

FRESHERS' EDITION: ISSUE 49:3

# JESUS, CHURCH & CMF

choosing a church

advice to my fresher self

top ten tips for surviving medical school

freshers

the student journal of the christian medical fellowship

plus: managing time, moral mazes, ethics for beginners, engaging in the public square

# NUCLEUS



A company limited by guarantee  
Registered in England no. 6949436  
Registered Charity no. 1131658  
Registered office: 6 Marshalsea Road, London SE1 1HL

**Managing Editor**  
Laurence Crutchlow

**Student Editor**  
Zack Millar

**Editorial Team**  
Steve Fouch, Rachel Owusu-Ankomah,  
Oluwatosin Oyeniyi, Mark Pickering, Marolin Watson

**Design:** S2 Design & Advertising Ltd.  
**Printers:** Partridge & Print Ltd.

**International distribution**  
If you are the leader of an overseas Christian medical group and would be interested in receiving multiple copies of *Nucleus* please contact the editor

**Editorial address**  
The Editor, *Nucleus*, Christian Medical Fellowship  
6 Marshalsea Road, London SE1 1HL  
**Tel** 020 7234 9660  
**Email** [nucleus@cmf.org.uk](mailto:nucleus@cmf.org.uk)  
**Web** [www.cmf.org.uk](http://www.cmf.org.uk)

**Editorial policy**  
The editor welcomes original contributions that have medical and Christian content. Letters and emails are invited. Authors have a reasonable freedom of expression in so far as their articles are consistent with the Christian faith as recorded in the Bible. Views expressed are not necessarily those of the Fellowship. Unless otherwise stated, Scripture quotations taken from The Holy Bible, New International Version Anglicised. Copyright © 1979, 1984, 2011 Biblica. Used by permission of Hodder & Stoughton Publishers, an Hachette UK company. All rights reserved. 'NIV' is a registered trademark of Biblica. UK trademark number 1448790.

**Distribution**  
*Nucleus* is sent free to all student members of CMF as part of the benefits of membership.

**Copyright**  
Christian Medical Fellowship, London. All rights reserved. Except for a few copies for private study, no part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the Christian Medical Fellowship.

*Fresher's Nucleus* was first produced in 2019; author descriptions and other information reflect those at the time of original production.

## Contents



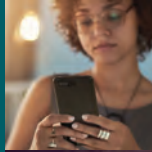
### JESUS, CHURCH & CMF

- 4 God-man-God... a basic gospel outline
- 8 choosing a church
- 10 why CMF?
- 12 CMF is for nurses too!
- 13 local groups: what's all that about?
- 16 CMF in Ireland
- 17 Christian student resources



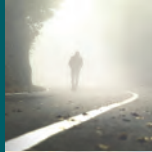
### STUDYING MEDICINE

- 18 top ten tips for surviving medical school
- 20 managing time
- 22 working for Jesus
- 24 talking books – why read?



### STORIES FROM MEMBERS

- 26 advice to my fresher self
- 29 going Deep:ER
- 30 on the front line
- 34 you're not the only one



### PUTTING IT INTO PRACTICE

- 36 thriving in exile
- 39 what is 'whole-person medicine'?
- 42 medical ethics for beginners
- 45 moral mazes
- 48 clinical conundrums
- 50 engaging in the public square
- 53 global medical mission



# you made it!



**A**rriving at university, a myriad of emotions and a mix of questions may fill your mind:

Can I do this? What will people be like? Will I make friends? How do I get to lecture theatre 37F? Change can be hard, but change is also good. God is transforming us to be more like his Son each day, refining us, and trust me, university is a big old refinery!

So how do we navigate medical school as a Christian? CMF exists to help you do just that. We are an organisation, passionate about encouraging and equipping Christian medical, midwifery and nursing students to live their best life for Jesus Christ. We want to help you begin at university well, and not just begin, but to run the race of life (including your studies and career) well to the end.

As you face opportunities and challenges, may I urge you to fix your eyes on Jesus (Hebrews 12:2) and seek him first (Matthew 6:33). You may trip, fall, or run in the wrong direction – but keep going, don't give up – 'he who began a good work in you will carry it on to completion' (Philippians 1:6). This Freshers' Edition of *Nucleus* is jam-packed with wisdom and advice from people that have been where you are now. Advice that I still find refreshing and encouraging.

We have top tips on surviving medical school (page 18). Stories and testimonies from medics and nurses (pages 30). We are also taking you to church, or rather giving you some advice on choosing a church (page 8). We hope that you enjoy this edition of *Nucleus* and we wish you well on this new journey and pray that God will 'fill you with the knowledge of his will through all the wisdom and understanding that the Spirit gives, so that you may live a life worthy of the Lord and please him in every way: bearing fruit in every good work, growing in the knowledge of God...'. (Colossians 1:9-10)

On behalf of the CMF Student Team, Rachel ▀

Rachel Owusu-Ankomah is CMF Head of Student Ministries



**I** started medical school way back in 2014 with a healthy mixture of excitement, anticipation,

confusion and abject terror! You may well be feeling something similar; each emotion to a greater or lesser extent. You might be wondering: 'what will it be like?', 'What will the next few years hold? Will I cope with the pressure?'

Medical school for me has had greater highs and lows than I could have possibly imagined. Yet I can also tell you that God is even more faithful than I could have possibly imagined! Do we not so often read in the Bible that God uses difficult situations to test and strengthen his people? I can say truthfully without a hint of poetic licence or exaggeration that God has used my time in medical school to shape me, build me up and make me who I am today. My faith and my relationship with him have deepened and every second has been worth it!

But please don't let me add to your fear and stress. For all the difficult stuff, I have thoroughly enjoyed medical school, and I pray you will too. This is the time to get really stuck into church, Christian Union and (hopefully!) CMF. This is the time to try out new hobbies and make strong friends. You might even start the slow and painful process of becoming an adult! Oh, and never forget – they let you in because they thought you could handle it.

Whatever medical school has in store, we know and trust that God has an awesome plan, and it would be our privilege as the Christian Medical Fellowship to walk along that path with you.

Every blessing for the years ahead, Zack ▀

Zack Millar is *Nucleus* Student Editor and a clinical student in Cambridge

# God-man-God... a basic gospel outline

Laurence Crutchlow suggests an easy and memorable gospel outline





Laurence Crutchlow is CMF Associate Head of Student Ministries and a GP in London

*You've just enjoyed a discussion on autonomy in an ethics seminar. During the coffee break your friend asks: 'You Christians seemed to have a lot to say in that session. What do you actually believe?' You've got five minutes. What do you say?*

**T**he motto 'Be Prepared' is important not only at Scouts (and in medicine), but it is also vital in evangelism. Many Christians memorise a 'gospel outline' to help – much like the way medics use mnemonics. But there are hundreds of gospel outlines around. Which one do you learn?

## what makes a good gospel outline?

### start in the right place

Many outlines assume too much – beginning with sin, for example, assumes not only that the listener knows God exists, but also understands his character. Not everyone now assumes that God is morally pure. Starting with a statement about the love of God makes assumptions about his existence and character. Begin further back. Affirm God as real, give a reason for such belief, and briefly describe him.

### be Christ-centred

All too often Jesus features merely as a mechanism to solve a moral conundrum for a God who must work out how to reconcile his mercy with his justice. We can't ask people to trust Jesus if we don't tell them about him. The existence of Jesus as the primary reason for believing in God goes to the heart of God's revelation of himself, and helps to stop discussion getting bogged down in peripheral issues.

### call for repentance

This is very often missed. It is not, after all, fashionable today. The term 'repent' is repeatedly

used in the New Testament.<sup>1</sup> We must not only explain what 'repent' means, but also make clear that repentance is necessary.

### the cross central, but not first

The cross is central, but other things must first be explained for it to be understood. It makes sense only with some understanding of the existence of God and his moral purity, human sinfulness, impending judgment, the deity of Christ, and the significance of a sinless one coming under God's judgment. People are saved when they trust in 'Jesus Christ and him crucified'. (1 Corinthians 2:2) We are saved not by our belief in a specific event, but when we put our trust in Jesus and the death he died.

## we can't ask people to trust Jesus if we don't tell them about him

### faithfulness about judgment

In our earnest desire to avoid offence, judgment is often missed out. Occasionally we see the opposite approach, with judgment preached so strongly initially that no one listens. Neither approach is right. But we often err closer to the first.

If judgment is ignored, what is the point of the gospel? If we are not going to be called to account for how we have lived, why do we need forgiveness? Why did Jesus die on the cross if there is no judgment to save us from? Indeed, why bother with evangelism at all, if there is no judgment for sin anyway? Without the reality of judgment, any logic in the gospel collapses.

Jesus repeatedly warns of judgment – just look at the Sermon on the Mount.<sup>2</sup> We cannot accept his moral teaching, while trying to separate out the parts about judgment.

If we repent and believe that Jesus has taken our punishment upon himself, God forgives our wrongdoing. He treats us as if we had never rebelled in the first place!

### how to use 'God-Man-God'

The five points are succinct and adaptable; use them to build a one-minute answer or structure a whole hour's lecture (if anyone will listen for that long!). This outline is drawn from *Know and Tell the Gospel* by John Chapman,<sup>3</sup> which is well worth a read. Below I suggest some content for each part:

#### 1. God (ruler)

God exists. He created the universe,<sup>4</sup> and sustains its very existence.<sup>5</sup> Humans were made for a relationship with him. God is holy<sup>6</sup> – that is, he is pure, perfect, and unable to look upon that which is not holy. We can know him because he has revealed himself through creation, through his dealings in history with the Jewish people, and most perfectly through the person of Jesus Christ.<sup>7</sup>

#### 2. man (rebel)

God created humans to be holy,<sup>8</sup> like him. But none of us consistently live with God as our ruler and creator.<sup>9</sup> We assume (wrongly) that we can govern our own lives. This results in either wilful disobedience to God (sin), or plain ignorance of him. Both amount to rebellion against him. We deserve God's judgment,<sup>10</sup> and have no right to be in his presence or live in his kingdom.

#### 3. God (rescuer)

God's love for us means that – despite our rebellion – he wants to rescue us from this judgment.<sup>11</sup> Only someone who has always lived consistently in obedience to God's commands could take that punishment in our place – everyone else deserves punishment.<sup>12</sup> Jesus is the only person to have lived a perfect life, free from rebellion against God.<sup>13</sup>

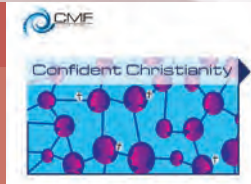
Sent to earth by God, Jesus' three years of public ministry culminated in his execution on a cross. When he died, he received the punishment we deserve for our rebellion against God. On the third day after his death, Jesus came back to life with a new, transformed body. It was not only a 'spiritual' resurrection, but a real and physical one.

Jesus showed that he was victorious over the power of sin. Jesus was given all authority in the universe by God. He is Lord over all things. He has taken the punishment we deserve, giving us an offer of forgiveness that demands a response.

Jesus' teaching invites us to repent (turn from our rebellion against God) and believe in him (to trust that he is God's Son and live in obedience to him). God is now waiting for our response to his offer.



## Confident Christianity



Do you ever feel that your evangelism skills could be honed? Do you long to get the gospel message through to your friends but struggle to communicate? Or perhaps you worry about the difficult questions that might get 'thrown at you' should you share your faith. This course is interactive, fun and highly relevant to students.

Contact [students@cmf.org.uk](mailto:students@cmf.org.uk) for more information.

### 4. what if I don't (rejection)

If we ignore or reject God's offer of forgiveness and reconciliation in Jesus, we remain banished from God's presence because of our rebellion. Nothing that we can do will repair our broken relationship with God. We will receive the judgment we deserve, and be cut off from God forever, in hell.

### 5. what if I do (reconciliation)

If we repent and believe that Jesus has taken our punishment upon himself, God forgives our wrongdoing. He treats us as if we had never rebelled in the first place! He forgives us for being rebels, and gives us the Holy Spirit, who enables us to live a life pleasing to him. The Holy Spirit is also a 'deposit' – a guarantee that we will spend eternity with God, adopted as his children.<sup>14</sup> We must choose now whether to accept God's offer, since only God knows when Jesus will return or when we will die, and tomorrow may be too late.

### how to use it

A strength of this outline is that it can be adapted to so many situations. I've held it in mind during one-to-one conversations about Jesus in the past – I remember one as a medical student where it was as if the colleague I was speaking with had read the outline, given the questions he asked me (though don't rely on this always happening!).

It is also useful for a speaker at an event – a gospel talk constructed on these headings can easily get the important information into a couple of minutes or longer.

You might not use the whole outline every time; it usually takes several encounters with Christians for someone to come to faith, and your explanation of one area could be a key part of someone's journey. To learn more, and practise this outline, come along to a Confident Christianity day conference run by CMF – ask your local group leaders to organise one. ■

- |            |  |                               |                       |
|------------|--|-------------------------------|-----------------------|
| REFERENCES | 1. Acts 2:38, 3:19; Revelation 2:5   | 5. Hebrews 1:3                | 10. Romans 6:23       |
|            | 2. Matthew 5-7   | 6. Leviticus 19:2             | 11. 1 Timothy 2:3-4   |
|            | 3. Chapman J. <i>Know and tell the Gospel</i> . 3rd ed. Sydney, Matthias Media, 1998:153 | 7. Hebrews 1:1-3              | 12. 1 John 1:8        |
|            | 4. Genesis 1:1   | 8. Genesis 1:27; 1 Peter 1:16 | 13. Hebrews 4:15      |
|            |  | 9. Romans 3:23                | 14. Ephesians 1:13-14 |

# choosing a church

Giles Cattermole helps us with an important decision



*Matt had just started medical school. He didn't know many people and was keen to find a lively and welcoming church - ideally with free food! He soon found a large, student church near campus, with achingly cool people and 'awesome' worship music. The YouTube videos they used instead of sermons were really cutting-edge. He'd have no problem bringing his mates along, even if all they did was chill and eat pizza.*

*Jacob was in a similar position. He'd attended a small chapel while growing up and loved old hymns. He found what he was looking for on the other side of town, with a faithful congregation of about 20 stalwarts. He was the only student there and struggled to get to know the other folk over tea and digestives after the morning service. He couldn't always understand the King James Version, or the sermons, but he knew that the Bible was being taught.*

**W**hat made Matt and Jacob choose their churches? What motivated you to choose yours? Perhaps you're just starting to look for a church after coming to university or becoming a Christian. Later, you might be sent away on placement for a couple of months or be off to another part of the country for your first job - and you'll be looking again. What will shape your decision? I want to suggest two practical questions you need to ask of any church you're considering attending. Does it teach people the Bible? Can I bring my mates?

