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for today's Christian doctor

triple helix

God – or Money?

work, 'treasures' in depression, child health, China, A&E, assisted suicide, reviews, the wider horizon

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Managing money

Back to biblical basics

For you know the grace of our Lord Jesus Christ, that though he was rich, yet for your sakes he became poor, so that you through his poverty might become rich.
(2 Corinthians 8:9)

Now this was the sin of your sister Sodom: She and her daughters were arrogant, overfed and unconcerned; they did not help the poor and needy… Therefore I did away with them....
(Ezekiel 16:49-50)

The city of Sodom is associated in most people's mind with sexual immorality but the prophet Ezekiel also links it with selfish absorption in material things and neglect of the poor. The stark contrast with the financial ethics of the Lord Jesus Christ is beautifully encapsulated in the biblical quotes above. The challenging question it poses of us is, Which verse best describes us as Western Christians today? Do we imitate Christ or Sodom?

If your net worth is a mere £270,000 (ie you own an average house) then you are in the top 1% of the world's population. The average member of the top 1% is 13,000 times richer than those with the mean wealth of the bottom 10%.[1]

Yet despite the huge wealth in Britain we are one of the world's most indebted countries.[2] Total UK personal debt at the end of September 2009 stood at £1,459bn. The public sector net debt was a further £824.8bn, equivalent to 59% of gross domestic product; about £33,000 per household. It will be £1,400bn in 2013-2014 (79%). As the writer of Ecclesiastes puts it, 'Whoever loves money never has money enough'.[3] In other words UK public plus personal debt in 2013 will be about £3,000bn – enough to give every one of the world's 3 billion poorest people (who currently earn less than £2 per day[4]) £1,000 each.

Reading Huw Morgan's challenging article on money (pp 6-7) has led me to re-examine the Bible's teaching on this matter. It is refreshingly clear. Scripture tells us that everything ultimately belongs to God who provides generously to us[5] in order that we can meet both our own needs and also those of others.[6] In so doing we bring glory to him.[7] Our use of money reveals our real priorities.[8] The key spiritual secret is to learn contentment.[9] The love of money is a dreadful spiritual snare[10] which leads to judgment.[11]

Money can disappear quickly[12] – as the banking crisis has poignantly reminded us – but its proper use can be a great blessing.[13] Gospel economic ethics are radical: 'Lend even to your enemies without expecting to get anything back';[14] 'Sell your possessions and give to the poor';[15] 'Be generous and willing to share'.[16]

'It is more blessed to give than to receive', says Jesus.[17] Christian giving should be generous, sacrificial, cheerful, regular, proportionate.[18] Furthermore it carries the amazing promise that God will provide for our needs.[19] We should give to extend God's Kingdom,[20] to those who teach or minister,[21] to needy Christians here and abroad,[22] to family and relatives,[23] to the poor in general,[24] and in fact to anyone in need.[25] Real Christian service[26] goes beyond Old Testament legalities such as the tithe.[27] If necessary to meet needs, assets should be sold too![28]

Saving is, of course, not wrong but it comes after our priorities in giving and providing for our families are met.

It is right to prepare for seasonal shortfalls and cashflow irregularities[29] and also for calamities and anticipated needs,[30] especially those of family.[31] But we also need to question how we save and review it regularly asking such questions as: For what reason am I actually saving this money? What is the money being used for in the meantime? Who is being helped by it?

How often do we hear it preached today that Christians should lend at no interest and forgive debts? But it is very clearly there in the Bible.[32,33] 'If you love me, you will obey what I command'[34] says the Lord Jesus.

When I was a houseman my Christian registrar gave me some advice: 'Be like a missionary', he said. 'Live simply, give generously and never go into debt to buy anything.' He might have added, 'Save sensibly and ethically and give tax-efficiently'.

I took his advice to heart then and there and it has been a lifesaver. Just a handful of simple decisions have enabled us as a family to live debt and mortgage free for over 20 years. And yet when I look back and read the testimonies of Christians who have taken Jesus' words far more seriously than I have, I actually wish I had been less like Sodom and more like Jesus.

***Peter Saunders** is CMF General Secretary*

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news reviews

Climate change, population and health

The problem is consumption, not numbers

Review by **Steve Fouch**
CMF Head of Allied Professions Ministries

The Copenhagen Climate Change Talks happen in December, and at the time of writing media comment suggests that the chance of meaningful agreement on curbing emissions rests on whether the West can persuade India, China, Brazil and much of the developing world to sign up.

At the same time, recent reports express concern about the role a growing population will have on climate change, poverty and development.[1] Many activists like Jonathon Porritt[2] are calling for drastic reductions in birth rates to save the planet. Others raise the concern that growing third world populations will not only add to climate change but set back development by spreading meagre resources too thinly.

This trend needs to be challenged. Recent research has shown that, far from contributing to climate change, the poor barely have any impact but are disproportionately affected.[3] The problem is not population growth, but the emergence of developing world middle classes who aspire to Western consumer lifestyles.

This raises two awkward questions. First, what sort of development do we want? Is it to turn Africa and Asia into continents that consume and pollute like Europe and America? And if not, then what right have we to deny them what we permit ourselves?

Calls to curb the population in the developing world smack too much of the rich trying to control and demonise the poor, while sidestepping the consequences of our own love of cheap credit and conspicuous over-consumption.

Climate change is happening – whether we can alter it is open to debate, but like the global economic crisis (which will swell the ranks of the poor by 100 million this year[4]), the poor are not responsible but are the first to suffer. Floods, droughts and forced human migration are real climate change threats to the health and wellbeing of the poor.[5] Jesus and the prophets warned strongly that sitting back complacently makes us culpable in the exploitation of the poor.[6]

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Assisted suicide

DPP guidelines currently cause concern

Review by **Peter Saunders**
CMF General Secretary

Since the 7 July defeat in the House of Lords of the Falconer amendment,[1] and after a final failed attempt to amend it by Lord Alderdice, the Coroners and Justice Bill has thankfully passed through both Houses of Parliament unchanged. It can now no longer be used as a vehicle by the pro-euthanasia lobby.[2]

However, on 30 July campaigner Debbie Purdy won her House of Lords case seeking 'clarity' about whether people taking 'loved ones' to Zurich to end their lives would face prosecution.

In passing judgment[3] the Law Lords required the Director of Public Prosecutions (DPP), Keir Starmer, to produce an 'offence-specific' policy outlining the 'facts and circumstances' to be taken into account in deciding whether or not it was 'in the public interest' in specific cases to prosecute under the Suicide Act 1961.

The DPP published his 'interim guidance' on 23 September, and after a consultation[4] lasting until 16 December, will publish definitive guidance in spring 2010.

The Care Not Killing Alliance (CNK), of which CMF is a founder member, and for which I act as honorary Campaign Director, published its comprehensive analysis[5] of the draft guidance on 15 November. CNK's position is that the guidance 'is not fit for purpose in its current form' and that there are 'serious defects both in its underlying principles and in several of the specific prosecution criteria proposed'. Of the 29 criteria six were deemed 'acceptable', 12 'acceptable only if amended' and a further 11 'unacceptable in any circumstances'.

Particular concern was focused on the following 'less likely to prosecute' categories which CNK believes 'pose serious dangers to public safety':

- the victim is disabled or seriously/terminally ill – despite Parliament having repeatedly voted against changing the law in this regard;
- the victim has attempted suicide before – even though this history often indicates mental illness and in prisons or hospitals is grounds for extra vigilance;
- the 'assister' is a spouse, partner, or close family member – even though elder abuse (physical, emotional and financial) often occurs within so called 'loving families'.

Meanwhile, Margo MacDonald MSP has obtained the signatures necessary for her 'End of Life – Choices' Bill to be debated in the Scottish Parliament. It could not progress through all its stages until 2010 at the earliest, but whatever happens in Westminster after the General Election, this would not affect Scotland which has devolved health powers.

Christian doctors should become informed about the current legal position and do all we can to prevent any legal sanctioning of assisted suicide.

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Abortion and mental health

More methodologically robust evidence

Review by **Dominic Beer**
Consultant psychiatrist in London

Until recent research from New Zealand[1] it was a medical *mantra* that it was safer for a mother's mental health to have an abortion than to continue with the pregnancy. I have twice reviewed this topic[2,3] and in further developments about abortion affecting mental health Fergusson *et al*[4] have extended the analysis and strengthened their earlier evidence.[1]

Data were collected on the pregnancy and mental health history of a cohort of over 500 female subjects in Christchurch, New Zealand from birth to age 30. Abortion was associated with a small increase in the risk of mental disorders. Women who had abortions had rates of anxiety and substance misuse about 30% higher than in other pregnancy outcomes like live birth, or unwanted pregnancy leading to live birth or pregnancy loss (miscarriage, ectopic or stillbirth). Even women without a history of mental ill health could have problems after an abortion. These findings persisted following extensive controlling for prospectively and concurrently measured confounders, and the study was therefore methodologically very robust.

Most recently Fergusson *et al* state that women reporting distress at having an abortion were 40-80% more likely to experience mental ill health than those not having an abortion.[5] They write 'the important implications of our research relate to the interpretation of the abortion laws in legislations such as those in the UK and New Zealand where the mental health risks of unwanted pregnancy are the principal grounds on which abortion is authorised'.[4] Their findings are the more significant because 94% of British abortions are signed by a doctor because of 'risk to mental health' for the mother.

The other important implication is that patients should be advised of this risk and what to do if they suffer any mental disorder following an abortion. The Royal College of Psychiatrists[6] has very sensibly called for discussion in the consultation, so the doctor can be assured a patient is fully informed before she consents. They also rightly called for other colleges and professional bodies to incorporate this evidence into their guidelines for women considering abortion.

Fergusson *et al* conclude: 'First, exposure to abortion is an adverse life event which is associated with a modest increase in risks of mental health problems. Second, the mental health risks associated with abortion may be larger, and certainly are not smaller, than the mental health risks associated with unwanted pregnancies that come to term.'[7] As Christians in medicine it is important we consider how to convey this far reaching evidence to our patients.

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Fatal distraction

Unqualified patient autonomy harms the heart of medicine

Review by **Andrew Fergusson**
CMF Head of Communications

At a resumed inquest in October, the Coroner ruled that doctors at the Norfolk and Norwich University Hospital had acted correctly in not giving any lifesaving treatment to 26 year old Kerrie Wooltorton when she was admitted in 2007 having suicidally ingested antifreeze.[1] It appears that she had done this up to nine times previously, accepting lifesaving treatment on every occasion, and this history might have been due to her 'untreatable' emotionally unstable personality disorder.[2] On this occasion, a few days before her death she had drafted an advance statement indicating she did not wish to be treated if the same circumstances arose in the future. They did. She drank antifreeze again, called an ambulance, was taken to hospital, and while conscious and said to be with full capacity consistently refused lifesaving treatment. (She called the ambulance because she did not want to die alone and wanted comfort measures only.)

