Richard Vincent
summarises his 2010
Rendle Short Lecture

FOUNDATIONS FOR PRACTICE
– How should Christians teach medicine?

key points

The 2010 Rendle Short Lecture reviewed the move from authoritarian and belittling teaching to an emphasis on students' needs for support and encouragement to acquire the knowledge, skills and professionalism relevant to their future practice.

Making patients the central concern of our clinical practice and placing students at the centre of our medical teaching represents substantial progress from the early days of stridently doctor-centred professionalism.

But placing Jesus at the centre of our thinking honours him most and inspires our own best contribution to patients, colleagues and students alike.

The days of Sir Lancelot Spratt are long past. Sixty years ago Richard Gordon's preposterous surgeon in *Doctor in the House* dealt with *cases* rather than *people* and taught medicine by aphorisms and bullying.[1] Physical mechanisms of ill health and its cure were central to clinical practice. Students were expected to soak up facts for later regurgitation, while understanding was optional and questioning discouraged. Teachers were objects of reverence and fear.

Since then, medical science has expanded dramatically, spawning numerous developments in diagnosis and treatment; but the focus of our evidence-based practice has remained biophysical. Against this has arisen a welcome and growing literature promoting a broader appreciation of the causes of illness and the needs of people in *disease* that includes psychological, social, and spiritual as well as physical dimensions.[2,3,4]

In the same period, medical education in many countries, though by no means all, has witnessed the gradual demise of authoritarian and belittling teaching in favour of an emphasis on students' needs for support and encouragement to acquire the knowledge, skills and professionalism relevant to their future practice. *Patient-centred care*[5] and *student-centred learning*[6] are concepts of the moment whose practical implementation is wholly endorsed by the GMC[7,8] and many others. But is there a place for a specifically Christian approach in medical teaching, both valid in principle and possible in day-to-day practice?

A different worldview

Christian teachers bring to their work a worldview that is substantially different from that of the prevailing culture.[9] Increasingly, our society is permeated by a God-free, naturalistic philosophy, self-contained and allowing no explanation other than the material. It influences our country's ethical judgments, financial priorities and social structure. It underpins a growing public antagonism to the Christian faith and its proponents. Under a veneer of material advance and alleged (though clearly unreal) equality, it starves its population of any basis for meaning, purpose, value or hope. And naturalism, commandeering science for its justification but extending its tentacles into other disciplines, fills our halls of learning. In this setting we have reason to engage our students in a discussion about worldviews that recapture the spiritual as well as the material – including a Christian apologetic relevant to medicine and couched in compassionate terms. But how?

Christian teachers may already have areas of an established curriculum, or could set out to find them, in which at least a general discussion of worldviews and their implications could be introduced or expanded. Possible examples would be in medical or research ethics, end-of-life care, public health, communication skills and history-taking, international health, the doctor-patient relationship, the consultation, and epidemiology. The WHO statement of the need for a holistic approach[10] and the GMC's requirement that medical graduates 'will respect patients' right to hold religious or other beliefs, and to take these into account when relevant to treatment options'[8] would support sensitive and informed discussions in several of these areas.

Short periods of elective study taken by students at various points in their course ('Special Study Modules' or similar) provide opportunities to focus on an eclectic range of optional topics across both science and the humanities. Modules in which a small student group is led, for example, through studies on whole person care, the historical foundations of western medicine, medical anthropology, everyday ethics in medical practice (not necessarily just the 'big' issues), trans-cultural medicine, the

philosophy of medical research, or professionalism, would allow a fascinating exploration of worldviews and values in a broad medical arena.

Outside the formal medical curriculum, Christian doctors have both the privilege and responsibility of encouraging younger colleagues in their faith. One-to-one discussion, the facilitation of student-led meetings, supporting educational events, invitations to a meal, and sponsorship for students' attendance at key conferences provide useful opportunities to develop the thinking and professional lifestyle of Christian practitioners. The aim is that in both mind and heart their faith becomes closely interwoven with their growing medical understanding and practice in environments that are fiercely challenging in many different respects.

