nucleus

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change for good?

spiritual health check | Zimbabwe | the myth of secular neutrality

nucleus

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CMF Christian Medical Fellowship

I find it nerve-racking to clerk and examine patients in front of registrars and consultants. They spot so many mistakes – though I am grateful for their constructive criticism aimed at making me a good doctor. To take their advice on board, I must have a humble and willing heart to learn.

Humility is vital not only in medicine, but also in the Christian life (Philippians 2:3-11). The past year has been a rocky one for my faith. But each time I surrendered myself to God, he made his sustaining grace known to me in a real way. At times I wondered if I was alone in my doubts, so I appreciate Jason Roach's reminder that ongoing repentance is normal and necessary in the Christian life (pp23-26). He urges us to consider whether we are trusting in Jesus who died for us, rather than in worthless idols.

God calls us to humility, but warns us against gullibility. Even among our church leaders, Jesus warns us to 'Watch out for false prophets. They come to you in sheep's clothing, but inwardly they are ferocious wolves.' (Matthew 7:15) We must test all teaching (*Nucleus* articles included!) against the Bible that is given us by the Lord – who is our ultimate authority. As such, Siôn Glaze's article, about applying the teaching of the Epistles correctly (pp38-39), is an important one.

We need great discernment outside church walls too, when engaging with the world. Today's society believes the myth of secular neutrality. Alex Bunn convincingly debunks that myth by explaining how everybody (not only Christians) sees life through a certain perspective, and that medicine is strewn with moral judgments (pp32-37). Worldviews also affect the conduct and presentation of medical research. To complement our evidence-based medicine training, we need a values-based approach (pp27-31).

If you are still not convinced that personal values matter, consider how Barack Obama is changing the world (pp14-22). André Van Mol writes his analysis from the perspective of a US-based Christian doctor. In the face of the general media's unbridled enthusiasm, his critique of Obama's policies is a sobering one, in particular, the implications for medical ethics. Whether you agree or not, we would love you to email us your thoughts, which may be published in next issue's letters page!

The editor's address remains *nucleus@cmf.org.uk*, though your comments will go to Pete Mackley (editor-elect) as this is my goodbye. I am so grateful for the privilege of serving, and what I learnt from Mark Pickering (former managing editor). I thank the production team, editorial committee, reviewers, authors – and you readers. After three years as editor, I look forward to spending more time on the front line, putting into practice what I have been writing about.

Hugh Ip

cholera outbreak in Zimbabwe

***John Greenall** writes an eyewitness account*

It's in the early hours of the morning in mid January. I'm standing in a cholera camp in the town of Kadoma, 140km south-west of Harare (the capital). As I look around, my eyes widen taking in the sights. People are everywhere: beds, benches, floor and wheelbarrows. Sunken eyes look up at me, as I gaze at the endless line of IV drips. The stench of chlorine lingers in my nose; vomit and diarrhoea stain the floor. The camp, with a capacity of 200, is overwhelmed by 700 people.

Walking amongst the hastily erected tents is a team of nurses, doctors and medical students. They are changing IV drips, giving oral rehydration solution, as well as cleaning up the vomit and diarrhoea. One student is praying for a particularly sick elderly man, and as I turn around a seven year old child is carried in. He looks about four, malnourished and barely breathing; a cannula is sited and we pray that he might live.

Those first five minutes in the cholera camp moved and challenged me in a way I could not imagine. Amidst the stench of death, a group of Christian doctors, nurses and medical students are risking their own health and giving their time, bringing life and hope, and seeing God do amazing things.

from England to Zimbabwe

Three weeks ago, I was considering what I'd just read on the CMF website while driving home from work.[1] Zimbabwe is in crisis: crippled by massive inflation and political infighting,[2] most hospitals and the medical school have been closed for the last four months. In the few clinics that remain open, there is a lack of even basic drugs. Nurses are earning US $0.10 a month in a country where transport costs are US $40 per month.

Now cholera is sweeping the country. The outbreak started in August 2008, but accelerated in early December (start of the rainy season) due to a number of factors, including poor sanitation and a lack of safe drinking water. Almost 88,000 people have contracted the disease, with close to 4,000 deaths.[3] Every province has been affected and what remains of the health system has long been overwhelmed.

The website appeal is straightforward - 'pray and act now, Zimbabwe is bleeding'. As I prayed, I wondered what I could do. I realised that God was telling me to go, to encourage the workers on the field, raise awareness of the problem, and report back on rumours of some incredible things that God has been doing. So after discussion with my clinical supervisor, rearranging my annual leave, hurried emails, and a cholera vaccination - I was on the plane.

joining Celebration Health

I visited the health wing of Harare church Celebration Ministries International, Celebration Health.[4] On seeing the devastating cholera outbreak, it acted swiftly to raise funds from partners including CMF UK and a number of international organisations. Its cholera response, 'Operation Outstretched Hand', has seen an incredible mobilisation of staff and medical students. Over 7,000 patients have been treated in just seven weeks, with a death rate under 1%, according to Dr Andrew Reid (of the Celebration Health leadership team).

