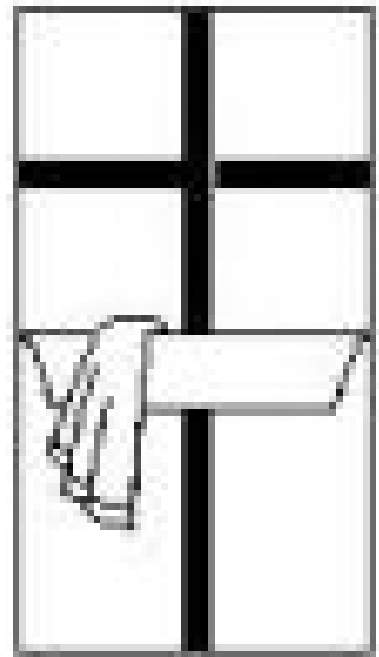


THE OPEN HOUSE STARTER PACK



International Edition
2006

Introduction

“Let us hold unswervingly to the hope we profess, for he who promised is faithful. And let us consider how we may spur one another on towards love and good deeds. Let us not give up meeting together, as some are in the habit of doing, but let us encourage one another – and all the more as you see the Day approaching.”

Hebrews 10: 23 to 25

Welcome to the international edition of the ‘Open House Starter Pack’. The original starter pack was compiled in October 2001 by members of the Birmingham UK Open House group. Since then, a number of other Open House fellowship groups for junior doctors have been established.

The aim of this International edition, as with the 2 previous UK editions, is to inspire and equip others to run Open House Juniors Fellowships by presenting the vision and aims as well as giving tips on how to set up and maintain such groups. In compiling the International edition we have sought to collate the experiences and good practice of different groups around the world. The purpose of this 'Starter Pack' is not to uphold any one model as the ideal. Rather, we hope to stimulate a real passion in others around the world to make a priority of supporting one another in fellowship and prayer.

Dr Gareth Payne
Dr James Tomlinson
Birmingham, UK 2006



A History of Open House/ Juniors Fellowship Groups

At the time of writing Open House Juniors Fellowship groups can be found in the UK, South Africa, Taiwan, Sweden, Norway, India and Australia. All are different and reflect those that form them as well as the nature of their location. Here we trace the development of groups in 2 countries.

United Kingdom

In June 2000, as another year of medical student friends graduated, the founders of the Birmingham Open House, the first in the UK, began to think of their own experiences of entering the junior years. None of them could claim success in maintaining a holy walk with God whilst negotiating a bewildering new job. To varying degrees the struggle with issues such as tiredness, cynicism, materialism, and unhealthy relationships had taken its toll on their individual Christian vitality. Sadly too, they remembered that not all of their friends were now active in their own walk with God.

How would the new year of graduates fare? They would surely face the same struggles...and so Open House was conceived. *Open House*, an informal venue, where medics could meet together and share and encourage each other in the struggle to walk close with the Lord during the early years of clinical life.

There are now Open House groups which meet across the UK. Most groups meet one to two times a month in someone's home (hence the name). During each meeting there is time for those present to get to know one another, talk about their concerns, and pray for one another as well as time to consider issues where faith and work meet, whether personal, professional, or ethical. Some groups, including the Birmingham group encourage older medical colleagues to come, hoping to benefit from their wisdom and experience.

Over the last 6 years some groups have struggled to continue meeting together. The groups that have continued have had a committed team of juniors and have had enough Christian Juniors in their area to involve. The Birmingham Open House group continues and has played its part in keeping colleagues on track in their walk with God. However the group needs continued energy and enthusiasm from its organising team and continues to evaluate its activities and purpose so that it stays true to its

aim of providing a place of fellowship and support for those in the junior years.

India

The Christian medical student group at Gandhi Medical College had been meeting weekly for over 8 years for a time of worship, Bible study and prayer. Numbers ranged from 10-30, but also included 5 junior doctors.

Dr A Benjamin writes: “After hearing about junior's fellowships at the World ICMDA Congress in Taipei in 2002, we were able to see more clearly our own need for a similar group. On sharing the idea with the local juniors and brainstorming among ourselves we agreed on the need for juniors to meet on a regular basis and so the *Junior Doctor's Fellowship (JDF)* was born. As the students were exposed in their student days of the need for such a fellowship they are encouraged to be part of the group from their first year of work. The Juniors Fellowship is seen as an extension of the student's fellowship and we share very close working relationship with each other.