These questions need some unpacking. But before we do that, let's remind ourselves that the goal is to glorify God, that God is glorified as his kingdom grows,<sup>1</sup> and that God does the work of growing his church.<sup>2</sup> Growth is both in breadth, as more people turn to Christ, and in-depth, as each believer becomes more like Christ.

## teaching the Bible

Matt's church doesn't appear to be strong on teaching the Bible. Jacob's does, at first glance. But why is teaching the Bible important, and what does it mean?





Giles Cattermole is an Emergency Medicine Consultant and is UCCF London Team Leader

God's Word is the means by which he grows his kingdom. Throughout the whole Bible, God's Word creates, sustains and sanctifies.<sup>3</sup> It grows God's people. It's why the church of Acts 2 was devoted to the teaching of the apostles,<sup>4</sup> and why the apostles in Acts 6 devoted themselves to the ministry of the Word.<sup>5</sup> Paul stresses again and again to Timothy the importance of Word ministry. For us today, this means that faithful Bible teaching is essential. A church without this emphasis will not help us grow. When we choose a church, it needs to be one that will teach us the Bible.

But the Bible is never taught in isolation. Word ministry goes with prayer.<sup>6</sup> A Bible-teaching church will be one that prays together. Its corporate worship – sermons, prayers, songs, everything – will all be solidly rooted in God's Word. We praise God for what he's done for us and pray according to what he has revealed to us in his Word. Bible teaching is not just something that the pastor does. As each of us speaks God's Word to one another, the church will grow.<sup>7</sup> A Bible-teaching church should encourage everyone in their Word ministry to each other. When we choose a church, we should look for one that teaches the Bible, in all its activities and through all its members.

## bringing your mates

This leads us to the second point. Because of course, we shouldn't just 'teach the Bible'. We should teach *people* the Bible. The emphasis mustn't just be on the transmission, but on the reception; not just on being faithful to the Bible, but on being helpful to the hearer. In Hebrews, we're urged to keep on meeting together to encourage one another.<sup>8</sup> When we choose a church, we need to consider how it communicates the message of God's Word to the people who meet there.

Some churches will be better at reaching students, some better with families, some with internationals, and so on. The building they meet in, the types and

timings of meetings, the sort of music, the clothes the pastor wears, all these and more, are not matters of 'right and wrong', but (perhaps) of wisdom.

Remember: it's not just about you, it's about other people. And that means non-Christians as well as Christians. Word ministry grows the church outwards as well as upwards: it is the means of discipleship and evangelism. As students, your mission field is most likely to be other students. Not always: some students have children, for example, and their family may be their priority. But whatever our mission field, we need to consider the people we want our church to reach with the gospel. If your friends are from very traditional backgrounds, an informal free church might be inappropriate. If your friends speak English as a second language, perhaps a church that uses old versions of the Bible might be unhelpful.

## when we choose a church, it needs to be one that will teach us the Bible

Matt's church was great at reaching students, but it wasn't reaching them with God's Word. Jacob's church was teaching the Bible, but it wasn't reaching Jacob, let alone any friends he might have invited there. Both needed to find a church that faithfully taught people the Bible and did it helpfully and winsomely.

Looking back at our two questions, the first is absolute. If a church does not teach people the Bible, don't go there! The second is relative; how well a specific church reaches you and your friends might vary over time. Go somewhere that will most effectively help you bring your friends to Christ. Pray for discernment and wisdom. ■

### REFERENCES

1. Ephesians 1:3-6, 9-11
2. Colossians 2:19
3. Genesis 1; Exodus 20; Ezekiel 37; Matthew 4; John 1
4. Acts 2:42-47
5. Acts 6:1-4
6. Acts 2:42-47
7. Ephesians 4:15
8. Hebrews 10:25

# why CMF?

Rachel Owusu-Ankomah encourages you to join



**C**MF exists to unite and equip Christian medical students to live and speak for Jesus Christ. Sounds good, but what does it mean? Why should I join CMF and what can I get out of it?

## being a **Christian...**

defines who we are and our 'why?' of life. Being a Christian will have an impact on how we study and practice as a medic. CMF provides resources and space to think these through. Whether it's an article in our student journal – *Nucleus*, or during an interactive seminar at our annual Student Conference.

## OUR **medical focus...**

means that we can navigate the unique challenges that come with studying in healthcare. These are often areas that the church does not have the time,

knowledge or experience to address. How do we cope with constantly being faced with life and death? Can I (and should I) share my faith with patients?

## being a large **fellowship...**

allows us to have a strong and credible voice as issues relating to healthcare are debated and discussed in parliament, in the media and wider society. It is an opportunity not just as individuals but as a collective to speak God's truth, love and the good news of the gospel to the world around us. In doing that we can also be a voice for the voiceless, marginalised and vulnerable in our society.

Joining with other Christians who understand the context in which we study and the highs and lows it may bring, allows for stories and experiences to be shared. It provides a place for



Rachel Owusu-Ankomah is CMF Head of Student Ministries



mutual encouragement and building up through discipleship, mentoring and pastoral care as we seek to serve Christ in all that we do.

All that we do at CMF is to glorify God, for the benefit of our members, the church and wider society. There are so many opportunities on offer to you if you join – from conferences with other students from around the UK and Ireland, to day courses tackling specific topics. A wealth of written, audio and visual content looking at the issues where faith and healthcare intersect is also available.

Perhaps you want to explore working globally as part of our 18-month Global Track programme or get involved in one of our short-term vision trips overseas. Or maybe you have an interest in developing as a writer and want to write for one of our publications? How about volunteering with us and serving the membership by helping to

organise events or working with our office staff? The opportunities to connect, grow, speak and serve as a student are immense.

There might be a host of reasons why you chose to study medicine. Perhaps you felt called by God or want to serve a particular group of people. Perhaps it seemed like a nice profession to be part of. Whatever your reason, joining CMF and getting involved is a great place to find out and live out your 'why?' for the glory of God.

Join today! ■

Visit [cmf.org.uk/students/join-cmf](http://cmf.org.uk/students/join-cmf). It is just £10 per year for students. We'll even give you a members' discount for our annual Student Conference that should make joining a no-brainer!



Pippa Peppiatt is CMF Head of Nursing

# CMF is for nurses too!

Pippa Peppiatt describes CMF nursing groups

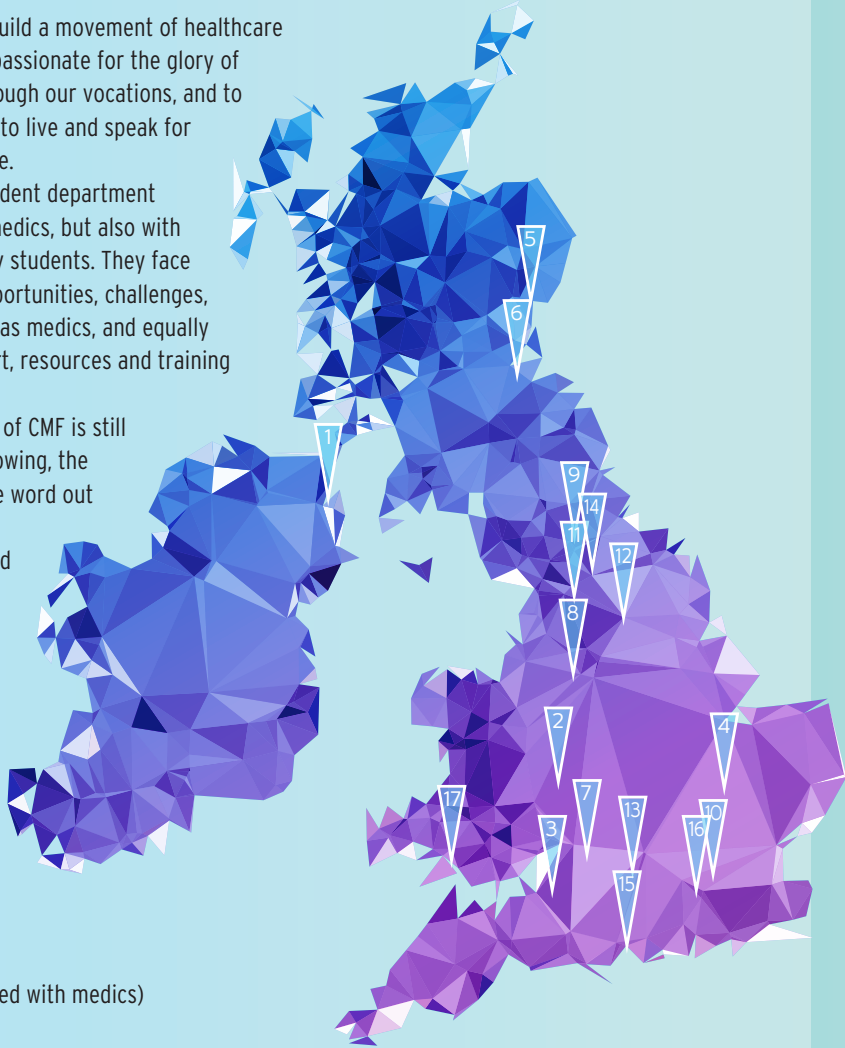
**C**MF is here to build a movement of healthcare professionals passionate for the glory of God in and through our vocations, and to unite and equip them to live and speak for Jesus in the workplace.

To this end, our student department works not only with medics, but also with nursing and midwifery students. They face many of the same opportunities, challenges, and ethical dilemmas as medics, and equally appreciate the support, resources and training that CMF offers.

As the nursing side of CMF is still relatively new and growing, the challenge is to get the word out that we are here and welcoming nursing and midwifery members.

So far we have CMF nursing groups in:

1. Belfast
2. Birmingham
3. Bristol
4. Cambridge
5. Dundee
6. Edinburgh
7. Gloucester
8. Keele
9. Leeds (integrated with medics)
10. London
11. Manchester (integrated with medics)
12. Nottingham
13. Oxford
14. Sheffield
15. Southampton
16. Surrey
17. Swansea



This year, we are also planning new CMF nursing groups in Plymouth, Cardiff, Chester, Glasgow and Aberdeen, but are keen to consider other universities where there is interest.

So please pass on the message to any nursing or midwifery students you know that CMF welcomes them and that we'd love them to join!

For more info, please contact [pippa@cmf.org.uk](mailto:pippa@cmf.org.uk) ■

# local groups: what's all that about?

how CMF members connect

**Y**ou may still be wondering what CMF is all about. Well, there are nearly 40 CMF medical student groups in the UK and Ireland and a growing number of nursing groups.

## Church? CU? CMF?

**The CMF group is not a church, nor is it the same as a Christian Union (CU).**

We think that it's vital that all Christian medical students are committed to their local church, and to their CUs. The aims and tasks of a CU are very similar to some of CMF's aims, and CMF groups can be seen as faculty sub-groups of a CU and part of their wider mission, praying for and reaching your friends with the gospel. But CMF is complementary to church, not an alternative.

## CMF is for life

Medicine is vocational; nearly all of us will go on to be doctors of some description. And so CMF is not just a sub-group of CU, it is also a professional group. We want to fully integrate our faith with medicine, to be Christian doctors. Becoming Christian healthcare professionals is a career-long process and it's important to understand and practise our vocation in a Christian way from the very beginning.

So the CMF group exists as both a faculty sub-group of the CU while you are at university, and as a professional group from the beginning of your career in medicine and beyond.

## how does it work?

**First, CMF groups do not replace church or CU, they are entirely complementary.** We think it's really important to stress this early on, so we keep events well-spaced, yet regular, and always try and make them suitable to invite our non-Christian friends to.

Second, local links with doctors have meant mentoring, support, and sometimes subsidies on conference costs!

## nursing students

Nursing students are also welcome as members of CMF. In some areas, medical and nursing groups meet together, in others separately. This very much depends on local circumstances. While there are CMF groups in almost all UK and Ireland medical schools, this may not yet be the case for all nursing schools.

We hope this has given you a feel of what can happen locally. To find out who your local student links are visit: [cmf.org.uk/students/cmf-local-contacts](http://cmf.org.uk/students/cmf-local-contacts)

## life-on-life

Real discipleship happens as we are involved in people's lives – 'life-on-life discipleship' if you like. It is key to involve local doctors. We encourage you to get to know them, invite yourselves to their homes, eat all their food and 'bleed them dry' (seriously)!

Anyway, each group is different in the way they organise themselves, so here's a few examples of what groups get up to in a typical term:

1

## Cardiff

- Monthly CMF meetings (hosted by doctors from Cardiff with speakers coming from elsewhere)
- A South West Regional Joint Student CMF Meeting (which we organise and oversee)
- Saline Solution course (aimed at the students and doctors of South Wales) in the New Year
- CMF Student Conference
- Setting up a Cardiff CMF Instagram which we hope to update regularly with ethics, thoughts, etc.

