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for today's Christian doctor

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the global war on Christians

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contents

Situation Ethics

Divorcing love from morality

We might assume that all those who identify as Christians in Britain share similar and predictable views on topical ethical issues. We would be wrong. Author Richard Dawkins' Foundation for Reason and Science (UK) found in a poll published in 2012[1] that, of those who called themselves 'Christians', 62% favoured a woman's right to have an abortion within the legal time limit, 46% did not disapprove of sexual relations between two adults of the same sex and only 23% believed that sex between a man and a woman was only acceptable within marriage.

A 2011 survey of evangelical Christians, by the Evangelical Alliance, found a range of beliefs on euthanasia, homosexuality and abortion which was almost as wide.[2] However when it came to 'core' Christian doctrines like the incarnation, Christ's death and resurrection, his ascension and second coming, the authority of Scripture and justification by faith they were surprisingly orthodox. It seems that many British Christians regard ethical issues as being in the category of what the apostle Paul, in passages like 1 Corinthians 8 & 10 and Romans 14, called 'disputable matters', things on which Bible-believing Christians can legitimately disagree whilst remaining in fellowship with one another.

This view bears an uncanny resemblance to 'situation ethics', a Christian ethical theory that was principally developed in the 1960s by the then Episcopal priest Joseph Fletcher[3] who wrote ten books and hundreds of articles, book reviews, and translations.

Situation ethics essentially states that other moral principles can be cast aside in certain situations if love is best served. The moral principles Fletcher was specifically referring to were the moral codes of Christianity. He believed that in forming an ethical system based on love, he was best expressing the notion of 'love thy neighbour', which Jesus Christ taught in the Gospels.

Fletcher held that there are no absolute laws other than the law of 'agape' love, meaning that all the other laws are only guidelines on how to achieve this love, and could be broken if an alternative course of action would result in more love. In order to establish his thesis he employed a number of examples of 'situations' in which it might be justified to administer euthanasia, commit adultery, steal or tell a lie. But in effectively divorcing 'agape' love from moral law, Fletcher was steering a subtly different path from Jesus himself.

Jesus indeed said that the most important commands in the Old Testament Law were love of God and neighbour.[4,5] In fact he said these two commandments summed up the whole of Old Testament Law.[6] Furthermore he criticised the Pharisees for obeying the less important parts of the law (tithing mint and cumin) whilst neglecting the 'more important matters of… justice, mercy and faithfulness'.

But he also said that 'anyone who breaks one of the least of these commandments and teaches others to do the same will be called least in the kingdom of heaven'.[7] He reproved the Pharisees by saying that they should have 'practised the latter' (important commandments) 'without neglecting the former' (lesser commandments).

Certainly there is no place in the Gospels where Jesus implies that those commandments which deal with the shedding of innocent blood and sexual immorality (numbers six and seven of the Ten Commandments) should be disobeyed. By contrast he exhorted his disciples in the Sermon on the Mount to go beyond the mere legalities of 'you shall not murder' and 'you shall not commit adultery' to embody the very spirit of love which undergirds them. Not only no murder or adultery but no hate or lust either![8] It is this more exacting moral standard that also underlies the ethical teaching in the epistles. Christians, having been saved by grace,[9] are exhorted to be imitators of Christ and God,[10] to walk as Christ walked[11] and to 'abstain from sinful desires'.[12]

So whilst we may say that there are situations where choosing not to shed innocent blood or to carry out a sexually immoral act requires great grace, courage, restraint and self-sacrifice, the Bible appears to give no grounds for believing that there are situations where one may choose to murder or to do something sexually immoral and claim to be acting 'in love'.

By my reading, situation ethics is a subtle distortion of biblical teaching. But it is a distortion that appears to be very much alive and well amongst British evangelicals in the 21st century. Perhaps no more clearly is it in evidence than in the shifting views and lack of clarity amongst evangelicals about sexual morality and the shedding of innocent blood.

Interestingly, Fletcher later identified himself as an atheist and was active in the Euthanasia Society of America and the American Eugenics Society and was one of the signatories to the Humanist Manifesto. When he started out, his position was barely distinguishable from orthodoxy. But he finished up in a very different place altogether. Perhaps this is a warning about what ultimately happens when we start to define 'love' differently from the way it is defined in the Bible.

Peter Saunders *is Chief Executive of CMF.*

references

1. Saunders P. Richard Dawkins' moral agenda. *Christian Medical Comment* 14 February 2012 *bit.ly/JZKB7u*
2. Survey reveals diversity of beliefs among evangelicals. *Christian Today* 13 January 2011 *bit.ly/e98o6V*
3. Fletcher JF. *Situation ethics: the new morality*. Louisville: Westminster John Knox Press; 2nd Revised edition, 1997
4. Matthew 22:34-40
5. Deuteronomy 6:5; Leviticus 19:18
6. Matthew 22:40; Luke 10:25-28
7. Matthew 5:19
8. Matthew 5:21-30
9. Ephesians 2:8-9
10. 1 Corinthians 11:1; Ephesians 5:1-2
11. 1 John 2:6
12. 1 Peter 1:11

news reviews

Putting targets before patients

Failures of care suggest a deeper problem

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

The recent report from the Care Quality Commission on Colchester General Hospital [1] adds to the depressing list of reports on failures in the NHS. This latest episode related to the falsification of appointment times and waiting list data in the Cancer Unit by senior managers to improve the hospital's league table standing. Furthermore, junior staff were bullied into silence and compliance. Some families are now claiming that loved ones may have suffered and died unnecessarily because they were kept on waiting lists longer than necessary, and the whole matter is now being looked at by the police. [2]

Following on in the same year as the Francis Report [3] into Mid Staffs, and mere weeks before the Government's response is finally published, it is a disturbing reminder of how easily the priorities of an organisation set up to care for the sick can be distorted. Some will blame this (or the last) government's desire for targets; others, the increasing bullying culture within the NHS as a whole; others, cut backs in funding and services. In truth, all of these probably played a part in Colchester, Mid Staffs and the mounting number of other care failures being reported. Inevitably there will be renewed cries for the Government, the NHS Executive, the professional colleges and other NHS institutions to do something about this.

The concept of institutional sin is very relevant to the current state of the NHS. All human institutions are prone to a culture, a spiritual atmosphere, a groupthink, that can perpetuate either the best or the worst in human nature. It is clear that a focus on other priorities than the patient (funding, trust status, league table placing, meeting targets, etc), and failure to value the people that make up the living fabric of the institution (staff and patients) is not just wrong, it is positively demonic and must be challenged, contested and transformed at every opportunity. It is hard for any one person to stand up and do this alone and impossible to tackle what is in many ways a spiritual malady by human power alone. But it is possible to challenge and change this culture in fellowship with others, believers and non-believers alike. But as followers of Christ we have an added strength, knowing that we have with us one greater than all the authorities and powers against which we must contend. [4] This is a spiritual as well as human struggle – but with Christ with us, we can begin to reclaim the NHS to be what it was meant to be.

references

1. Care Quality Commission inspection report on Colchester General Hospital. 5 November 2013 *bit.ly/1hSM4ki*
2. Colchester General Hospital: Police probe cancer treatment. *BBC News*, 5 November 2013 *bbc.in/1fgyipe*
3. *www.midstaffspublicinquiry.com/report*
4. 1 John 4:4

Countering the threat of euthanasia

New anti-euthanasia coalition launched

Review by **Peter Saunders**
CMF Chief Executive

A new coalition was launched in Brussels on Wednesday 13 November 2013 to combat the growing threat of euthanasia across Europe. The Euthanasia Prevention Coalition Europe (EPC-Europe) [1] draws together organisations and individuals from across the continent.

Dr Kevin Fitzpatrick OBE, Coordinator for the group, said, 'EPC-Europe brings people from a wide variety of backgrounds together to oppose the legalisation of euthanasia and assisted suicide, promote the best care and support for vulnerable people and to help people to find meaning, purpose and hope in the face of suffering and despair.' The move came in the same week that Margo MacDonald MSP launched her Assisted Suicide (Scotland) Bill in the Scottish Parliament. [2] Both this bill and Lord Falconer's Assisted Dying Bill, [3] which was introduced to the House of Lords on 15 May, have their debate stages in the Spring of 2014.

France and Germany are also currently considering legislation, but overwhelming evidence from jurisdictions where euthanasia and physician-assisted suicide is legal (such as Belgium and the Netherlands) demonstrates beyond doubt how quickly and easily euthanasia is extended to others, especially disabled people and elderly people.

The number of euthanasia cases has increased by 10-20% per year in the Netherlands since 2006. [4] In Belgium, which is currently considering extending the law to children and those with dementia, there has been an increase of over 500% since 2003. [5]

High profile cases in Belgium have heightened concern: Mark and Eddy Verbessem, 45-year-old deaf identical twins, who were euthanised by the Belgian state after their eyesight began to fail; Nathan/Nancy Verhelst, whose life was ended in front of TV cameras after a series of botched sex-change operations; 'Ann G', who had anorexia and opted to have her life ended after being sexually abused by the psychiatrist who was supposed to be treating her for her life-threatening condition. Belgium also practises 'organ donation euthanasia', whereby organs are harvested from patients who have had their lives terminated. [6]

Under the 'Groningen Protocol', 22 babies with spina bifida were euthanised in the Netherlands over a seven year period to 2005. [7] This prompted Baroness Tanni Grey-Thompson, Paralympic gold medallist and a member of the British House of Lords, to comment, 'If that had existed in the UK when I was born there is a possibility that I would not be alive now. I would never have been allowed to experience life and my daughter might never have been born.' [8]

The Care Not Killing Alliance, [9] of which CMF is a leading member, is fully involved in EPC-Europe and I currently chair the steering group which led to its formation. Christian doctors need to be involved in, and supporting, such initiatives.

references

1. *www.epce.eu*
2. Scottish Parliament. Assisted Suicide (Scotland) Bill. 13 November 2013 *bit.ly/1a7oXzk*
3. UK Parliament. Assisted Dying Bill [HL] 2013-14. 15 May 2013 *bit.ly/10ZqNsZ*
4. Saunders P. Euthanasia deaths continue their relentless rise. *Christian Medical Comment* 24 September 2013 *bit.ly/15qLkdO*
5. Saunders P. Stunning 5,000% increase in Belgian euthanasia cases in eleven years since legalisation. *Christian Medical Comment* 6 April 2013 *bit.ly/Y13EL5*
6. Saunders P. Belgium becomes world leader in organ removal after euthanasia. *Christian Medical Comment* 16 March 2013 *bit.ly/15b7Vu1*
7. Verhagen E, Sauer PJJ. The Groningen protocol - euthanasia in severely ill newborns. *N Engl J Med* 2005;352:959-962 *bit.ly/qSbZoQ*
8. EPC-E. New European group launched to halt 'growing threat' of state-sanctioned euthanasia. 13 November 2013 *bit.ly/1jmx5gi*
9. *www.carenotkilling.org.uk*

What we can learn from the BHA

Faith is not disappearing

Review by **John Martin**
CMF Head of Communications

The British Humanist Association used to be a bit of a joke. In recent years, however, its forays into the marketplace of ideas have become much more venomous. What we should never accuse it of is lack of courage. Who would have dared unsettle British sensibilities, as the BHA has done, by taking a swipe at Remembrance Day[1] or by launching a legal challenge to plans for a Christian coronation?[2]

We may not *like* the BHA very much but we can learn from observing them. Christians need to see off their arguments and point out the flaws in their assumptions. As well, we need to resist unconsciously adopting their rhetoric – like using the hackneyed phrase 'our increasingly secular society'. It is a nonsense: faith is not fading away. The trend is moving in the opposite direction, much to the chagrin of those who predicted otherwise.