Operation Outstretched Hand

Celebration Health has sent in a total of 19 teams. Each team usually comprises five doctors, twelve nurses, four pharmacists, two logisticians, a driver and a caterer (though the largest team consisted of 85 people). Eight teams were ready to be deployed at any time. Celebration Health is now one of the largest providers of cholera care in Zimbabwe due to this large pool of volunteers. They work in partnership with other organisations including Medecins Sans Frontieres, UNICEF, WHO, as well as the local health authority and the Ministry of Health.

The work is not confined to one location. Celebration Health performs regular reconnaissance missions to rural areas investigating possible outbreaks, sometimes leaving team members to coordinate a response. These rural areas are particularly difficult to manage, given the thin spread of the population over large distances; death rates due to cholera are therefore higher. Local churches have also been involved; church members help to build the camps and educate the community, while choirs sing in the camps.

students and junior doctors lead the way

The medical students (part of CMF Zimbabwe) have been praying together regularly over the last few years. They have also led health education programmes in schools and hospitals in Harare. For example, a fourth year medical student (who leads the health education team) teaches the local community how to prevent the spread of cholera. They estimate that over 10,000 people have been reached by her team's community programmes.

Celebration Health is sharing the gospel and seeing many come to Christ. In each area where they have worked, a church or cell group has started. Conversions even happen amongst team members; volunteer doctors and nurses come onto the field and God so touches them that they are born again and begin to undergo discipleship. The work is, however, tough and they are obviously tired. Yet one of the students said to me: 'God is not a God who stands back

and watches...Jesus is in that cholera camp, amongst the vomit and the diarrhoea, full of compassion for these people. I asked myself where Jesus would be at Christmas and I knew he would be here, so I wanted to be here too.'

The scale of the problem can seem overwhelming. One area of a local town (home to 20,000 residents) has no clean water available and the sewage system is not functioning. During my visit, I saw that the public toilets were two feet deep in faeces, with a writhing mass of maggots - and still in use. Adults were getting drinking water from broken pipes that well up amongst sewage; children were playing ball in the sewage, as well as eating fruit with dirty hands. The community has lived like this for seven years. It has gotten so used to living in the sewage that the people do not seem sad. On the contrary, many smile and the children play happily.

As I walked alongside rivers of sewage, I was reminded that in heaven there are rivers of living water running through the streets.[5] The Celebration Health team have seen that God wants them to be agents of reformation in this town and throughout Zimbabwe; they long to see living water provided for these people *now*. This will involve rebuilding infrastructure and changing behaviour.

biblical truths come alive

In a country with so much need, biblical truths seem to come alive. One doctor said that they are ministering to Jesus himself when they help those stricken by the cholera crisis. Jesus will say to those who have lived in obedience to him:

'For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.' "Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?' "The King will reply, 'I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me.'[6]

Right: Disinfecting cholera beds
Below: John (third from right) shares a meal with the team

Most importantly, Celebration Health has always been underpinned by prayer. They are taking God at his word and seeing that God's answer to the situation comes through them. It really hit home to me that when the Bible speaks of our God being a God of compassion,[7] justice,[8] and concern for the weak[9] - that God acts in these ways through *us*. As part of God's kingdom on earth, we are the means by which his kingdom comes to those around us. God's love, compassion, justice and mercy are being demonstrated powerfully in Zimbabwe through this team of men and women. The students have stepped up to the challenge and they are leading something big. Their vision, maturity and leadership skills are developing rapidly. Their dream is big; their prayers are fervent, and these are beginning to be answered.

ask what you can do

It is tempting for us to feel 'I'm just a student, I couldn't be involved in anything as big as this', and yet these Zimbabwean students inspire us to get involved. So what can you do? You can pray both for the situation in Zimbabwe and also for the students over there with uncertain futures, that they would know God's leading in their lives. You can give financially - the CMF appeal has now closed, having reached the target of £30,000 (for IV fluids, giving sets, needles, soap and gloves amongst other things), but the Archbishops' Appeal is open.[10]

And, like the students in Zimbabwe, you can be open to God calling you to something far bigger than you ever imagined. Will you lift your eyes up, dream big, and ask God to help you believe that he may use you to achieve the impossible? After all, his Word says that we can do anything through him.[11] Who can you reach out to? What needs exist in your home country or town or street - homelessness, deprived populations, a lack of health education? As medical students and doctors we have a key role to play for 'the least of these'.[12]

The Celebration Health team would often sing one particular song. I pray that it will be your prayer as you recommit yourself to sacrificially serving our all-powerful God:

Lord I answer to your call
To go where others dare not go
To press on ahead and
never look behind.
Though the road may
not be easy,
It always hurts to sacrifice
But I'm ready Lord to
pay the final price.
There's a new great horizon
just waiting there for me,
If I only trust in God and
just believe.
I won't give what cost me
nothing; you're far too precious
Lord for me.
Thank you for your mercy,
Thank you for your love,
Thank you for choosing,
using me.