2

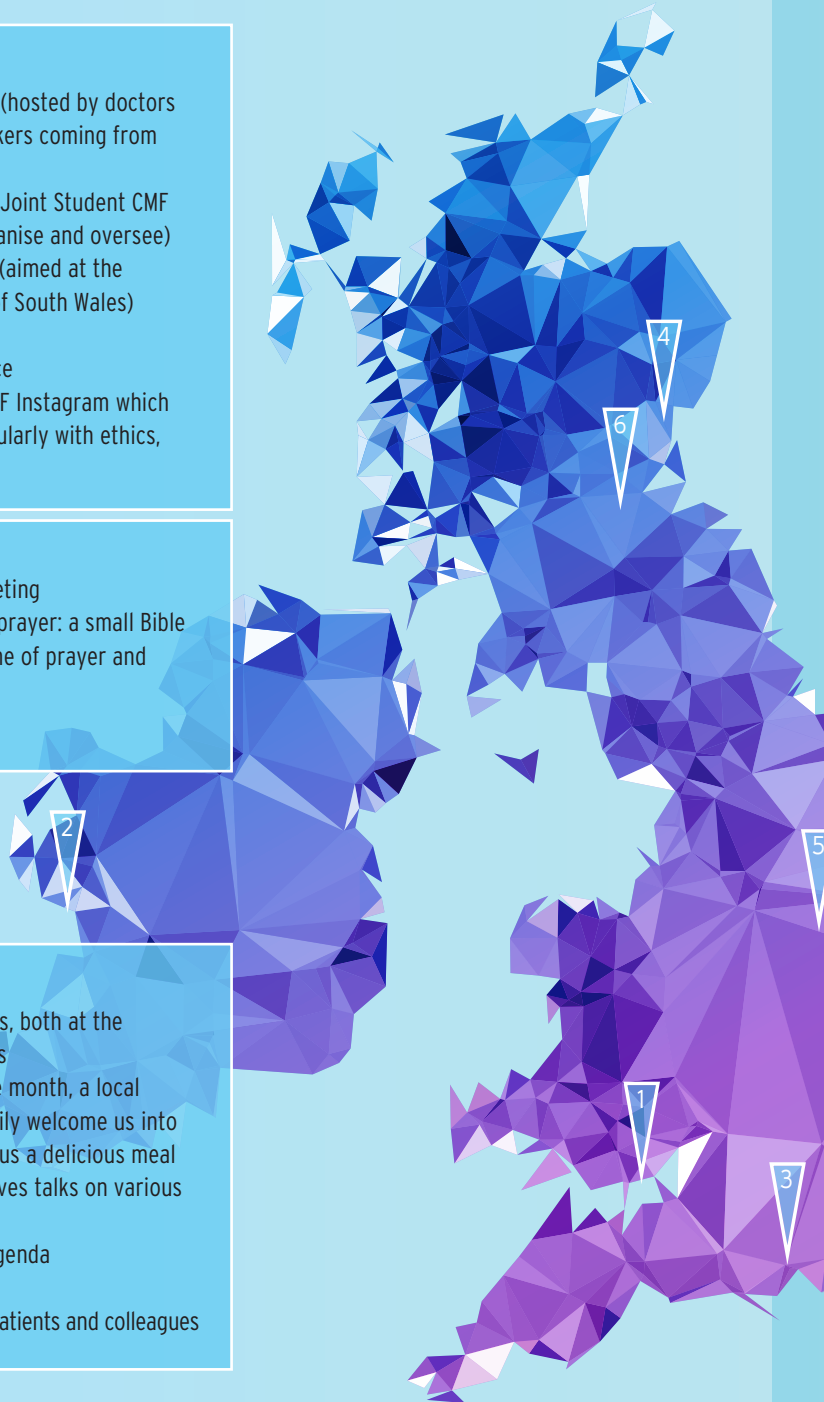
## Galway

- Freshers' welcome meeting
- Weekly fellowship and prayer: a small Bible study followed by a time of prayer and encouragement
- End of year meal

3

## Southampton

- Weekly prayer meetings, both at the hospital and on campus
- The first Monday of the month, a local consultant and his family welcome us into their home. They cook us a delicious meal and a guest speaker gives talks on various topics:
  - The transgender agenda
  - When doubts arise
  - Sharing faith with patients and colleagues



4

## Dundee

- Freshers' Fayre stand in the first week for first years
- Potluck/dinner night in the first or second week
- Monthly meetings for a meal and Bible study (Either a self-written study or one taken from CMF resources)
- Prayer meetings at lunchtime with other healthcare workers in Ninewells Hospital
- Christmas event and meal
- At least one talk per term from a medical professional
- A joint CMF meeting with St Andrews (or students from other Scottish universities) in the second term

5

## Nottingham

- Two big socials through the year: a pudding party at the start of the year to welcome freshers and a BBQ in the summer with CMF students and doctors
- Weekly prayer: for current issues, CMF, our friends and colleagues, and the world
- Monthly meetings: discussing key medical or ethical topics
- Dinner events: hosted by a local doctor at their house each term

6

## Edinburgh

- Welcome meal – and talk for the new first year medics at the beginning of the term
- Fortnightly or every three weeks – fellowship and home-bakes followed by a short talk and discussion, closing with prayer (topics may be ethical or more general such as how we can share our faith on the wards, an elective night, as well as a junior doctor Q&A session)

## Other events:

- Brunch/lunch once or twice a term – a time to get to know each other better over a good meal and hosted at a doctor's house or in a student's flat
- CMF Carol Service – students and healthcare professionals across Edinburgh are invited to the Carol Service, which is the main evangelistic event of the year and organised by the Edinburgh CMF Group

7

## Imperial College, London

- 'Families night' early in first term. Meet the CMF crew and join a 'family'
- Weekly prayer catch ups at lunchtimes for non-clinical years
- Monthly meetings where we have a speaker, food and worship – tackling the tricky topics!
- Christmas dinner, a fellowship essential
- Text-a-Toastie in spring term, a way to reach a huge number of people over a single, crazy evening!

Samuel Gunaratnam  
is a medical student  
in Dublin

# CMF in Ireland

Samuel Gunaratnam describes a CMF region

**C**MF divides groups in the UK and Ireland into nine regions roughly aligned with those used by the Christian Union movement.

Within the island of Ireland there are seven CMF groups: three in Dublin and one each in Belfast, Cork, Galway and Limerick. Unique to our groups is the large number of international students in medical programmes in the Republic of Ireland and so our CMF groups include students representing various parts of the world.

The CMF groups are active on their respective campuses, holding regular meetings for members and holding outreach events to share God's word with their peers.

Given the large distances between all the colleges, our annual student conference provides an opportunity for all of us to meet up for the weekend. For the past few years, the CMF Irish Student Conference has been in County Athlone. This is an opportunity for all the CMFs to spend time socialising, worshipping and looking at the Word of God. With many students returning for conference year after year, it provides an opportunity to catch up with conference mates and spend time encouraging one another.

## Luke's Gospel

This past conference, we looked at Luke's Gospel, focusing on some of the encounters Jesus had with people and how each of those encounters is similar to our encounters with Christ in our day-to-day lives. In one of the talks, we looked at the story of Zacchaeus (Luke 19:1-10) and how he came to be saved. In the passage, we see Jesus call him and Zacchaeus' joyous reaction and repentance, juxtaposed with the reaction of the crowd, grumbling about Jesus going to Zacchaeus' house. What stood out most to me from this passage is that Jesus came 'to seek and save the lost' (Luke 19:10) and that he seeks us out the same way. I was beginning to feel the pressures and struggles of



being a fourth year student, so being reminded that God seeks us out because of his love and care for us, came at the right time.

A mainstay of conference is our worship night on Saturday followed by toasted marshmallows and hot chocolate. In previous years, we have also run Confident Christianity and Saline Solution day courses on Saturday, with a time of reflection and a more structured service on Sunday.

We will again be having our CMF Irish Student Conference on the last weekend of October – if you're in Ireland or Northern Ireland, ask your CMF leader for details. Hope to see you there! ■



# Christian student resources

James Howitt offers some online suggestions



**James Howitt** is a doctor who performs Work Capability Assessments and a CMF Associate Staff Worker in Essex



■ ***cmf.org.uk***

A collection of Christian Medical Fellowship resources to advise Christian doctors, nurses, midwives and students, in addition to articles and upcoming events.



■ ***uccf.org.uk***

Universities and Colleges Christian Fellowship (UCCF) is the umbrella body for Christian Unions. They provide resources for students reading the Bible who want to share their faith with their friends and peers, and lots more besides.



■ ***bethinking.org***

Written and recorded material from UCCF, helping to answer the difficult questions of life, faith and the Bible that Christians may be asking (or be asked).



■ ***rzim.org***

'Difficult questions. Thoughtful answers.' A collection of talks and resources to aid reasoning for justification by faith when looking at challenging questions and topics.



■ ***fusionmovement.org***

Fusion supports Christians at universities in finding churches in their local area and in developing student ministry and mission on campuses across the UK.



■ ***desiringgod.org***

From the ministry of John Piper, 'desiring God' aims to provide information, news and resources to guide people towards God and the joy of fellowship with Christ.



■ ***labri-ideas-library.org***

L'Abri is a Christian community with centres around the world. Their ideas library aims to provide answers about the reality and relevance of the Christian faith in today's societal contexts.



■ ***christiantoday.com***

An independent UK Christian news body, providing news, commentary and analysis on the global church and religious affairs.



■ ***christiansinsport.org.uk***

With groups in most universities, 'Christians in Sport' aim to support students at all levels of participation with resources and local connections.

# top ten tips for surviving medical school

most are applicable to any undergraduate student!

## 1 put God first

Daily devotions are an important and helpful way of reading Scripture and deepening your relationship with God. Find a time that works for you to read Scripture. Whether that's in the morning, during your lunch break or before bed, try to take some time out with God. Daily devotional books can help.

## 2 find a church

This is vital! Having a church family at university will help you settle into uni life and provide you with a support network amidst the challenges of medical school. Your Christian Union may organise a 'church search' where you can meet current churchgoers with other newbies and try out several churches together. They will welcome you, and more importantly feed you! In some big cities, you can be spoilt for choice, with more churches nearby than Sundays in a year. Don't spend forever looking; aim to settle down during the first term and explore how you can serve.

## 3 join CMF

Getting involved in CMF is a great way of meeting other Christian medical students, who are often hard to find in a large year group. Having a group of friends who you can relate to both in your faith and studies will prove invaluable. The CMF meet ups vary between universities, but all will involve food and either prayer or medical discussions of some sort.

## 4 get stuck in

Whether you are good at sport, art, coding or business, there are so many societies you can get involved with. Equally, university is the best time to try something new – so go for it! Joining a society is a great way to de-stress, meet new people and expand your interests and skills (not to mention having something to put on your CV).

## 5 don't get sucked in

Medical school can become very clique-y. You will naturally become very close to other medics, but friendships outside of medicine can be refreshing and just as strong, especially with Christians. Getting involved in your church and joining non-medical societies are good ways of escaping medical conversation.



Rachel Grant is a junior doctor in London

6

### don't worry about FOMO (fear of missing out)

Don't feel like you have to go to everything and do everything at university; no one can! Instead, choose one or two activities you enjoy and invest your time and energy into them and the people involved. Having your 'fingers in too many pies' often means you cannot commit fully to each area and group of people. This can lead to superficial relationships with lots of people rather than deeper relationships with a few.

7

### keep in touch

It is easy at university to either get homesick or completely cut yourself off from home. Planning when to visit home ahead of time may give you something to look forward to. Sharing your struggles and enjoyments with family and friends will provide an additional support network and help sustain long-distance relationships.

8

### work for the Lord

Work is good. It's what God intended for us. Nonetheless, it can be hard. Your first year is the time you figure out what working pattern works for you – whether that is in groups or by yourself, in the library or at home. Don't feel like you have to nail this in the first week. It takes time for us to realise how we work most efficiently and how long it takes us to get through last week's lectures. You'll hear the phrase 'work hard, play hard' bashed around at medical school and to be honest, it is a good one to live by.

Work as for the Lord in all you do, but remember to rest and spend time doing fun things. Some people find making a timetable of your week and marking out time to work and rest improves productivity and reduces the feeling of guilt when you're resting. Find a balance. There is always pressure to get ahead of the game and competition in medical school, but don't look for your identity in these things. Your identity is found in Jesus and Jesus only.

9

### exams come and go

They often feel like the most important thing in the world but try to have perspective. Your first-year exams are arguably the most stressful for a medic as you have never sat a university-level exam before and may have no idea how much you need to learn for each exam. The best thing to do is to work hard, pray and have time to unwind. Don't put pressure on yourself to get the top grades – you're only in first year and are still working it all out. Speaking to higher years about their experiences may be helpful, or if you really feel stuck speak to a tutor.

10

### enjoy your holidays

They won't last long! Make the most of your breaks by doing whatever it is that you find relaxing and fun, whether that's resting at home, catching up on your favourite TV programmes or backpacking around the world. Summer is also a fantastic opportunity to get onto a summer mission team, or you could go to a Christian festival to refuel before next term. Life can often feel like it is all about medicine 24/7. Planning fun things to do in the summer will give you something to look forward to as you trudge through exams. Don't feel guilty if you aren't spending your summer in the lab – it's not to everyone's taste!

# managing time

Peter Saunders & Caroline Bunting consider how Jesus managed time

**T**ime, or rather the lack of it, is a subject close to every medic's heart. Perhaps we laugh ruefully at Ecclesiastes' claim that 'there is a time for everything, and a season for every activity under the heavens.' (Ecclesiastes 3:1) If only! When you pause for breath, you might notice that the days have become weeks, the weeks have become months; and a year down the line you have not really made any significant progress. The books you bought with enthusiasm are lying unread on the shelf. The friends you vowed to spend time with are still wondering if you will ever slow down long enough to find out how they really are.

And even worse, the time you spend talking to God and reading his Word is taken in snatched

moments (if at all), with one eye on the clock and the other half-closed.

When we are too preoccupied or too tired, there is little chance of deepening a relationship with our heavenly Father. Jesus provides an example to follow. Despite huge pressures on his time, not least from physically and spiritually needy people, time with his Father was his priority.

Jesus uniquely maintained a balance between worship, prayer, family, friends, work and rest. To do this, he maintained an intimate relationship with God and had a clear view of his life task.

The following are some of Jesus' characteristics which, as our model, we can follow to help deepen our relationship with God:

Peter Saunders is CEO of the International Christian Medical and Dental Association (ICMDA)

Caroline Bunting is a former editor of *Nucleus*

**Jesus guarded his devotional life** – he regularly spent time in prayer and studying the Scriptures, especially during periods of intense activity.<sup>1</sup> He was immersed in the Word of God. Be readers and students of the Bible – make it one of your first priorities.

**Jesus did not sin** – sin weakens our witness more than anything else. We need to be clean right through. By rejecting wrong thoughts and behaviours, we have more time and energy to be used by God.<sup>2</sup>

**Jesus had a clear strategy** – we find Jesus' mission statement in his sermon to his own community in Nazareth: 'The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor... to proclaim the year of the Lord's favour'. (Luke 4:18-19) We need to have an overall purpose and vision in line with our own calling within the body of Christ. We must take control of our lives by choosing to obey God in the same way Jesus did.