We can learn from the BHA's example. Firstly, we can learn from their persistence. They don't give up. They don't they mind if they ruffle feathers in making a point. Secondly, they are honest about their motivation. They don't dissemble or cloak their commitment to eradicate religion from public life.[3] Thirdly, they know how to use the media. It doesn't matter that their membership would struggle to fill Lord's cricket ground, or how many people agree with them. They know how to press the right buttons to achieve media attention so that they get people talking about their ideas. A clear example of this was the Atheist Bus Campaign,[4] where the BHA generated significant media attention by paying for London buses to carry the slogan 'There's probably no God. Now stop worrying and enjoy your life'. The BHA is an excellent example of what a determined media-savvy minority can do.

This brings us to the issue of how Christians go about public witness. Lesslie Newbigin, missionary and strategist, observed on returning from service in India that a hallmark of British Christianity was timidity. The gospel, he often said, is *public truth*: the fact that Jesus is Lord will one day ensure that all human beings and systems of thought will face divine judgment. That is a mandate to engage confidently in debates about how our world is shaped – including refuting the BHA's much touted untruth that faith is fading away in the 21st century.

references

1. Church of England hits out at 'misguided' calls to axe prayers from Cenotaph ceremony on Remembrance Sunday. *Daily Mail*. 9 November 2013 *dailym.ai/1fsgoAd*
2. Christian coronations of future monarchs face legal challenge. *The Guardian*, 10 November 2013 bit.ly/1hYazg2
3. *www.humanism.org.uk/campaigns/secularism*
4. *www.humanism.org.uk/about/atheist-bus-campaign*

Universal Health Coverage

is this the way forward?

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

As international discussions move forward on the new round of global development goals due to come into effect after 2015,[1] the debate has become increasingly heated over the concept of Universal Health Coverage (UHC).[2] The principle – that everyone should have access to good quality, appropriate healthcare without it causing financial hardship – is hard to disagree with. In the UK we recognise this as a foundational concept behind the National Health Service.

Where is the controversy in that, you might ask? The questions arise over what we actually mean by: 'universal' (is it 100% of the population? If not 100%, who will be effectively excluded?); 'healthcare' (primary or secondary? What standard is acceptable? What is locally necessary, appropriate and realistic?); 'coverage' (what services need to be localised, what centralised? How do we make sure people have access to what they need?). Above all, how will it be paid for?[3]

Is UHC an end in itself, or a means to the end of better health outcomes? Historically social changes and civil engineering have done more to improve health than just setting up hospitals and clinics.

A biblical view of health embraces the social, physical, environmental, political and spiritual dimensions of human existence. Most significant is the relational aspect – how we function together in families and communities, and how we relate to God and the world he created around us.[4] The NHS has not solved our health problems in the UK – and while we would be worse off without it, unless we address lifestyle (smoking, diet, sedentary lifestyles), environment (pollution, housing, sanitation), and social relationships (isolation, exclusion, family breakdown, chronic intergenerational unemployment, etc.) we cannot really expect to see major health improvements and inequalities overcome.

However, the biggest gap in all the thinking coming out of the post-2015 process is the exclusion of any dialogue around faith.[5] It is a purely secular agenda, but for most of the world faith is a central component of people's lives. And faith shapes our health in so many ways that we cannot ignore it.[6] We have a duty to remind the world about this. As Christians, we know that ultimately what shapes our health and wellbeing in all other areas is our relationship with Christ[7] – and this relationship is necessary to be truly healthy in body, mind, society and spirit.

references

1. UN Economic and Social Council. Millennium development goals and post-2015 development agenda. April 2013 *bit.ly/19pQpE1*
2. Ensuring UHC is truly universal. *STOPAIDS blog*, November 2013 *bit.ly/HGeYXt*
3. See *The Lancet* Special Edition on UHC, September 2012 *bit.ly/19pTmo5*
4. Deuteronomy 4:35-40
5. Fouch S. Faith matters post-2015. *CMF Blogs*, 14 January 2013 *cmf.li/13DtDZE*
6. Bunn S, Randall D. The health benefits of Christian faith. *CMF File 44*, 2011 *cmf.li/TGjxDf*
7. Philippians 3:10-11

Pablo Martinez warns how easy it is to neglect our own personal well-being

CARING FOR OURSELVES

key points

- Doctors (with other caring professions) must respond to high demands because we are in direct contact with human pain and needs.
- Prevention is better than cure. We need to know how to identify warning signs of burnout: irritability, nervousness, fatigue and harsh words.
- Christians need a better theology of work and of what success looks like.

'They made me take care of their vineyards, but my own vineyard I neglected.' [1]

Caring for our own 'garden' (person) is not only a right. It is a duty. It is part of good stewardship. Some people never think of others; they are the paradigm of selfishness. But others never think of themselves; they become the paradigm of stressed and burnt out people.

Far from being a sign of a more 'spiritual' attitude, this can be a serious mistake and even a sin. Robert Murray M'Cheyne, a young Scottish minister, lay dying at the age of 29. He turned to a friend and said: '*God gave me a message to deliver and a horse to ride. Alas I have killed the horse and now I cannot deliver the message*'.[2]

The empty pool syndrome

In all professions you have to give something of yourself. A certain amount of inner energy is always required to perform our work adequately. In the caring professions (including pastors, counsellors, social workers) this self-giving is increased because you are in direct contact with human pain and needs. Jesus was aware of this reality: '*…power has gone out of me*'.[3]

We can compare our life to a swimming pool and our energy to water. Two streams of water need to occur at the same time: *output*, water coming out (our inner energy: emotional, spiritual) but also *input*, the water coming in, which is our personal renewal and refreshment. Whenever there is more output than input, the pool gets empty little by little, leading finally to burn out.

In nature we see the same fact: *the principle of the two movements*. Everything in nature has rhythms which are complementary: winter and summer, night and day. One must follow the other. Our hearts are another excellent example: contraction – *systole* – follows expansion – *diastole*. The two movements are successive and complementary: the heart receives blood; then it is ready to distribute it. Unfortunately many people have not learnt to be in diastole; their life is a permanent systole. Blaise Pascal is credited as saying, 'All of man's misfortune comes from one thing, which is not knowing how to sit quietly in a room.'

Knowing when the pool is getting empty

Prevention is better than cure. We should identify the warning symptoms before the pool is empty (burn out): irritability, nervousness, fatigue, harsh words, especially when you are at home and you relax.

Another sign is inability to anticipate or experience pleasure. You cannot enjoy small things in life; work becomes burdening and boring; lack of excitement or enthusiasm about new projects or goals.

Yet another is the 'Ecclesiastes syndrome': a sense of emptiness that nothing seems worth doing. Then another sign is onset of *bitterness*: being 'too disappointed', complaining about others so the causes (responsibility) seem to be outside, not within me. We can find ourselves becoming hypercritical, even

cynical. Alongside all these often come bodily symptoms such as insomnia, somatic anxiety and hypertension.

Attitudes that spoil your garden

One powerful spoiler is perfectionism, when we lose the struggle against the 'inner policeman'. There is a difference between neurotic (compulsive) perfectionism and the search for excellence. The latter is related to spiritual maturity and seeks to please God. The former arises from insecurity and very much needs the approval of others. In a fallen world we have to find a healthy balance between *idealism* and *realism*. There is a need to accept our limitations and control our fantasies of omnipotence.

Another spoiler is not knowing when 'enough is enough'. Over-activism (dispersion) – occurs through being involved in too many front lines and this jeopardises both excellence and health. The problem may be due to:

- **Lack of clear objectives and goals**. We need a 'road map' for the race of life. The importance and need to build up personal support and *accountability relationships* (mentors, advisers). Meet with them once or twice a year.
- **Difficulty about saying 'no'**. When I say 'no' I am likely to feel guilty. Learning to refuse is essential to health. The word 'yes' is very powerful, but the word 'no' is very healthy.

Hans Bürki, a former IFES Associate General Secretary often said: 'Reduce, renounce, simplify.' The writer of Ecclesiastes offers this realistic advice: '*Better one handful with tranquillity than two handfuls with toil*'.[4] We may be able to do many things, but very few are really important.

Yet another spoiler is self-ambition, being too worried about 'my name'. We see this in the story of the Tower of Babel where motivated by what is known as the 'Babel Syndrome' people build a huge tower, '*so that we may make a name for ourselves*.'[5]

We need to review:

- **Our theology of work.** Work is not an end in itself; it is an instrument, not for self-fulfilment but to accomplish God's purpose for my life.[6] Some people do not work for living, but rather live for working. This is a perversion of the biblical order.
- **Our theology of success.** There is enormous pressure to be the best. The cost and pathology of being 'a number one' takes its toll. We can become driven, like Björn Borg, the tennis champion, who said, 'I just hated to lose.' He admitted he hated losing even at practice.

But what is a winner? There is a huge difference between how our society sees success and the biblical idea. Success in the Bible does not depend primarily on results, but on the attitudes with which we perform our work (faithfulness, perseverance, obedience, love etc.).

Hurry, too much pressure and haste, is another spoiler. We know working a lot is tiring; working hastily is draining. We never give the impression that we care when we are in a hurry. Carl Jung is said to have put it this way: '*Hurry is not of the devil; it is the devil.*'

Tending the garden: caring for ourselves

'*…take care of yourself and of the doctrine…*'[7] The young Timothy received this advice from Paul. Notice the order: first the person has to be right; and then the work. In this case the teaching. If the person is not all right, the quality of the work will be affected.

So, how should we then live? The origin of stress may sometimes lie outside ourselves, but its treatment is always inside us. Stress is not a disease itself, it is the symptom of a deeper problem. If you do not want to neglect your garden, three tasks are necessary:

Pruning: learning to renounce. Remember Jesus' admonition of Martha? '*Martha, Martha, you are worried and upset about many things…Mary has chosen what is better*.'[8] Every gardener has to prune the trees so that they may grow properly and bear more fruit. Pruning in your life may imply *renouncing*. It may just be small things; or perhaps big areas. *Choosing* is a constant and necessary exercise in life. Choosing between the good and the best may be a very difficult task, but necessary for you to 'survive'.

Watering: learning personal renewal. This is the key to keep the plants fresh and alive, otherwise they wilt. Our input comes essentially from our *relationships*.