It is also worth underlining that wherever our teaching and discussion with students takes place, our most powerful influence on learning is our demeanour and conduct; and there's no such thing as being 'off duty'. Christian-based, whole person medicine, to be properly understood and developed in practice, needs to be observed and appreciated in action. Modelling a robust consistency between its rhetoric and actual clinical care will have high impact and make the clearest sense to our students and colleagues of a whole-person approach.

A Jesus-centred view

Making patients the central concern of our clinical practice and placing students at the centre of our medical teaching represents substantial progress from the early days of stridently doctor-centred professionalism. But as in all other human relationships and transactions, placing *Jesus* at the centre of our thinking honours him most and inspires our own best contribution to patients, colleagues and students alike. Here, for reflection, are several aspects of our Saviour bearing directly on our practice of medicine and medical teaching:

Jesus' love

Jesus' love was expressed in his understanding, compassion ('suffering with'), and costly self-giving.[11] How far does this translate into the medicine we practice and teach in these days of targets, service efficiency, and competitive materialism? Love casts out fear,[12] is forgiving and merciful; is humble and abundantly generous.[13] It promotes peace and healing;[14] and, if we allow it, will re-shape our outlook, goals and objectives. Christ's love fully lived out in the clinical or teaching arena cannot help but be noticeable to our patients, our colleagues and our students.

Jesus' mind

Our faith does not require us to abandon our minds, but rather to set them by a heavenly compass.[15] To move from the foolishness of an unspiritual mind to the freedom and truth of the mind of Christ is our ongoing work, yet access to his wisdom (the 'wisdom from above') is our constant privilege.[16] The outlook of the Christian mind will differ starkly from the surrounding culture, but is intended fully to engage with the scientific, ethical and human dimensions of our work in medicine and teaching; there is no place for a divide between the 'spiritual' and the 'secular'. Medical students and young doctors are likely to need help in developing a faith fully integrated with their professional lives; acknowledging the single reality of the somatic, psychological, social and spiritual.

Jesus' teaching

In first century Palestine Jesus was recognised as a remarkable teacher.[17] With no compromise to his humility Jesus taught with authority and clarity. He spoke the truth. His teaching on many occasions was case-based and related immediately to real life. He knew the value of stories and pictures that connected with this audience.[18] He was clearly aware of his students' current understanding and underlying thinking. He knew his seekers' real goal as he answered their questions; but he would also address their underlying needs – often the more important.[19] Where a questioner was truly motivated to learn (rather than disguise an invective with a plausible enquiry) he gave answers that were compassionate, applicable and where necessary, plainly directive.[20] He gave feedback and promoted reflection and application of what he taught.[21] His discussion was intended to move people forward not to diminish them. Could we find a better example of teaching?

Jesus' lifestyle

Jesus' words were clearly effective but the most powerful proclamation of the truths he came to teach was by his life of service on earth. *No-one* could find a mismatch between his words and actions.[22] We surely need his help to travel a similar path.

Jesus' shepherding

Jesus knows well our personal needs for strength, encouragement, wisdom, forgiveness and love as we seek to follow him. His generous promise individually to be our shepherd is practical and ongoing, allowing us to be energised and inspired as doctors and teachers.[23] No other resources, personal, intellectual or organisational can match his gift.

In conclusion

- Christianity in the UK is increasingly rejected, yet a great spiritual hunger remains
- Even secular research points to the value of a spiritual dimension in patients' care
- We urgently need further to equip our Christian students and young doctors to understand and implement a Christian worldview in medicine
- A heart and mind truly centred on Jesus will promote the best patient care and student learning
- Jesus himself is our strength, our hope, and our life

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Photos: J. Arthur Rank Organisation

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11. eg Isaiah 53:4-5; Matthew 22:29-33; Matthew 23:37; Romans 5:8; 1 John 4:9-10
12. 1 John 4:18
13. eg Luke 6:27-38; 1 Corinthians 13:4-7; 1 Peter 4:8
14. Colossians 3:14
15. Romans 8:5-6; Romans 12:2; 1 Corinthians 14:15; Colossians 3:2
16. James 1:5
17. eg Mark 1:21-22
18. eg Matthew 20:1-16
19. eg Mark 2:1-12
20. eg John 3:1-21
21. eg Luke 10:25-37
22. Mark 14:55-59; John 8:46
23. eg Psalm 34:4-10; Matthew 11:28: Matthew 28:18-20; John 14:23, 25-27