October's publicity caused outcry, with most people's intuitions being that this was not what medicine is about; that attempts should have been made to save her. At first the case was seen to concern advance directives, given (mistakenly in CMF's view) full legal force in the Mental Capacity Act 2005. Health Secretary Andy Burnham said that the case took the law into 'new territory' which he did not believe had been intended by Parliament.[3] However, as Sheila McLean argues[2] it was the consistent, contemporaneous refusal with capacity of lifesaving treatment that meant the doctors, after consultation and with legal advice, were right to let her die.

That conclusion about capacity has since been challenged by two consultant forensic psychiatrists who state that 'depression and emotionally unstable personality disorder are mental disorders, which often impair a person's cognition and emotional health'.[4] Arguing that she could have been detained compulsorily and treated, they make the further point that, with a few exceptions, 'the Mental Health Act 1983 "trumps" the Mental Capacity Act 2005'.

The legal and ethical debate will doubtless continue, but even if the doctors acted correctly within the letter of the law, most have concluded they missed the spirit of it. The ideology of unqualified patient autonomy harms the heart of medicine.

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Huw Morgan on financial priorities

GOD – or MONEY?

key points

Most doctors earn high incomes, but do we use our money significantly differently from our non-Christian colleagues? The author challenges us as Christ's disciples to a radical re-appraisal of our attitudes.

Reflecting on the deaths of two Christian doctor friends who had both taken care throughout their lives to use their money wisely, thereby enriching many people in many places, he urges 'the only time to decide to use your money well is now'.

Resisting materialism and making right lifestyle choices is refreshingly freeing. The freedom from working just to earn, which many people seem trapped by, allows opportunities like service in developing countries for the final part of our professional lives.

No-one can serve two masters. Either he will hate the one and love the other, or he will be devoted to the one and despise the other. You cannot serve both God and Money. [1]

Most of us are familiar with Jesus' well known words. But how seriously do we really take them? Most doctors earn high incomes, but do we use our money significantly differently from our non-Christian colleagues? This article challenges us as Christ's disciples to a radical re-appraisal of our attitudes to money and how we use it. If we really took Jesus' words seriously, our lives might look very different.

Have the right attitude

It all begins with attitudes. How do you view your income – is it something you are entitled to because you've trained long and hard, and you work long hours at a demanding job with a lot of responsibility? Or is it a privilege to have so much you don't really need, so you can make choices about giving and supporting worthy causes? Is it something from which you give your 'tithe' and regard the rest as rightfully yours? Or is it something that just seems to disappear no matter how much comes in, so you are always chasing to earn more?

I suggest there is really no reason why (after paying off student loans) all established doctors should not hold the second attitude to money. Depending on your stage of career and seniority, you probably do not need more than a decreasing fraction of your income to live on as the years go by, provided you make lifestyle choices that allow you to live without the financial constraints most members of our profession put upon themselves. We need to use our money for eternal, not temporal, reward. Jesus said 'I tell you, use worldly wealth to gain friends for yourselves, so that when it is gone, you will be welcomed into eternal dwellings'. [2]

Don't put it off

In the last year I've had two good friends, both Christian doctors, die in their sixties. One was just about to retire and the other had enjoyed a few years of active retirement in Christian service in many parts of the world. They had both taken care throughout their lives to use their money wisely, living relatively simple lifestyles well within their means, and using their wealth to help and create opportunities for others in ways that enriched many people in many places.

They both could reasonably have expected many more years, but it was not to be. Thankfully their good choices about money were made early, so they could depart this life with no regrets about not deciding sooner to use their money for Kingdom purposes. None of us knows when our time will come, so the only time to decide to use your money well is now. The elusive 'when things are easier' may never come, and you don't know how long your time on earth will be. Is your security really in God, or in your job and income? Jesus said 'So do not worry, saying, "What shall we eat?" or "What shall we drink?" or "What shall we wear?" For the pagans run after all these things, and your heavenly Father knows that you need them. But seek first his kingdom and his righteousness, and all these things will be given to you as well.' [3]

Consciously resist materialism

Having worked a lot in developing countries in the last ten years, I'm struck anew by the rampant materialism of our society every time I return to these shores. The supermarkets with their super-abundance of choice seem almost obscene when compared to poor 'two-thirds world' villages. We simply don't need all this 'stuff' and must make deliberate efforts to resist the pernicious influence of materialism. It deadens us spiritually, filling our lives with things that take our time and energy away from God, other people, and simple enjoyment of the beauty and richness of creation.

Consumerism is a lie successfully sold to developed countries by the advertising and marketing industries. It distracts us from enjoying the truly good things in life like relationships, serving others, and appreciating our many blessings. Don't be deceived by it. Jesus said 'Do not store up for yourselves treasures on earth, where moth and rust destroy, and where thieves break in and steal. But store up for yourselves treasures in heaven, where moth and rust do not destroy, and where thieves do not break in and steal. For where your treasure is, there your heart will be also.'[4]

Make right lifestyle choices

Here's the good news. You do not need a large house in its own grounds with a massive mortgage that will take the rest of your career to pay off. You do not need to run one or two nearly new cars and replace them every two or three years. You do not need to have your children privately educated (although of course there may be good reasons to do so). You do not need expensive holidays every year. You do not need to buy expensive brand-named food and consumables. You do not need the latest electronic gadgetry. You do not need to eat in expensive restaurants … and so on. You have a real choice. Although middle class professionals might think you strange if you don't behave like them, are you prepared to be different because you are a Christian?

Use your money wisely

Make a prayerful decision before God about how much you really need to live on, at the level you believe is right for you and your family. (This may include some saving to safeguard against unexpected expenditure.) Just do the figures based on a year's expenses for necessities and other reasonable costs. When you have calculated how much that is, the remainder of your income is, literally, 'disposable'. The key question is: how?

Two possibilities for investing in Kingdom development are:

- Give to worthwhile charitable causes you believe in, to help the coming on earth of God's Kingdom in all its many and varied forms (there is no shortage of these!)
- Put money aside so you cease to need to earn prior to normal retirement age, to be free to serve God in ways precluded by having to work regularly.

If you are a senior doctor, you probably earn enough to do both, as I did for many years. Wise decisions about property ownership and investments may be needed, but you can create sufficient income to live humbly but comfortably for several years before age 60 if you make the right choices. This gives you the freedom to serve voluntarily in ways that may open up opportunities denied by having to turn up every day to paid work in the NHS; not that you cannot serve the Lord there too, of course!

Another possibility for doctors working part time or in non-medical roles, and who earn less money, is to give your time. If you don't have spare money, you may have spare time for Kingdom purposes.

Enjoy the freedom

It is refreshingly freeing to live with little. There is less clutter, less maintenance, and less distraction from the things that really matter. Most importantly, there is freedom from working just to earn, which so many people, even earning good salaries, seem trapped by. Many non-Christian colleagues were very surprised when I told them I was leaving the NHS when aged 50. 'I wish I could do that. How can you afford it?' was a common question. The answer was simple – my wife and I had planned it for ten years and used our income accordingly, because we believed God wanted us to be free to work in developing countries for the final part of our professional lives, without depending on others to support us. We regarded that as bad stewardship, given the high income I had earned as GP and educator.

Who do you serve?

It all comes back to Jesus' statement. Are we truly serving God practising medicine in a well paid professional post, or are we doing it because we want the high income? Of course we all need a certain amount to live on and provide for our children responsibly, but generally doing that will leave a lot left over from a senior doctor's salary. Don't get trapped in the mortgage/school fees/holidays/gadgets/expensive cars rat race like your colleagues. Dare to be radical, and live simply, using your 'disposable' income to extend God's Kingdom. You could live in a smaller house, drive an older car, and stop buying unnecessary luxuries. How different our lifestyles might then seem, and perhaps how much it might help demonstrate what the Kingdom looks like to those who haven't yet seen it. You cannot serve God and Money. Who do you really serve?

Huw Morgan *is an early retired GP and GP educator who left fulltime NHS practice in 2002 and has worked as a volunteer with PRIME (Partnerships in International Medical Education) in many countries. He is now back in the UK working with PRIME*

Photo: PA Photos

It is refreshingly freeing to live with little. There is less clutter, less maintenance, and less distraction from the things that really matter

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Nick Land on theology and practice

CONTRACTS, COMPACTS AND COVENANTS

Photo: Wellcome

key points

Noting that the 'old compact' between doctors and society has changed, the author, a psychiatrist and Trust medical director, emphasises that Christian doctors don't simply have a contract with their employers or a compact with society – we also have a covenant relationship with the Living God.

Having reviewed different historic understandings of work, he considers its theology. God is a worker; work is a creation ordinance; and while the Fall has marred work it can be redeemed.

Turning to practical applications he highlights the importance of building Christ-centred relationships, and advocates taking the 'Nescafe Test' – how many cups of coffee do you make for your secretary or receptionist compared with the number they make for you?

In 2002 the *British Medical Journal* published an article on 'Unhappy Doctors'.[1] The authors noted declining morale among doctors worldwide, investigated this, and found it was not to do with workload or pay (important though these were). Rather the key factor appeared to be change in the 'psychological compact' between the profession and employers, patients and society. The job the doctor is now expected to do is radically different from the one they had expected on graduation – the 'unspoken agreement' between doctors and society has been changed.

In the 'old compact' doctors sacrificed early earning, studied and worked hard as trainees, saw lots of patients, and provided good patient care (as defined by the doctor). In return they got reasonable remuneration, reasonable work/life balance after training, autonomy, job security, deference and respect. But society has a new set of imperatives which cut across the doctor's expectations. These include greater accountability, working to guidelines and protocols, patients who have become consumers and want care at their convenience, more external scrutiny, and a growing blame culture.

The authors advocated a 'new compact', explicitly agreeing what the doctor gave to patients and society and what they could expect in return. However, as Christian doctors we don't simply have a contract with our employers or a compact with society – we also have a covenant relationship with the Living God.

Historic views of work

So what difference does this covenant make to our work? How does God view our work, and what are the implications for our behaviour and relationships there? Unfortunately biblical teaching can be in short supply, so for many Christians it is society's view of work rather than God's that colours their thinking. Ryken[2] helpfully sets out a historical perspective. Do any of these sound familiar?