Four possible springs of fresh water:

- The relationship with God. The vital value of prayer and personal meditation on Scripture. The example of Jesus.
- The relationship with our family: spouse, children, parents. God uses family members to provide support and renewal. The example of Moses.
- The relationship with special friends. Paul's example is worth exploring.
- The relationship with books: reading is basic in personal renewal. Some books become like living friends. Karl Menninger, author of *Man Against Himself*, extols the value of 'bibliotherapy'.

Waiting: patience is a great virtue. 'Be patient…until the Lord's coming. See how the farmer waits for the land to yield its valuable crop and how patient he is for the autumn and spring rains.'[9]

In the Bible three concepts go together. They are like the legs of a tripod: Peace (shalom), health and truth. Ultimately, health is inseparable from God's peace and both of them are inseparable from God's truth. This is the simple yet profound secret of personal renewal, because real self-care can never be fully achieved by your own effort, apart from God. '*Nevertheless I will bring health and healing. …I will heal my people and will let them enjoy abundant peace and truth…*'[10]

***Pablo Martinez** is a consultant psychiatrist, Bible expositor and author on the interface of Christianity and mental health. He lives in Spain. This article is based on an address at the CMF Oxford Day Conference, November 2012.*

The origin of stress may sometimes lie outside ourselves, but its treatment is always inside us

references

1. Song of Songs 1:6
2. Sanders JO. *Spiritual Leadership*. Chicago, Moody Press, 1967:147
3. Luke 8:46
4. Ecclesiastes 4:6
5. Genesis 11:4
6. Colossians 3:23.24
7. 1 Timothy 4:16
8. Luke 10:38-42
9. James 5:7
10. Jeremiah 33:6

Peter May looks at what is involved in changing someone's mind

HOW PERSUASION WORKS

Day by day, as doctors we try to persuade our patients about health matters, while patients and drug companies try to persuade us. As Christians, we try to persuade others...but what actually is involved in persuasion?

Firstly, it is a process rather than a moment. A decisive moment comes when the balance of doubt fundamentally shifts. But doubt remains even though new convictions take over. No amount of persuasion eradicates all doubt. But how do we tip that balance?

Aristotle wrote about the three modes of persuasion – *ethos*, *pathos* and *logos*.[1] *Ethos* concerns the credibility of the speaker, his knowledge, expertise and moral competence. Is this person trustworthy? *Pathos*, on the other hand, concerns the disposition of the listeners. Are they sympathetic to the speaker and in a frame of mind to 'hear' what the speaker is saying? *Logos* concerns the substance of what the persuader has to say. It needs to be understandable and well-argued. However, the most compelling *logos* in the world is unpersuasive if the speaker lacks *ethos* and the audience lacks *pathos*.

These three modes of persuasion are very important. They explain a lot about our daily consultations, our political life, our reading of research evidence and our ineffectiveness in evangelism.

Consider a grossly obese patient, to whom you say: 'You really ought to lose weight'. Even when the logic of your argument is all too apparent, the patient is not well disposed to act on it. You will first need to gain their respect and then present a programme which they think is desirable and achievable.

Political realities

Consider the Gay Marriage debate. Even the best arguments against re-definition got nowhere. The traditionalists had very poor *ethos*. They were seen as intolerant, old-fashioned reactionaries. There was an overwhelming sympathy towards the innovators, who were seen as being compassionate. The soundness of the *logos* was lost in the wind.

In January, I learned that the submission by the Royal College of Psychiatrists to the Church of England Listening Process on Sexuality was seriously flawed. I therefore examined their submission to the Government's Equal Marriage Consultation. Both submissions referred to papers which did not actually support the conclusions being drawn. It appears that science was being distorted to fit a pro-gay agenda.

Both analyses were quickly published[2] and were sent to the College on 11 April 2013. We asked whether, in the light of our findings, their submissions to Church and State should be withdrawn or revised or re-affirmed. We have had no answer.

Now, the *logos* of our case has so far not been called into question, even by the College. However, the *ethos* of the writers is unimpressive. Neither of us is a psychiatrist – one is a retired GP, and the other an engineer. One can well imagine the lack of *pathos* towards us, and the quiet hope that we would go away!

Persuasion in Christian Mission

The *logos* of the gospel, if the current state of New Testament research combined with scientific support for major philosophical arguments for God is considered, appears more compelling year on year.

While the *ethos* of the Church has looked weak on a number of fronts, the local church often earns respect.

But what about the *pathos* of the population? Currently, society as a whole is moving further away from Christian belief. There is, they believe, a brave new world out there.

However, that could change quite rapidly. There are dark currents in our society. As the brave new world increasingly becomes like the rude, violent, superstitious, anarchic corrupt and degenerate old pagan world that preceded the preaching of Christ, his light will shine again more brightly.

Pathos changes. We might see more and more people discovering that the gospel is actually very good news, as they did at the end of the 18th century, while France was busy destroying itself in violent revolution.

And Richard Dawkins and other vocal opponents of Christianity will have done us a great favour, if they force us to argue persuasively.

***Peter May** is a retired GP in Southampton. Based on a talk at the CMF Breakfast held at the RCGP Conference.*

references

1. Williams PS. *A faithful guide to philosophy*. Milton Keynes: Paternoster, 2013:7
2. O'Callaghan D, May P. *Beyond critique - the misuse of science by UK professional mental health bodies*. Core Issues Trust, 2nd Edition. 2013.

Liz Mash offers practical and spiritual advice

SO YOU'VE RECEIVED A COMPLAINT

You arrive at work one morning to discover that you are the subject of a complaint. How do you feel? Angry, guilty, ashamed, worried? It is certainly not a pleasant experience. Your ability or conduct is being called into question. I can empathise. I have been there, more than once. Let me share what I have learnt through the experience.

We live in an increasingly litigious society where the level of complaints within the NHS is rising.[1] Patients are actively encouraged to voice difficulties they have faced. Details of how to make a complaint are easily accessible.[2] Therefore it is probable that each of us will face complaints during our careers.

Complaints may be dealt with within a department or practice. Or they can escalate to higher authority: the hospital or PCT, ombudsman or GMC. The professional in question may be at fault or only perceived to be at fault. There is no one pattern to complaints that arise and they may have variable impacts on our lives and careers. Careers can be ended. In extreme circumstances people have taken their own lives.

Responding in a Christ-like way

If we are working to God's glory,[3] how do we react when someone complains about us and our work? How do we respond to complaints in a Christ-like way? Paul tells the Philippians:

'Rejoice in the Lord always. I will say it again: rejoice …Do not be anxious in anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God which transcends all understanding, will guard your hearts and minds in Christ Jesus.'[4]

For many of us the last thing we may feel is thankful, or rejoicing. Yet Paul tells us we need to rejoice in the Lord no matter what. Not being anxious includes how we act when facing difficult professional issues.

Don't let the negative thoughts take over your life. If you are struggling with a complaint which may appear career-threatening, remember that your identity is found first and foremost in Christ. Meditate on that which is honest, just, pure, lovely, or of good report.[5] With our focus on Christ, we develop the perspective that even the most serious of complaints can be faced and managed without ruining our lives.

You are not alone. Seek support through trusted friends. Ask for prayer, don't go through things on your own or bottle them up (obviously do this without breaching confidentiality). CMF groups and open houses[6] can provide a safe environment where these sorts of problems may be discussed without fear of judgment.

Respond, don't react. Don't get angry: avoid 'why me?' questions. Don't blame others, get into useless arguments or be vengeful. Having a good attitude is an important part of maintaining a good witness.

Motives. We may not be aware of the motivation of the complainant. Often complaints can be borne out of very difficult emotions – grief, guilt, fear. People who have no hope can feel despair at a time of grief or great distress and therefore can be looking for someone to blame. We who have hope in Christ should have compassion on the complainant and be gentle towards them, 'for a gentle answer turns away wrath.'[7]

Should I apologise? In his book, *At Any Given Moment*, Graham McAll talks about the need to listen to the complaint, to acknowledge that the care given to the patient may have been deficient, then to give a genuine apology.[8]

More practical suggestions:

- Know the locally relevant protocols for responding to a complaint.
- Approach your medical indemnity group. They will give very practical advice.
- Seek help and advice from trusted seniors.
- Reflect on what happened and learn from the experience – significant event analysis or morbidity and mortality meeting may provide opportunity for this to be done within the team as a whole.
- Ensure all your documentation is honest and clear.
- Communicate clearly, avoiding jargon and ambiguity.

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references

1. NHS complaints rise at record rate. *The Telegraph*, 25 August 2010 *bit.ly/cdVNv9*
2. NHS choices. How to complain. *bit.ly/h2k89*
3. Colossians 3:23
4. Philippians 4:4-7
5. Philippians 4:8
6. Junior doctors' open house contacts *cmf.li/1bVjgBD*
7. Proverbs 15:1
8. McAll G. *At a given moment: faith matters in healthcare*. London: Christian Medical Fellowship, 2011:158

Emma Hayward writes about the feelings of guilt and remorse that can accompany making medical mistakes and the resources available to Christians for meeting them

MAKING MEDICAL MISTAKES

key points

- Mistakes are an inevitable part of being fallen human beings.
- As Christian doctors we are assured of God's forgiveness but we live in an unforgiving world.
- When there is a mistake, however unintended, we need to examine the underlying factors leading to that mistake and repent of any failing of ours.

Why did you enter medicine? Probably at least part of the reason was to care for people. In general no health professional turns up to work aiming to harm the patients under their care. Nevertheless most of us have experienced the heart-stopping moment when we realise that we have made a mistake. Whether it's an error of judgment, a missed diagnosis, or failing to execute a procedure correctly, we can be filled with a host of feelings: guilt, remorse and dread as we think about the consequences, both for our patient and also for ourselves.

When is a mistake not a mistake?

Despite expectations of us, doctors are fallible, fragile human beings. For the most part we are painfully aware of our limitations and those of modern medicine. These limitations are a result of living in a world spoiled by man's rebellion against God. This does not mean that every mistake is a moral failure, but that post-fall we live in an imperfect place. To quote a thoughtful BMJ article, 'Most errors in clinical reasoning are not due to incompetence or inadequate knowledge but to frailty of human thinking under conditions of complexity, uncertainty and pressure of time.'[1] This is a new way of stating the Latin proverb *Errare humanum est* (to err is human) and acknowledging that as part of fallen humanity, we all make mistakes.[2]

However, we cannot blame all of our errors on living in a blemished world where bad things happen. As well as being sinful by nature[3] we may also act or hold attitudes that are contrary to God's moral laws;[4] in other words, we sin. Sadly, in the same way that a speeding motorist who usually gets away with it can sometimes cause harm, we may by act or omission also harm our patients. Failing to reflect properly on our work,[5] providing inadequate support for juniors,[6] failing to speak out when an organisation is using unsafe practices:[7] all could be considered falling short of God's moral code and lend themselves to developing an environment in which mistakes and harm are more likely. So, if we make a mistake, however unintended, we might also need to examine the underlying factors leading to that mistake and repent of any failing on our part.