The first meeting of the group was on the 27th August, 2002. Since then the group meets every fortnight. The meetings are largely informal. Each meeting lasts for about 1 1/2 to 2 hours. We have a time of worship, sharing experiences, testimonies, discussing various concerns and praying for one another. The meeting always end with tea and snacks which provides extended opportunity for fellowship. These opportunities were used to discuss various issues including preparing for internship, stewardship, abortion, caring for the terminally ill, career options and servant leadership. Some were structured discussions whereas others were not.

Apart from regular meetings, we also have outings where we go to a nearby place and spend a day together in fellowship, prayer and have some fun time. We also had a trip to one mission hospital in a tribal area.

God has immensely blessed our regular meetings. Over this period strong relations were built among juniors. The fellowship has not only grown in numbers but also in commitment where juniors are seriously praying and asking God to build a team of committed doctor's who would be willing to serve HIM at any cost. We firmly believe that GOD has great plans which HE will unfold at the right time if only we can continue to meet regularly and wait in HIS presence.”

Aims and Objectives

In running a fellowship group for juniors it is helpful to have clear aims and objectives. These can help to bring focus to the group. When deciding on the aims and objectives for your group you need to take account of the situation you are in, the members of the group and most vitally be listening to God and bringing your decisions to him in prayer.

If you are in a country where a national Christian Medical and Dental Fellowship or Association already exists it is important that the aims and objectives of your group are compatible with the aims and objectives of the national Association and that you let somebody who is part of the Association know about your group.

In the UK, the aims of each Open House group are the same as the aims of the National fellowship, the Christian Medical Fellowship. These are:

- *To unite Christian doctors and medical students in Christ, and to encourage them to deepen their faith, live like Christ, and serve Him obediently, particularly through acting competently and with compassion in their medical practice.*
- *To encourage Christian doctors and medical students to be witnesses for Christ amongst all those they meet.*
- *To mobilise and support all Christian doctors, medical students, and other healthcare professionals, especially members, in serving Christ throughout the world.*
- *To promote Christian values, especially in bioethics and healthcare, amongst doctors and medical students, in both the church and society.*

The specific objectives of each open house group will differ depending on the local situation and those who attend the group. The following are examples of objectives which groups have chosen:

- To provide a local forum for Christian Juniors (and medical students/seniors/ other healthcare professionals) to meet together for fellowship, encouragement, challenge, and mutual support which in turn enables them to better follow Jesus in medicine.
- To consider issues and challenges which are specific to Christians in medicine. This includes promoting a healthy awareness of the particular stresses of medicine and their effects on the Christian's walk with God.

- To provide an opportunity for evangelism amongst colleagues.
- To consider the opportunities of medical mission including supporting those who attend Open House as they prepare to go and then go!
- To NOT be an alternative to church or bible study/ cell groups but to focus on being a meeting which unites the Christian and Medical.

Juniors Fellowship Taipei, Taiwan

Following the ICMDA World Congress in 2002 in Taiwan a junior doctors group was started. Many senior doctors would like to help the juniors if there is an opportunity. Sometimes, the juniors are so busy and so tired to call for spiritual help. We really hope to make a bridge between them but sometimes we don't know how to.

Dr Esther Chuang

Who is Open House For?

Having considered the aims and objectives of an Open House group it is necessary to consider whom the group is for. Who is its target audience? This will determine the content and how the Open House group is to be run.

Let's consider the different groups of people who you may want to consider.

- Junior Doctors/ Dentists – most groups concentrate on supporting and encouraging juniors. The junior years are often transitory with constant on calls sometimes living and working in the same place for only a few months.
- Medical/ Dental Students – some of the issues that clinical students face are the same as those of juniors. In addition it is good for clinical students to be spending time with practising doctors and dentists as they approach the end of medical school and the reality of actually being doctors/ dentists themselves. Some Open House groups are specifically student and junior. In others they are aimed at juniors but are open to students attending. Some groups have also specifically run some meetings aimed at medical students or have gone along to student meetings or held joint events.
- Senior Colleagues – most of the groups have had local senior colleagues come and share their experiences and wisdom by leading a discussion or talking to the group. Some groups have had a few senior colleagues commit to coming regularly. Again Open House groups have also been involved in joint events with senior colleagues.
- Other Health Professionals - although ICMDA is focussed on medics and dentists a number of its member movements include other healthcare professionals and some Open House groups have had members of other health professionals come along. Often there aren't any such local groups for these people and having their input and fellowship can be a real benefit.
- Non-medical spouses – yes some juniors are married. It can be good to make the Open House welcoming to the spouses of medics also.