**Jesus fulfilled everything in his mission statement, but he had a priority – preaching the gospel** – which took precedence over all his other ministries.<sup>3</sup> There are many orders of priority given in the Bible, such as the gospel having priority over healing. For each of us, the priorities will be different, but there are certain activities and people God wants us to prioritise.

**Jesus made time for individuals** – during Jesus' busy ministry, he did not let the urgent crowd out the important. Jesus was going to see someone who was critically ill with an acute infection when he was stopped by a woman with long-standing menorrhagia. She got his full attention and then, as if to vindicate his decision, God enabled him to raise Jairus' daughter from the dead.<sup>4</sup> In your ministry as medical students, you will not be able to spend time with everybody. Pray that God will show you the people that he wants you to pause with.

**Jesus' strategy was not to do all the work himself but to equip others** – this can be particularly hard for us in the medical profession. Many of us are independent pioneers and loners; but God wants us to equip others to do our work so that the work multiplies. We may find that those we equip end up doing a far better job than we did.<sup>5</sup>

**Jesus chose his company** – we become like those we spend our time with. How many of the men and women God used in biblical history spent a period of their lives as understudy to some role model? Think of Joshua and Moses, Elisha and Elijah, or Timothy and Paul. Latch on to those older Christians you can really learn from. Seek to learn what it is that makes them effective in God's service and emulate it.

**Jesus realised it was important to withdraw and rest** – even in the face of pressing need. We also need to take time out from study and ministry at regular intervals. Burnout is a major problem for Christians in the medical profession, as we are motivated by a strong sense of responsibility and are aware of the vast amount of unmet need.

**Jesus was never idle** – hard work brings God glory because we are emulating God who himself works. It's important that we think of all service to God as work, not just studying for our future career. Spending time with our families and friends is just as much work in God's service.

Our prayer is that we would learn from Jesus to use our time in a way that most glorifies God. If our diaries are too full to fit in eternal priorities, then we must reorganise our schedule around God's concerns, instead of allowing these priorities to be compromised. But don't let worries about time management consume you. Trust God for his grace is all sufficient; his Spirit lives and works in you. ■

REFS

1. Luke 5:15-16
2. 2 Timothy 2:20-21
3. Luke 4:42-43
4. Luke 8:40-56
5. Matthew 9:37-38

# working for Jesus

John Greenall & Alex Bunn consider study and work as a Christian at university and beyond



**A**s you embark on several years of study, you will spend most of your waking hours engaged in writing, reading, revising, placements and lectures. And yet we rarely hear a sermon on work. So here are four things for you to take into your studies:

## your work doesn't define you

The day before I started medicine, a dear old lady at my church squeezed my cheeks (yes, really) and said, 'you're so clever, I always knew you'd become somebody special'. Now, she meant well, but constant praise like this can lead to pride that says 'I am better than others', and I become defined by what I do.

There's a massive temptation for healthcare workers (and students) to place their identity in their work. As Tim Keller often says, many people seek a kind of salvation from career success.<sup>1</sup> I believe many medics do the same but in a different way; saving others can become a means of trying to save themselves. The good news for the

Christian is that you are free from the relentless pressure of having to prove yourself. You don't need to work *for* your identity, you can work *from* your identity.

To know who you are, you need to listen to what God says about you. Let me challenge you to prioritise time with God in prayer and in his Word throughout your studies. The habits you lay down now – whether good or bad – will continue throughout your career.

## your work matters

You may be going into medicine with a desire to see amazing things happen. And yet, very soon you may well be irritated by immunology or confused by cholelithiasis. In ten years, you may look around you and find you are deeply disillusioned because as much as you are trying to make a difference, you are being swamped by red tape, or overwhelmed by 'the worried well'.

Lectures can be boring. Supervisors can be demanding. Work can be frustrating. And let's be



**John Greenall** is CMF National Field Director and a paediatrician in Bedfordshire

**Alex Bunn** is a member of the CMF Student Team and Lead GP at HMP Wandsworth, London

honest, we can sometimes despise what we do. As a Christian, you can be confident that your work matters; it won't be meaningless it won't be forgotten. As Paul says, 'your labour in the Lord is not in vain'. (1 Corinthians 15:58)

It's amazing to know that all we put our hand to will come to fruition. One day you will work with joy and satisfaction, on a renewed earth. You will not despise work; it will no longer frustrate you. That is the Christian hope.

## your work is a vocation

Surveys show that as few as one per cent of medical students feel that medicine is a vocation as opposed to simply a job. In fact, you may feel that the important spiritual work is done by pastors and evangelists.

A job is a vocation when someone else calls you to do it and you do it for them rather than yourself. It is so easy to forget this as we study or try to please our university or our supervising consultant. But as a Christian, there is a whole dimension of work that can transform it even in the darkest of times. We passionately believe that God is calling every medic and nurse to glorify him in and through their work.

Paul gave this advice to slaves, which might equally apply to students:

'Serve wholeheartedly [with zeal, enthusiasm, eagerness], as if you were serving the Lord, not people, because you know that the Lord will reward each one for whatever good they do'. (Ephesians 6:7-8)

So, what kind of work does God reward? Well, not just evangelism, but washing floors, cleaning laundry, emptying bins... calming the alcoholic urinating in the casualty bin on a Saturday night, writing a thorough essay, comforting a depressed friend, answering emails promptly.

Do you ever go to work and say 'Today I am going to work for Jesus?' 'I'm changing this canulla

for Jesus?' 'I'm doing this revision for Jesus?' All that we do is for God's glory. We need supernatural power to do this; it isn't easy in our own strength, because it goes against the grain. In fact, being a preacher or a missionary is often easier – there is a certain spiritual glamour in doing it – compared to the messy world of work in our secularised society.

## God is calling every medic and nurse to glorify him in and through their work.

### your work is God's grace

As you study, it can be so tempting to feel special. How hard you worked to get your A-levels, how you performed better than your peers at interview... and so on.

And yet as I reflect on my life, I realise that I didn't produce these doors of opportunity, they opened for me. I didn't earn my gifts of memory and application; they were given to me.

Everything I have is because of God's grace. When I understand how loved and accepted I am in Christ, suddenly my work can be risked. I can risk my reputation, my position, my influence – because they are not the ultimate thing in my life. I am truly free. And we will become people of greatness when, like Esther, we are truly able to say, 'If I perish, I perish' (Esther 4:16); not trying to make ourselves great, but by serving the one who is truly great and gives us all things.

CMF is here for the whole of your working life. We want to help you engage with the difficult questions of student life and the workplace and, as a movement, support one another as we act as Jesus' hands and feet in healthcare. ■

REES

1. Keller T. *Every Good Endeavour*. London: Hodder & Stoughton, 2012:108

This article draws from two longer treatments of the subject in *Nucleus* by Giles Cattermole and Alex Bunn [bit.ly/2awBCz8](http://bit.ly/2awBCz8), [bit.ly/2aKUEEU](http://bit.ly/2aKUEEU)

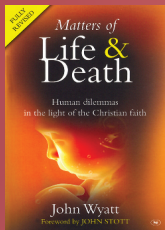
# talking books - why read?

John Greenall highlights the importance of our reading

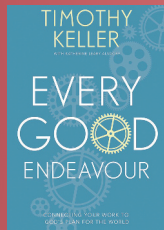


In the summer of AD 386, a young man lay weeping under a fig tree in a Milanese garden. Tormented by his failure to overcome his sinfulness, he cried out to God: 'Will you be angry forever?' Suddenly he heard a child's voice, chanting. 'Take and read; take and read.'

He'd brought to the garden Paul's letter to the Romans. He picked it up, opened it, and read the passage his eyes first fell on. 'Let us behave decently, as in the daytime, not in carousing and drunkenness, not in sexual immorality and debauchery, not in dissension and jealousy.'



**Matters of Life & Death (fully revised)**  
John Wyatt  
IVP/CMF, 2009  
9781844743674  
Price: £7.00



**Every Good Endeavour**  
Timothy Keller  
Hodder & Stoughton, 2012  
9781444702606  
Price: £8.00



**Dying Well**  
John Wyatt  
IVP, 2018  
9781783594856  
Price: £8.00



**Hard Questions about Health and Healing**  
Andrew Fergusson  
CMF, 2005  
9780906747346  
Price: £5.00



**Foundations – a survival guide for junior doctors**  
CMF, 2018  
9780906747438  
Price: £15.00





**John Greenall** is CMF National Field Director and a paediatrician in Bedfordshire

Rather, clothe yourselves with the Lord Jesus Christ, and do not think about how to gratify the desires of the flesh.' (Romans 13:13-14)

Immediately he felt as though the darkness of his doubt had fled. This was the moment of his conversion; the beginning of a life for Christ that has perhaps had more impact than any other since. This young man was Augustine, perhaps the greatest of the early church fathers.

We're not Augustine. We're unlikely to have the influence he did. And I don't want to encourage randomly opening the Bible and reading whatever we see first. The point is to take and read God's Word. It's God's Word that will convict us and change us as we study and wrestle with it. Ask God to make it clear to you by his Spirit.

## where do I start?

There are so many books and articles out there to help us do this. But where do you start? What are the key books to read that will give you a foundation?

'15-minute book club' is coming to CMF soon. The aim is to read three books a term covering a breadth of topics relevant to medics, nurses and midwives, from ethics to apologetics, mission to mental health.

Why not consider joining or even starting a book

club? It's a way to help you carve out time to read, digest and understand the content as you discuss it with others. Reading 15 minutes a day means you will get through about twelve titles per year.

## but I'm too busy!

However good the books and the bargains, many of you may still be reluctant to buy and read them. Perhaps you're too busy, or perhaps you've got too many books already?

The apostle Paul wasn't too busy to read. In fact, getting hold of his books and parchments was one of his priorities.<sup>2</sup> Busyness is about priorities: do we want to understand God's Word more and better apply it to our lives? Spending ten minutes a day reading on the bus or listening to an audiobook can make a huge difference, time you might otherwise spend on Facebook or watching a Netflix box set!

So, take books and read them. Ask that God will use them to help you understand his Word and his will, to help you grow in your love of him and his people and to equip you better to live out your discipleship as a student. ■

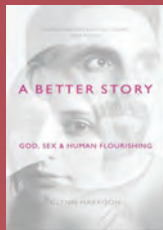
### REFERENCES

1. Augustine trans. Blaiklock EM. *The confessions of Saint Augustine*. London: Hodder & Stoughton, 1983, VII.xii.29
2. 2 Timothy 4:13

This article was adapted from an article in *Nucleus* Spring 2014 by Giles Cattermole



**The Human Journey**  
Peter Saunders  
CMF, 2014  
9780906747582  
Price: £6.99



**A Better Story**  
Glynn Harrison  
IVP, 2016  
9781845501891  
Price: £8.00



**Cure for Life**  
Bernard Palmer  
CMF, 2017  
9780906747711  
Price: £6.00



**Serving in Babylon: Daniel's Story**  
Peter Saunders  
CMF, 2017  
9780906747742  
Price: £2.00



**The Electives Handbook**  
Rachel Perry, Emma Pedlar & Vicky Lavy  
CMF, 2014  
9780906747506  
Price: £3.00



Available from CMF:  
[cmf.org.uk/bookstore](http://cmf.org.uk/bookstore)

# advice to my fresher self

three former freshers share their knowledge with their younger selves

Dear me, read this carefully

EMILY  
CULLIS  
WROTE...

## plan carefully

I would like to make the analogy of a tightrope across a crevasse to describe medical school. If you start off holding a well-balanced pole, and the wind is light and you stop along the way, chances are you'll make it to the end. If however, you begin with a pole that is far heavier on one side, and the weather gets stormy, with no rest stops, your chances of making it to the end are much slimmer.

My first year at medical school started with my pole heavily weighed down on one side by medical and social problems, which only got bigger as the year went on. I didn't do enough to balance the other side with church, exercise and friends, which only made matters worse. I missed all my rest stops by frantically revising through the holidays. When exams came, I couldn't maintain that precarious balance anymore: I fell off that tightrope.

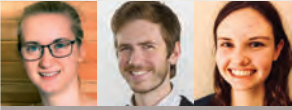
So here are a few tips on surviving first year:

### 1. find your balance

Some people can find a way to sleep enough, party four nights a week and maintain reasonable grades. Chances are you are not one of these mythical beings! I try to aim for a nine/eight/seven pattern - nine hours sleep, eight hours work and seven hours 'me time'. Those seven hours include basic things like eating, washing and exercise, but also time with God. That's not to say you should do as I do, but try to maintain a routine and make partying a special occasion thing. (No, 'that Friday feeling' is not a special occasion!)

### 2. keep on top of your lectures and other work

Everything you are taught is important and nothing is quite 'common sense'. If you're coming from A-levels, prepare yourself for a much higher workload. Nothing will stress you out more than trying to learn a huge amount of information over that one weekend you left free for revision!



Emily Cullis is a former CMF Deep:ER volunteer and is a medical student in York  
James Howitt is a doctor who performs Work Capability Assessments and a CMF Associate Staff Worker in Essex  
Rebecca Horton is an FY1 in Oxfordshire



### 3. plan your days... and your weeks and months

We all know how time can go when a new Netflix series comes out, but sometimes it can feel like weeks and months have gone by. I find it helps to have a rough outline of my day (prioritising sleep and exercise), with an idea of how many hours of lectures and studying I'm going to do. This should increase as you move towards exams, but never at the expense of your health. It is also handy to look at what topics you've covered a lot over the year, so you can target your revision.

### 4. find your social group

In your first few days at university, you'll probably spend a lot of time with your housemates. This is important as no one wants awkward shared kitchens, but remember to make time in Freshers' Week to get yourself plugged into a local church, CMF group and CU. If you've got a society or sports team in mind, it's better to wait a couple of weeks until the hype dies down.

### 5. remember why you're here

It's easy to slip into the mindset of 'I'm not good enough to be here'; 'I've got to get the top grade or I'm letting God and my family down'. Remember you have made it to this point because your medical school thinks you are good enough, and because this is part of God's plan for your life. For some people, getting top grades might be their way of honouring God, but for others, a pass is what they need to progress in their journey to becoming Christian doctors.

Finally, if things are going badly, whether that be academically, socially, medically or spiritually - SEEK HELP. Often catching problems early can prevent them blooming into disasters, but if it becomes obvious medicine isn't your way to honour God, pray about it and remember you are precious to God and your life, not just your medical career is in his hands. ■

JAMES  
HOWITT  
WROTE...