As Christian doctors we have assurance of forgiveness if we come to our loving heavenly Father and confess our error [8] but we live in a society which does not readily forgive. This, combined with high expectations of what medicine can achieve, can leave doctors feeling incredible pressure, especially when things go wrong.

Dealing with the fall-out

Not all clinical errors physically harm the patient but even these situations can lead to considerable stress for those involved. The patient and their relatives, sometimes motivated by the desire to improve things for the future, may embark upon a complaint. If they have a reasonable cause for complaint it is hoped that by addressing their concerns and apologising the situation can be resolved because 'a gentle answer turns away wrath...' [9] Many people are critical of our rapidly developing 'compensation culture' but in some cases restitution, usually mediated by defence bodies, may be appropriate. [10, 11]

At other times we may find ourselves drawn into prolonged grievance procedures, perhaps thinking 'I was only doing my best. Why is this happening to me?' There are no easy answers to this kind of suffering, especially if the complaint is a disproportionate response to the original mistake. Experiencing suffering due to other people's actions is another result of living in a fallen world. In these circumstances we have instruction to forgive those who seek to do us harm, [12] to pray for them [13] and also to remember God's promises to strengthen and help us no matter what difficulty we are facing. [14]

Our pride may be hurt and there might also be a fear of losing a hard-won career in medicine. Many doctors' sense of identity is inextricably wrapped up in their professional life and the thought of not being a doctor any more is horrifying. I recently heard an idol defined as 'something you feel you couldn't live without' and had to repent of having made my profession an idol. If God chooses, by whatever means, to prevent me continuing as a doctor then that is something I need to submit to. If I am allowed to continue practising medicine then that is only by his grace, not because of anything I have done to earn the right. Ultimately, no matter the outcome of any mistake we make, there is reassurance that God is a God of justice and forgiveness and that he will never leave or forsake us. As God is gentle and forgiving, are we also able to be gentle and forgiving with ourselves?

Apart from ultimately being forgiven of all our mistakes there is more comfort for the Christian doctor when considering this issue. We know that in all things God is sovereign and that nothing can quench his love towards us, not even making a fatal error as we serve him as doctors. [15] We should beware the trap of believing that just because some of our mistakes can cause physical harm that they are somehow more heinous than others. Is a prescribing error causing physical symptoms really worse than a teacher undermining a student's confidence and damaging their self-esteem, just because the effect is more immediate and visible?

God cares for our patients too

God cherishes each patient we see. God is a redeeming God and can bring good out of even dire circumstances. He will not cease to work in our patients' lives because they have suffered a medical mishap. It may even be in these circumstances that they are drawn closer to him. I can give a small illustration of this from personal experience. When pregnant with my first child I suspected she was breech. However, several midwives and doctors who examined me reassured me that she was heading in the right direction, head down. It was only a late scan (which was not medically indicated) which revealed that our unborn child was indeed in the extended breech position. A successful procedure to turn her meant that she was safely delivered four weeks later. It was only afterwards that I heard from a friend the other end of the country. She had been praying for our baby's safety during the week of the scan. We continue to thank God for his intervention.

Working... by God's grace

It is thanks only to God's grace that we are able to heal or to relieve sickness at all. An example of God's common grace (blessings bestowed on people regardless of their standing with him) is also demonstrated in giving skill to people called to be doctors. This calling and grace does not make us infallible. We have been gifted with the ability to be doctors but as part of fallen humanity we have our limitations; hence the book of Proverbs instructs us to 'trust in the Lord with all your heart and lean not on your own understanding'. [16] We can remain thankful that, owing to God's common grace again, mistakes probably don't occur as often as they might otherwise and we can prayerfully seek his blessing and protection on our work. A doctor's prayer (conveniently available on CMF bookmarks) at the start of a busy day might be a helpful tool:

Heavenly Father, we thank you that through your Son, our Saviour, we receive new life and hope. Lead us by your Spirit in our work today. Enable us to fulfil our medical calling in love, wisdom and integrity. Give us knowledge and diligence in the prevention, diagnosis and treatment of disease. Help us to bring comfort to the anxious and sorrowing. Free us from selfish ambition. Grant us sincerity in all that we say and do. Strengthen us to persevere in the face of fatigue. Keep us always mindful of your redeeming purpose and maintain our confidence that death will finally be overcome through Jesus Christ our Lord. Amen.

Acknowledgements

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If [patients] have a reasonable cause for complaint it is hoped that by addressing their concerns and apologising the situation can be resolved because 'a gentle answer turns away wrath...'

references

1. Scott I. Errors in clinical reasoning: causes and remedial strategies. *BMJ* 2009;339:22
2. 1 John 1:8
3. Ephesians 2:3
4. Grudem W. *Bible Doctrine*. Grand Rapids, Michigan: Zondervan, 1999
5. Romans 12:3
6. 1 Thessalonians 5:14
7. Proverbs 31:8
8. 1 John 1:9
9. Proverbs 15:1
10. Luke 19:8
11. Leviticus 6:1-5
12. Colossians 3:13
13. Luke 6:28
14. Deuteronomy 31:6
15. Romans 8:31-39
16. Proverbs 3:5

John Martin investigates global persecution of Christians today

A CHILLING STORY SELDOM TOLD

Pakistan Christians protest against Peshawar church bombing.
Photo: © Musa Farman/epa/Corbis

key points

- At least 20 Christians die for their faith every day ... that amounts to 7,300 a year.
- Christians are soft targets and face some form of harassment in 139 nations.
- Churches teaching that faith is about promoting inner peace and tranquillity tend to shy away from the facts about persecution.

In Pakistan, two suicide bombers secrete themselves into a Peshawar church courtyard; their deadly cargo leaves 85 dead and many more injured. In Egypt dozens of Coptic churches and homes are put to the torch in wave on wave of violence waged against Christians. In Syria war is wiping out entire Christian communities; this is a country where Christianity dates from the time of the apostle Paul and was the safest living space for Middle Eastern Christians.

We are witnessing what historian Tom Holland has termed 'the effective extinction of Christianity from its birthplace' with the collapse of the region's nation states as militant Islam wages terror. 'In terms of the sheer scale of the hatreds and sectarian rivalries, we are witnessing something on the scale of horror of the European Thirty Years' War,' said Holland.[1] The ripples from this terror are reaching every point of the globe.

What is perplexing is the lack of serious media coverage and analysis. The BBC reported the Peshawar attack but quickly downgraded it in pursuit of other headlines. During August in Egypt, violence against Christians was the worst in seven

> There is deeper underlying reason for the political and media silence: lack of literacy – maybe even downright ignorance – about faith issues

centuries. But the focus of an anaemic Western media was the much lower-scale army assaults against the Muslim Brotherhood. As for Syria, little information ever reaches the West about how Christians are faring. Few of the politicians who advocate regime change have realistic ideas on how to guarantee the position of Christians, something the much hated Assad regime has always done.

Why the West is silent

We need to understand the imperialist backdrop to geo-politics of the Middle East. It is well known that many of the Middle Eastern states were created by the World Powers more for their own strategic reasons than for the benefit of local people and Muslim memories are long. This is one reason why

Western politicians and the media – and for that matter the church too – is frightened to raise the spectre of Muslim-on-Christian violence.

Bishop Angaelos, leader of the Coptic Orthodox Church in the UK, has spoken of his disappointment at the response from other UK religious leaders to the situation: 'if Christians burned down ten synagogues or mosques, let alone 50, they'd be going over to show their sympathy and shame.'[2]

The persecution of Christians is rife. And it is global. Thomas Schirrmacher of the World Evangelical Alliance, believes that a tally of 20 Christian die each day as martyrs for their faith. That comes to 7,300 per year.[3]

Christians under pressure

There are other observers who put the figure much higher. The missionary organisation Gospel for Asia estimates the number as 14,000 Christians killed for the faith every year around the world. It claims this is based solely on reported cases. The US-based Pew Forum, a much-respected research institute said in its September 2012 report that between 2006 and 2010, Christians had faced some form of harassment in 139 nations. That amounts to three-quarters of all the societies on earth.

Muslim violence against Christians grows apace. The Somali-instigated Al-Shabaab is believed to be behind the recent atrocity in the Westgate Shopping Centre in the centre of the Kenyan capital Nairobi. Chillingly they singled out non-Muslims for execution while allowing their own people to go free. On the west side of Africa the Boko Haram insurgency has resulted in an estimated 10,000 deaths between 2001 and 2013. It has attacked churches, police stations and schools and casualties include Muslim politicians. That is by no means the end of the list.[4]

Likewise Christians increasingly face harassment. In Malaysia they have used 'Allah' in Bibles and worship ever since the first Malay dictionary was published. It follows a precedent in the Arabic language that pre-dates Mohammed. Now a local court has decreed that Muslims alone may use 'Allah'.

A turning point?

We may, however, at last have turned the corner over the issue of media silence on persecution. In October, John Allen, a high-profile Catholic journalist from the USA published *The Global War on Christians*.[5] 'On the whole,' he writes, 'the war on Christians remains the world's best-kept secret.' The book's title has raised lots of eyebrows. Does violence amounting to 20 deaths a day denote a 'global war'? Perhaps not, but the book has certainly got the media people caressing their keyboards and recognition that in so many places Christians are soft targets.

Allen sets out to debunk a number of 'pernicious myths'. One such myth, he claims, is that Christians are at risk 'only where they're a minority'. Not so. There are countries and cultures where Christian minorities live persecution-free. Another myth he enumerates is 'the myth that no one saw it coming'. It is possible to observe current events and identify potential flashpoints. Yet another is 'the myth that it's all about Islam' – an idea that is patently untrue as evidenced by events in India, China, Burma, Colombia to name a few examples.

So how is it that the West and its media maintain silence about persecution? One issue is that much of the persecution occurring happens a long away from the West and outside the scope of its news gathering. Another key reason is that Christians in the US and Western Europe have no personal experience of persecution. Alongside this is a worrying 'broad tendency' in the West to see the primary function of faith 'as promoting inner peace and tranquillity.' Dwelling on the spectre of the cruel treatment of other people doesn't sit well with this. Allen writes that persecuted Christians fall through the cracks of the left-right divide – they are 'too Christian for liberals and too foreign for conservatives'.

Another factor Allen identifies is the heavy investment by many mainstream churches in interfaith initiatives which he says creates a 'risk of "interfaith correctness"' that wants to avoids confrontation with the world of Islam or Hinduism. To this he adds 'a distressing share of Christian time and treasure today [being] eaten up by internal battles, making it difficult to galvanise a unified response on anything.'

Illiteracy about faith

There is deeper underlying reason for the political and media silence: lack of literacy – maybe even downright ignorance – about faith issues. Or as Allen puts it, 'reflexive hostility to institutional religion ... [and people] conditioned by such views are inclined to see Christianity as the agent of repression, not its victim.' It is this lack of religious literacy which causes journalists, politicians and bureaucrats alike not to take faith seriously in enumerating policy options. It fails to take account of deeply held religious motives and beliefs that are a key part of world affairs.