- Non-Christian colleagues – don't be afraid of inviting people to Open House. Try to make the content of Open House appealing to non-Christian colleagues also. How could Open House be involved in evangelising colleagues better?

Open House Fellowship Brisbane, Australia

We ran an Open House fellowship group last year. We aim to create a trusting, honest and safe environment in which students and junior doctors can share their aspirations, joys, doubts and failures (our churches may not always be able to offer this for medicos). Such honesty and accountability can have a big impact on our mindsets. This is a form of peer tutoring / feedback (something we hear a lot about in medical school but little about in churches). Mentoring relationships are a natural flow on from the safe environment that such Open House fellowships create.

Running an Open House fellowship for medical students and junior graduates together is a bit like a small church which runs a combined youth group for years 8 to 12. It can be done - but you need to be aware that there are two (possibly more) sub-cultures within the group (i.e. years 8 to 10 and then years 11 to 12). I think in the ideal world you would have two separate youth groups (junior high and senior high) which had occasional meetings together. Likewise if you have enough numbers I think it is better to run one meeting for the med students and another one for the recent grads with occasional combined meetings (for example 4 a year). We are currently thinking of having a med student meeting one night a month and a recent grad meeting one night a month - but two weeks apart - so that there will be two meetings a month but each catering for a particular group.

Dr Anthony Herbert

Practicalities

When and where?

Most Open House groups meet regularly in the same person's home. In most cases this has meant someone being prepared to give their house keys to someone else in the group allowing continuity of venue even if the homeowner is away or on call. It is important though that the venue is as central and accessible as possible. The London group have rented a room where they can meet in central London.

Most groups have also chosen a regular time to meet attempting to avoid the days on which local churches run their Bible study/ small groups. For example, from 8 to 10pm on the 2nd and 4th Tuesday of each month or on the 1st Monday of each month.

Some groups chose to meet twice monthly to give an increased chance that local juniors will make it to at least one of the nights even with horrendous on call rotas. Others meet just once a month because they found twice monthly meetings too much of a strain. Each Open House is different!

Making your group known

Advertise the group as widely as possible - in local hospitals, doctor's messes, postgraduate centres, the medical school, churches, and through established local Christian medics.

The most important way of reaching colleagues is through existing members of the group inviting Christians they meet at their own places of work.

It is also important to find out who the local Christian doctors in your area are and to invite them personally by letter, email, text or phone. If your national Christian medical organisation knows about your group then they can let you know when a member moves into your area.

It is also useful to remind people a week before your next meeting what the topic will be. You can do this by bleeping people at work, texting or emailing. Some use a group email forum such as Yahoo Groups, <http://groups.yahoo.com/> and Google Groups <http://groups.google.com/>. These sites allow an email group to be set up and managed by a named

person. Once started anyone can email all the group members at one address. Individuals can remove their own names from the list should they no longer wish to receive updates. The bi-product of using such email forums has been the sharing of ideas/ prayer needs to a much wider group than actually attends each Open House gathering.

Who's in charge?

It is important to stress that Open House should be run by all for all. Due to its nature it doesn't work if only a few are seen to be 'actively' involved. However there are organisational issues and it helps to have 3 or 4 people committed to putting it all together as a TEAM. It's easy to become unfocused and demoralised if you're on your own in making all the effort. The groups that have thrived have generally had good support from local older Christian colleagues with the Open House group being considered as just a part of what your national Christian medical organisation does in that locality.

Open House Örebro, Sweden

Following the European ICMDA Conference in 2004 we were inspired to start an Open House group for juniors in our city. We meet together once a month to talk over an issue relating to Christian life - medical work. Topics discussed have included "prayer", "handling stress and cynicism at work" and "God's guidance at work, in life and for the future". We have found it encouraging to focus on Jesus with colleagues and to pray together.