- The Classical (Greek and Roman) view was of work as a curse, an obstacle to leisure, and the province of slaves. This view still shapes thinking: work is seen as an unpleasant necessity. 'If only I could win the lottery I could give up work and enjoy myself.'
- In the Middle Ages a dichotomy developed between secular and spiritual work. The only true vocation was priest or nun – anything else made you a second-class Christian. This attitude dangerously suggests God is not interested in our secular work and so does not care how we carry it out. Nothing could be further from the truth.
- A sea-change came with the Reformation, the Puritans, and the now much misunderstood 'Protestant work ethic'. The reformers fought to break down barriers of sacred and secular, believing God was sovereign in all areas. They taught that all work should be done to the glory of God and was thus sacred, and developed the doctrine of calling or vocation.
- However, the (so-called) Enlightenment perverted the Protestant work ethic. The spirit of humanism replaced the Spirit of God. Work became man-centred not God-centred; a means to the end of personal success and money. Work was removed from the idea of partnership with God in stewarding his world, and exclusively understood as self-interest. Adam Smith, an architect of capitalism, said: 'It is not from the benevolence of the butcher, the brewer or the baker that we expect our dinner, but from their

regard to their own interest. We address ourselves not to their humanity but to their self-love.'

- In the 19th and 20th centuries two opposing views competed: unrestrained capitalism and Marxism. But as Brian Griffiths aptly states in *Morality in the Marketplace*: 'The trouble with capitalism is that there is no limit to man's greed and the trouble with socialism is that there is no limit to man's desire to control'.

Do you recognise your views above? Let's be honest: for many of us it is the Enlightenment view. We work hard for maximum gain and to fulfil our personal ambitions, and if thwarted can all too easily react with cynicism, despair or anger.

The theology of work

First, God is a worker: 'By the seventh day God had finished the work he had been doing; so on the seventh day he rested from all his work'.[3] Jesus confirms that God continues to work: 'My father is always at his work to this very day, and I, too, am working'.[4] We are created in the image of God and work is part of God's perfect plan for us.

Secondly, work is a creation ordinance: 'The Lord God took the man and put him in the Garden of Eden to work it and take care of it'.[5] Work is part of stewardship and partnership with God, expressing an aspect of the divine character within us. God works through us to achieve his purposes.

However, work has been marred by the Fall.[6] Work becomes toil, often appearing futile and senseless.[7] It becomes subject to abuse: idleness, unemployment, and exploitation. Many find work burdensome, boring, and apparently pointless and count the days until retirement. For others, including doctors, work becomes an idol. We define ourselves by it and draw all our self worth from it. If we lose it or it goes wrong, we despair.

But the good news is that work can be redeemed! Let's look at three perspectives:

- **Jesus' work on the cross**. Jesus is the creator, sustainer and reconciler of all things.[8] All life is God's. He created it, sustains it and redeemed it. God is interested in whatever we do and can be glorified by it: 'So whether you eat or drink or whatever you do, do it all for the glory of God'.[9]
- **The worker is a steward for God**. One of the most significant passages about work is Jesus' parable of the talents.[10] It teaches us that God provides us with talents, opportunities and materials. He expects our service (laziness is harshly judged). Furthermore, as stewards we exercise choice and responsibility. Our faithful work is rewarded, often with more responsibility!
- **The worker is called by God**. The reformers talked about two callings: the first was to salvation, godliness and discipleship; the second to work for God. Prior to the Reformation this was seen simply as a call to 'religious' work; Luther and Calvin extended the concept of vocation to every legitimate form of work. They based this on both Old and New Testament Scripture. God called Bezalel and Oholiab as craftsmen and teachers.[11] We are called to do good works, prepared in advance for us.[12] Paul teaches that 'each one should retain the place in life that the Lord assigned to him and to which God has called him'.[13]

If work, in our case medicine, is a vocation or calling from God, important implications arise:

- **Contentment**. Paul talks in Philippians 4 about being content in every situation. If God has called us then knowing we are serving him makes even difficult or dull work special.
- **Persistence**. This is particularly relevant given the high medical 'delinquency' rate. If God has called us to medicine, we should not readily give it up unless he calls us elsewhere.
- **Service**. If work is a calling from God then it is not just an arena in which to serve, but part of our service to God.

In summary, Christian doctrine starts with God working through us as workers in his image. Initially an entirely good gift, work became marred through the Fall, so it can be difficult and frustrating. Work can be redeemed through knowing we are stewards called by God into work we do for him and with him. As Paul says 'Whatever you do, work at it with all your heart, as working for the Lord, not for men'.[14]

How should we work?

This theology has enormous implications. Some are political. If work is so important, is it right for economics to focus on profit and efficiency without taking into account the impact on the numbers and nature of jobs? Some are personal. Work is not just paid employment or church service. It includes caring for children, housework, and voluntary work: these equally important areas of activity sustain us as communities. However, let's concentrate on how God's view should impact our behaviour as Christian doctors.

1. **Work is a moral imperative.** *Proverbs* criticises 'the sluggard'. Paul teaches: 'If a man will not work, he shall not eat'.[15] Skiving is out! Not pulling your weight in a team will destroy your Christian witness.
2. **Work must not become an idol**. This is a real danger; Christian doctors must not put work before God.[16]
3. **Meet human needs**. Consider this in choosing your specialty. Puritan Richard Baxter said: 'Choose not that calling in which you may be most rich and honorable in the world, but that in which you may do the most good'.
4. **Aspire to excellence**. 'Do your best to present yourself to God as one approved, a workman who does not need to be ashamed'.[17] However, excellence must extend beyond the technical or academic to encompass a vision for service.
5. **Glorify God**. He hates dishonesty; we need to beware of the subtle ways doctors can be dragged into this. Dishonesty ranges from consultants doing too much private work in NHS time to a

As Christian doctors we don't simply have a contract with our employers or a compact with society – we also have a covenant relationship with the Living God

Photo: Wellcome

medical student saying 'The results aren't back from the lab' when they really mean 'I forgot to take the blood'! It can be as serious as forging research results or as trivial as allowing your secretary to say you are out when you're in! We need to work hard to ensure Christian integrity, and that of our organisation.

6. **Be enthusiastic, not cynical!** One of the most corrosive and debilitating forces in medicine is cynicism. Almost every ward round, management meeting and canteen meal is poisoned with cynical remarks. It prevents excellence and undermines teaching; relationships are reduced to two-dimensional caricatures. We will never be salt and light if we are infected by cynicism. The antidote to cynicism is Christian enthusiasm; we have been given our work by a sovereign God and we have the opportunity to show his love to tens or even hundreds of people every week. In the power of the Holy Spirit, we must work enthusiastically – then we will make a real difference to our patients and institutions.
7. **Build Christ-centred relationships**. The health service is based on relationships between doctors, patients, nurses, health professionals, managers and students. Many of these relationships have become damaged and corrupted by sin. Restoring and rebuilding them is a key way in which we can serve God in our work.

How can we build Christ-centred relationships?

- **Be servants**. Doctors are not always good at this! Try taking the 'Nescafe Test' – how many cups of coffee do you make for your secretary/receptionist compared with the number they make for you? Being a servant means looking to others' interests rather than our own.[18] We will listen to other disciplines and seek the good of the whole service, not just our specialty. We will seek to serve patients and colleagues.
- **Be holy**: '...just as he who called you is holy, so be holy in all you do'.[19] In practice this includes avoiding gossip[20] – hospitals are full of it! It means being peacemakers.[21] Finally it means sexual purity. Relationships between staff are often close and emotionally intimate. Sexual temptation can be very strong but '...among you there must not be even a hint of sexual immorality...'[22]
- **Be careful with anger**. There is such a thing as righteous anger (eg Jesus cleansing the temple). It may be right to be angry when incompetence, laziness or bad management put people at risk. However, I have struggled here. We must be very careful what we do with our anger. Paul says: 'In your anger do not sin'[23] and James writes wisely 'everyone should be quick to listen, slow to speak and slow to become angry, for man's anger does not bring about the righteous life that God desires'.[24]
- **Exercise Christian leadership**. There is often a vacuum in medical leadership; we have opportunity to fill this. We should be willing to take positions of responsibility but as servants, not for self-aggrandisement. As a medical student, be salt and light in Medsoc or the student council. As a junior doctor, organise the on-call rota, or lead in the BMA. Consultants or GPs, give a Christian lead in managing the hospital, practice, trust or PCT. Whatever our responsibility we need to exercise it with prayer, for 'The Lord gives wisdom, and from his mouth come knowledge and understanding'.[25]
- **Bring hope**. At work we will find many people in need of love and hope. We should always 'be prepared to give an answer to everyone who asks you to give the reason for the hope that you have...with gentleness and respect'.[26] There is the issue of the patient/doctor power imbalance, but we should pray for opportunities.

We need help

Living out our faith as Christian doctors is not easy, so:

- **Develop an accountability relationship**. We need another Christian we can trust and develop a close and honest relationship with. They need to know us and the pressures we are under. We need to give them permission to ask searching questions about our behaviour and attitudes at work.
- **Develop prayer partnerships**. If our work in medicine is part of God's work then we should be praying for it. We should pray for our services, institutions, patients, colleagues, and ourselves. I have had the privilege of a close Christian colleague who has been my prayer partner for 20 years and we can testify that prayer works.
- **Seek Christian career guidance**. Romans 12:3 exhorts us to have a right view of ourselves. As a trainee think about taking jobs locally to keep in contact with church and Christian friends. Have a realistic view of your skills, response to stress, and ability to withstand sleep deprivation. Do not take a job that is going to stretch you beyond your limits unless God tells you very clearly to do so!
- **Spend time with God** in Bible study, prayer, worship and meditation. Work is an integral part of our Christian life but it must not take the place of building our relationship with God. Our work will fade and die but our relationship with God will last for all eternity.

***Nick Land** is a consultant psychiatrist and medical director in the north of England and is the current Chairman of CMF*

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Katy Barker introduces **Emma Lowe** on life and death in A&E

Photo: PA Photos

Junior doctors on the FRONTLINE

Have you ever wondered where Jesus would be found working if he were a junior doctor today, or how he would respond to the challenges of practising modern medicine? Over the next few articles we are going to look at some of the difficulties and rewards of being a Christian working in some particularly problematic areas for junior doctors.

We start with those working on the front line in hospital, in the Accident and Emergency department. Most foundation doctors will spend time here, and those in specialty training are often called back there to advise or assist. In short, it is a department we are all likely to be involved with.

Emma Lowe is a junior doctor working in a busy A&E department in the centre of Leeds. Here she shares some of her experiences: both the challenges and the rewards A&E offers.

A&E: I love it there

It was with a sense of trepidation that I started working in A&E this August and donned my shell-suit style green scrubs for the first time. Yet it is with real sadness that I will say goodbye to working there. It has been one of the most challenging, stressful and rewarding few months of my life and although sometimes the challenges seemed too much, it is probably through these that I have learnt so much and come to love it there.

It is impossible to talk about the challenges of emergency medicine without mentioning time management. The four-hour breach rule is a constant pressure and often dictates what we can do for our patients while they are in the department. This is not such a problem when the department is quiet, but when a patient has waited 3 hours 45 minutes to see a doctor there is limited scope for the Christian challenge of going the extra mile.[1] However, if by doing more than is required we let a patient breach, the hospital gets fined and this may prevent someone else from doing his or her best for a patient.