Jesus taught that persecution was something to be expected as a normal part of living as a disciple. 'They will put you out of the synagogue; in fact, the time is coming when anyone who kills you will think they are offering a service to God.'[6] The point is reinforced by Peter. 'Dear friends, do not be surprised at the fiery ordeal that has come on you to test you, as though something strange were happening to you. But rejoice inasmuch as you participate in the sufferings of Christ, so that you may be overjoyed when his glory is revealed. If you are insulted because of the name of Christ, you are blessed, for the Spirit of glory and of God rests on you.'[7]

***John Martin** is CMF Head of Communications.*

What we can do

Four things Christian doctors (and Christians in general) could consider:

1. Apply the power of prayer. We are apt to underestimate the power of intercession to break down the strongholds of persecution and oppression. Use new technologies to research prayer information. Cultivate the skill of 'praying the news' so headlines become prayer bulletins.

2. Subscribe to the newsletters of at least one Christian doctor working in a place Christians are a minority.

3. Engage with your local MP to seek better protection for Christians in tough places: the West invaded Iraq: what is being done to support Christians there? or in Syria? or Pakistan?

4. Use your influence to encourage your church to be more informed about persecuted Christians.

references

1. Christianity becoming extinct in its birthplace, says Holland. *Lapido Media*, 20 September 2013 *bit.ly/16kXqV4*
2. Quoted in The silence of our friends - the extinction of Christianity in the Middle East. *Spectator Blogs*, 23 September 2013 *bit.ly/16ANasS*
3. Schirrmacher T. A response to the high counts of Christian martyrs per year. 22 August 2011 *bit.ly/HQSJxl*
4. Kenyans fear rise in Christian-Muslim conflict. *The Christian Century*, 24 October 2013 *bit.ly/1aoRQGo*
5. Allen J. *The global war on Christians*. New York & London: Random House, 2013
6. John 16:2
7. 1 Peter 4:12-14

Paul Adams insists that in the care for older people there's no substitute for costly love

BEING A BURDEN

What will you be like in your old age? Strong to the end, or progressively failing in body or mind? Happy or sad, loved or ignored? Old age has become the new taboo topic. We make jokes about zimmer frames and stair lifts, and use euphemisms like 'senior moments' to describe memory loss. But we fight shy of too much detail and most families come to critical life choices largely unprepared.

It was not always so. A closer knit family structure, even up to World War 2, assumed that elderly, disabled and long term invalids would be cared for in the family. Indeed, one child would often assume their role in the family would be to look after poorly siblings, parents and other relatives. This role gave dignity to unmarried offspring and comfort to those who were less able. It was a world in which responsibilities came before rights and duty of care for others had priority over personal ambition.

Things are different now. With increased mobility, the welfare state, children leaving home before marriage, the pressure of fast-moving careers and increasing godlessness, personal rights are at the top of the agenda. Instead of children growing up with ailing grandparents and other relatives, the senior generation is encouraged to downsize progressively at a distance until they see out their days in residential 'care' where they will not interrupt their children's lifestyle too much.

Independence seems to be valued at every age: from the child who now has inadequate parental guidance, to single people who have inadequate real social networks, to the elderly who are expected to 'keep going under their own steam' as long as possible. And in one way that is right. We want to encourage responsibility so that people can feel competent and confident in how they live. The down-side is that none of us is able to be totally self-sufficient, because we are not God.

AW Tozer wrote, '*The Christian soon learns …that he may be safe when he puts himself in jeopardy; he loses his life to save it and is in danger of losing it if he attempts to preserve it. He goes down to get up. If he refuses to go down he is already down, but when he starts down he is on his way up. He is strongest when he is weakest, and weakest when he is strong …*' [1]

When we are not able to carry our load, God expects that others will carry the excess burden. The Bible is clear: '*Carry each other's burdens, and in this way you will fulfil the law of Christ.*' [2] While a functionalised view of the human body may assume that the 'burden' relates to feeding, body care and mental stimulus, there is a significant relational element to bearing people's burdens. Emotions like love, understanding, sympathy, empathy, and compassion are not programmable mechanical functions. They express hearts that are bound together in love. That is what a family is supposed to be. It is a definition of the church of Jesus Christ.

> We are now on the cusp of a new wave of depersonalisation of vulnerable people

We are now on the cusp of a new wave of depersonalisation of vulnerable people. Euthanasia is again being debated as the means of relieving society of the burden of the aged (along with a huge financial saving). Old people are feeling pressurised not to be a burden and seem to conspire passively with the view that as they are economically unprofitable, they therefore have no value.

Christians believe that Jesus Christ sacrificed himself when he accepted the burden of our sin. Being a burden is not a shameful state but the honest reality of all of our lives. The state or bank may provide some money, but without genuine love no burden is properly carried and no duty of care is properly discharged. Such love is always costly but it is the only kind of love which is fit for purpose.

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references

1. Tozer AW. That Incredible Christian. *bit.ly/QJESu5*
2. Galatians 6:2

By a special correspondent

HOPE IN DARK TIMES

'It sounds like you're depressed.' I couldn't bring myself to believe my GP's words. Me? Depressed? I had always thought of myself as a 'strong' person: someone who excelled; thrived; achieved. How could this be happening to me?

I was plunged into a dark tunnel, yet riding a roller-coaster of emotions, feelings and confusion that I had never experienced before. Everything seemed such an effort and I lost enjoyment in life. My thoughts were clouded by a powerful negative filter. Life seemed pointless and hopeless. I could never have imagined depression would be like this.

Depression is a common illness, affecting one in five of us at some point in our lives. For those who have not experienced this debilitating condition, it can be a challenge to know how to support and encourage. This is one Junior Doctor's account of a journey into depression, written in the hope that it might be an encouragement to others, and a testimony to God's love and faithfulness – even through the dark times.

On the outside, people would not have known anything was wrong. In fact, I was struggling to believe the diagnosis myself. It was easier to put on a brave face than to explain... What would people think?

> *'Tell me one last thing,' said Harry. 'Is this real? Or has this been happening inside my head?'*
>
> *Dumbledore beamed at him...*
>
> *'Of course it is happening inside your head, Harry, but why on earth should that mean that it is not real?'* [1]

Having recently moved to a new area to take up a training post, I felt I had very little in the way of support. My family, who lived two hours away, were struggling to come to terms with the diagnosis and found it hard to provide the help and support that I so desperately needed.

I prayed. God provided: older Christians from church and CMF, who cared, loved, supported, encouraged, prayed and stood by me every step of the way... who offered hope that this would, eventually, get better.

I felt guilty about not being at work. I was 'letting the side down'. Each day was a struggle, without the structure and rhythm of work to fill the hours and I missed helping and caring for others.

It helped to make a plan for each day: providing a reason to get up each morning; incorporating activities I previously enjoyed; getting out of the house; meeting up with others and doing some exercise. I helped out with daytime groups and administrative work at church. I was encouraged to keep plodding on: going through the motions of life even if I didn't feel like it. In times of distress, I knew there was someone I could phone, who understood and would offer sensible advice, without flapping, or getting upset.

Initially I grew closer to God. So many things that I valued in life (work, heath, independence and participation in high-level sport) had been stripped away but I knew my identity in Christ remained. I felt supported and upheld by the practical love of my church family and I held onto the solid biblical truths that form the foundations of my faith.

Over time, God started to feel very distant. How could he allow this to happen to me? My brain felt so 'scrambled' and my concentration was so poor that I struggled to pray and read the Bible. Lively church services made me feel alienated and excluded.

People assured me this was a normal experience. I was reminded that others were praying for me, even if I couldn't pray myself; that God is good – all the time – no matter what we're going through; that he loves us: '*Your love never fails, it never gives up, it never runs out on me*' [2]; and that he will not let us go:

> *Oh no, you never let go, through the calm and through the storm*
> *Oh no, you never let go, in every high and every low*
> *Oh no, you never let go, Lord, you never let go of me* [3]

The overwhelming support and love of my church family, mirroring God's unconditional, everlasting love helped me to draw close to him once again.

I have not yet emerged from the dark tunnel of depression but I write this in the hope that there is light at the end of it.

> *Yes, I can see a light that is coming for the heart that holds on*
> *And there will be an end to these troubles But until that day comes,*
> *Still I will praise you, still I will praise you* [3]

I know that '*in all things God works for the good of those who love him, who have been called according to his purpose.*' [4] and trust that this experience will, if nothing else, strengthen my faith, draw me closer to God and enable me to care better for my patients when I return to work as a doctor.

references

1. Rowling JK. *Harry Potter and the deathly hallows*. London: Bloomsbury, 2007:579
2. Jesus Culture. *One Thing Remains*. Bethel Music, ChristaJoy Music Publishing, Mercy / Vineyard Publishing, 2010
3. Matt Redman. *You Never Let Go*. Thankyou Music, 2005
4. Romans 8:28

Steve Fouch shows that while Christian churches and agencies play a huge role in global health, secular technocrats are leaving this out of future planning

FAITH MATTERS
IN THE GLOBAL HEALTH AGENDA

key points

- The international community will soon be making major decisions about how the global agenda for development will be laid out.
- Faith and spirituality play a vital role in the health and well-being of communities and individuals.
- And yet faith is conspicuously absent from the documents and discussions about global health goals.

Over the next two years the international community will be making key decisions about how the global agenda for development will be laid out. During 2012-2013 there has been a lengthy consultation. It has included professional groups, people living in the developing world, governments, non-governmental organisations, and faith communities. They have been asked to give their views about what the priorities should be. Featuring high on the list (at least initially) were new targets and goals for health and healthcare.

This follows on from the Millennium Development Goals (MDGs),[1] the eight key goals for global development agreed at the UN in 2000, which included three health specific goals (see *Triple Helix* series of articles on the three health MDGs[2,3,4]). CMF has long argued that faith-based organisations (especially Christian organisations and churches) play a key role in health and healing. However we have seen no recognition of faith in the documents and discussions that have been going on around the world.

Faith and spirituality have a vital role

Faith and spirituality play a vital role in the health and well-being of communities and individuals worldwide. A recent demographic study covering more than 230 countries and territories estimated there are 5.8 billion religiously affiliated adults and children around the globe, representing 84% of the world's population.[5,6] There is mounting evidence that far from faith retreating, it is a growing global force and one that cannot be ignored by policy makers, governments and international organisations.[7] Faith has a particular contribution to make to health – at two levels.

Firstly, evidence from over 1,200 studies and 400 reviews has shown strong associations between faith and a number of positive health benefits, including protection from disease, coping with illness, and faster recovery, as we have discussed in more depth in earlier CMF publications.[8] This seems in part due to the power of hope, in part due to lifestyle choices informed by faith, and to the benefits of being part of a supportive faith community.[9]

Secondly, Christians in particular have had a huge input both historically and in the present day to the provision of healthcare and building community resilience to cope with health and the social determinants of health and wellbeing.[10,11]

Churches and Christian faith-based organisations have several important features:

- **Knowledge and understanding** – they appreciate the importance of faith to daily life and health, and bring the specific knowledge relevant to the local population's faith needs.
- **Continuity** – they will still be there when donors and aid organisations have moved on and moved out.
- **Coverage** – they are present in many communities and often reach marginalised groups who often slip under the radar of larger organisations, for example, those in very remote areas, people who are elderly, have disabilities or are dying.
- **Community agenda** – because they are embedded in the local community and culture, they are able to identify the real needs of local people, rather than following an agenda drawn up by governments and external NGOs.