Dr Ulrika Josefsson

Content of an Open House meeting

Most groups run for 2 hours. The format followed is generally:

30 minutes	Coffee/ tea, cakes and chat
40 minutes	Discussion/ Talk
20 minutes	Prayer
30 minutes	More coffee/ tea, cakes and chat

However, consider what you, as a group would like to do. Perhaps you would like to eat together or spend time in worship? It is important that you try to move on to each section at the right time because otherwise people may still be chatting until late at night which is great unless it's your home and you're working early the next morning!

Programme

Most Open House groups have found it helpful to plan a 6 monthly programme. This has allowed juniors to know what is coming up and to fit the evenings into their busy diaries.

In compiling a programme it is important to stick to those issues, which are Christian and medical. As well as inviting respected senior colleagues to run a discussion or talk it is also good to have times when just anyone can share their joys and struggles or lead a discussion.

Most groups try to include a balance of topics between ethical dilemmas, maintaining personal faith, evangelism of patients and colleagues, and work attitudes. It is also worthwhile considering the pattern of the medical year and reflecting that – for example covering “surviving housejobs/ internship” as the final year medical students graduate or looking at “guidance” when people are applying for new jobs! In addition to all this it is worth building in a few social evenings throughout the year also. These are good opportunities to invite new people along.

One danger when organising a programme is that over time topics can be chosen just because they seem interesting academically. It is important that the topics discussed by the group remain relevant to the needs of the members of the group. Some groups have identified the issues that the group members had encountered as Christian medics over the preceding weeks and then used these to draw up the next few months programme.

Many of the Open House groups have had some great discussions relevant to the issues that Christian Doctors face at work. These have varied between ethical dilemmas, maintaining personal faith, evangelism of patients and colleagues, and work attitudes. The discussion time has generally been led by any of those coming to Open House. Sometimes a more senior colleague may be invited to lead the discussion - a great way of getting them more involved and benefiting from their experience and wisdom. Ideas for topics collated from the different groups can be found in Appendix 1. Outlines for three sessions can be found in Appendix 2.

Junior Doctors Fellowship Hyderabad, India

As soon as new batch of students graduate, they are formally welcomed to join the group. Although, many students have a vague idea of what an intern's job would look like, some do not have clear idea of the specific job expectations nor is there any structured orientation before they begin the job. We at JDF run them through the major expectations from each of the department they will be working in the entire year. We sensitize them on specific skills that can be acquired during this period (Lumbar Puncture if working in general medicine, may be episiotomy if working in obstetrics etc.), what opportunities to look for and encourage them to make the best use of every opportunity. At the same time we also discuss some of the challenges they would be facing in the wards, hostels, campus etc., especially situations which question our sense of values as a Christian and where we need to take a stand.

In order to help students to make an informed choice on career related issues, we have organized an open forum on career options where we have panellists working in different scenarios (public sector, private sector, NGOs – both secular & Christian, non-clinical specialties where many may end up teaching in medical schools and Christian Mission Hospitals) to answer a variety of questions from the students. We also had a debate on working in India vs. working Overseas as many consider migrating to developed countries.

Dr Anil Benjamin

Problems Encountered

As the oldest group, it is not surprising that a number of problems have been encountered by the group in Birmingham, UK. We would like to share some of them here that in being honest we may be able to help you.

First, after a couple of years the hosts of an Open House may need a break. Tidying your house and providing food regularly for guests can become a burden. Do consider creating review dates for any volunteers, so that they have the option to ‘hand-over’ the job to somebody else. Equally, the same is true for those acting as the main co-ordinators. It can be difficult to think of new ideas for talks etc, so be willing to work as a larger group and to share as much of the work as possible.

Many of us are active members of the local church, so it is often important to not make this “just another meeting.” What members have valued most is the opportunity of spending time together in fellowship and mutual support, so it is important that this is not marginalised. Equally it is important that you don’t fall into the pitfall of just moaning about work.

The group in Birmingham were close friends as students and spanned a 3 year group. It was difficult to avoid becoming a clique of people who knew each other well and it is worth making every effort to make younger members and people new to the area as welcome as possible, by giving personal invites etc. It is also worth having a large number of leaders to involve as many people as possible and keep the work burden low for example, someone to email reminders, keep a set of keys and get the venue ready, organise the programme and arrange speakers, chasing up people who haven’t been seen for some time.

First Steps

If there is no open house group in your area then what about setting one up? Talk to your Christian colleagues both junior and senior and prayerfully **GO FOR IT!**

It is our hope that the ideas contained within this starter pack will inspire and enable. None of us will claim that running such groups is easy. However the fruit of seeing Christian medical friends continuing to follow Jesus in medicine as well as some of our non-Christian colleagues starting to consider Jesus – that is worth the effort!