Looking for God's hand

For me the challenge has been looking for God's hand in the department. We look after the 'hungry or thirsty…and sick'[2] and God has clearly pointed out to me the patients I did have to go the extra mile for. People often come to A&E when their lives are in crisis, so we should not underestimate how potent a single intervention can be. It is important to remember we do not work for bed managers and targets but for our patients. We are reminded that 'whatever you did for one of the least of these brothers of mine, you did for me'.[3] Every day we are working for God's glory, whether we have lots of time or only a little, and should be 'working at it with all your heart, as working for the Lord, not for men'.[4]

Another time related challenge is the constantly changing rota with very few conventional shift times. The lack of a regular shift pattern, and often being at work when friends and family are free can make it a lonely job. Working alternate weekends and countless evenings makes regular attendance at church and small groups impossible and finding 'quiet time' a struggle. I have found no easy solution to this other than making a concerted effort to make God a priority in my life. Indeed, we are reminded that it is by spending time with God that we get true rest.[5]

Facing suffering daily

Facing suffering on a daily basis has been one of the hardest spiritual challenges. Although we hear daily about suffering in the news, and I was used to dealing with patients who are very unwell, suffering is often more acute in A&E. On one occasion I watched a child die in 'resus' and then heard their parents' grief as they absorbed the news. Other times I heard how some of the regular attendees came to be homeless and alcohol-dependent through massive personal tragedy. It has been a personal challenge to understand and reconcile this with my faith. The answer to the age old question of suffering is beyond the scope of this article, but it has been through the help of CMF and other Christian literature, prayer, and the support of Christian friends and family that I have come to a greater understanding of this.

Challenges and rewards

I could write almost endlessly about the challenges and rewards of the emergency department. It is often at the most difficult times in our lives that we feel God's presence and guidance most keenly and this has certainly been true over the past four months. I am frequently faced with situations I know I cannot deal with on my own, which leaves me with no option but to turn to God for help.

The Lord said to him, 'Who gave man his mouth? Who makes him deaf or mute? Who gives him sight or makes him blind? Is it not I, the Lord? Now go; I will help you speak and I will teach you what to say.'[6]

Whatever challenges A&E may throw at us, God is bigger than all of them, and he promises never to leave us, nor forsake us.

***Katy Barker** is an FY2 in Leeds and Series Editor of Juniors' Forum*

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Ian Spillman reviews progress with child mortality

MDG 4
– a world of difference for child health

key points

Most deaths of children under five years are attributable to acute respiratory infections (mostly pneumonia), diarrhoea, malaria, measles, HIV/AIDS and neonatal conditions – which are all avoidable through existing interventions which are available and technologically appropriate. [2]

Child mortality would fall 14-31% a year if interventions to clean up water, provide clean fuel for cooking, and improve children's nutrition reached everyone who needed them. [3]

Christian hospitals and non-governmental organisations play a key part in providing health care in many developing countries.

Millennium Development Goal 4: [1]
Reduce child mortality
Target: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

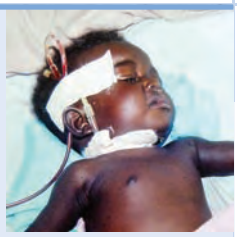
We certainly live in a world of difference. The death of a child is a tragic loss, yet every year there is a 'silent tsunami' with 8.8 million children under five dying in 2008 [4] – that is, 24,000 children a day, an annual loss roughly equivalent to the entire population of Bolivia. Some 40% of these deaths occur within the first month of life; [5] nearly three quarters of these neonatal deaths could be prevented if women were adequately nourished and received an appropriate continuum of care during pregnancy, childbirth and the postnatal period. [2]

In poignant contrast to the growing western problems of childhood obesity and diabetes, malnutrition plays a part in half of these deaths, [2] in turn directly related to poverty. Most mothers breastfeed their babies, but then are unable to afford nutritious food when it is time to wean. Tackling child mortality is not just about feeding starving children. To stay healthy, all children need clean water, food, healthcare and a home. Around 400 million children have no access to safe water.

Shockingly in an era when we can unravel the human genome, perform amazing surgical procedures and produce ultra-sophisticated designer drugs, some 1.4 million children die every year because they simply lack access to safe drinking water and adequate sanitation. [2] Others succumb to gastroenteritis or pneumonia [6] for a lack of oral rehydration solution or basic antibiotics.

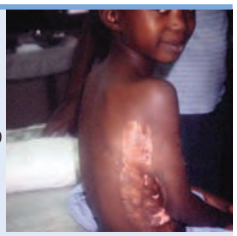
HIV/AIDS is a huge and growing problem for children. In 2006, the estimated number of children

Case: Asiimwe



Presentation: age 3, pulse 168, resp rate 55, cap refill 3-4 sec, pale, semi-conscious, febrile, gallop rhythm, liver 4 cm below right costal margin...
Clinical assessment: heart failure due to anaemia due to malaria
Rx: 10-20ml/kg 0.9% saline via external jugular line, glucose, urgent transfusion, anti-malarials...
Outcome: improved
Prognosis: initially good but as family very poor, in mud and stick house with no nets, Asiimwe will very soon be re-infected with malaria. The parasites are becoming increasingly resistant to anti-malarials and the newer drugs are orders of magnitude more expensive than the older treatments such as chloroquine, making it more and more difficult for the family to afford treatment...
Overview: internationally the median coverage of insecticide-treated nets is just 3% in the subset of the 60 countries that are endemic for malaria and for which data are available. [5,10] Such rates should greatly challenge us since the evidence for nets producing a dramatic reduction in both mortality and morbidity from malaria in children under five was published back in 1991 from studies in the Gambia, [11,12] yet still today many children like Asiimwe are unprotected...

Case: Lois



Presentation: age 10. Lois had sustained severe burns from a paraffin stove. Taken by her family to a government hospital, but no treatment received as her family too poor to pay. Consequently Lois developed adhesions of her right upper arm to her chest wall so she was unable to abduct the arm. Her family had accepted this so she was not only physically handicapped but also socially impaired as would not be able to marry with this impediment. Months later she developed infection under the scar tissue but this time was seen in a church hospital. She underwent surgery to release the adhesions and then had staged skin grafts. Her treatment was subsidised by the Good Samaritan fund supported by Christian donors.

Outcome: good range of arm movements, dignity restored.

Overview: Many children suffer burns due to cooking on open fires or stoves and lack of supervision. Poverty limits access to healthcare with potential huge impact on a child's future...

under 15 years old living with HIV was 2.3 million – 87% of whom are in sub-Saharan Africa.[2] Furthermore, around 15.2 million children have lost one or both parents to AIDS.

Kingdom goals

As Christians we share greater goals than MDG 4 – not only for justice and physical health for the world's children but also the 'life in all its fullness' that Jesus came to bring.[7] He called his followers to walk in his shoes, to be both the 'light' and 'salt' the world needs so much – that perfect mixture of grace, love, compassion and mercy with holiness, justice and righteousness that lies at the heart of the Gospel and mission. How amazing that the God of eternity, who formed the vastness of the cosmos and the intricate mechanism of each ion channel also identifies with the poor:

Whatever you did for one of the least of these brothers of mine, you did for me.[8]

He who oppresses the poor shows contempt for their Maker, but whoever is kind to the needy honours God.[9]

We therefore have a special responsibility to care for the vulnerable, the widows and orphans, the forgotten refugees, and especially the children.

Progress

Substantial progress has been made, with global under-five mortality falling 28% from 1990-2008. Countries such as Bangladesh and Malawi have shown proof of concept that MDG 4 is achievable even in poor environments.[4] However, there are large disparities between different groups and countries,[2] exacerbated in conflict zones. If current trends continue, the MDG will not be achieved until 2045 – thirty years later than planned.[2,13]

Except for Afghanistan, all of the 34 countries with mortality rates higher than 100 per 1,000 live births are in sub-Saharan Africa. Hopefully, improvement will be seen with interventions such as insecticide-treated bed nets; prevention of vertical transmission of HIV; vitamin A supplementation; and immunisation for Haemophilus influenzae type B, measles and tetanus. However pneumonia, the single leading cause of death in children,[6] has been neglected, and diarrhoeal diseases continue to devastate many lives.

In 2007 the International Health Partnership (IHP) was launched by the UK;[14] and Women and Children First: the Global Business Plan for Maternal, Newborn and Child Health by Norway.[15] These along with the Canadian Catalytic Initiative to Save a Million Lives,[16] have been packaged as part of a broader Global Campaign for the Health Millennium Goals (MDGs).[17] This offers enormous potential to speed progress, though we need to pray for wisdom in the best use of resources to reach those in greatest need.

Making a world of difference

New technological advances have been made in developing vaccines for pneumococcus and rotavirus; low osmolarity oral rehydration therapy; zinc treatment for diarrhoea; long-lasting insecticide-treated bed nets; and artemisinin combination treatments for malaria. All these interventions have the potential to contribute to major gains in child survival if implemented at scale and in an equitable manner.[5] The challenge remains to actually make it happen on the ground.

So what should be our response as Christians? Jesus told his disciples, daunted by a vast hungry crowd: 'you give them something to eat'[18] and he calls us to do the same today. We can all pray and share; supporting CMF's overseas work[19] and that of different missions and agencies such as Tearfund.[20] Sign up to Micah Challenge[21] and mobilise churches to participate actively. Some of us are called to go overseas to serve and encourage and partner in this noble work either with missions or as tentmakers in various secular roles.[22] In preparation, consider attending the annual CMF Developing Health course[19] and a course in working cross-culturally, eg those run at All Nations Christian College;[23] or arrange to visit a church hospital such as Kisiizi Hospital in Uganda[24] to experience modern medical mission.

Go in God's strength for 'unless the Lord builds the house, its builders labour in vain'.[25] As a missionary doctor on his own in a remote area, faced with performing a surgical procedure, wrote: 'it's a tiny needle – but in the mighty hand of God'.[26]

Hudson Taylor once said 'God is looking for wicks to burn…the oil and the fire come free'. Let us all press on, not only that MDG 4 is accomplished but also to see the world's children finding for themselves 'life in all its fullness'.