## try churches earnestly and quickly

When you go to university, you will create barriers to joining a church. The laziness of wanting a Sunday morning lie-in after a late Saturday night; the Sunday football practice session which you so deeply want to succeed at; feeling that attending Christian Union on a Friday is enough engagement with Christians – and that you'd hate to get stuck in a 'Christian bubble'.

Resist all these mental narratives. There is such a thing as the bubble, but church and Christian Union in the same week definitely doesn't mean you're in it! That's just an excuse you've created. Sporting achievements can honour God, but not if you don't conduct the rest of life in a way pleasing to him. And true rest is found in Christ, not on your pillow!

So try lots of churches, a different one each week. Don't be afraid to try churches that seem

'stuffy' in their conservatism, or that seem 'weird' in their charismata. The entirety of Christian corporate engagement is larger than the single, middle-of-the-road Anglican church you've attended until now, and there is so much that you can learn from those at both ends of the spectrum. Without a regular church, at best you'll spend the next few years stagnating in your faith, and at worst find that it slips away.

Once you've tried a few, don't put off prayerfully choosing one. When deciding, remember that church is only of benefit if you actually – go. Yes, the church an hour away might be amazing, but if you never go it's pointless. You can't find true Christian fellowship and discipleship any other way, so try churches earnestly and then choose one early. ■

REBECCA  
HORTON  
WROTE...

## dear first year me,

Our heavenly Father cares much more about who you are than what you achieve. I was really excited to start medical school, and there are so many good things to look forward to. There is also a lot of pressure. It is very easy to feel like you must excel at everything: exams, sport, church – even friendships – to be of any value. This is not true. If this is you, let me encourage you. Though many of us battle with high expectations throughout medical school (and I still do), happily, God can make our work a joy.

The whole biblical narrative adorns human beings with great honour, dignity and respect and can be considered the foundation of holistic medicine. Be very encouraged that your faith gives you this basis for good practice and remind yourself of it when you are up late memorising. People in hospital are often lonely and afraid and you have the privilege of coming alongside them. Spend time listening properly to patients; guard against reducing them to their illness. They will

appreciate your care, and your understanding of sickness will be made so much richer.

Be encouraged by what God says about you too. You're no less of a human being when you're a first year mistaking an X-ray of a knee for an elbow (thankfully, my radiology skills have improved since then!) than you are as a hot shot medical director who also runs a research group. Knowing this is great ammunition for those days where you feel useless and brings freedom to work hard without being burdened.

Most importantly, be encouraged by the knowledge of who your heavenly Father is. You are human, and you will mess up. Maybe you'll fail to love a patient. Perhaps you'll snap at your housemate over the dishes. You might find yourself studying for your own exam glory. Still be encouraged, because ultimately it is all about him. He died for us whilst we were still sinners (Romans 5:8), loves us with an everlasting love (Jeremiah 31:3), and promises to one day restore all things (Acts 3:21). ■

## going Deep:ER

Mary Odonkor shares her insights into CMF's Deep:ER programme



Mary Odonkor is a former Deep:ER Fellow and medical student at King's College London

**A**lthough I joined CMF in the first year of my degree, I hadn't really engaged much (apart from attending one Student Conference).

I had picked up a Deep:ER brochure at the Student Conference, but had barely looked at it and had no clue about what the programme involved.

In my third year, I became a bit more active in my university's CMF group and while attending both Student and National Conference, I heard about Deep:ER yet again. Knowing that I would be intercalating in the coming year and taking a course with just six contact hours, I was eager to fill the free time with something useful and productive. I knew another medic who was currently on the programme and after speaking to her, I decided to apply.

The Deep:ER programme involves an opportunity to help at CMF, training and fellowship. My greatest challenge was my role as coordinator for the Sydenham Conference which was the main project I undertook during the year, working alongside the student team. Sydenham is an annual week-long conference for international medical students and young doctors. It equips them with training and resources for leadership in their own countries. This year, we had 16 delegates from 14 different countries participating.

During the conference, we heard from Christian doctors on topics ranging from ethics to how to run a Christian medical group. We also spent time eating with, and getting to know, some local university CMF groups, as well as exploring the cities of London and Cambridge.

Although the conference is organised for the benefit of potential Christian leaders in medicine from other countries, I also gained much from getting to know 16 incredible people with a wealth of differing experiences and hearts which longed to serve Christ.

## it was an incredible opportunity to be part of the CMF team

I appreciated the flexibility which intercalating gave me to participate in the Deep:ER programme. It was an incredible opportunity to be part of the CMF team who welcomed me, looked out for me, and invested in me throughout the year. Deep:ER has also been a great opportunity to engage more intentionally with important issues like suffering, money and transhumanism.

I intercalated in Philosophy and I found our discussions and studies throughout Deep:ER greatly enriched the learning I was doing in my degree – and vice versa. I found that the programme also complemented the range of projects other Deep:ER fellows were engaged in, which varied from an intercalated BSc in Global Health to a biblical ministry training course.

The insight I've gained this year continues to stretch my thinking and compels me to further pursue clarity and truth in how God calls us as Christian medical students and professionals, to glorify his name in all aspects of our work and to not shy away from tough questions.

## on the front line

CMF caught up with some people who have 'been there, done that and got the T-shirt'

### CONSULTANT

Idris Baker

*which area of medicine are you in?*

Palliative medicine.

*why did you choose this area?*

I think it chose me. We had a one-off therapeutics lecture where the Prof took two themes – opioid pharmacology and the art of prescribing as a matter of human engagement, not just signing a piece of paper. He brought these together in the context of the care of the dying. It was like a beam of light and I was hooked.

*what motivates you in your work?*

Did you know that about a third of hospital inpatients, for example, are in the last year of life – although you often don't know which ones? They have physical symptoms, psychological problems, social dysfunction and spiritual distress. Making a difference to these things in someone's last days and months is one of the biggest things you can do for someone. I am also driven to find ways to improve areas of unmet need, as we know that not everyone who needs this care gets it.

*what does a typical day look like?*

There's no such thing! I often start the day hearing about patients or helping manage the department. That's usually followed by a mix of seeing patients, taking phone calls, an outpatient clinic and holding meetings. I enjoy spending a lot of my time seeing patients at home. Supporting families is so vital – family members are the ones who will be left with the memories of how someone was cared for as they were dying.

*what are the challenges in your workplace?*

The top one is probably the same anywhere: there are more things to do than time available. I try to focus on what's most important and not to lose too much sleep over the things that won't help anyone. I also get frustrated by the way people sometimes treat each other and themselves badly and the way that contributes to ill health. I can feel powerless to do much about it, so instead I focus on what difference I can make.

*what are the blessings in your workplace?*

The people I work with, and above all the patients and their families. A very wise Christian once told me, 'It's not for no reason that we're called human beings and not human doings'. My patients are a constant reminder of that because they are often able to do very little. Yet, however great the loss imposed by their illness, they display the glory of God in his creation.

*do you have any advice for students going through medical school?*

Enjoy every minute and make the most of it. You'll never have quite the same opportunities or be surrounded by so many people wanting to teach you without the pressures of a day job interfering. Whatever your plans, learn everything you can about every part of medicine now because nothing will be wasted. Finally, if you believe that God has called you into medicine, remember that calling as you study and keep your eyes fixed on Christ. Sustaining and recognising the reason for your studies will set the tone for your career and more.

GP

Emma Hayward

***which area of medicine are you in?***

I am a GP and clinical educator, so I see patients two days per week and teach undergraduates the rest of the time.

***why did you choose this area?***

I love the variety in general practice – who else gets to do a newborn check directly followed by visiting a 92-year-old in their home? I also love to teach and general practice is flexible enough to allow me to do both.

***what motivates you in your work?***

Being able to get alongside people when they are facing difficulty or distress; using clinical skills to make diagnoses; and watching medical students having 'light-bulb moments' when they understand a new concept.

***what does a typical day look like?***

A day at the surgery begins with a nice drive across the Leicestershire countryside ready to start with a cup of tea and paperwork at 7.45am. I start seeing patients at 8.30am, then do visits at lunchtime. After that I check blood results, sign prescriptions, write referral letters and file incoming post until I see my afternoon patients. I usually leave at about 6.30pm and get home in time to read my children bedtime stories. When I'm at the university, I usually start at 8am, but there is no typical day because I teach on such a wide variety of courses. Every term is different.

***what are the challenges in your workplace?***

Keeping up-to-date with everything, running on time, and balancing patients' needs with practice targets.

***what are the blessings in your workplace?***

An amazing team who really work well together and recognise that everybody has a vital part to play. Our patients are generally very grateful for our help and it's good to get their positive feedback when we've done a good job.

***do you have any advice for students going through medical school?***

Medicine can fill 24/7 if you let it. I took every Sunday off at medical school (even the day before finals) and never failed an exam. I really felt the benefit of observing a Sabbath rest and would recommend that you try it. That said, I do not advise telling your tutor that the reason you failed your exams is that Dr Hayward told you to take Sundays off – you will have to work the other six days of the week!

## JUNIOR DOCTOR

Grace Petkovic

### *which area of medicine are you in?*

I'm an F1 so I'm rotating around lots of areas... I am now in colorectal.

### *why did you choose this area?*

Well, part of F1 is you don't really have a choice! I selected the tracks that felt most suitable for making me a good doctor and heading towards a speciality I might be interested in.

### *what motivates you in your work?*

On the difficult days of F1, I remember that this is exactly where I asked God to place me if it was his will. I remember why I asked for that.

A patient recently turned to me and asked, 'You guys do a great job, but I don't understand why you waste your time on an old man who can't do anything, like me? Why do you do that?' I answered, 'We don't view it as a waste. We think you are valuable because of who you are, not what you can do. And medicine is our way of getting to practicably live that out. That's why.'

It reminded me – 'that's why'. We get to partake in God's great restoration project, loving people back to God.

### *what does a typical day look like?*

At the moment I'm on colorectal surgery, so preparing the list in the morning, doing a mini ward round with the SpR or SHO, followed by a reg ward round and finishing jobs in the afternoon. It's the most sociable job I've had – you spend a lot of time with the FIs! On call days end with covering different surgical wards in the evening. They are normally the most diverse and interesting parts of the day.

### *what are the challenges in your workplace?*

A lot of F1 is administrative. It helps make you grateful for the on calls where you have more of a clinical than administrative workload. As an F1, I've found I can often feel bored or as though what I'm doing doesn't matter. I think it is helpful then to remember God is still watching, and I get to practise working hard for the Lord rather than for human eyes. I also remind myself that the health system has developed things like discharge letters, because they do make a difference when done well. I need to be humble to accept this.

### *what are the blessings in your workplace?*

Talking to patients. This is normally the highlight of my day – if you really get to know somebody and they share with you, then you remember how amazing God's created beings really are.

### *do you have any advice for students currently going through medical school?*

Relish it! Medical school is an amazing chance to study and learn with more time than you'll have later. Enjoy going where that medical student badge can take you! And don't forget to study theologically too – read your Bible and read books from leaders in the Church. You're going to encounter ethical dilemmas, where you're the acting moral agent as a doctor, so prepare for these decisions as a student.



# NURSE

Georgie Coster

## ***which area of nursing are you in?***

I'm a staff nurse working on an emergency surgery ward. We look after patients admitted through A&E with acute surgical problems.

## ***why did you choose this area?***

I started my career in medical assessment, but when I ventured on to surgical wards for bank shifts, I realised how interesting I found the surgical patient journey. On our ward, patients are with us until they go to theatre and then return to us afterwards, so we get to nurse them through the whole perioperative period, which can bring a great deal of satisfaction. Half of the ward is a high monitoring area for surgical patients who are becoming particularly unwell and the other half is for patients from intensive care who are improving, but not yet well enough for a 'normal' ward.

## ***what motivates you in your work?***

Colossians 3:22-24. Read it! I cling to those verses with the promise that God sees and is pleased by everything we do for him at work. When nobody else thanks us, that's OK, because we're only looking for the approval of our all-seeing, faithful God.

## ***what does a typical day look like?***

I take handover at seven am and then (my least favourite part of the day) we turn all the lights on and get the patients up! All our patients are seen by a consultant surgeon during the morning ward round and from then on, we're either prepping them for theatre, nursing them through their post-operative period, or getting them ready for discharge. The days are busy – managing pain, personal care, wound care, post-op infections and

complications, updating relatives and liaising with doctors, pharmacists, physios, dieticians, social workers and bed managers.

## ***what are the challenges in your workplace?***

Like every Christian working in our busy NHS, the main challenge for me is to maintain Christlike character under pressure. Though, when it comes to being a good surgical nurse, I think the big challenge is spotting the deteriorating patient. It's easy to overreact and under-react to subtle changes in patients, knowing when to escalate is an art in itself.

## ***what are the blessings in your workplace?***

I love looking after such a wide variety of patients – fit young men with perforated appendicitis all the way to elderly patients with palliative cancer diagnoses. No day is the same and I'm always learning something new which 'keeps me on my toes'. The team I work with is fantastic and genuinely want to give the best care possible. We also have a wonderfully supportive and 'hands on' ward manager which makes a huge difference to staff morale.

## ***do you have any advice for students going through medical school?***

Don't think that what you do in church is worship and what you do at work is not. Practising medicine can be worship to God. There is so much blessing in knowing that.

When you graduate, learn the nurses' names. Asking for the fifth time, because you've forgotten it again, will still mean more than calling her 'nurse' - trust me!

# you're not the only one...

four CMF students share their stories

## ...who suffers from mental illness

In my second year, I became unwell with depression and anxiety. To the outside world I seemed fine, but I felt incredibly alone and ashamed. Despite treatment and support, things progressively worsened, and I was almost hospitalised two weeks before my end of year exams. It was an awful time as I began to believe the lie that if I was to 'rely on God more, I would not feel like this'.

This was not true! In the darkest times, when I felt unable to drag myself into another day, all I had to hold on to was that God would never let me go nor give up on me. Looking back, I can see that when I felt most alone God drew closer, even if I couldn't feel it. I decided, against advice, to sit my exams having not done much revision and fully expecting to resit. However, God was gracious, and I passed, proving to me once again that God is bigger than anything we face. Mental illness can be scary, isolating and difficult to explain, but you're not alone.