Thanks

Our thanks go to all those who run Open House Juniors Fellowships for sharing their experiences and insights. Our thanks also go to those who have read and honed this edition of the starter pack.

Gareth and James

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Appendix 1 - Topics for Discussion

The following are a few ideas taken from the programmes of Open House groups. The opportunities are endless! For further resources and inspiration look at the ICMDA website www.icmda.net and the CMF UK website, www.cmf.org.uk or look through the medical journals.

<u>Work attitudes</u>	
Surviving housejobs/ internship/ the Junior years)**	Compassion fatigue
Living life as a Junior Doctor/ Dentist - enjoying your life	Where am I going? – Career Planning
Living life as a Junior Doctor/ Dentist – maintaining your integrity	The consultants (seniors): 'Sacrificing the welfare of those we love for the welfare of strangers
The plus side of being a doctor/ dentist	The politics of working in a government health service
Stress and cynicism at work - being a realist	Redesigning health care: 'Spending time with patients is a highly effective way to improve patient care'
Money, power, sex - how to enjoy them	Spiritual Aspects of Patient Care
Surviving on the front line	Is Christian Caring Different?
Being a Christian in the Multi-Disciplinary Team	Healing miracles
The Clock, our master or our servant? – Time management	Whole person medicine
Life outside work?	Reading journal papers as a Christian (how to critique a paper from a Christian perspective)
God centred-medicine	Faith @ work
Spirituality and clinical care (BMJ December 2002 Vol: 325: page 1434	Bullying/ Dealing with dangerous/ unethical colleagues
Bribery and Corruption in the workplace	Setting boundaries versus always going the extra mile
Coping with nights	

<u>Ethical dilemmas</u>	
“Do not resuscitate” decisions	Neonatal Care
Euthanasia	The Challenge of the Homeless
The Cloning Debate	Crisis Pregnancy – a Christian response
Palliative care / end of life ethics	Telling the truth to patients
Christians in research	Withdrawing food and fluids
Research ethics in the Third World	Family breakdown
Ethical finger on the pulse (any topical issue in the press/ Journals)	Gas and Tubes – Dilemmas in Anaesthesia and Intensive Care
Mental Health: 'Health care or social control'	Contraception/ Morning after Pill requests – ethics in practice
A Christian response to HIV/ AIDS	Poverty and Health

<u>Personal faith issues</u>	
Finding God in a busy life	Maintaining spiritual vitality
God's guidance/career decisions	Survive or Thrive – clinical students evening
Issues for the spouses/ families of medics	Life outside work?
Surviving house jobs/ Surviving internship/ the Juniors Years**	Medical mission
Avoiding burnout	Healing miracles
Faith @ work*	Suffering – your privileged role!
By Train, Boat or Plane – opportunities overseas	Risk Assessment: Spiritual Hazards as a Doctor
Where is God in Suffering?	God centred-medicine
Decisions – career, city, country, the choices are just starting	Are you too busy for God as a Doctor?

<u>Evangelism</u>	
Witness on the wards	The Saline Solution Course
Spiritual Aspects of Patient Care	Sharing Christ with patients
Sharing faith with patients from other faiths	Faith @ work* evangelistic events
Social events which provide an opportunity for friendships	

Two particular “topics” to highlight are:

Faith@Work*

Some of the groups have run meetings inviting local Christian consultants in to talk about being a Christian...elderly care physician, paediatrician, toxicologist, General Practitioner/ Family Practitioner etc. These evenings attracted more people than others probably because of the interest in ‘what career shall I choose?’ and the popularity of the speakers. These evenings were also good to invite non-Christian colleagues interested in the same speciality.

Surviving housejobs/ internship**

Some groups have run an evening for final year students facing graduation called “Surviving Housejobs/ Internship”. This has been very useful in preparing students for life after graduation.

The Birmingham Open House group has run two events to prepare and enable the final year students to face life on the wards. Both of these took the form of facilitated discussions. The first of these was aimed at Christian final year medical students and was focussed at equipping and enabling those present to survive the housejob year from both a spiritual and professional perspective.