Ian Spillman *formerly worked with Tearfund in Kisiizi Hospital, Uganda. He is now a paediatrician in Macclesfield and a member of the CMF International HealthServe committee*

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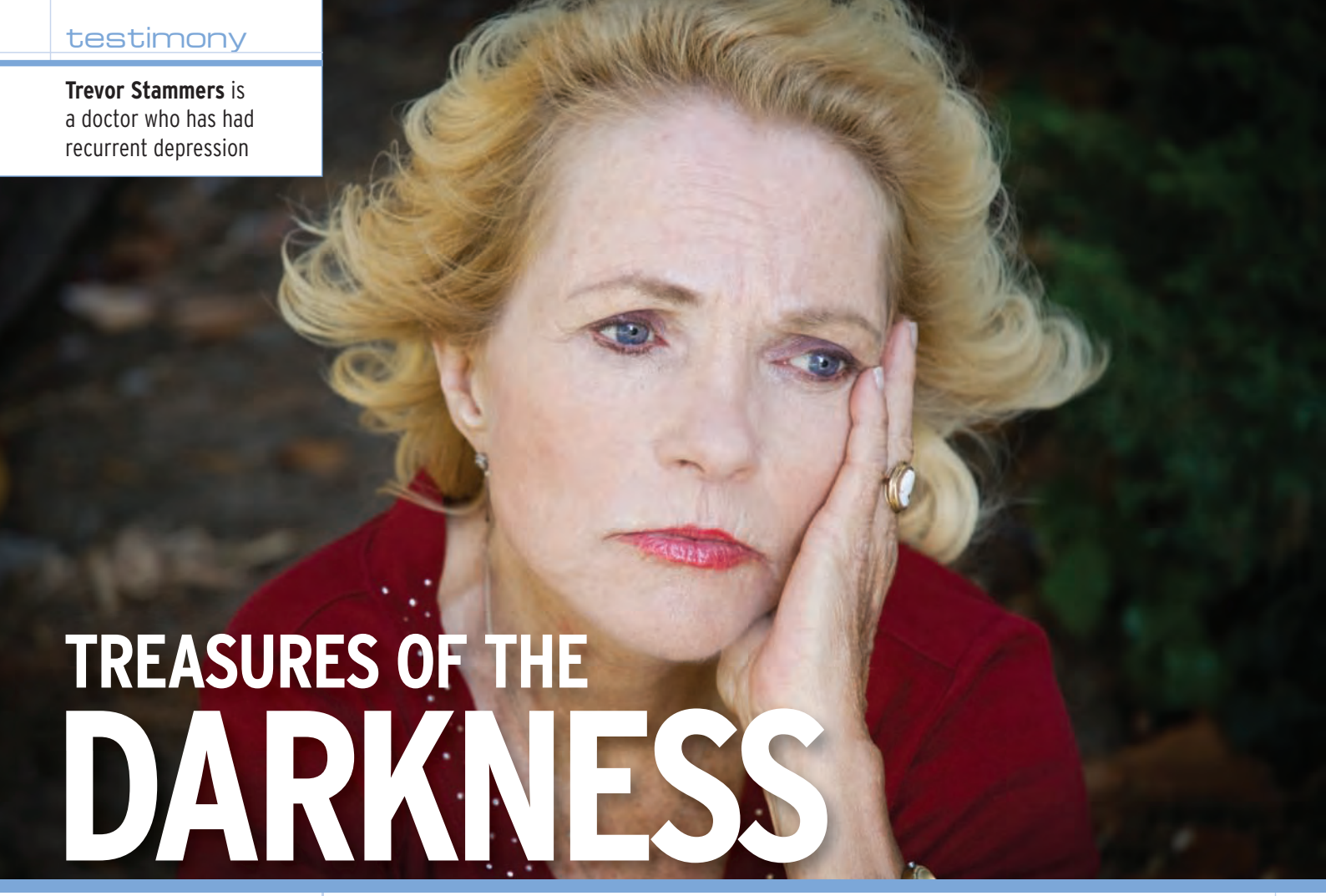
Trevor Stammers is a doctor who has had recurrent depression



TREASURES OF THE DARKNESS

key points

From scripture, the author, a GP and academic, describes lessons learned during a previous long period of depression as 'treasures hidden in the darkness'.

Confessing that 'the commonest weakness of Christians in medicine is probably our determination to have our own way' he came to realise that 'when broken, we learn that his way is all that matters'. This releases us from anxiety about the future and also from guilt from the past.

Finding strength to persevere in depression has led him to empathy and understanding, to hearing from God in the stillness, and as he finally denied self-sufficiency and pride, to accepting help from others.

And I will give you treasures hidden in the darkness
– secret riches.
I will do this so that you may know
that I am the Lord,
the God of Israel,
the one who calls you by name.[1]

One sufferer has graphically described depression as an 'internal darkness, an emotional anaesthetic, a freezing of the spirit'. It is a common and crippling condition. Can any good ever come from it?

The promise above from Isaiah 45:3 was originally given in a totally different context to the pagan king Cyrus, but many Christians have shared with me how either during, or more often following an episode of depression, it has been used by the Holy Spirit to show them that depression can bring secret riches into their lives, even though discovering those riches may take many years.

It is now over seven years since my last episode of 'the darkness', and over two years without treatment, and is therefore a good time to reflect on some of the 'treasures' that I have found and continue to uncover in my own life.

God's sovereignty

I don't pretend to understand how it is that God uses even our sins and weaknesses in his purposes, and causes even human anger and opposition to praise him,[2] but I know now that he does. Depression not only freezes the spirit but often shatters it completely when in this brittle state. This can be unbearably painful at the time, not only for the sufferer but perhaps more so for friends and family who witness it. It is one way, however, that the Lord uses in our lives to teach us the importance of knowing that 'we are the clay and He, the potter'.[3] I did not realise how angry these verses used to make me. The commonest weakness of Christians in medicine is probably our determination to have our own way – for the good of our patients of course! When broken, we learn that his way is all that matters.

This releases us not only from anxiety about the future, but also from guilt from the past. So many committed Christians live in guilt, regret and fear that they have taken a wrong turning – are in the 'wrong' job, married to the 'wrong' spouse, or in the 'wrong' church. We need to learn that God calls us to work out our own salvation where we are. Ruth Bidgood's wonderful poem *Roads* is so liberating and true in its opening line:

No need to wonder what heron-haunted lake
Lay in the other valley[4]

On the day the truth of that sank into my soul, a profound sense of peace and security came with it that has been tested since but has never departed.

Strength to persevere

'I came so close to the edge of the cliff! My feet were slipping and I was almost gone.'[5]

Thoughts of ending it all (or at least of having it ended) are common in depression. Yet facing that as a possible option, and rejecting it, subsequently brings to life a new power to persevere: 'My spirit may grow weak but God remains the strength of my heart'.[6]

There are many opportunities which I would never have had the courage to take up if I had not experienced God's help in the seemingly impenetrable darkness. When we know his power to bring us through even that, tasks for which we have even a glimmer of light prove much easier to undertake.[7] For example, I did not fully realise the extent to which I was a prisoner to my professional reputation. Fear of tarnishing it would make me tend to decline doing anything at all adventurous where I might fail. However, when you know that but for God's power, you might be dead, it does make you less fearful of accepting new challenges and helps you to trust him!

Empathy and understanding

The Psalmist almost certainly used the phrase 'Deep calls to deep'[8] to convey the ceaseless pounding he felt from the waves of troubles he was under. In the light of the following verse however, many Christians see it both as an expression of the depth of God's love reaching out to them in their trouble and, by extension, the deep understanding of other believers who have suffered similarly, even if they do not actually say very much.

Since being open about my own vulnerability in this area, I have found that many people find it easy to talk to me about the issue of depression, and I speak on it frequently. A few years ago I was asked to give the eulogy at the funeral of a friend who had taken his own life. It was one of the most difficult acts of public speaking I have ever done, but I think the family knew that I would understand. I shared through my tears some lines from a favourite poet who knew all about depression's curse:

> *O the mind, mind has mountains; cliffs of fall*
> *Frightful, sheer, no-man-fathomed. Hold them cheap*
> *May who ne'er hung there. Nor does long our small*
> *Durance deal with that steep or deep.*[9]

Our endurance sometimes cannot bear the height and depth of our depression any more but 'this High Priest of ours understands our weaknesses, for he faced all the same temptations we do, yet he did not sin'[10] and he will in no way cast us out, even if we should yield to the temptation to end our lives.

Stillness

We live in such a brash, celebrity culture of noise that it can be very hard to hear God's voice. Of course, he sometimes speaks in thunder[11] but when it is in 'the sound of a gentle whisper'[12] we will often miss it.

Depression makes us go quiet and in some severe cases even mute. It's a black experience, but our hearing is often keener in the dark. Depression can drive us to a desperation to hear God speak, and can tune our ears to hear him on his wavelength when he does. Of course, we do not have to sink into depression in order to be quiet, but I suspect that as with pain, depression is another one of God's megaphones to rouse a deaf world.[13] We often sing the well-known scripture 'Be still, and know that I am God'[14] but how often do we put it into practice?

> our hearing is often keener in the dark

Dependence

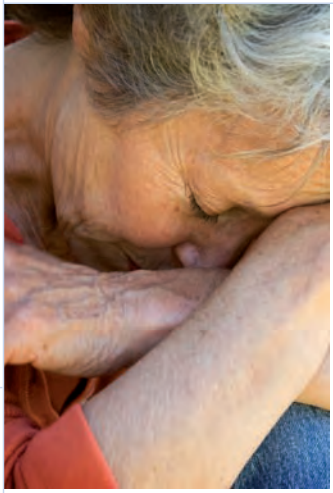
When I was a medical student, I remember a consultant psychiatrist member of CMF telling me self-deprecatingly that his vicar had told him: 'Even the witch-doctor is a member of the tribe'. Though vulnerability is often seen in secular society as weakness, the Bible paints a very different picture and portrays us as mere jars of clay but containing a real treasure within.[15] 'We are meant to be burdens' as John Wyatt reminds us[16] and he is right.

Depression reduces us to a state where we have to rely on the help of others. At the point many years ago where I was visibly unravelling at a Christian conference, a Christian GP and his wife took me aside on the Sunday morning and said 'You are coming home with us'. I was in no position to argue with anyone, so I did and stayed with them for a short while. During that time, I realised that self-sufficiency and pride had both played their part in the increasing internal pressures that were threatening to explode inside me. Humanly speaking, I probably owe this couple my life, and though I still don't regard myself as a great team player, I certainly recognise my need to be part of the team.[17]

Conclusion

In sharing a few of my own 'treasures of the darkness' I would add that I am not saying in any way that depression is something to be treasured for its own sake. I would not wish it on anyone else, and certainly hope I do not have to endure the experience of it again myself. However, if it comes back to me or has come to you, we can together take heart that he causes everything, including depression 'to work together for the good of those who love God and are called according to his purpose for them'.[18]

***Trevor Stammers** is a GP, a lecturer in Bioethics at St Mary's University College in Twickenham, and was Chairman of CMF from 2007 - June 2009*



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Both available online from the CMF Bookstore.

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5. Psalm 73:2 (NLT)
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10. Hebrews 4:15 (NLT)
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13. 'God whispers to us in our pleasures, speaks in our conscience, but shouts in our pains; it is His megaphone to rouse a deaf world.' Lewis C S. *The Problem of Pain*. London: Fount, 1998
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Phil Clarke pays tribute to a friend of CMF

Joanna with her husband Philip

Joanna Thompson 1949-2009

Joanna Thompson, who died on 24 July 2009 after a short illness, was the head of *CareConfidential*, a department of the well-known Christian charity CARE. She devoted her life to helping desperate women struggling with the crisis of unexpected pregnancy or with problems following abortion, and her deep faith and passionate convictions inspired and challenged many of the people privileged enough to meet her.