One example demonstrating the importance of faith communities is Tearfund's work with local churches and local faith-based organisations in long term development, disaster preparedness and disaster relief. Local churches have enabled Tearfund to respond effectively to emergencies in a number

of countries. When disaster strikes it is the local church that is amongst the first on the scene. They have many valuable resources, including people who can be mobilised as volunteers, leaders who are well-known and respected, and buildings which can shelter displaced people. [12]

In addition to local faith communities, faith-based organisations (FBOs) make an enormous contribution to healthcare. These include big non-governmental organisations such as Tearfund, World Vision, Christian Aid, Islamic Relief and Jewish World Services. Then there are local institutions such as mission hospitals and national associations such as the Christian Health Associations present in 17 African nations.

Numerous independent operational reviews have documented the key role FBOs have played in improving health over past decades and more recently in helping reduce child and maternal mortality, especially from malaria and HIV/AIDS. [13,14] In parts of sub-Saharan Africa, FBOs provide a national average of 30% of health facilities, with a much higher percentage in some rural settings such as Tanzania and Kenya where they provide 40% and 60% of healthcare respectively. The African Religious Health Assets Programme (ARHAP) study [15] commissioned by the Gates Foundation concluded that religious entities played key roles in providing:

- Facility-based health services alongside state health services at district and national levels.
- Training centres for the health workforce (some 60% of nursing cadres in Uganda).
- Non-facility based health related activities such as home-based care and HIV prevention, care and support.
- Co-ordination, fundraising, capacity development, health service supervision and a channel for funding.
- Advocacy.
- Health promotion and education by trusted leaders at a local level.

The Study noted anecdotal evidence demonstrating the positive impact of religious commitment on health workers' work ethic and quality of care.

Why faith is being sidelined

The growing body of evidence that churches and faith based organisations are having a major and long-term impact on global health was the basis of a recent CMF Submission to the World We Want Post 2015 consultation, [16] feeding in to the process of setting the new development goals. Yet in the report to the UN General Assembly that arose from that consultation, faith was not mentioned. [17]

In fact, the role and contribution of faith in the whole development agenda has been sidelined in the post-2015 process. The reason given is that faith is a divisive issue and so has been deliberately omitted. [18] What is not clear is *who* is finding it controversial and divisive. Certainly the secretariat and leadership of the recent High Level Panel enquiries into the new development goals seems to have had a very secular agenda and perspective (including as it did, our own Prime Minister).

It would seem that a few secular technocrats in Geneva and New York have either been actively hostile to faith or have simply failed to recognise that they are not engaging with the very people who could be one of the keys to seeing a global development strategy get off the ground – in particular, the Christian churches and other faith communities.

There are some areas in health that remain particularly controversial, especially around sexual and reproductive health and family planning, etc. Yet many Christian organisations are constructively engaging with these issues – the blanket prejudice that faith means an agenda that is anti-women and anti-reproductive health is simplistic and simply not true.

It is worth noting that the World Health Organisation (WHO), USAID (the US Government Agency for International Development), UNAIDS (The UN Secretariat for mobilising the global response to HIV and AIDS), and most recently DFID (the UK Government's Department for International Development) [19] have all recognised the value of working with faith communities and faith based organisations. So this exclusion is coming from a very limited and narrow part of the global community.

How to respond

So, what can we do? Firstly, we need to get better at gathering evidence and stories of what we are doing and sharing them widely, not just within the church, but with the wider national and global community. As someone recently pointed out to me, those who do the work don't write about it, and those who write are seldom involved with those doing the work. We need to see more stories, more examples of good practice, more evidence-based research in the public domain, simply getting the stories of what Christians are doing in healthcare, and the impact this is making.

We also need to avoid the ghetto mentality that stops us talking to other faith groups, secular bodies, governments and international organisations. We need to work with others, learn from them, listen to them, but not be afraid to share what we are doing and help them to learn from us. We need to have the humility to know that we do not have all the answers to healthcare issues, but we should have the confidence to share our valuable experience and expertise.

Finally, we need to keep doing what we do to God's glory, whether we get recognition for it or not. When God called out Abraham, it was not just to bless him, but to make him a blessing to all the nations. [20] As Paul explained centuries later, that blessing is not just in terms of the good works that we do, which will all fail and fade in time, but in the greatest blessing of all, the eternal work of Jesus on the cross, bringing God's eternal blessing to all who believe. [21] We have more than good medical practice and community development to share with the world – we have good news to share, which truly transforms individuals and communities, and we should never be ashamed to proclaim it.

Steve Fouch *is CMF Head of Allied Professions Ministries.*

references

1. For details see: *www.micahchallenge.org.uk/about-us/mdgs*
2. Spillman I. MDG4 - a world of difference for child health. *Triple Helix* 2009 Christmas:12-13 *cmf.li/RgJmZj*
3. Edwards C. MDG 5 - saving the lives of mothers. *Triple Helix* 2010 Easter:16-17 *cmf.li/OyrqXz*
4. Fouch S. MDG 6 - HIV, TB and Malaria. *Triple Helix* 2009 Summer:14-15 *cmf.li/PEBAFv*
5. Pew Research Centre. The Global Religious Landscape: a report on the size and distribution of the world's major religious groups as of 2010. *bit.ly/16kbXkX*
6. Faiths and the Faithless. *The Economist*. 18 December 2012
7. Micklethwait J, Wooldridge A. *God is Back: how the global rise of faith is changing the world*. London: Penguin, 2010
8. Bunn A, Randall D. Health benefits of Christian faith. CMF, 2011 *cmf.li/TGjxDf*
9. Hummer RA *et al*. Religious involvement and US adult mortality. *Demography* 1999;36:273-85.
10. Fouch S. The global burden of disease - let's not forget the spiritual dimension. *CMF Blogs*, 14 December 2012 *cmf.li/19PlC5w*
11. Fouch S. What the UK needs to learn from the worldwide Church. *CMF Blogs*, 30 April 2013 *cmf.li/176cX2a*
12. Tearfund. Linking Good Practice in Community-Based Disaster Risk Management with Government Policy and Practice. Tearfund, 2007 *bit.ly/17xJPLC*
13. World Health Organization. Towards primary health care: renewing partnerships with faith-based communities and services. WHO, 2007
14. Widmer M *et al*. The role of faith-based organizations in maternal and newborn health care in Africa. *International Journal of Gynecology and Obstetrics* 2011; 114:218-222 *bit.ly/1fI2qN8*
15. Schmid B, Thomas E, Olivier J, Cochrane J. The contribution of religious entities to health in sub-Saharan Africa. African Religious Health Assets Programme, 2008.
16. CMF. Faith matters - the contribution of faith to health and healthcare in the post 2015 agenda. CMF, January 2013 *cmf.li/V8dGcT*
17. The high-level panel of eminent persons on the post-2015 development agenda. A new global partnership: eradicate poverty and transform economies through sustainable development. United Nations, 2013 *bit.ly/16TYuUG*
18. Private correspondence.
19. DFID. Faith partnership principles - working effectively with faith groups to fight global poverty. DFID, UK. 2012 *bit.ly/H1nHmy*
20. Genesis 12:1-3
21. Galatians 3:13-24

Vicky Lavy shares experiences of the International Christian Medical and Dental Association

ICMDA: A WORLDWIDE FAMILY

key points

- ICMDA was founded in 1963 when doctors from 16 different countries gathered for a conference in Amsterdam. Today there are over 70 member organisations.
- ICMDA conferences and camps are often the catalysts for new national movements to start, and the encouragement that helps them grow.
- It's important for doctors in difficult circumstances to know that they are not alone.

To be honest, I was never very interested in ICMDA as a medical student and junior doctor – a shocking confession for the (now) Head of International Ministries. ICMDA is the umbrella body that links up Christian medical movements around the world. At CMF conferences we would hear news from places I had never heard of and which seemed to have little relevance to my life as a doctor in UK; there was always so much on offer at home that I never considered going to an international conference. But when my husband Chris and I went to live and work Malawi, suddenly ICMDA became very important to me.

A birth in the family

When we arrived in Malawi in 1996 there was no Christian medical group. The College of Medicine was just a few years old so the first home-grown doctors were starting their careers. Many of them were Christians and had plenty of Bible teaching at church, but nothing that helped them to apply their faith to medicine and the challenges they would face as doctors.

So we began meeting together with a handful of students in the anatomy lab each week – an unusual place for fellowship. In 1998 a few of us went to the ICMDA World Congress in Durban, South Africa, and were amazed by the experience of meeting hundreds of Christian doctors and students from all over the world. We were even more amazed to meet some Malawians – it seemed that we had had to travel to another country in order to meet our neighbours. We were so encouraged that we decided to start a movement back home, and so the Christian Medical and Dental Fellowship of Malawi (CMDF) was born.

Our fledgling group grew, supported and encouraged by ICMDA. Four years later, six of us went to the next World Congress in Taiwan. Lo and behold we met some junior doctors from Zimbabwe and Zambia – this time we had travelled halfway around the world to meet our neighbours. This was the birth of a wonderful sense of family in the Southern Africa region, with students and juniors bussing across borders to go to camps and meetings.

This laid the foundation for us to host the ICMDA Regional Conference in 2004, when we were thrilled to welcome over 200 people from nine countries in the region. I was amazed to see what had grown out of our small beginnings in the anatomy lab. ICMDA conferences had provided the impetus to get us started in Malawi and then to reach out beyond our borders. CMDF Malawi continues to thrive today.

Growing up

For many of us who have grown up in UK, CMF's annual student conference has been a formative part of our growth as Christian doctors. I used to love being taught by doctors who had trodden the

The first World ICMDA Conference 1963

path before me and were still enthusiastic about medicine and still growing in their faith – it was possible! But students in some countries have no such role models; I recently met an Italian student who knew of only one Christian doctor in the entire country.

This is the reason why we run the International Medical Student Conference (IMSC) every year: to teach and build up students from countries where numbers are few and resources are lacking. Those who come are bowled over by joining with 400 others at our National Students' Conference – the largest number of Christian medics many have ever seen. 'I never would have thought it possible' said a student from Spain, where there is seldom more than one or two Christians in a medical school. Students return from the IMSC fired up to build fellowships in their home countries.

CMF has sent many summer teams to countries in Eastern Europe over the years, helping to run student camps. Alex Bunn, a member of the CMF student team, remembers going to one of first of these camps in Belarus in 1999. 'The church was small and parachurch organisations were treated with suspicion. The bus bringing students to the camp had its blinds drawn down for fear of prosecution and people were aware that there were secret policemen in some of the meetings. When we taught from the Bible, the students were amazed. Mostly from an Orthodox background, they had never heard the Bible read in modern-day language. It was like the Reformation all over again.' Life remains difficult for Christians in Belarus, but there is an active Christian medical group that has grown up over the years, which recently helped to organise the first ever ICMDA Congress for Eastern Europe.

