



letters

Forsaken your first love?

Andy Mott, Hon Tutor and GP Sub-Dean at Brighton and Sussex Medical School, was very challenged by the Final Thoughts in the last edition:

*'Iron sharpens iron, and one person sharpens another'*¹

I was much affected by Bernie Palmer's meditation entitled 'Forsaken your first love?'² I was particularly struck by his speaking of our need for regular spiritual appraisal. But whoever heard of appraisal without an appraiser? So, who is to be our spiritual appraiser?

Ultimately, of course, the Holy Spirit himself, speaking through scripture, but as so often with his gracious dealings with us, also speaking through our brethren. This is given particular emphasis in Bernie's meditation, because the warning of spiritual apathy quoted³ is given to a church, inferring the solution is to be found within the fellowship and not to be left to individuals struggling alone with their consciences.

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Tony was not just my best friend and soul mate of 30 years, but also my spiritual director. We met regularly and I was accountable to him in an agreed way for my walk with Jesus. He would not only ask the questions Bernie poses in his article, but expect answers. Without such a firm and loving sounding board, my answers are either too soft or too hard. In this way Tony helped me stay close to Jesus – such godly accountability was a necessary part of my walk with the Lord.

Tragically, Tony was killed in a car accident 18 months ago, an incomprehensible loss to his family and to his many friends. As I thank God for my firm but gracious 'appraiser' and search for another, I pray you too may be granted a 'Tony' to help you rekindle your first love for Jesus and keep you walking closely to the one who 'sticks closer than a brother'.⁴

references

1. Proverbs 27:17
2. *Triple Helix* 2008; Summer:23
3. Revelation 2:1-7
4. Proverbs 18:24

Advance decisions to refuse treatment

Peter Gibson is a consultant physician doing general medicine in Manchester. He was unhappy with a News Review piece in the last edition:

I enjoyed reading many of the well balanced articles in the Summer 2008 *Triple Helix*. However, I was very disappointed by the article¹ about 'Advance decisions to refuse treatment' which was (in my view) very unbalanced.

Sometimes, we have patients with multiple co-morbidities and limited life expectancy who lack mental capacity to make decisions about treatment at the time of their admission to hospital. It would be very helpful for us to know to what extent they want medical interventions to prolong their life. At present, I suspect that we give some of these patients a lot of invasive, unpleasant, painful medical treatment, when what they would really like is good quality palliative care.

The legislation is not perfect. However, it has been carefully drafted and deals with most of the concerns raised in the article.

Andrew Fergusson replies:

Peter and I have had a constructive correspondence about this. For the record, although he practises in the Manchester area, he had no personal involvement in the Salford scheme which promotes ADRTs.

I totally agree that 'we give some of these patients a lot of invasive, unpleasant, painful medical treatment, when what they would really like is good quality palliative care', and I agree that prior knowledge of patients' general wishes can be very helpful should they become incapacitated and unable to express them.

The *News Review* piece was stimulated by the aggressive promotion of ADRTs (and an activist in the euthanasia campaign group *Dignity in Dying* was centrally involved in the Salford initiative), but 'we stand by our story'. While I agree with Peter Gibson that we must recognise the inevitability and often the rightness of natural death, we must also be vigilant about the possibility of unnatural deaths.

reference

1. Fergusson A. *Triple Helix* 2008; Summer:5