A third-year medical student at the University of Edinburgh

## ...who fails exams

In my second year, I failed exams in both semesters. This was a combination of not enough preparation, and bad luck! It was very stressful. I asked God to give me the work ethic and motivation to keep studying so I could pass. I also asked him to keep me calm and unstressed when I could feel myself getting anxious and worried.

I know that God has a plan for me, I know he will help me to achieve it, and I also know it won't always be easy. From the moment I decided to do medicine, I knew that it was what God intended. However, I also knew that if I did completely mess up and fail, God would not leave me; he would either provide a way for me to continue with medicine or would show the other plans he had for my life. This confidence in his power and will has helped me through the stress, time and time again.

Through hard work, determination and faith in God, I managed to get through my resits and pass with decent marks. Failing exams is not the end of the world. You can come back from it; if God wants you to do something, he will help you get there, and God really will help carry your burdens, whether that's stress, worry or anything else.

A fourth-year medical student at the University of Manchester



## ...who feels depressed

**H**aving spent my first two years in the library, my third year brought its own challenges. Waking up earlier, seeing patients all day, and the pressure of consultants challenging my medical knowledge, meant that by the end of the first semester my self-esteem had reached an all-time low and my interaction with my friends was suffering. I stopped doing the things I enjoyed and sleeping became a battle. After two weeks of failing to cope with it all, I reached the lowest point of my medical school journey: I thought about ending it all. I realised I needed help and to speak to someone before I got worse.

I confided in my mother and sister, which was the best decision I made because they prayed with me, reminded me how proud they were of me and encouraged me to rediscover my passion for medicine.

Although some of my assignments were affected, I can testify that God was faithful throughout and I am in a much better place thanks to the support and prayers of my friends and family.

A fourth-year medical student at the University of Leeds

## ...who is a failure in following Jesus

**I** viewed university as the time to step out as a Christian adult – becoming settled in a new church, striving to explain the gospel to non-Christian friends and learning to live all of life for him. In reality, I was scared and sinful and felt that the demands of following Jesus were just too high. In reading Mark's Gospel, I realised that I was frequently ashamed of Jesus' words; I preferred to look powerful rather than to serve and would rather not suffer for him. Mark's Gospel showed me that I wanted to keep my own life instead of obeying Jesus' commands. The only solution was to see Jesus' death on the cross as the ransom that I desperately need to follow him.

A fourth-year medical student at Barts and the London Medical School

## thriving in exile

**Laurence Crutchlow** reminds us of our real home and how to live well until we get there



Laurence Crutchlow is CMF Associate Head of Student Ministries and a GP in London

**W**here is home for you? If you haven't worked out an answer before Freshers' Week starts, do it now. Along with 'what course do you do?' and 'which halls are you in?', it is one of the staples of conversation in registration queues, or at the first meeting of the medical school choir. Describing the exact location of the Warwickshire market town where I grew up was never easy, given that many of my student colleagues seemed rarely to venture outside the M25.

Jump forward four years, and it might be much harder to answer, 'where is home?' Once long holidays end, the connections you kept up back at your parents' home get weaker, and often your adopted university city becomes home. The former country-dweller realises that they haven't seen a green field for months!

Medical careers don't lend themselves to geographical stability in the early phases, and it may be that you are well into your 30s before you feel settled somewhere. Changing address often means changing church, so our spiritual foundations can also feel mobile; particularly after graduation, when the often close-knit fellowship of CU and student CMF is no longer there.

## our true home

I'll always remember a CU Staff Worker (who happened to be married to a doctor) talking about this uncertainty. What surprised me was that she was so positive about it. She had come to realise that her true home was with God, and that uncertainty here wasn't just to be expected, but a positive reminder that we wouldn't feel completely 'at home' on this fallen earth. Indeed, Peter describes his readers as 'aliens and strangers in the world'. (1 Peter 2:11)

Sometimes this is obvious for the Christian. When our beliefs are subject not only to ridicule but outright hostility, or when we see disregard for human life, it isn't difficult to remember that we are exiles, not of this world. But this isn't always so

obvious in healthcare. Most people that we work with are loving, compassionate and well-motivated, whether they hold any faith or none. It doesn't always feel like 'exile', and so it is easy to forget that the way we live is still very different.

## our actions should follow Jesus' example

### how should we live?

Scripture gives us many principles for living, and thriving, despite these tensions. Here are a few of them:

#### 1. submit

Whether to human authorities,<sup>1</sup> or within our homes or the church,<sup>2</sup> the principle is clear. We are to follow Christ's example.<sup>3</sup>

#### 2. be holy

'Be holy because I am holy' (1 Peter 1:15). Our actions should follow Jesus' example, and we should live as he intended us to. 'What would Jesus do?' is still a helpful question, though we must remember that we are not fully God as he was, so not everything will be identical (we are not, for example, called to walk across the ornamental lake on campus to reach our lectures!).

#### 3. seek the peace of the city

Jeremiah 29 records a letter sent by him to the leaders of the exiled Jews in Babylon. Perhaps surprisingly, it commands them to 'build houses and settle down... marry and have sons and daughters', and to 'seek the peace and prosperity of the city into which I have carried you into exile. Pray to the Lord for it, because if it prospers, you too will prosper'. (Jeremiah 29:5-7) We should carry on with our lives and pray for the secular structures and institutions around us.



#### 4. come out of 'Babylon'

In contrast, Revelation 18 details the fall of Babylon, probably referring to the fall of the secular dominance of the world. God's people are instructed to 'Come out of her [Babylon], my people, so that you will not share in her sins' (Revelation 18:4). There is a point where we must be separate from the rest of the world, to avoid being pulled into sin.

These principles are sometimes in tension. Striving for holiness while submitting to the authorities is difficult, but possible. Do you submit to the authority of your consultant by inserting a cannula for a patient having an abortion, or do you place God's commands and the life of the unborn baby first?

### if Jesus is Lord over our lives, what he says applies to everything we do

The balance between 'seek the peace' and 'come out of her' can be even harder. We might well 'seek the peace' on our campus as we serve on a Student Union Council, but 'come out of her' as we make clear our opposition to decisions that might restrict the freedom of Christians to meet.

Being holy is a lifelong challenge. We have no hope of doing it for ourselves. Only God is holy. But through the Holy Spirit dwelling in us we are transformed to become more like him.<sup>4</sup>

#### not just surviving, thriving

The Bible of course has much more to say about these things; indeed, the whole story of Scripture is the story of God's people working out God's plan in a world that doesn't honour the creator as he deserves. Although CMF's expertise mainly relates to challenges at the interface of Christian faith and medicine, other questions arise throughout our lives. If Jesus is really Lord over all our lives, then what he says applies not just to our lives in church, or even to medicine, but to everything we do; whether that's in politics or economics, music or sport. Much thought is needed to discern and live out the truth.

As we are 'transformed by the renewing of our minds' (Romans 12:2), we can really apply our faith to all areas of our lives – not just to church, or to study, or to medicine, but to everything we do. It is by engagement, rather than retreat from the world, that we will truly thrive in exile. ■

REFS

1. 1 Peter 2:13  
2. Ephesians 5:21

3. 2 Peter 2:23  
4. 2 Corinthians 3:18

# what is 'whole-person medicine'?

Laurence Crutchlow describes real spiritual care



Laurence Crutchlow is CMF Associate Head of Student Ministries and a GP in London



**A**t first glance it appears relatively uncontroversial. After all, the World Health Organization (WHO) describes health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity',<sup>1</sup> which isn't so different. In some parts of the NHS spiritual care is embraced. Yet the world's

definition of whole-person medicine is often quite different from our own.

## how does the world see whole-person medicine?

We can easily just focus on the physical material of our bodies. Many drugs are best understood at

molecular level, so it is not surprising that we try to reduce our bodies to the smallest particles we can understand. This is helpful in research, but how many of our patients (or us) really live as if the body was nothing more than a collection of atoms?

UK medical school curricula recognise this, with the GMC's *Tomorrow's Doctors*<sup>2</sup> requiring that students can apply to medical practice not only biomedical scientific principles, but also psychological, social and population health ideas.

Though the WHO's definition doesn't include 'spiritual', there is reference to 'spiritual care' in the NHS. Questions about faith are routine in psychiatry and palliative care, but are increasingly asked in other areas as well.

### what is real whole-person medicine?

Does the 'whole-person medicine' that we see in the NHS bear any relation to whole-person medicine as we might understand it from the Bible? The main tension is in defining spiritual health and care. Even respected Christian authorities agree that the term 'spirituality' is not easily defined.<sup>3</sup>

Throughout Scripture, true spirituality cannot be separated from God. Paul clearly differentiates between the spirit of the world, and the Spirit of God.<sup>4</sup> He goes on to say that only those who are truly spiritual – with the Holy Spirit – can 'make judgments about all things'.<sup>5</sup>

In the secular world, there are numerous (and often vague) definitions of spirituality. A Royal

College of Psychiatrists booklet puts it: 'Spirituality involves experiences of:

- a deep-seated sense of meaning and purpose in life
- a sense of belonging
- a sense of connection of 'the deeply personal with the universal'
- acceptance, integration and a sense of wholeness'<sup>6</sup>

### true spirituality cannot be separated from the Holy Spirit

There is nothing wrong with these things in isolation; indeed, they may look 'Christian' to the casual observer. But they are at best a pale shadow of real spirituality – of the Holy Spirit dwelling in us.

### what are the challenges to true spiritual care?

There are two major obstacles. The first are those who feel that spiritual care, of any kind, has no place in the NHS, such as the Secular Medical Forum.<sup>7</sup> The second is the temptation to think that we have done enough because we have fulfilled NHS definitions of spiritual care. However, real spirituality includes Jesus. Other forms of care, however well-intentioned, cannot be called 'spiritual care' in any true sense. When Jesus healed ten people of leprosy, it was the one who





praised God that Jesus told 'your faith has made you well'.<sup>8</sup>

### what might whole-person medicine look like in practice?

Patients and colleagues come from many differing faith backgrounds; some have no faith; many are unsure; and many are devoted followers of other religions. To say true spirituality only comes from the Holy Spirit is usually met with hostility.

How then do we practise genuine whole-person medicine? Do we have to talk about faith with every patient we meet? Do we have to ensure we get spirituality into every question we ask in a lecture?

This can be answered on two levels.

**First**, we need to make sure that our faith really permeates every area of our life. Our faith should be apparent in our conduct, our words and our attitude to those around us. This is important even for the first-year student with limited patient contact. In clinical practice, such attributes may lead to opportunities to talk about true spirituality, often with colleagues and sometimes with patients. So, our spirituality is present in everything we do.

**Second**, we must make sure we respond to the presenting complaint of the patient in front of us. Most clinical encounters don't go much beyond physical medicine; jumping straight from a question about how an ankle was twisted to a direct question about spiritual things would be

disconcerting and unhelpful.

But suppose the ankle sprain occurred after a fall when the patient was drunk. Further questions reveal that this isn't just a one-off night out, but that the patient is lonely and developing a dependency on alcohol. A sensitively-asked question about faith may provide an opportunity for real spiritual care – sometimes given by us, perhaps more often by a referral to someone else.

We mustn't forget patients' physical needs. When we deal with their physical needs appropriately and compassionately, it may well open the door for more genuine whole-person medicine. Not every patient will want spiritual care; if the answer to a neutral question about faith is 'No', then we must respect that and move on.

As students, study well so that you can practise good-quality, physical medicine. Don't dismiss emotional and social aspects. To truly provide spiritual care, we must make sure we are spiritually fed ourselves, to enable us to share the joy in us with everyone we meet. ■

#### REFERENCES

1. World Health Organization. *who.int/about/who-we-are/constitution*
2. Tomorrow's doctors: education outcomes and standards for undergraduate medical education. GMC, 2009
3. Atkinson D, Field D (eds). *New Dictionary of Christian Ethics and Pastoral Theology*. Leicester: IVP, 1995:807
4. 1 Corinthians 2:12
5. 1 Corinthians 2:14-15
6. Spirituality and mental health. *Royal College of Psychiatrists*. [bit.ly/2GSyfWY](http://bit.ly/2GSyfWY)
7. Secular Medical Forum. [secularmedicalforum.org.uk](http://secularmedicalforum.org.uk)
8. Luke 17:11-19; for a much fuller exposition of this story, see Lloyd-Jones M. Medicine and 'the whole man'. *Nucleus* 2013;43(1)

# medical ethics for beginners

Giles Cattermole explains the basis of medical ethics



It's easy to think that prescribing antibiotics is a 'scientific' decision, without the need for ethics or 'value judgments'. But if the patient is foreign, unconscious, terminally ill, with life-threatening pneumonia, and if the antibiotics are very expensive with nasty side-effects, all sorts of ethical considerations become apparent: consent; entitlement to NHS treatment; and how good and bad outcomes ought to be balanced. Value judgments are intrinsic to medicine. 'Patient' implies a particular relationship of duty and care. Medicine presupposes that disease is 'bad' and health is 'good', and that doctors 'ought' to help people from disease to health. These are value judgments; this is ethics.

Ethics is about deciding what is morally right and wrong, what we should or shouldn't do. It relates to obvious issues like abortion, cloning, and euthanasia. But also, what life is and what a person is; our attitudes to disability and mental illness; justice and rationing; confidentiality, consent, truth-telling, professionalism and much more.

## how can we know what is right?

Morality was once generally accepted to be 'revealed'; God tells us (in the Bible or in nature)

what is right and wrong. Enlightenment Deism saw morality as 'discovered'; there is moral truth 'out there', but God won't tell us what it is; we must work it out for ourselves. Postmodernity says that there is no absolute moral truth; morality is 'chosen'. Ethics becomes no different from aesthetics.

## what is truth?

Some philosophers use the categories of 'factual' and 'value' judgments. Factual judgments concern scientific truth (determined empirically) and logical truth (self-evident). Value judgments concern aesthetics and ethics.