The second was aimed primarily at non-Christian medical students in the final year at Birmingham medical school to equip them to survive the first year of work primarily from a professional/ medical perspective. By running this evening something of the difference that Jesus makes and their care for those about to be their colleagues was demonstrated. A panel of Christian Juniors answered questions on how to work efficiently, how to get on with nurses and other colleagues, and how to deal with the pressures of being a junior doctor. At the end of the evening all those on the panel were asked what one thing had helped them to survive their housejob/ intern year. A number of the panel clearly stated that it was their Christian faith.

Book Club

My first experience of open house fellowships was in 2001 when I worked in Calgary, Canada, for a year. The residents there ran a book club where a chapter of a book was reviewed every week.

Dr Anthony Herbert

Appendix 2 – Example Outlines for Facilitated Discussions

The following 3 examples are included to give an idea of the way in which a facilitated discussion could be planned and led.

2.1 Surviving Housejobs/ Internship Evening

Facilitated discussion evening for juniors and Final Year students with those present contributing their experiences, insight and questions.

Start the evening with introductions and looking at Ephesians 2:10.

Discussion to include:

1. Maintaining your relationship with God

- Personal walk - prayer/Bible study/Discipline
- "Corporate" walk - importance of fellowship - church/bible study/discipleship/1 on 1/peer group support/med school friendships

2. Dealing with temptation/maintaining holiness

- Vulnerability factors - tiredness/lack of fellowship/lack of relationship with God/sin
- Recognising when/where/which areas personally vulnerable e.g. relationships/sex, money, lifestyle, alcohol

3. Ward witness (is medicine ministry?)

- Maintaining distinctiveness on the wards
- Nurturing a passion for the gospel
- Taking/making opportunities to share Christ with patients/colleagues

4. Money matters - stewardship/tithing issues

5. Career - issues of guidance/direction

Close the evening with a time of prayer.

2.2 Maintaining your (and others) spiritual vitality

“Wake up, O sleeper, rise from the dead and Christ will shine on you.” Ephesians 5:15

Jesus calls us to a living ongoing “awake” walk of faith. Medicine is notorious for its busyness and stress. Each year a number of Christians lose their faith following graduation. As busy health professionals how will we or how do we ensure that we maintain our and others Spiritual Vitality?

Structure for facilitated discussion:

- What do we mean by Spiritual Vitality?
Spiritual Vitality = a living/ alive faith, 1 Peter 1: 3-5
Called into relationship as his children, I John 3: 1
- How do we assess our and others Spiritual Vitality – are there “clinical/ vital signs” we can look for?
[Ongoing changed life/ a desire to see others changed. The fruits of the Spirit: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control Gal 5: 22-23]
- What are the threats/ dangers or discouragements to maintaining our Spiritual Vitality as juniors?
[Sin/ temptation, isolation, gossip, spiritual schizophrenia, ungodly relationships, tiredness, busyness, illness, ambition, family]
- How can we maintain/ encourage our and others Spiritual Vitality (in practice)?

Key Verses: Hebrews 12:1 -2 and Philippians 3: 10 – 14

Through Quiet Times/ Space with God

- Meditation on Gods word, Psalm 1: 1-3 and 2 Tim 3: 16-17
 - Praise and Worship, Psalm 100
 - Prayer/ Intercession – Jesus example, Mark 1: 35 and Matt 6: 7-13
[Prayer = a 2 way conversation]
 - Confession/ Dealing with sin, I John 1: 8-9
Elijah’s experience – God fed and rested him as well as met with him, I Kings 19
- Practical suggestions: Coffee breaks with Jesus/ Chiming watch*

By Seeing God in Action

- In Creation, Colossians 1: 15 -17
- Through others
- In circumstances, Romans 8: 28
- ... At Work (medicine), Colossians 3: 23-24

In Dynamic Relationship through the Holy Spirit

- Gifts of the Spirit, I Cor 14: 1-5

Through Sharing Our Faith

- Sharing our faith builds up our faith and understanding, Philemon 6

In Rest

- The principle of Sabbath rest, Exodus 20:8
- The example of Elijah, I Kings 19

Through not being inappropriately burdened

- Matt 11: 28 to 28

In Obedience

- Obeying Gods commands – e.g. tithing, on relationships etc, I John 1: 5-6 and I Samuel 15: 22 - 23
- Right Living, Micah 6:8

By Fleeing Temptation/ Avoiding Sin

- Flee Sexual immorality, I Corinthians 6:18
- Flee Idolatry, I Cor 10: 14
- All sin, Romans 6: 11-14

