not mean we should fossilise into an irrelevant *status quo*, but equally it does not mean we should just ‘go with the flow’ and mould and compromise our faith to fit the prevailing worldview. The challenge for the Christian is always to be a ‘radical conservative’ – remaining true to Christ’s teaching and a biblical worldview while engaging with and challenging the secular worldview that increasingly prevails, not least in modern medicine.<sup>3</sup>

During the past 60 years CMF has had to grapple with these issues and many more during a period of momentous change for the profession and society at large. It has even been suggested that the rapid therapeutic advances in many areas that took place during the four decades after the Second World War represent a highpoint of medical scientific progress which will possibly never again be repeated in such scale and significance over such a short period.<sup>4</sup> Not surprisingly, with such amazing progress have come increasing ethical dilemmas. With it too has come a questioning of the profession and a readiness to apportion blame. It seems that the more that doctors can accomplish, the less forgiving are patients and society when things go wrong.

### Ethical conflicts

In the immediate post-war years, and even to some extent during my own training in the 1970s, medicine was generally formal, hierarchical, conservative in outlook, somewhat snobbishly superior, and often patronising to patients and public alike. However, there was an unspoken consensus that a Judaeo-Christian basis for medical ethics was the safest foundation and many routine aspects of current practice, such as abortion and embryo research, would generally have been thought completely unacceptable.

Battle weary Christian doctors today may feel that too many ethical conflicts have already been lost and flinch at the even greater challenges that loom. We are constantly reminded that ‘all that is necessary for the triumph of evil is that good men do nothing’ – although this pessimistic aphorism discounts the possibility of God’s intervening power and the certainty of an ultimate triumph over evil in Jesus Christ.<sup>5</sup>

### Priorities revisited

But I suspect it was ever thus. Each generation brings its own problems. Although much has changed since the days of sports jackets and

sensible tweed skirts for medical students (I’ve been looking at those old photos again!) the actual issues facing Christians in the profession today remain in many ways the same.

Yes, the founding fathers of the CMF would not recognise our target-driven, over-regulated health service with its reduction in the influence and power of doctors. Yes, they would have no conception of the interventional power of modern medical techniques. Yes, they would probably be surprised at how quickly atheistic, materialistic secularisation has triumphed in Britain today. But they would still stress the priorities of prayer, a boldness to speak up for Jesus Christ, and consistent Christian living as the most powerful weapons in our armoury. If we fail to make an impact as a Christian organisation or as individual Christians the reason is usually not far away from these neglected priorities.

### Back to the future

The interesting question, as always, is to ponder what the senior CMF members of 60 years ago would make of the CMF that has emerged and developed over the last six decades. I think they would be amazed at the growth in staff numbers and the size and budget of the current organisation. They would marvel at the quality and professional look of our publicity and publications, although they would have no idea what a website is! They would no doubt be encouraged by the growth of student activities and the literature and staff which supports them.

I suspect they would be quite surprised at the activism that has resulted in increasing involvement in public policy debates. Most would be supportive and perhaps a few critical of this move (including I suspect DJ himself) – possibly fearing a diminution of gospel effort and a dilution of evangelical distinctiveness. This debate no doubt continues!

However, I wonder if the founders would be concerned at a lack of active involvement in the Fellowship by many who would consider themselves as Christian doctors? The rather selfish individualistic ethos of our current society has crept into the church, and many modern Christians are not ‘joiners’ or willing to commit time and effort to gospel causes as in the past. Perhaps too they may be concerned at the risk of relaxing into a ‘maintenance mode’ with a temptation to confuse busyness and activity with effective Christian witness.

Looking back, we can only be grateful to God for all that has resulted from the founding of the CMF sixty years ago. Looking forward, we must pray and work to maintain the basic priorities set by those who responded to the need for the medical world to be confronted with the claims of Christ.

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Photo: PA Photos

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### references

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2. Johnson D. *The Christian Medical Fellowship - Its Background and History*. London: CMF publications, 1987
3. Matthew 5:13-16 and see particularly the relevant passage in: Stott J. *The Message of the Sermon on the Mount*. London: IVP, 1992
4. Le Fanu J. *The Rise and Fall of Modern Medicine*. London: Abacus, 2000
5. Philippians 2:9-11; Revelation 20:11-15