For example:

Wales is west of England – scientific truth, observed on a map

$2 + 2 = 4$  – logical truth, assuming the rules of mathematics

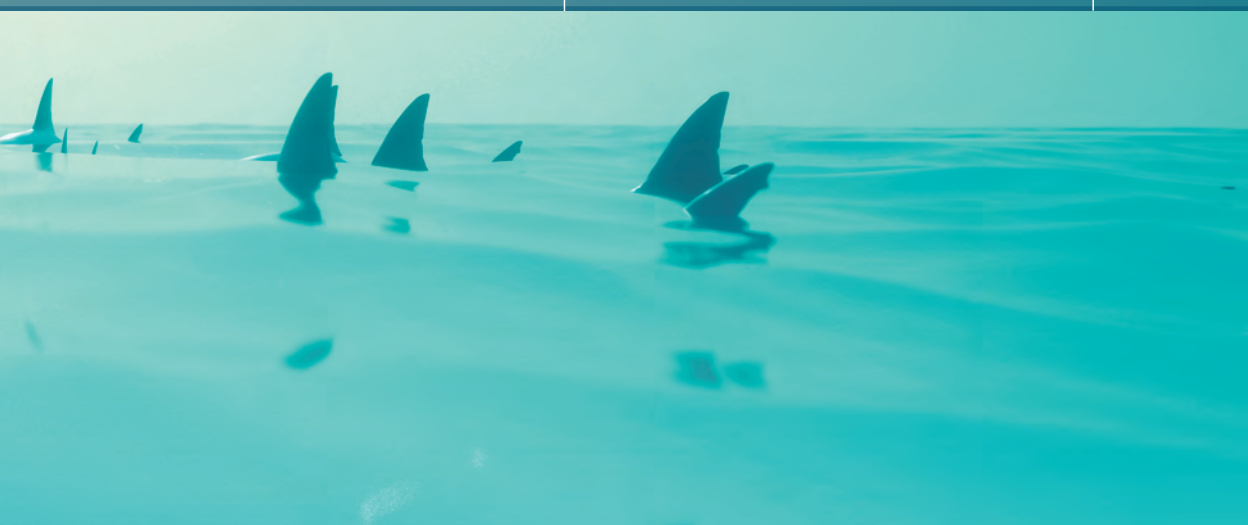
Coffee is nicer than tea – aesthetic judgment, 'true' for some but not all

Murder is wrong – ethical or moral judgment

For some, value judgments are matters of personal preference. But in practice few people



Giles Cattermole is an Emergency Medicine Consultant and is UCCF London Team Leader



consistently live as though there is no moral truth at all. Just ask them whether rape or racism are acceptable. Instead, most people still think that some actions really are 'right' or 'wrong', even if they disagree about which are which. They operate according to some sort of moral framework, even if they don't know it.

## humanist ethics

There are three major theories.

### virtue<sup>1</sup>

Virtue ethics are concerned with the character of the moral agent. By becoming the 'right' sort of person one will naturally behave correctly. Many people think this too vague and incomplete for practical use, yet there is still an assumption that doctors and nurses should be competent, compassionate, altruistic people.

### duty<sup>2</sup>

Duty-based ethics are concerned only with the rightness or wrongness of an action itself, not with its outcomes. Some things are universally right, some universally wrong. The Hippocratic Oath is a list of duties. But many people object to the idea of

absolute duties without exceptions: would you lie to prevent murder?

### utility<sup>3</sup>

Consequence-based ethics look to the outcome of any action to determine whether it is right or wrong. The end justifies the means. A common form is 'utilitarianism' – the greatest good for the greatest number. Yet, one can never be sure that an action will achieve its desired end. Even if it did, it's difficult to measure 'happiness' and 'sadness' for each individual. This sort of thinking is also very dangerous for individuals and minorities.

For many, virtue ethics were too vague and duty-based ethics were too absolute. The driving ethic became more utilitarian as governments took over the role of providing healthcare and sought to maximise efficiency.

## principles

Virtue, duty and utility-based ethics are ethical theories, from which principles and rules can be derived for practical decision-making. Beauchamp and Childress<sup>4</sup> famously promoted the idea of 'principles' of medical ethics: most people, of any religious or cultural background, tend to agree on

certain basic ethical principles. The standard four principles they described were: autonomy (respect for a person's choices); beneficence (doing good); non-maleficence (not doing harm); justice (fair distribution of resources).

### principle-based ethics

Beneficence is what clinicians have always wanted: to bring healing. Non-maleficence was Hippocrates' first aphorism: *primum non nocere*<sup>5</sup> (first do no harm). This is the attitude that safety comes first. These two principles can be put together as 'balancing risks and benefits'. People want fairness, even if they don't agree how it's best defined. But autonomy is sometimes criticised as being too Western and individualistic. Another problem with this approach is that sometimes the principles conflict. Autonomy is often assumed to trump the others.

In practice, decision-making involves 'blended ethics', using different theories and principles to support an argument, or to suit different circumstances. What seems to be an attempt to discover what is really the right thing to do (as the Enlightenment philosophers intended), becomes instead an exercise in justifying one's own preferences. Ethics becomes relative, a matter of personal choice.

### what should Christians do?

Our starting point must be God. He has told us what is good. But we also need to recognise that human nature is sinful, in rebellion against God.

Secular ethical approaches take no account of sin. Utilitarianism ignores God's concern for the weak and helpless. Duty ethics fail to recognise that we cannot rely on 'virtuous' clinicians, because we are sinful. Similarly, autonomy assumes that we can determine what is right and wrong ourselves. Rights and autonomy are essentially selfish; we prioritise our own needs over others. Autonomy is not the solution to ethical dilemmas; it's the cause of the problem!

But there is at least a glimmer of truth in these approaches too.



The result we're concerned with is God's glory – our decisions should seek to maximise this. We can trust God because he is glorified in his actions and is concerned with each individual. God has given us duties. But they are not a mechanical checklist. Despite our sinfulness, they are in response to Jesus' work on the cross and God enables us to obey him by the power of the Spirit. Finally, Christian ethics seek to be those of Jesus. As we become more and more like him, we will act in the way that is most pleasing and glorifying to God. ■

#### REFERENCES

1. Aristotle. *The Nicomachean Ethics*. London: Penguin, 2004.
2. MacIntyre A. *After Virtue*. 2nd ed. London: Duckworth, 1985
3. Kant I. *The Moral Law*. 2nd ed. London: Routledge, 2005
4. Mill JS, Bentham J. *Utilitarianism and other essays*. London: Penguin, 2000
5. Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*. 6th ed. Oxford: OUP, 2008
5. Hippocrates. *Hippocratic Writings*. London: Penguin, 2005

## moral mazes

Rebecca Horton explores everyday student ethics



Rebecca Horton  
is an FY1 in  
Oxfordshire



### can I sign my friend into lectures?

It's nine o'clock on a Monday morning and you're sitting, ready for the microbiology lecture to begin. You check your phone. Daniel has messaged saying he has slept in. He asks you to sign his name on the register – he'll repay the favour. Seems harmless – is it wrong?

Temptation to not tell the truth is surprisingly common at medical school: telling others what came up in OSCEs, signing people into lectures and making excuses to leave placement early. The GMC

places a high value on integrity; you must make sure your conduct justifies your patients' trust in you and the public's trust in the profession,<sup>1</sup> and although these actions may seem harmless, they are ultimately untruthful. As Christians, we have even more reason to act with integrity.

God never lies; Jesus and the Holy Spirit are both referred to as The Truth. We should speak the truth because Scripture teaches us to.<sup>2</sup> Our conduct should adorn the gospel; we should speak the truth so that others know we can be trusted;<sup>3</sup> and, our

lies can harm others. Not telling the truth has both worldly and spiritual consequences. As ambassadors for Christ, when we lie or intentionally mislead, we fail to promote the gospel or demonstrate integrity. There are also other areas to consider. Are we at risk of jeopardising a peer's education – or our own – when we constantly sign them in? Or missing a sign that someone is struggling?

## we should speak the truth, being prepared to give a reason for the hope that we have

How should we respond? Speaking the truth can be difficult. The Bible instructs us to 'speak the truth with love'.<sup>4</sup> Perhaps, when we decline to lie for our friends, we can offer to help with revision, share our notes from missed lectures, or talk to them about what is making it so hard for them to get out of bed.

We should speak the truth, being prepared to give a reason for the hope that we have.<sup>5</sup> Not cheating in exams or getting time out of lectures is very distinctive. This comes with great opportunity. Do we do these things because we find exams easy? Or because we are afraid of being caught out? No. Our actions are different because we have a greater hope, a hope in the Lord Jesus Christ, a God of truth, who is more concerned about our character than how many exams we pass.

### do I have a responsibility to speak up if I see something that seems wrong?

Knowing when to speak up isn't straightforward. We may be less experienced than the person who appears to be doing something wrong, or not be quite sure what we are seeing. Exactly what needs to be done will vary considerably, depending on the situation, and involves both discussing with the person involved and finding the right person to escalate to if necessary. Perhaps we are concerned that a mistake will harm a patient, that a colleague

is being treated unfairly, or that another doctor appears unwell. The Bible gives us some guiding principles as to why and how we should speak up. Jesus' greatest command, after loving God is to love our neighbour, and this should be our motivation to speak. When we speak up in the right situation, we can share the love of Christ.

How should we speak? These situations are usually complex and you generally won't know the full story. Matthew 18:15-16 refers to dealing with sin in Christian brothers and sisters, but the principle of addressing the individual first, before escalating to a senior, can be applied to these situations too. If we speak because of the love of Christ, then we should act also in his character. 'The fruit of the Spirit is love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness and self-control' (Galatians 5:22-23); reflecting on some of these qualities can help us when we plan to speak up:

- **Gentleness:** Ask first. There is often more to a situation than meets the eye. You may well be wrong or not fully understand the decision-making process. '...A harsh word stirs up anger' (Proverbs 15:1) whereas a gentle question may either avert an error or make you understand the decision better.
- **Kindness:** Show concern for individuals. It is important to be sensitive in how we ask and offer support.
- **Self-control:** Stay away from gossip. Perhaps you are concerned that your registrar has an alcohol problem. Maybe there is one doctor who everyone is talking about making mistakes and you have a fresh one to add. Resist the temptation to join in, but instead identify your medical school's mechanisms to escalate this where appropriate.

### church weekend away or exam revision?

Time management is difficult for all medical

students. As Christians, fellowship with our church family is biblical and important. We also have a responsibility to study hard so that we can give the best clinical care to our patients.

It's not true that Christians should always go to every church event because then God will make them pass their exams; Scripture encourages us to work with all our hearts whatever we do. We are to do this as though working for the Lord,<sup>6</sup> and it can be tempting to instead end up working for ourselves. God has laid out good works for each of us to do.<sup>7</sup> The question is, what is this work?

Jesus said, 'Love the Lord your God with all your heart and all your soul and with all your mind. This is the first and greatest commandment. And the second is like it: love your neighbour as yourself. All the Law and the Prophets hang on these two commandments'. (Matthew 22:37-40) Throughout the whole of Scripture, we see a God who longs for his people to return to him, to walk with him and to know him more. This should be our priority. Jesus' actions reflect this, and even on the busiest of days he took time to pray. Exactly how we spend the rest of our day will vary. We all have different gifts from God,<sup>8</sup> and each of us is urged to use them well. Working for the Lord will sometimes mean an evening studying, sometimes talking with a friend or sometimes encouraging others on a church weekend away. Jesus placed a high priority on relationships – church family, friends, and our biological family shouldn't be forgotten when we move away from home.<sup>9</sup>

Practically speaking, there are probably areas where we can be more efficient. Using diaries and planning work in advance can help to balance priorities, and perhaps there is a candid friend who can look at this with you. It's also important to remember that you don't have to do everything: serving God is meant to be a joy and not a burden.

So how shall I spend this weekend? The answer will be different at different times, and that is okay. Loving God first doesn't necessarily mean attending every church event, just as working with all your heart doesn't mean coming top in every exam.

Don't worry,<sup>10</sup> but trust him, pray about your time, and remember that he is gracious.

## go and see the gallbladder in Bed 4?

Perhaps this dilemma is subtler, but it is a situation you'll come across again and again. The moral question is in how we think about patients. The surgeon who asks you to 'review the gallbladder in Bed 4' does not literally mean you should ignore the rest of the patient, and no doctor would seriously condone this. However, this is an attitude that it is all too easy to slip into when you go hunting for 'good cases' on the wards.

## if we love our neighbour as God made him, we should inevitably be concerned for his total welfare

The GMC says that we should care for the whole person – physical, emotional and spiritual.<sup>11</sup> Furthermore, God did not create isolated gall bladders, he created whole people! John Stott helpfully captures this idea: 'God created man, who is my neighbour, a body-soul in community. Therefore, if we love our neighbour as God made him, we should inevitably be concerned for his total welfare.'<sup>12</sup> We can and should learn from patients and seeing a wide variety of pathology is important. But if we go remembering the whole person, this is not only good medical practice, but is distinctive to our colleagues and serves to promote God's values. ■

### REFERENCES

1. Ethical guidance: good medical practice (domain 4,65). GMC 2019 [bit.ly/2XEDVxB](http://bit.ly/2XEDVxB)
2. Ephesians 4:24-25
3. Titus 2:10
4. Ephesians 4:15
5. 1 Peter 3:15
6. Colossians 3:23
7. Ephesians 2:10
8. Romans 12:6-8
9. 1 Timothy 5:8
10. Matthew 6:25-34
11. Ethical guidance: good medical practice (domain 1, 15a). GMC 2019 [bit.ly/2LKOW9n](http://bit.ly/2LKOW9n)
12. Stott J. Christian Mission in the Modern World. London: IVP, 2015

# clinical conundrums

Laurence Crutchlow suggests answers to some difficult questions

## can I pray with a patient?

A patient might ask for prayer perhaps with a GP they know to be a Christian, or perhaps from a student who they've got to know well. These situations are the exception, not the rule. But prayer can be greatly valued by patients when the time is right.

The GMC's *Personal Beliefs and Medical Practice* gives reasonable freedom to discuss spiritual things in these circumstances and affirms the relevance of spirituality to patient care; there is no specific prohibition on praying.

But there is tension between our role as believers, naturally wanting to tell others about Jesus or pray with them, and our role as medical students who primarily meet patients to learn and care for them. A middle way is to offer a brief prayer ourselves, and then refer them to a chaplain (so it's worth getting to know which chaplains are helpful).

## can we talk about the gospel with a patient?

Conversations about the gospel fall into a similar vein. CMF's Saline Solution course looks in more detail at how clinicians of any discipline can

sensitively discuss Christianity with patients, and when it might be appropriate. A profound discussion of faith may be rather out of place when dealing with an infected insect bite! But when dealing with severe distress, or end of life care, the answer to a simple question like 'do you have a faith that helps you at times like this?' may open a discussion (or make it clear that the conversation should move on).