In 1985 Joanna began working in a LIFE pregnancy counselling centre in Basingstoke, where she provided compassionate support for women and their families facing unexpected pregnancies or suffering after abortion. She became involved in training and the setting up of two independent counselling centres, which was the starting point of the organisation *Christians Caring for Life*. The vision spread around the country, and eventually the charity became a department of *CARE* (under the new name *Care for Life*). Joanna was instrumental in this process, and joined the staff of *CARE* as *Care for Life*'s National Co-ordinator.

Under her pioneering guidance, the centres continued to grow in number and flourish; today there are over 150 independent crisis centres affiliated to *CARE*. Joanna was responsible for developing and supporting this network of centres, as well as establishing the national free phone helpline for women in pregnancy crisis, and the web portal *CareConfidential*. This website provides access to local crisis centres where help and support for women are available. It offers online advisors, who encourage women and their families to think through all the options and make an informed and considered decision, and also enables them to find caring, ongoing support after abortion or baby loss, together with the opportunity for recovery.[1] It has helped tens of thousands of women.

Joanna was an inspirational speaker and was passionate about sharing God's love and grace for those affected by crisis pregnancy and abortion. She travelled to many other countries including South Africa, Russia, Romania, the Czech Republic and the Ukraine to run training courses and enable pregnancy crisis counselling centres to become established. Gail Schreiner, the National Director of *Africa Cares for Life*, recalls the impact Joanna had on her:

We enjoyed many years of friendship, great leadership and insight into the ministry's needs. I had the privilege of knowing her personally; she was very instrumental in helping me as I started up Africa Cares for Life, we had her speaking at our annual conferences several times and we totally embraced the training modules Joanna developed. I have always found her to be incredibly wise and we still made plans for me to spend time with her at CareConfidential.

Joanna was a deeply caring woman of God who lived out her convictions and touched many lives. I remember meeting Joanna for the first time in Southampton – I can even remember what she spoke about, such was the effect that Joanna had on me. She spoke with passion and grace that immediately inspired you. The story of Suzanne, a woman in crisis, demonstrates how her life was transformed by meeting Joanna:[2]

Suzanne and her boyfriend came to a local pregnancy crisis centre, both very young, frightened and shocked at the positive pregnancy test. They even thought of running away to avoid telling Suzanne's parents but realised this would solve nothing. Together with their counsellor, Joanna, they looked at the various options and were particularly struck by the leaflet on the development of the baby. Joanna and the rest of the team prayed for Suzanne, her boyfriend and their baby. They came back to the centre three times but remained undecided.

> Joanna was a deeply caring woman of God who touched many lives

In a seminar about ten years later Joanna was explaining how the counsellor's role is to love, care, and support women, offering them the opportunity to look at all the facts and explore their options so they can make their own informed decision; counsellors rely on the Holy Spirit to show women what is the right thing to do. A woman in the front row stood up and said 'That's what happened to me. I came to your centre and you showed me that I had a choice. I couldn't get over the fact that my baby already had fingernails.' Suzanne had decided to keep her baby, a boy who was now eleven years old.

After the meeting Suzanne told Joanna that her son had always talked to Jesus. Suzanne therefore decided to take him to Sunday school, where Suzanne also learned about the love of God and became a Christian. Joanna was reminded how, when the centres first began, the counsellors prayed for every child that was rescued from abortion. She told Suzanne 'We prayed that God would not only save these little ones' lives but also touch them spiritually'.

All who were privileged to know Joanna were aware of the importance of her family in her life. She leaves Philip, her husband of 40 years, son Mark and daughter Charlotte, and grandchildren Sam, Rachel, Chloe and Hannah.

***Phil Clarke** is a GP in Southampton and Director of CareConfidential*

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Douglas Noble
brings an update

Jian Hua – BUILD CHINA

We first reported in 2001 on the medical work of the Jian Hua (Build China) Foundation in Qinghai province in rural China.[1] We sent annual short term medical teams from 1999 until 2001 – the last brought 40 international health professionals and received much interest, including from the BBC. These early teams were foundational for establishing relationships with local government, yet from 2002-2007 opportunities were confined to pioneer work in rural communities around the capital.

Recently we have negotiated contracts to appoint experienced overseas doctors as medical directors or consultant-trainers in emergency medicine, surgery and obstetrics – based in a teaching hospital in the capital with 1,050 beds and 18 operating theatres. All our doctors have spent several years in China learning medical Chinese and gaining experience, and uniquely have been granted medical licences.

Chinese healthcare

China operates a market driven healthcare system, but since 2007 has introduced a national insurance scheme. This partially funds treatment and is means-adjusted. Rural residents pay the lowest premiums and receive more financial support, but the quality of rural healthcare is invariably low and despite better provision overall, health inequalities are widening.

Day to day practice is driven by market forces and hospitals compete openly for business. Over-investigation to generate revenue is routine, and doctors are encouraged to perform caesarean sections. Changing this culture has been a major task. China has resources to fund CT, MRI and laparoscopy but skill in their use and interpretation is often lacking.

Despite these challenges, having our team operating at the highest level within the hospital has started to change practice. Key to success has been the buy-in of the hospital president and vice-president. With their support, and the status given to our team as consultant-trainers, grassroots change is emerging. One early improvement was introducing the WHO safe surgery checklist, now used for every operation.

Ethical questions

A principal issue is the value of human life – abortion up to third trimester is common. Attitudes to termination of pregnancy are indifferent; it is seen as a normal part of life. Pregnant mothers are encouraged to have abortions if there is the possibility of an abnormality. Interestingly, despite frequent abortion, physician assisted suicide is not an issue.

Cost is another major factor. If treatment is unaffordable care does not take place, and middle aged adults with significant cardiac disease or cancer commonly return home untreated.

Our doctors have been able to demonstrate a different way that values every patient regardless of financial means or ethnic background. This has involved teaching that there are alternatives to abortion. Much work has also been done to improve diagnostic skills, which has reduced investigations.

Proclaiming a consistent ethic of life

This is central to our work and the lives of many patients and local staff have been transformed. A large scale project to repair paediatric hernias will give almost 700 children the possibility of avoiding disability and complications, and we hope this training can be expanded across the province. As many of these patients come from grossly under-privileged families, it has been a testimony to the hospital staff who are coming to see how practising medicine involves treating every patient equally, with dignity, and seeing that each life is important.

JHF started a Samaritan Fund to help poor patients, often babies. Local partners assess the financial situation, help us decide on our contribution, and visit the patients in their homes after discharge – with opportunities to share.

M B-b was a girl born to a farming Hui family (Chinese Muslim) at 36/40, small-for-dates (1.5kg), with a cleft lip. The paediatrician didn't encourage the poverty stricken family to help, so they gave up on her and relatives took her home and fed her cow's milk. When we heard, we encouraged them to bring the baby back the same day. She already had a very distended abdomen and signs of pneumonia, but responded quickly to treatment and thereafter steadily put on weight. A government project will grant them a free operation on the cleft lip.

Opportunities

This work has taken years to develop – the early short term teams laying the groundwork. Sadly, some personnel have not been granted visas to remain, and there are future challenges, including civil unrest in adjacent provinces. However, at present there are opportunities for medical students, doctors, ITU nurses and physiotherapists (preferably Chinese speaking). We also have a growing network of consultants available to give prompt diagnostic advice via email. If you are interested in working in China or supporting us, please contact: *douglas.noble@jhf-china.org*. Web *www.jhf-china.org*

***Douglas Noble** is Medical Adviser to the Jian Hua Foundation*

reference

1. Noble D. Jian Hua - Build China. *HealthServe* Issue 1, March 2001 *www.cmf.org.uk/publications/content.asp?context=article&id=2465*

CMF's ambassadors to a needy world

CMF has 180 members currently working overseas in 45 countries, from Peru to Papua New Guinea and Tibet to Tanzania. They are doing a whole range of things – some in traditional mission settings, others in government hospitals and universities, some doing basic primary health care, others doing high-powered research – but all using their medical skills to take the love of Christ to a needy world. I interviewed three of them while they were home on leave…

Jim Harrison
– providing specialist surgery

I work at the Beit Cure International Hospital in Malawi, a slightly novel form of Christian mission setting. It's a specialist orthopaedic hospital where our main work is the surgical treatment of disabled children. They come from all over the country, often from very remote areas where their parents have had to walk for hours and hours to get to any transport. They are often down-trodden and isolated because of the stigma that's attached to disability. Often they didn't know anything could be done – they may have been born with a disability – but sometimes with a single operation they can learn to walk for the first time and you can imagine how that transforms their lives.

In order to fund the children's work we also treat adults as private patients, which brings huge variety – we do joint replacements, arthroscopy, and fractures in addition to the children's reconstructive surgery. In doing all this we're teaching in the local medical school, modelling a form of care for the local budding doctors. I really enjoy the clinical work – the breadth of work I'm able to do without being sub-specialised, the challenging cases we see, and the sense of reward in the outcome.

We do quite a lot of research, which has been great fun and very useful. We really feel it's changing our practice as we're learning key things that are just not known, and are useful for us here but interest the wider world as well. All this takes place in a vibrant mission environment and we are seeing the lives of patients – and staff – transformed by God's love.

Rory Wilson
– leading a mission hospital

I am the medical superintendent of Kiwoko Hospital in Uganda. I spend some of my time in clinical work – as a GP I'm more at home with medicine and paediatrics but at times I'll be responsible for surgical patients and obstetrics, and for outpatients which is really an A&E. However, my main role is co-ordinating the medical team. Clinical work's more fun, but the team works better whenever it's being led and organised.

Since going out to Uganda four years ago, our death rates have dropped year on year – having increased for the previous three – not because I'm an amazing clinician but because the team is working well, using their skills and fulfilling their roles.

Professionally it's very rewarding to treat sick people and see them better, and it's a challenge to be stretched and do things I haven't always been trained to do. It's fantastic to be a Christian and a doctor at the same time:

- to be able to pray with patients
- to share my faith
- and to treat people holistically.

It's really inspiring to train junior doctors and nurses and see that in the future they'll be taking over. So having enjoyed being a doctor in Ireland, I confess I've enjoyed the past four years even more.

Mhoira Leng
– establishing a university department

I head palliative care at Mulago Hospital and Makerere University in Kampala. As well as developing a clinical service my main role is training; teaching undergraduate and postgraduate students, developing curricula up to degree level and encouraging research. These kinds of roles, where you bring in your skills as trainer and specialty adviser to work alongside local colleagues, can be both effective and sustainable.

I was born in the jungles of New Guinea, where my father worked as a missionary doctor. This certainly shaped my life but I think my motivation for choosing this work for myself is multi-faceted. First, there's such injustice and inequality in the world, and for me it wasn't enough just to acknowledge that – I wanted to do something about it. But it wasn't just about whether I wanted to, it was about whether it was useful and whether God wanted me to serve in this way.