Through Thinking on Good Things

- Christian books, tapes, DVDs, Philippians 4: 8-9

In Fellowship

- Meeting together in church, small groups, conferences, retreats, with friends, Juniors groups – “Open House” – Hebrews 10: 24-25
- Pray/ Worship/ Read Gods Word, Serve Together, Encourage one another, Prophecy, See God at work in and through his people, Acts 2: 42
[Personal versus Corporate walk]

Through Keeping Accountable

- Accountability/ Prayer Partners, James 5: 16

Close with time of prayer

2.3 Telling the Truth to Patients

INTRODUCTION - 2 related themes not telling lies or deceiving patients and telling truth.

BRAINSTORM 1 – What sorts of things do we tell patients about?

BRAINSTORM 2 - Why might we not tell them the truth about each of these (i.e. barriers to truth telling)?

BRANSTORM 1	BRAINSTORM 2
Cause/ Pathogenesis	to not offend, lack of knowledge, uncertainty, to protect, lack of time
Diagnosis	to gain money, mis-education, misdiagnosis, serious and unproved, perception of person being emotionally unstable i.e. wish to protect them
Prognosis	fear of telling the patient, living with uncertainty, poor knowledge, to protect the patient, family/ doctors wishes
Management/ Treatment	out of date/ poor med knowledge, complicity with patients desire for medicine/ tablet, for financial gain or because patient not enough money
Prevention/ Lifestyle	avoid confrontation, poor knowledge
Death/ Salvation	fear, time, faith, persecution, not our role

DISCUSSION - What is truth?

- Sometimes we can more clearly see what something is by seeing what it is not. What is the opposite of truth? – lies/ falsehood/ deception
- What does scripture tell us about truth?
 - John 14:6 – Jesus is truth as well as the fact that he continually declared it
 - John 8:42 to 45 – Satan is the father of lies
 - John 8:32 - Truth sets people free
 - John 17:17 - Truth sanctifies. God’s word is truth.
 - Col 3: 9 – do not lie to each other
 - Matt 5: 36 to 37 – integrity (yes/ yes and no/ no)
- Truth telling is an action which comes out of a heart of truth - integrity

DISCUSSION - How do we/ can we tell patients the truth?

- Need for good evidence based medical knowledge – need to study/ remain up to date
- Challenge views such as is wrong to tell bad news to patients
- Practice/ role play – find ways in which to approach explaining truth
- Risk telling spiritual truth

Appendix 3 – Christian Medical Fellowship Groups a Rationale

Hebrews 10: 23 to 25 says...

“Let us hold unwaveringly to the hope we profess, for he who promised is faithful. And let us consider how we may spur one another on towards love and good deeds. Let us not give up meeting together, as some are in the habit of doing, but let us encourage one another – and all the more as you see the Day approaching.”

However and whenever we meet together whether in church, small groups, cell groups, conferences, retreats, with friends or with Christian medical colleagues we are to spur one another on – i.e. encourage, challenge and exhort each other to stay true to Christ, to love and to do those good deeds which he prepared in advance for us to [Ephesians 2:10]. We are to pray/ worship/ read Gods Word, serve together, encourage one another, prophecy, be accountable to one another and see God at work in and through his people [Acts 2: 42].

In a world which increasingly talks about the individual, my rights and my needs we can end up believing that it’s all about me. “Look after number one” is the wisdom on the streets. But our God calls us to live counter to the prevailing culture. Community/ others matter. Gods assessment that it is not good for man to live alone [Genesis 2:18] doesn’t just refer to a man’s need of a wife – it is not good for us to live as if we are alone. God created us to live in community. He called the nation of Israel into existence to know him just as much as he now calls his Church to be his body and serve him.

We need each other. Indeed the Bible actually highlights our responsibility to others. We have a responsibility for:

- Mentoring and teaching [2 Timothy 2:2]
- Fellowship and encouragement [Hebrews 10:24 -25]
- Discipleship and instructing [Matt 28: 18 – 19]
- Giving confidence and a vision [e.g. Joshua (Joshua 1)]

Proverbs 27:17, “As iron sharpens iron, so one man sharpens another.”