A link formed between students in Oxford and Albania, with Albanians coming to the IMSC and several summer teams going to Albania. Chris Downing, a student staff worker in Oxford in 2002, has built on these friendships over the years and has recently gone to serve as a long-term missionary in Albania, where he will be working with national doctors

Liz McClenaghan helped run the IMSC as a student intern in 2011. Later in the year she went to a national medical student conference in Ukraine; 'It was so exciting to see the students who'd been on the IMSC now taking leading roles back home. We didn't go to lead or teach, but just to join in with what they were doing. Bernard Palmer's book *Cure for Life* had been translated into Russian just in time for the conference, so we were able to give one to every student.'

Seeds are sown, friendships are made, new groups are born and young ones grow up.

Family unity

Christian doctors from eight countries came together in 2012 for the first ever ICMDA conference in the Caucasus. The region has been an arena for political, religious, and cultural rivalries for centuries. Since the dissolution of the Soviet Union in 1991 there have been a number of border disputes leading to fighting and conflict and tensions remain today. Christians are not immune to conflict and at the conference a misunderstanding sparked a sharp disagreement between two national groups one evening. Difficult discussions followed during the next day. But at the evening prayer meeting there was a moving demonstration of reconciliation, when the leaders of the national movements knelt down together and asked for forgiveness. Others followed in a remarkable display of unity.

ICMDA isn't usually in the business of brokering peace between countries at war but on this occasion there was a deep significance in Christian doctors from these nations coming together as part of a worldwide family.

Encouraging brothers and sisters

ICMDA was founded in 1963 when doctors from 16 different countries gathered for a conference in Amsterdam; today there are over 70 member organisations. There are other movements and individuals who are connected with ICMDA but not yet members. Some of these are in countries where there are only a handful of Christian doctors, others are in places where a fellowship is just starting up. In some places it's not possible to form an association of Christian doctors because the state is hostile to Christianity. In Azerbaijan, it is dangerous for Christians to meet together. If more than three people or more than two Bibles are found at a meeting, there is risk of a fine or even arrest. Some groups are under surveillance; phone calls are monitored and emails may be intercepted. Christian doctors and students do meet, but they have to make sure they do so in a different home each time. If someone knocks on the door they will say, 'We are just having dinner together.'

It's so important for doctors in such difficult circumstances to know that they are not alone. If they manage to get to an ICMDA conference they meet brothers and sisters from many countries; they find that they have a worldwide family standing alongside them.

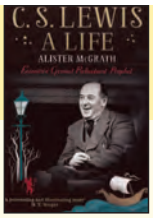
Vicky Lavy *is CMF Head of International Ministries*

ICMDA 2014
SERVE SHARE SHINE

2014 World Congress, Rotterdam

Every four years ICMDA holds a World Congress. The next one is in Rotterdam, 19-24 July 2014. Why not come and be part of it? Since it's just across the water in the Netherlands, we hope that many from UK will be there. If you can't come yourself, please consider making a donation to the bursary fund which will enable students from resource-poor countries to attend. The conference will light a flame in many hearts and will help the family to grow bigger and stronger.

Seeds are sown, friendships are made, new groups are born and young ones grow up.



CS Lewis: A Life

Alister McGrath

- Hodder & Stoughton, 2013
- £20.00 Hb 448pp, ISBN 9781444745528
- Reviewed by **Giles Cattermole**, CMF Head of Student Ministries

Author, apologist, academic. McGrath's excellent biography of CS Lewis shows us the man behind these three faces. A man shaped by his childhood in Ulster and in English schools before the horror of the trenches, by Oxford, and especially by his friends. A man who could be odd – even nasty; this is no hagiography. But most of all, although a 'most reluctant convert', a man who came to know Christ, and made him known to so many through his broadcasts and books. McGrath is thorough – perhaps at times giving too much detail, and there is much repetition. Masterfully weaving biography, theology and literary review together, he shows the development of Lewis' thought and writing. From the objectivity of *The Problem of Pain* to the passionate intensity of *A Grief Observed* we see Lewis the intellectual confronted by personal searing loss. From his wartime apologetics to the imaginative *Chronicles of Narnia* we see Christian truth fleshed out in story. It is this, McGrath argues, that makes Lewis so influential still. Lewis appeals beyond modernist didactic approaches, to a post-modern audience seeking emotional narrative. But he provides this within an objectively true Christian framework. It's no surprise that Christian writers like Tim Keller, successfully reaching a thoroughly post-modern culture, so obviously stand on Lewis' shoulders. If only more of us could present God's truths so winsomely!

What Happens after I die?

Michael Allen Rogers

- Crossway, 2013
- £12.00 Pb 256pp, ISBN 9781433533020
- Reviewed by **Robin Fisher**

Michael Rogers tackles this vast subject with biblical rigour, while maintaining a light touch. He moves easily from the deep horror of hell to the unspeakably great joy of eternity with God. He does not gloss over the catastrophe awaiting those who reject Christ, noting that he is both the one who speaks most of hell and the only one who can rescue us from it.

Rogers moves quietly from disaster to triumph, allowing the drama to speak for itself. Rogers deals with modern secular perspectives of heaven and hell, exposing them as comforting falsehoods. He is obviously a theologian, but the pastor is never far away. The book is full of the ordinary questions that people ask. Will I be united with my relatives? Is my child in heaven? Written for the Americas, there are occasional cultural difficulties. The practicalities after a death being one. A chapter on what to do after a death in this country would add to the book's value.

Rogers brings into relief the darkness and horror that Jesus rescued us from, and the unimaginable joys of our future with Christ. This book deserves a place on your shelf.

Making Church Accessible to All

Including disabled people in church life
Tony Phelps-Jones and other contributors

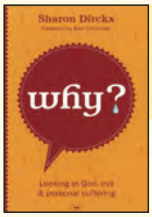
- BRF, 2013
- £7.99 Pb 144pp, ISBN 9780857461575
- Reviewed by **Ruth Eardley**

The front cover says it all: a big 'WELCOME!' but the red carpet stops just short of the steep stone step at the entrance. The door in the grey Norman arch is only half ajar (will I get my wheelchair through that narrow gap?) and there is no sign of human life, let alone a warm handshake.

One person in six in the UK has a disability. This great little book helps us think biblically and inclusively about church life. 1 Corinthians 12 reminds us that the church is a body: there are different parts, but all belong. God strengthens and blesses the church through disabled people: all we need is common sense and a willingness to make everyone really welcome.

Chapters include autism (not so keen on 'sharing the peace'), learning disabilities (could we say 'let's talk to God' instead of 'let's bring our petitions to the throne of grace'?), sight loss (let's all sing from the projected words...), mental health conditions ('What you need is deliverance') and mobility problems (Andrew Bartley uses a mobility scooter but was asked to speak at a church disability awareness meeting to be held upstairs).

Medics are well-placed to take a lead on inclusivity. Buy one, read it and donate to the church library.



Why?

Looking at God, evil & personal suffering
Sharon Dirckx

- IVP, 2013
- £8.99 Pb 176pp, ISBN 9781844746194
- Reviewed by **Laurence Crutchlow**, a London GP and CMF Associate Head of Student Ministries

It is all too easy to reduce suffering to an intellectual question, forgetting that the questioner is very often dealing with a deep personal hurt that is behind what they ask. An inspiring story about a baby with holoprosencephaly is the first of five personal stories that ensure this book is much more than an intellectual response to questions about suffering. A logical and clear approach looks at both questions of individual suffering, particularly around illness, and wider questions such as natural disasters. Dirckx's scientific background comes across clearly, as does her experience of caring for her husband during illness.

I particularly liked the focus on our personal role ('Am I responsible for anyone else's suffering?' is one chapter heading), and the constant pointers back to Jesus' work on the cross ('Can a broken story be fixed?'). Although accessible for non-Christians, I think this book will be of most help to Christians who struggle with their own questions about suffering.

Quotations draw heavily on others associated with the Oxford Centre for Chrsitan Apologetics where Dirckx is based, which may seem a little narrow to some. There is also a chapter looking at whether religion itself causes suffering, which addresses this common question of today. It is for its contemporary relevance and clear thought that I would primarily recommend this book; it may not replace *The Problem of Pain* on most bookshelves, but complements CS Lewis and others with its insight into questions being asked by many.

Rescuing Darwin

God and evolution in Britain today
Nick Spencer and Denis Alexander

- Theos, 2009
- £10.00 Pb 63pp, ISBN 0955445353
- Reviewed by **Mark Pickering**, a Yorkshire prison GP

Rescuing Darwin. A noble thought. But from whom, and to what purpose? The authors attempt to dispel notions of Darwin being anti-religious, by charting his painful journey into agnosticism. They then try to rescue him from the science versus religion debate; first by showing that evolution is compatible with Christianity, and was widely accepted by many Christians in the early days, then by challenging scientific creationism on the grounds that it sets the Bible out as a rival to the *Origin of Species*.

They lament the way that atheist fundamentalists such as Richard Dawkins have portrayed Darwin and Darwinism as inherently anti-religious, thus provoking a fierce reaction from scientific creationists, and in the process polarising and confusing the general public about the true merits of Darwinism. They hope to rescue Darwin to be seen simply as 'an exceptional natural scientist', without the metaphysical overtones his work is often given. There is much to commend in this short book, with its helpful treatment of the history and contemporary issues. I felt the treatment of the Intelligent Design movement was predictably caricatured, but overall it is a helpful summary of the theistic evolutionary perspective and is well worth a read, although the price tag is high for a small paperback.

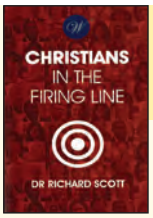
The Big Ego Trip

Finding true significance in a culture of self-esteem
Glynn Harrison

- IVP, 2013
- £9.99 Pb 224pp, ISBN 9781844746200
- Reviewed by **Evelyn Sharpe**, a Consultant Psychiatrist

Since the 1960s, attempts to boost self-esteem have become part of our culture, but it has become evident, as Glynn Harrison says, that 'self-esteem ideology promised much but delivered small'. Dr Harrison, an Emeritus Professor of Psychiatry, describes the origins of this ideology and how it came to have major influence in the worlds of teaching, public health and religion. He shows its failures very clearly but also seeks to provide a 'biblical and more psychologically secure approach to the big questions of significance and worth'.

The second half is a combination of showing the Christian view of humankind, advising how to stop judging ourselves and how to counter the status anxiety which makes us constantly aware of our seeming importance or lack of it. The style is very readable, using biblical examples, personal narratives and anecdotes to illustrate various points. A recent secular article on self-esteem advocated 'think less about you and more about others' as the way to feel good about yourself. Dr Harrison agrees that we need to shift our focus from ourselves, but that our status and significance is to be found in Christ, leading one day to a glorious 'heightened self-forgetfulness' in heaven.