My second motivation was compassion. The passage where Jesus says 'Whatever you did for the least of these, you did it for me' is a challenge and inspiration. How could I reach out in the name of Christ to those who were suffering? I love the words attributed to St Francis of Assisi: 'At all times preach the gospel, and where necessary use words'. And lastly – hope. As Christians we can offer hope through our skills, but we also offer hope in the message of the gospel. Death no longer has the victory! What a privilege to be Christ's ambassadors.

***Vicky Lavy** is CMF Head of International Ministries*

eutychus

Be sure your sins will find you out

Three years is a long time in biotechnology and some may have forgotten South Korean cloning scientist Professor Hwang Woo-suk, at the centre of scandals in 2006 when he was found to have falsified research that had been published in *Science* and to have coerced female employees to 'donate' eggs. In October a district court in South Korea further found him guilty of embezzlement by illegally diverting money from research funding. He was given a two year prison sentence suspended for three years. (*BMJ* 2009;339:b4416)

Hubris in research

Interviews with some medical winners of the Nobel Prize confirm how alluring fame in medicine might be. Professor Tim Hunt won with others in 2001 for discovering key regulators of the stem cell cycle, and confesses the confusion of celebrity: 'You are told that you can walk on water but it takes a lot of time to decide what type of water you can walk on. I was even invited to subscribe to declarations of world peace after I won.' (*BMJ Careers* 2009; 31 October: GP 137)

Excellence in end of life care

But awards can of course properly encourage pioneers. In Scotland, the new Palliative Care Award is a joint initiative of RCGP Scotland and the Friends of Roxburghe, and 'aims to recognise achievement but also to focus on high standards, develop quality further and improve the quality of care for all patients at the end of their lives'. The first recipient will be announced next year. (*RCGP News* 2009; November: 8)

Talk to NHS colleagues about climate change

3,500 copies of a 56-page handbook *Sustaining a Healthy Future – Taking Action on Climate Change* have been distributed to NHS managers around the UK. It encourages individuals within the NHS and the health sector generally to 'talk to...colleagues...about the importance of climate change [and] sustainable development'. It is ironic that the NHS forbids its staff from talking about the gospel to colleagues while encouraging them regarding other subjects which perhaps also have an element of belief in them. (*www.fphm.org.uk/resources/sustainable_development/sustaining_a_healthy_future.asp*)

Ethics in dementia care

CMF welcomed October's publication by the Nuffield Council on Bioethics of *Dementia: ethical issues*. They introduce it: 'There is no "miracle cure" just around the corner for dementia...while the number of people suffering from dementia is increasing rapidly... we need to do more as a society to enable people to live well with dementia. Currently, they are not getting the support and respect that they need.' Eutychus particularly appreciated: 'The person with dementia remains the same, equally valued, person throughout the course of their illness, regardless of the extent of the changes in their cognitive and other functions'. (*www.nuffield-bioethics.org/fileLibrary/pdf/Dementia_report_for_web.pdf*)

People preferable to pieces of paper

The Nuffield Council strongly endorsed the value of welfare attorneys (lasting powers of attorney) and thought they should be available free: 'We believe that, in supporting and facilitating decision making on behalf of people who are inherently vulnerable as a result of their declining capacity, welfare powers of attorney represent a 'social good' and that, as such, they should, in principle, be available free of charge for everyone'. LPAs might reduce some of the 23,000 cases a year being heard at the new Court of Protection, which has so far taken control of £3.2 billion worth of assets and generated 3,000 complaints. (*www.dailymail.co.uk/news/article-1222764/Secret-court-seizes-3-2bn-elderly-mentally-impaired.html*)

Regulating complementary practitioners

The four UK health departments have been consulting on the Report to Ministers from the DH steering group on the statutory regulation of practitioners of acupuncture, herbal medicine, traditional Chinese medicine and other traditional medicine systems practised in the UK. Should such practices be regulated? If so, how? (*www.dh.gov.uk/en/Consultations/Liveconsultations/DH_103567*)

You put my accent together in my mother's womb?

Adding further wonder to Psalm 139:13-16, new research from Germany suggests babies pick up nuances of their parents' accents while still in the womb. Researchers studied the cries of 60 healthy babies born to families speaking French and German and found French newborns cried with an ascending 'accent' while German babies cried with a falling inflection. The findings suggest that unborn babies are influenced by sounds of the first language to penetrate the womb, and that after birth they seek to bond with their mothers. (*news.bbc.co.uk/1/hi/health/8346058.stm*)

'I prayed and pressed'

A highly commended entry in the *BMA News* writing competition described how an anaesthetist doing a tracheotomy in the ICU got into '...a perfect mess. I then took the only course of action open to me, the thing all good doctors do in situations like this. I prayed. I prayed and pressed and, judging by the bowed heads, I wasn't alone.' He goes on to reflect: 'Prayer has been the subject of randomised controlled trials with some showing an effect and others not. The scientific jury is at best out. My tale is merely anecdotal, the worst level of evidence. Yet that is what we're actually persuaded by; it is what constitutes our own, hard-won experience.' (*BMA News* 2009; 12 September: 10)

Thoughts returning to faith

Reviewing the last book of poetry published by the American novelist John Updike before his death this January, consultant physician John Quin describes how in *Fine Point*, the last poem in the sequence, Updike's '...thoughts return, as they have so centrally in his work, to his faith, quoting Psalm 23:6...*Surely – magnificent, that "surely" – goodness and mercy shall follow me all the days of my life*'. (*BMJ* 2009;339:b2948)

reviews

Bioethics at the Movies

Sandra Shapshay (Ed)

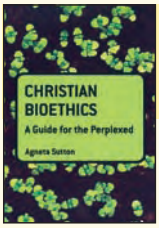
The Johns Hopkins University Press 2009
£14.00 Pb 380pp ISBN 978 0 80189 078 9

This collection of philosophical essays by academics grapples with ethical topics through the medium of film. The essays cover issues such as abortion, personhood, cloning and identity, memory, euthanasia, eugenics, autonomy and paternalism, using well known films such as 'I, Robot', 'Wit', 'Gattaca' and 'Eternal Sunshine of the Spotless Mind', as well as more obscure ones like the Japanese *anime* 'Ghost in the Shell'.

The level of discussion is high, with most contributors coming from a secular academic tradition. I found it particularly stimulating to have two essays examining the same film but from different points of view. For example, one used Clint Eastwood's 'Million Dollar Baby' pro-euthanasia while a second criticised the film's portrayal of disability as a 'living death'. My only negative comment as a film lover is that the essays are much more about ethics than film, and at times the film analysis is fairly scanty.

If you like thinking about ethics and enjoy movies then this book is made for you. I found it stimulating, and each chapter has discussion questions that could be used equally well in the classroom or after watching a film at home with friends.

***Dr James Paul** has an MA in bioethics and works at L'Abri Fellowship, Hampshire*



Christian Bioethics
A Guide for the Perplexed

Agneta Sutton

T&T Clark 2008
£14.99 Pb 180pp ISBN 978 0 56703 197 6

Christian bioethics grow ever more complex as technologies develop and new issues emerge. Agneta Sutton has set out to make some of the themes more accessible. She takes a broad sweep, encompassing traditional challenges such as euthanasia and IVF, as well as more novel topics like our role as guardians of creation and how we should treat animals, not addressed in other books.

The book is well referenced and draws widely on a variety of predominantly Catholic texts to support and explain her argument. However, this is perhaps a book for those who already have some knowledge of the discipline, rather than readers looking for an introduction. For example, on the beginning of life, Sutton starts from the premise that human life begins at the point of fertilisation. She thus seeks to critique arguments in favour of life beginning at another point in development, for example implantation. Sadly, arguments around life beginning at fertilisation are not considered in real depth.

This book sits alongside others that seek to make bioethics more accessible to a wider Christian readership, and its breadth in terms of subject material and external references is its main strength.

***Helen Barratt** is an SpR in public health in London*

Just Sex – Is it ever just sex?

Guy Brandon

IVP 2009
£9.99 Pb 224pp ISBN 978 1 84474 371 1

'This is vital stuff' says Romance Academy director, Rachel Gardner, in her foreword and so it is. As the author, a theologian at Cambridge's Jubilee Centre, clearly recognises, it is also a book many readers may consider 'hard-hearted' because it concentrates so much on the societal rather than individual aspects of sexual behaviour. Sadly, for many people today, 'personal liberty is so important that they may feel relational disorder and pain are a worthwhile price to pay for it' (p192). GPs will not be alone in recognising that truth reflected in their surgeries every week.

The book is written with the unbelieving reader in mind as well as the Christian, though I suspect most secularists in our sexually obsessed society will find it highly unpalatable. However, those who can digest it will find a wealth of helpful well-referenced material on a wide range of sexual issues. The book's unique feature is to locate these within a wider framework showing how society, government and church can powerfully influence – for good or ill – the sexual behaviour of individuals.

Just Sex is a bit like the written equivalent of a cold shower, but sometimes they are just what is needed.

***Trevor Stammers** is a GP and Lecturer in Healthcare Ethics, St Mary's University College, Twickenham*

Too Much, Too Soon

The Government's plans for your child's sex education

Norman Wells

Family Education Trust 2009
£2.50 Pb 52pp ISBN 978 0 90622 921 7

Sex education, argues the Director of Family Education Trust, is not just another aspect of education, but 'an ideological battlefield on which a war is being waged for the hearts and minds of children'.

This new booklet explains the government's current plans to make sex education compulsory from the age of five. It was written to answer the questions of bewildered parents. It outlines the current situation regarding sex education in schools, and explains how and why sex education campaigners want to see it become part of the national curriculum. The author argues that the government's reliance on earlier sex education, more contraceptive advice, and informed choice is failing young people. He warns that parents are being squeezed out and undermined, and that sex education may break down the natural inhibitions of children with regard to sexual conduct.

He concludes that we need to speak to children honestly and modestly, to give clear moral direction, and to encourage respect for both marriage and parents. This small booklet is a gift. I strongly recommend it.

***Liz Jones** has retired from community paediatrics in Newcastle upon Tyne and is a trustee of Lovewise*

Health for Life

The pathway to biblical health and wholeness

Liam Chapman

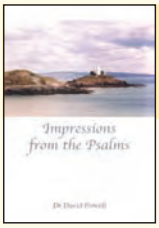
Trafford Publishing 2008
£8.99 Pb 181pp ISBN 978 1 42517 627 3

As both medical doctor and Christian minister, Dr Chapman is well placed to bring an integrated, whole person perspective to this book on biblical health. It is divided into four sections: biblical health, health of the spirit, health of the soul, and health of the body. This is a practical workbook with scriptural quotes, questions for reflection, and space to write personal thoughts at the end of each chapter. I found it easy to read with an attractive layout. It makes no attempt to be an exhaustive manual on this complex subject, but the broad and generalist approach prevents the reader becoming bogged down. References are provided for deeper study.