The value of Christians in professional groups meeting with one another to discuss their specific challenges cannot be underestimated. However as we seek to meet together for such fellowship we must do so in a way that strengthens the wider body of Christ and does not diminish local fellowship groups. It is for that reason that in setting up any regular Christian medical meeting we should be careful to maintain its distinctive nature – i.e. that it is a Christian Medical meeting both in content and form and should not just be the same as a church bible study. It is also important that leaders of such groups choose a pattern of meeting that encourages healthcare professionals to come without it becoming a replacement for church for example maybe meeting 1 to 2 times a month at the most depending on the local situation.

Many groups find that they struggle in knowing what to talk about often only citing abortion and euthanasia as the only truly Christian Medical topics. One exercise is to ask the group members to think back over their last week and think of issues and areas in their work as doctors or dentists that they have found difficult or challenging as

Christians. One group generated enough topics for the proceeding 3 months and found themselves talking about issues such as suffering and truth telling. Another problem can be that the *only* method of bible study used is to find a passage and progressively work through it – allowing it to ask the questions. In considering specific topics we also need to ask what the Bible and particularly Gods character has to say about them.

Having been part of many Christian Medical meetings my observation is that students and juniors and seniors ask different basic questions. Broadly speaking students ask: What do I believe? – i.e. what does the bible say about...? What should I think about...? Graduates ask the additional question: What do I do about what I believe? – i.e. I believe abortion is wrong but how should I respond to the 17 year old girl who is requesting referral for an abortion?

Since medicine and dentistry are practical not just theoretical professions and as the Christian faith is to be lived out it is of course important that students also think through the additional question of what do I actually do ahead of their graduation. However it is only as they start working and face real issues in real people that this question takes on new relevance. The tragedy is that for many Graduate doctors and dentists as they struggle to work out what they should do about what they believe they conclude that their faith is not realistic or workable in the world in which they live and work and end up turning their back on their faith and on the God who they have faithfully trusted as students.

As I have listened to Christian doctors and dentists in various settings I have been increasingly struck by the need that each of us has to tell our story. As Christians in healthcare we have a fundamental need to be able to tell others of our struggles both spiritually, emotionally and physically. We need to talk about that awful boss or the worst ever night on call. This is because in telling our story we are able to understand it better; to reflect on it with others in the context of fellowship; and to think through how Gods word relates to the story of our lives in being Christian doctors and dentists. Personally I have found that in the context of fellowship and talking through my struggles, for example on which contraceptives I am willing to prescribe as a Christian; I have been able to see what I should do as an obedient disciple of Christ in medicine.

However as we tell our stories to each other are we listening and hearing what each other say? Sometimes generational issues and perspectives can divide and weaken the body of Christ. We must be willing to hear each other and share each others burdens facing the following challenges:

1. The risk of complacency – knowing that maintaining ones Christian walk is important and knowing the value of fellowship but thinking you're OK and not doing it.
2. The fear of community – many find it hard to be open to others about their “real lives” experiencing the fear of rejection or being hurt again.
3. The cost of commitment – Bearing one another's burdens. Prioritising others or something bigger than you. What are you committed to? – Christ or an organisation.

[Taken from a talk to the German ACM in 2005 on the role of fellowship groups]

Appendix 4 - Resources

Websites (English language)

ICMDA (especially juniors section)	www.icmda.net
CMF UK (especially juniors section)	www.cmf.org.uk
CMDA USA	www.cmdahome.org
CMDF Australia	www.cmdfa.org.au
Health Serve Medical Misions site	www.healthserve.org
Linking Hands Medical Missions site	www.linkinghands.org
International Fellowship of Evangelical Students	www.ifesworld.org
Healthcare Christian Fellowship International	www.hcf-international.com
Getting God to Work	www.gg2w.org.uk

Publications/ Books

Triple Helix - Graduate Journal of CMF UK published quarterly (available online at www.cmf.org.uk).

Nucleus - Student Journal of CMF UK published quarterly (available online at www.cmf.org.uk).

ICMDA Juniors News Praise and Prayer (available online at www.icmda.net).

Doctors Life Support 2. Multiple authors. ICMDA (2002).

Matters of Life and Death. Professor John Wyatt. Inter-Varsity Press (2000).

Hard Questions about Health and Healing, Andrew Fergusson, CMF London (2005).

Jesus MD. David Stevens & Gregg Lewis. Zondervan Publishing House (2001).

Real Life. Joanna Sunderland. Inter-Varsity Press (2005).

Spiritual Depression. Martin Lloyd Jones.