Christians in the Firing Line

Richard Scott

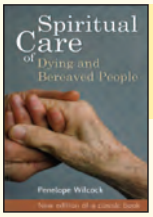
- Wilberforce Publications, 2013
- £7.29 Pb 200 pp, ISBN 978095752515
- Reviewed by **John Martin**, CMF Head of Communications

In 2009 at a CMF conference Richard Scott heard four Christian doctors and nurses who had run into trouble with their professional organisations. He left with five words ringing in his ears: 'It could be you next!' Three years later he himself would face the GMC over advice given to a patient.

Richard, a CMF member and GP from Margate writes well. He presents his case alongside twelve others in trouble over matters of conscience. They include a van driver, a relationship counsellor, a street preacher, an airport beautician, a city councillor and a pro-life activist. The book was compiled in cooperation with the Christian Legal Centre which was involved with most of these cases. This is a good read and Christians will benefit from heeding its message.

In his foreword, Bishop Michael Nazir-Ali comments: 'We don't have to agree with every word of the author's or those mentioned here to admire them not only for their courage but also for their persistence and their faithfulness sometimes in the face of overwhelming odds.'

Whether Christians in Britain are being 'persecuted' is an ongoing debate, but most of the people whose stories appear here have paid a heavy price for their stand.



Spiritual Care of Dying and Bereaved People

Penelope Wilcock

- BRF, 2013
- £9.99, Pb 112pp, ISBN 9780281048779
- Reviewed by **Valerie Rowe**, a Consultant in Palliative Care

Books on 'Spiritual Care' are often theoretical but not this one. It is about *people*. It is intensely real as the cost of fulfilling a patient's request to 'be there' ('watch with me') is acknowledged. But the privilege of journeying with someone on their Emmaus Road and then finding the Lord himself coming alongside is also expressed.

It is a practical book, covering topics such as silence, humour, touch, tears, anger and clothing. The shock of death at the beginning of life is covered as are suggestions and prayers for conducting a funeral. Questions are posed which set me thinking – 'vulnerable God' or 'almighty God'? 'heaven and hell'? Mostly I agreed with the author's opinions but not always!

The first edition of the book seventeen years ago 'scratched where I itched' but this expanded edition benefits immeasurably from the author honestly sharing experiences she has faced herself in the interim years. The breakup of her first marriage, the terminal illness and death of her second husband, and the loss of integrity felt after family divisions during her third marriage are all exposed to the light, and her vulnerability adds strength to the book.

I would recommend it to everyone who seeks to be a companion to their patients, to communicate better the compassionate heart of God and to listen out for inner pain, especially on the final journey. Surely this should be all of us!

eutychus

India's baby factory industry

The BBC reports that commercial surrogacy is an industry worth $1bn a year in India. It spotlighted the activities of a controversial Indian medic, Dr Nayna Patel, who has built a multi-million pound complex in rural Gujarat. Rich couples from the West stay in plush accommodation having paid Patel £17,000 for arranging Indian women to be impregnated using couriered-in sperm and embryos. The women who stay in dormitories sign away legal rights to the child they carry and receive £4,950. Patel has delivered nearly 600 babies during the last decade. (*BBC News Online magazine*, 30 September 2013 *bbc.in/18HArZ7*)

The e-cigarette tightrope

E-cigarettes might cause less harm compared to traditional cigarettes, but regulation of safety and product consistency is still essential, says the *Lancet*. It urges that marketing should be monitored, not least to ensure it doesn't encourage people to start tobacco smoking. Regulators in the EU and UK walk a tightrope, since over-zealous regulation could prompt people to take up traditional cigarettes instead. In September the Advertising Standards Authority banned three e-cigarettes advertisements for failing to state they contained nicotine. Several tobacco companies have stakes in e-cigarette products. (*Lancet*, 14 September 2013. doi:10.1016/S0140-6736(13)61918-2)

NHSBT anger over hospital drama

In hospital dramas, should dramatic effect win over adequate research? The 5 August episode of the BBC's *Holby City* depicted a mother agonising over whether to allow the harvesting of her brain-dead daughter's heart has drawn fire, accused of scaring off organ donors and 'commodifying' donors. BBC spokespeople claimed the plot showed what happens if rules are ignored. NHSBT (NHS Blood and Transplant) countered that it ignored professional advice and violated three cornerstones of organ donation procedure – anonymity, trust and altruism. (*BBC Health*, 5 August 2013)

Latest rulings on assisted suicide

Care Not Killing Alliance (CNK) has welcomed a ruling by three judges dismissing cases brought by the widow of the late Tony Nicklinson, Paul Lamb and 'Martin', to allow assisted suicide. They ruled change in the law was a matter for Parliament – not the courts. Alistair Thompson of CNK commented: 'We have to guard against people saying that human life has a finite value – that if you are disabled, elderly or terminally ill that your life is somehow worth less than if you are able bodied.' Expect a further round of appeals. (*BBC Health*, 31 July 2013)

Taking life for granted

The BBC regularly fillets 'God talk' but reporting Joost van der Westhuizen, South African rugby legend (89 caps), was an inspiring exception. Confined to a wheelchair with motor neurone disease, he testified, 'I've learned there are too many things we take for granted in life and it's only when you lose them that you realise what it is all about. I know God is alive in my life … I can now talk openly about the mistakes I made because I know my faith won't give up and it won't diminish.' (*BBC Sport*, 20 August 2013)

Ticket to bed

Basic rights of some mental health patients in England are being 'violated' because of a shortage of beds in psychiatric units. A Health Select Committee enquiry has uncovered evidence that people are being sectioned unnecessarily because it is the only route to secure hospital treatment. There were 42,208 detentions in England in 2008-9. By 2011-12 the figure had risen to 44,894. According to one witness to the enquiry, 'Being detained is the ticket to getting a bed.' (*Independent*, 14 August 2013)

What ailed the Elephant Man?

DNA sampling may soon unlock the medical cause of the deformities that afflicted 'The Elephant Man' (Joseph Merrick, 1862-1890). Skin and hair samples were taken during an autopsy conducted by Frederick Treves, the surgeon at the London who befriended Merrick, but these were lost during the World War 2 blitz. Merrick's skeleton is kept at the London Hospital and has never been publicly displayed, although a museum there is dedicated to his life and memory. DNA sampling must overcome challenges, not least because the skeleton has been treated with bleach. (*Medical Daily*, 29 August 2013 *bit.ly/15o5LGZ*)

Dying at your place of preference

Woody Allen said, 'I'm not afraid of death; I just don't want to be there when it happens.' Palliative care has improved the proportion of cancer patients who die in their place of preference; but of course most people do not die of cancer. So not surprisingly, fewer non cancer patients choose where they die. Some 26 studies (twelve UK based) on patients' wishes found 64.6% of patients with a cancer diagnosis chose their ultimate place of death compared to 54.7% of non-cancer related deaths. Moreover, the disparity seems to be growing. (*BMJ Supportive and Palliative Care*, 2013 doi:10.1136/bmjspcare-2012-000292)

Divorce is bad for health

The impact of separation and divorce on men's health needs more investigation, *The Daily Mail* opines. It cited American research reported by *Men's Health* magazine claiming divorced men are more likely to have heart disease, high blood pressure and stroke than married men. 39% are more likely to commit suicide. They are more likely to take part in risky activities like over-indulgence in alcohol and substance abuse. This runs contra to popular images of men as tough, resilient, and less vulnerable to psychological trauma than women. (*Daily Mail Online*, 1 October 2013 *dailym.ai/15IEwbA*)

Growing old graciously

Sweden leads the world for the treatment of elderly people says the UN Global AgeWatch Index. Norway and Germany followed Sweden at the head of the list. Britain was rated 13th, one place behind Ireland. Afghanistan languishes at the bottom of a 91-country global league table. Researchers used 13 different indicators – including income and employment, health provision, education, and environment – in what is claimed as the first global study of this kind. The report says that by 2050 older people will outnumber children under 15 for the first time. (*BBC Health*, 1 October 2013, *bbc.in/18JKZ8o*)

Dimity Grant-Frost thinks about our motivation to serve

WHEN OUR HANDS ARE WILLING

While Jesus was in one of the towns, a man came along who was covered with leprosy. When he saw Jesus, he fell with his face to the ground and begged him, 'Lord, if you are willing, you can make me clean.' Jesus reached out his hand and touched the man, 'I am willing,' he said. 'Be clean!' And immediately the leprosy left him. [1]

The nurse will find it easy to apply this short story from Luke's gospel to him- or herself. We have made it our daily duty to be willing to clean, serve and heal the sick and the dispirited. The committed Christian nurse will find it easy to use this account as a sharp rebuke, 'I must be more like Christ as I work! I must show the compassion that Jesus shows here!' In ferocious and exasperated tones we apply to ourselves the poem by St Teresa of Avila:

Christ has no body but yours,
no hands, no feet on earth but yours,
yours are the eyes with which he looks
compassion on this world,
yours are the feet with which he walks to do good,
yours are the hands with which he blesses all the world.

As we grow in our love for Jesus, we grow in a deep desire to serve him as we minister to the frail elderly in the nursing home, the dying young man for whom older parents keep a worried vigil at home, the shocked family around the ITU bed, the labouring mother. And so this story of Christ and the leper becomes our model, our duty, and sometimes, our burden. This is not wrong. Christ is our model; to serve him, our duty; to share in the suffering of others, our burden.

But, the problem about applying this story in that way is this: we are not intended, at least not first, to see ourselves as Jesus. We are not first the compassionate healer. We are not first the source of cleansing, reconciliation, hope and peace. We are first the leper. *We* are wounded, broken, outcast, unclean. We are those who need to hear the concern in his voice, feel the tenderness of his touch, and receive the spiritual cleansing that he willingly provided as he laid his life down for us at Calvary.

Before we aim to be like Jesus in our work, we must first model ourselves on the leper. We must see Jesus, and do so as the leper did. When the Nazarene carpenter walked by, the leper did not simply look upon the good teacher or the wise man. He saw his Lord and his only hope for restoration. He did not fear to cast himself in humility at the feet of God, seeking a kindness he knew he did not deserve. And, (what sweet relief!) he did not find Jesus lacking in compassion, mercy, willingness or healing power.

The Advent and Christmas season is an opportunity to remember that out of his love for those who were far away from God, Jesus came as a helpless baby to live among us. He would ultimately face the horrors of death on a cross, so that we, the damaged, the sinful and the needy might be healed and reconciled to the Father. Let's worship the Lord of compassion with the humble manners of the leper, and marvel at the response of Jesus, 'I am willing.' Nothing short of an encounter with Jesus like this one will be able to sustain us to do his work.

Dimity Grant-Frost *is CMF Nurses Student Staffworker.*

references

1. Luke 5:12-13

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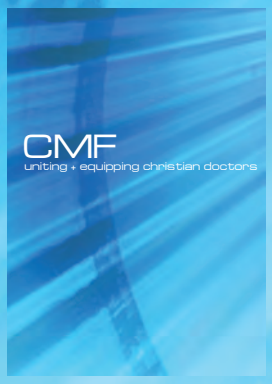

* T&Cs apply. See website for details.

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