I dozed off when reading lists of essential nutrients (did you know walnuts are a common source of coenzyme Q10?) but enjoyed the chapter on laughter and its benefits. The chapters on rest, stress, and ageing found me reading slowly and reflectively with a clear sense of God's revelation and challenge to obedience. What would elderly men change if they could have their life over again? They would rest more, reflect more and risk more.

This is a wise, informative and practical overview of biblical health in the 21st century.

***Chris Atkins** is a GP in Sheffield*



Impressions from the Psalms

David Powell

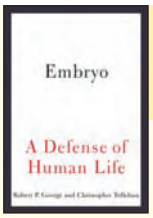
Powell Charity Trust 2009
£5.99 Pb 152pp ISBN 978 0 95623 360 8

These 'impressions' by a retired CMF member give a very helpful synopsis of the psalms.

The psalms express challenges and provocations which the biblical David experienced as shepherd, army commander, refugee and sovereign. Unlike those times we are not so involved with 'flesh and blood' controversies but with 'the powers of darkness in this world and against spiritual forces of evil in heavenly realms'. These include political correctness. From his background of service in the Royal Navy, extensive senior appointments in pathology, and valued preaching in many churches, David Powell's impressions condense and make relevant to modern Western life the psalmist's sensibilities of life.

The psalms reflect the depth of personal relationship available between man and the Creator. In addition to the 'impressions' from each psalm, there are relevant and inspiring brief quotations from Scripture or hymns which enhance the concise summary of the psalm itself. This is a good digestive ingredient of our 'daily bread', the Word of God passed down over thousands of years and still essential for today.

***Keith Sanders** was General Secretary of CMF from 1974-1990*



Embryo

A Defense of Human Life

Robert P George and Christopher Tollefsen

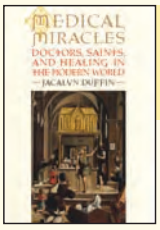
Doubleday Broadway Publishing Group, USA 2008
$23.95 (USA) Hb 242pp ISBN 978 0 38552 282 3

The book opens with the attempt to rescue some IVF embryos from being destroyed in the flood caused by Hurricane Katrina. One embryo rescued that day was successfully implanted and 'Noah' was born in January 2007, named because he survived the flood! The book begins with the intuition that it was Noah who was rescued that day. That embryo was him, in the first fragile days of his existence.

The rest of the book is a philosophical defence of the claim that a human embryo is the first stage of life of a human person. George and Tollefsen consider in detail many arguments and counter arguments, and provide a useful resource to sustain the 'life begins at conception' view.

My concern is that this book is too abstractly rational. It even abstracts out the mother and her relationship with her child! It creates the absurd impression of an embryo as an independent creature, when the human embryo is us at our most dependent. Avoiding religion, for good political reasons, the book somehow misses the human and emotional. I do not think this book will move those who do not already recognise the humanity of the embryo.

***David Albert Jones** is Professor of Bioethics at St Mary's University College, Twickenham*



Medical Miracles

Doctors, Saints and Healing in the Modern World

Jacalyn Duffin

Oxford University Press 2009
£15.99 Hb 285pp ISBN 987 0 19533 650 4

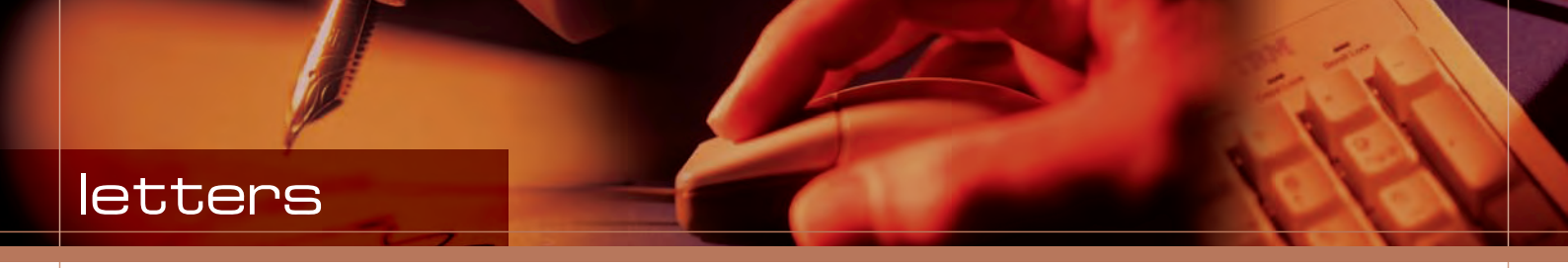
Historian and haematologist Dr Duffin diagnosed severe acute leukaemia from a bone marrow sample. Surprisingly the patient survived, following prayers to a woman 200 years previously who had become Canada's first Catholic saint.

This led Duffin to explore the Vatican Secret Archives. Four purported miracles must lie behind every 'saint', but unlike Lourdes, Vatican records are shielded from public scrutiny. Indeed all details of Vatican healings since 1939 are 'sealed'. She was, however, able to examine papers from 1588 until 1939, covering 1,400 'miracles'. As the revolution in diagnostic imaging is only 40 years old, her study reveals the history of medicine, but little in the way of hard science.

In fact, she persistently fails to ask the hard questions. Was she being gullible to believe these stories? What happens to those who stop medication? Why are these stories so different from the Gospel miracles (which she ignores)? Neither does she apply any rigour in asking what might constitute a miracle.

So she notes (without comment) that her leukaemia patient also received 'aggressive chemotherapy'. Then wherein lies the miracle – or the saint?

***Peter May** is a retired GP in Southampton*



letters

Adoption

***Ann Dean** works in Ingwavuma in South Africa and agrees with Paul and Hilary Johnson (Summer 2009:8-10) that adoption is a central calling for God's people:*

Thank you for your article on adoption. I too have adopted a child, not because I 'needed' to – we had a lovely five month old baby at the time – but because it seemed the right thing to do as a Christian.

I am working in rural South Africa where the AIDS epidemic is creating thousands of orphans and social breakdown is leading to abandoned babies. The extended families in this community are doing an amazing job of caring for most of these children, but some are left with no one to care for them. We were thinking about adopting when our son was older, but I felt prompted by the Lord to take a child then, rather than wait till it was 'the right time' for us as a family.

We chose to adopt an abandoned baby so as to not have the complications of relatives when we return to the UK. We also went against conventional wisdom in that we took a child seven months older than our own, but none of us has found this a problem so far.

The experience has been a spiritual blessing. As well as the joy of parenthood and seeing our children growing up together, it has brought us a far deeper understanding of what it means to be adopted by God. When we received the new birth certificate for our daughter, it stated on it that she is 'as if born from these parents'. She now has the same rights and inheritance in our family as our natural born son. In the same way, when we are adopted into God's family, he places us on an equal level with Christ.

That is a truly amazing concept which we often fail to appreciate. God longs for us to spend time in his presence, for him to talk with us, and for us to learn from him. In the same way we love it when our children enjoy our company and learn good things from us. I echo the Johnsons' cry that more Christians should prayerfully consider whether they are being called to adopt and not assume this is an option only for childless couples.

Five out of the eight white families in our village have now adopted black orphan babies (one family has adopted eight) and it is becoming the norm rather than the exception. We are learning together about how poor nutrition in the womb, lack of early stimulation, and poor health care are affecting the development of our adopted children. However, we accept and love our adopted children just as the Lord accepts us when we turn to him in our imperfection. He has all the grace and love we need to draw on to be parents, whether to biological or adopted children, and he longs for all children to grow up in a loving family.

Assisted suicide

***Peter Saunders**' editorial on assisted suicide (Summer 2009:3) was part of the material retired paediatrician **Janet Goodall** found helpful before a radio broadcast in the Stoke-on-Trent area:*

It was a great help to have the CMF and Care Not Killing literature[1] available when recently asked to comment about assisted suicide on our local radio. Particularly impressive are the statistics comparing the number of deaths in the UK per annum with the miniscule number of Britons who travel to the Swiss clinic to end their days.

The questions remain as to why any go at all, and why others want to legalise assisted suicide here? I am convinced that what is perceived as rational behaviour is unavoidably influenced by emotional reactions in both doctors and patients.[2]

Any loss of expectation, whether minor (a lost pen) or major (a life threatening illness) can elicit the 'Oh, no!' of *denial*. In the case of potentially fatal illness this can be acted out by reactions of *fight* or *flight*. Traditionally doctors 'fight to save lives' and for a time the sick person will often fight too. Yet for doctors to continue battling relentlessly when it is clearly futile will exhaust and dispirit patients and their loved ones, who might then be tempted to fly away by Swissair. Even the very prospect of meddlesome medicine can conspire with the fear of a painful death to strengthen a desire to end it all.

Hospices, of course, provide the middle way by helping people to live until they die, by the use of symptom control and listening ears. Hope can replace fear, helping denial to give way to a more serene coming-to-terms. Hospice workers do not have shrill voices nor do they lead campaigns, but there is a great need for their principles to be incorporated into public awareness and general practice – and even more so into hospital practice, where most dying patients are found. That is something well worth fighting for.

references

1. *www.carenotkilling.org.uk*
2. Goodall J. Doctors fighting, fleeing or facing up to death. *BMJ* 1998; 317: 355-356

Biker **Robin Jameson** believes in looking back

REAR VIEW MIRROR

On life's journey it is useful to glance in the rear view mirror, because while you know your destination such a glance can keep you from danger when you're thinking about a change of direction. If you are a cyclist you will know that the glance over your shoulder is rightly called a 'lifesaver'. As a biker I use both the mirror and that glance!

When the way ahead is difficult and seems blocked, it is tempting to overtake. It is then that the rear mirror and a backward glance can be lifesavers. As you consider the past and how God has protected and guided you, that rear view mirror will show you that God's goodness and mercy have followed you.

God knows your future and he is faithful in giving opportunities for you to be equipped for unforeseen eventualities. '"For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future"' (Jeremiah 29:11). Our daily prayer must be that he will make us the people he wants us to be.

Consider the influence you have on others. How will you be remembered? Are you only 'a pleasant chap' or 'a pretty intelligent girl', or will you be remembered because you try to behave like Jesus?

Some time ago my wife and I went to a memorial service for Professor Mike Parkin in Durham Cathedral. We vividly remember that visit. In the crowded cathedral we were surrounded by weeping children with their parents. We remember a seven year old lad crying as he clung to his parents: 'My doctor is dead, he helped me to get better. He was so kind!'

Fiona squeezed my hand, kissed me and murmured, 'What a way to be remembered as a doctor!' As others later look back, will you be remembered for your kindness as well as your competence?

***Robin Jameson** is a retired urologist in Liverpool*

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