## what does healing mean today?

The gospels contain several accounts of Jesus healing physical illnesses, and healing is mentioned by Paul when discussing spiritual gifts in 1 Corinthians 12. The theological question of whether such gifts operate today is controversial. Former CMF General Secretary Dr Andrew Fergusson's *Hard Questions about Health and Healing* is a good starting point for those who are new to this topic.

Christians would agree that we are ultimately healed as we are reconciled to God through Jesus' death on the cross. Many would point to occasions where they feel physical or mental illness has been healed through prayer. There is also some evidence of a link between Christian faith and health.





Laurence Crutchlow is CMF Associate Head of Student Ministries and a GP in London

But it will become very clear early on as a medical student that not everyone is physically healed; that Christians do suffer illnesses and eventually die just as everyone else does, and that sometimes prayers for healing may feel unanswered. Thinking through suffering is particularly important for the medic – start here with this video: [bit.ly/2akpPc3](http://bit.ly/2akpPc3)

## what do I do when someone asks me a medical question at church?

From your first day as a medical student, some people will assume that you are the fount of all knowledge about all medical matters. Don't worry. You never will be. Indeed, the day that you think you are is the day you become a clinical risk. I qualified 17 years ago and can always find more to learn!

Most Christians will be aware that a) you are still learning, and b) you are not at work when you are at a church service. But some people will come to you asking for advice. How you respond depends on your stage of training, who is asking, and your own choices about what boundaries you want to have in your relationships at church. Several short scenarios illustrate this:

*A linguistics student is getting married next month, and she asks you a general question about how effective the contraceptive pill is. You've just finished a placement in a family planning clinic at the end of your fourth year.*

Although not qualified, you probably know the answer, and you don't need to ask any personal questions to clarify. Give the answer, perhaps with the caveat that she might want to talk about contraception with her GP.

*A mother who thinks she is noticing autistic traits in her son comes to you asking what you think of him. You've only seen him a couple of times as you*

*usually attend different services. Your paediatric placement didn't include any real community work.*

This is tricky ground. You are well out of your depth and shouldn't get medically involved. But this is clearly a member of your church family who is very worried. Though you should be careful not to give specific advice, you may be a great encouragement if you spend some time talking through her worries, and direct her towards a health visitor or GP.

*An elderly gentleman, too embarrassed to visit his GP, confides that he has had PR bleeding for the last two weeks.*

You don't need much experience to know that this is a serious symptom warranting further investigation. It isn't unreasonable to make this clear to him, and encourage him to see his GP, perhaps seeing if there is someone he knows well in the congregation who could take him to an appointment (or even doing this yourself).

*Every couple of weeks, a middle-aged lady seeks you out after the service. She spends at least 15 minutes pouring out her health worries, and her difficulties with local doctors. You begin to try to hurry away before coffee...*

The 'heartsink' patient isn't confined to general practice. This illustrates the importance of setting some boundaries about how far your professional role reaches, at church and elsewhere. These will not be the same for every student, though in this case I would suggest ensuring that you don't undermine other doctors in conversation is essential. Explain to her that, while you want to be supportive, you prefer to avoid discussing medical matters in church. As a student, it is easy enough to plead ignorance! Such boundaries become more difficult when qualified, particularly if you are a GP living close to your practice, as some members of your church will probably also be your patients. ■

# engaging in the public square

Philippa Taylor considers the public dimension of a student's faith



**A**rriving at university you will become aware, if you aren't already, of a vast number of ethical issues: drug policies, mental health, abortion, reproductive technologies, genetic engineering, slavery, gender dysphoria, freedom of conscience, end of life decisions and organ donation, to name but a few.

The question is: 'Should we engage with ethical issues?' (ie, as individual students and as CMF?)

Let me answer the question by suggesting four reasons that I believe should drive us as Christians, individually and as a Fellowship, to engage with ethical issues in the public square:

- for self-defence
- for the sake of others
- for moral reasons
- for stewardship and citizenship reasons

It is important that Christian health professionals speak up for others.

## for self-defence

Much of society in the UK is growing increasingly hostile to the Christian message and its values. There seems to be increasing pressure on Christians to go against their consciences, for



Philippa Taylor is CMF Head of Public Policy

example, when talking about faith or praying with patients, considering abortion referral requests or perhaps even gender reassignment. When faced with such challenges, what should our reaction be? Do we escape or assimilate, or is there another option?

### for the sake of others

Being created in God's image means that we are all wonderful, mysterious, precious and unique beings, from conception through to death. But in God's creation plan it seems we are also designed to be fragile, frail, vulnerable and dependent. Because healthcare acts as one way by which human communities care for vulnerable people, it is important that Christian health professionals speak up for others.<sup>1</sup>

We do this 'not with judgment in our voices but with tears in our eyes. We treat with respect the malformed baby, the person in a persistent vegetative state, the profoundly demented individual, the destitute homeless heroin addict'.<sup>2</sup>

The wider need for care clearly goes well beyond the vulnerable at the beginning and end of life and those with immediate medical needs. It needs to reach those being trafficked, abused, tortured, people who are homeless, lonely, in debt, in prison, hungry, struggling with pornography, alcohol abuse or poverty. There is no lack of opportunity to help others, and to love our neighbour as ourselves.

### for moral reasons

We are engaged because we recognise that universal standards of right and wrong exist. Morality matters and when we fail to uphold what is right (as a society and individually), harm often follows. It is not always easy to uphold Christian moral views, but when challenged, rather than escaping or assimilating, John Stott gives another option: 'The calling of Christians is to be morally distinct without being socially segregated'.<sup>3</sup>

What might this mean for actual engagement? The lifestyle choices people make affect their lives and usually affect those around them too; hence, the involvement of many Christians in policymaking. Some are involved in restricting access to pornography, harmful drugs, online gambling and prostitution, or more positively, encouraging marriage, family life, health and well-being.

**we do this 'not with judgment in our voices but with tears in our eyes. We treat with respect the malformed baby, the person in a persistent vegetative state, the profoundly demented individual, the destitute homeless heroin addict'**

This is not to say people cannot make choices – people do not become moral simply through a change in law. But law and policies can encourage behaviour that is good and restrain immoral behaviour, and its impact on others.

### for stewardship and citizenship reasons

We engage because we have been entrusted by God to care for his world. We are responsible to manage his world well and according to his desires and purposes.

Our role as stewards in the public square derives from our understanding that God instituted and designed government<sup>4</sup> and we are to respect and be subject to governing authorities.<sup>5</sup> Owners have rights, but stewards have responsibilities. We engage because we are responsible stewards, with respect, care and humility and within the confines of the law.



We are citizens because we are created to be in community. We are not only individuals doing our own thing; we are individuals in community, bound by duties of care, responsibility and compassion to others.

### promote a culture of care for others and to love and care for our beautiful world

What might this mean for engagement as students? This should drive concern for justice and a willingness to speak out against anything that leads to unjust treatment of colleagues or patients. It should encourage Christians to (continue to) promote a culture of care for others and to love and care for our beautiful world.

But, undoubtedly, our most powerful citizenship tool is prayer.

'Seek the peace and prosperity of the city to which I have carried you into exile. Pray to the Lord for it, because if it prospers, you too will prosper'. (Jeremiah 29:7)

Finally, how can we engage with ethical issues in the public square?

Being informed is a good place to start! Be aware of what is going on around you, of local and

national debates, of resources that can help – CMF blogs, CMF Ethics and Public Policy Newsletter or CARE's Impact Direct. For more in-depth reading, look at CMF's submissions to policy consultations, The Human Journey course or CARE's Finishing Line study on the end of life.

To engage practically, we encourage members to respond to public consultations (see the CMF website), to email or write to decision makers,<sup>6</sup> to visit local MPs, to join medical organisations and/or stand for election on key committees and the BMA, to write articles and engage with social media and, of course, to pray.

The better informed you are, the better you will know how to engage and what to pray for. ■

#### REFERENCES

1. Sloane A. Philosophy grows no cabbages. *Triple Helix* 2015; Spring:20
2. Wyatt J. *The Finishing Line Study Guide*. London: CARE, 2016
3. Stott J. *Through the Bible, Through the Year: Daily Reflections From Genesis to Revelation*. London: Candle Books, 2006:193
4. Romans 13:1
5. 1 Peter 2:13-17
6. Writing to MPs ([writetothem.com](http://writetothem.com))

# global medical mission

Vicky Lavy describes an urgent need



Vicky Lavy spent ten years working in palliative care in Malawi and was formerly CMF Head of International Ministries

**E**ndocrinology – you know, a subspecialty that a few will pursue, but most won't. Sadly, that is how many people see medical mission. But is that how God is calling us to think?

## what's the problem?

The vast majority of people in the world live in low or middle-income countries (LMICs). In the UK we enjoy a standard of living, level of education and quality of healthcare that most of the world will never experience. Indeed, most deaths and

disabilities due to treatable diseases occur in LMICs where there are fewest resources – and doctors.

Here are some incredible statistics. It has been estimated that in sub-Saharan Africa, 3% of the world's health workforce care for 10% of the world's population bearing 24% of the global disease burden, with less than 1% of global health expenditure.<sup>1</sup> In addition, LMICs see 99% of maternal deaths, 95% of HIV infections, 90% of people with visual impairment... the list goes on.<sup>2</sup>



### why medical mission as a Christian?

Throughout the Bible, we read of Jesus' care for the vulnerable and downtrodden; over 300 passages speak about his concern for justice and his heart for the poor. We see that he calls us to 'make disciples of all nations'.<sup>3</sup> This means that both evangelism and social action are part of God's all-encompassing mission to restore the whole of creation.

When Jesus explained what he had come to do, he described a holistic mission; bringing the good news of the gospel, restoring broken people, and bringing justice in broken communities.<sup>4</sup> The exciting thing is that he chooses to use his people to accomplish this mission. Jesus said, 'As the Father has sent me, I am sending you'.<sup>5</sup>

Christian doctors and nurses are part of the plan, bringing God's love to a needy world through competent, compassionate healthcare. In one sense, we are called to do 'medical mission' wherever we are. We are sent by God into a broken world to play a part in its restoration, both through our medical skills and as we share the good news of God's love when there is opportunity – living and speaking for Jesus both at home and away.

God asks his people to care for the poor and to work for justice. He doesn't call all of us to live and work in a poor country. But he does call all of us to be engaged.

### what can I do as a student?

So, as a medical or nursing student, how can you begin to think about getting involved from the off? Here are some thoughts:

#### 1. develop relationships

The best way to do this is to develop a passion for prayer. Pray, perhaps through Operation World<sup>6</sup> for the nations. But also develop relationships with medical missionaries so you can pray for, and with them. CMF has around 200 members living and working overseas. Why not read their blogs and newsletters, or even write to them yourself? You can also pray and develop relationships with students and healthcare professionals around the world through our connection with over 80 Christian medical movements through the International Christian Medical and Dental Association (ICMDA).

## 2. attend a course

CMF run a number of courses to help medics and nurses engage in medical mission. For example, 'Who is my Neighbour?' explores medical mission and international work. This can be organised by your local CMF group. The yearly Developing Health Course equips doctors, nurses and allied health professionals for work in resource-poor settings. This is an excellent opportunity to connect with others and grow in knowledge, skill and experience.

## 3. read about it

We've published some short, readable guides:

- *Short-Term Medical Work* outlines practice guidelines for short visits
- *The Working Abroad Handbook* is a comprehensive guide to working overseas - now available online at [cmf.org.uk/international/working-abroad-handbook](http://cmf.org.uk/international/working-abroad-handbook)
- *The Electives Handbook* is a terrific resource for medical students
- *Off the Beaten Track* offers advice for juniors on how to go overseas soon after qualification

## 4. go

As well as numerous short-term options throughout your studies, an elective to a developing country is a golden opportunity to do something different, to see life and medicine in another setting, and to look at the world from a different perspective. For many students, it's an experience that changes the way they live and shapes their future.

Deciding what to do, where to go and how to get there can seem a daunting task, but CMF has lots of resources to help. The CMF website contains a database of over 80 Christian hospitals around the world that accept elective students and inspiring elective reports from former students.

## how will you be involved?

We are all called to engage in global mission, be it through going, giving, praying or simply being informed. Indeed, the history of medical missions

## global options

From time to time, CMF runs a 'global track', offering focussed training for Christian health care students and young professionals wanting to explore their role in global health and mission. Details and updates are at:

[cmf.org.uk/international/global-track](http://cmf.org.uk/international/global-track)

CMF also runs a number of short-term teams, either to Christian medical conferences overseas, or 'taster' trips hosted by another Christian medical movement, or 'outreach' teams delivering medical care. For more details, see [cmf.org.uk/international/short-term-vision-trips](http://cmf.org.uk/international/short-term-vision-trips)

Many CMF students have been richly blessed by attending the World Congress of the International Christian Medical and Dental Association (ICMDA). The next will be in Tanzania in summer 2022.



shows that medical and nursing missionaries have always been at the forefront of changes in medical science and practice.<sup>7</sup>

The opportunities that lie ahead are numerous.<sup>8</sup> The world needs committed, God-honouring, well-trained medics and nurses who are prepared to live out transformed lives for the sake of the gospel. Let's support each other, asking God to use our gifts throughout our training, (and wherever we end up in the future) as we join him on his mission in a hurting world.

Find our international resources at:

[cmf.org.uk/international](http://cmf.org.uk/international) ■

### REFERENCES

1. WHO, 2016
2. WHO, 2014
3. Matthew 28:19
4. Luke 4:18-19
5. John 20:21
6. Operation World. [operationworld.org](http://operationworld.org)
7. Knowles R. The Christian contribution to healthcare. *Nucleus*. Freshers' Edition 2016:52-55
8. Greenall J. What is the Future of Medical Mission? *Nucleus*. 2016;46(2):6-10

SC2021  
22-24 January 2021  
Yarnfield Park, Stone, Staffordshire

WEEKEND

# LIGHT

IN THE DARKNESS

LIVING IN THE GLORY OF CHRIST

book online at:  
[cmf.org.uk/studentconference](http://cmf.org.uk/studentconference)