John Greenall *is a foundation year two doctor in Kent*

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12. Matthew 25:40

living in the light of tomorrow

Libby Maskrey *learnt more than she could imagine*

In the midst of stressful exams and hectic ward rounds, it is easy to forget where we are heading. Over 400 medical students from around the UK (and abroad) arrived in Derbyshire for the annual national student conference from 13-15th February. We were there to learn about living in the light of tomorrow.

Reading from Revelation, Steve Brady (Principal of Moorlands Bible College) outlined God's plan to renew and restore creation. In his first Bible address (Revelation 1:9-20), he described how the apostle John was exiled to the island of Patmos by the Romans for his faith. Jesus reassured him in this difficult time, 'Do not be afraid. I am the First and the Last. I am the Living One; I was dead, and behold I am alive for ever and ever!' [1]

We were reminded of Jesus' character and authority. His beauty, humility and mercy should shape our response to his majesty. Jesus' eyes are 'like blazing fire'; [2] he sees us as we truly are so he cannot be disillusioned with us. We can be comforted that our destiny is in the safest hands, because we belong to a personal and loving God.

In Brady's second Bible address, he focused on the 'Battle of the Ages'. The imagery of Revelation 12-14 illustrates the battle (between good and evil) that began at the Fall, still being played out in heaven and on earth. Living between the crucifixion and Jesus' second coming, we will encounter spiritual battles at medical school, because we are made in God's image. The devil wishes to destroy that image, dehumanising us, but we can overcome him 'by the blood of the Lamb'. [3]

Brady's third Bible address (Revelation 21-22) looked ahead to the new creation. There will be continuity and change. It will be a community providing security, full of purity, illuminated by God. We can look forward to a place where the tree of life will provide true healing for all the nations; our God will make everything new!

tackling diverse issues

It was difficult to choose between the exciting seminars ranging from church history to drug addiction. Having just completed an obstetrics and gynaecology placement, I found Tamie Downes' seminar on abortion particularly useful. She explained the current methods of abortion, and the relevant laws. In groups, we examined what the Bible says about when human life begins and how its value is derived from God. The discussion, about our duties as healthcare workers, convinced me of the need to ensure that patients make an informed choice.

What about the spiritual aspect to health? Is there ever a need to explore this during history-taking to determine the cause of illness? In the psychiatry seminar, we looked at what the Bible says about how mental disorders present, and the issue of demonisation.

Richard Dawkins certainly does not believe in demons. David Robertson (church minister and university chaplain in Dundee) led an interesting discussion about Dawkins' book *The God Delusion*. We questioned: why atheism has become the new religion, whether faith is reasonable and compatible with science, as well as how we can sensitively challenge these issues.

having a good time!

The weekend was packed, not only with serious talks, but lots of fun too! The student conference committee (SCC) stayed up all night until Saturday 6am, folding sheets of coloured paper... so every woman woke up on Valentine's Day to find an origami flower outside her room, with an inscription reminding them of God's love, 'Like a lily among thorns is my darling among the maidens'.[4]

Those with energy to burn had Saturday afternoon to play badminton and football, or walk in the picturesque grounds, while others browsed bargains in the bookshop. The evening entertainment options included: the University Challenge quiz, a lively Ceilidh, a *Bladerunner* film showing and discussion, the praise concert, or just relaxing with friends from review groups (where we discussed the main talks).

Some of us got to meet the international students who arrived after their London preconference. Many of them overcame great hurdles, by God's grace, to attend. We also heard about God's work in UK medical schools in the morning praise and prayer sessions, and during the annual general meeting.

totally worthwhile!

I arrived at conference tired, unmotivated and shivering from the cold. I left having learnt more than I thought possible about the majesty of God, the ongoing spiritual battle in our personal lives and the medical world, as well as our hope in the new creation! I was encouraged to see so many students developing knowledge and friendships that will help their faith throughout their medical careers. This time next year, why don't you look up from your textbooks to see where on earth you are heading?

Sensitivity is certainly needed when we talk about sex. How you see its function and meaning depends on your worldview - whether you follow in the footsteps of philosophers and ethicists (past and present) or God's eternal Word. 'Sex and the Maker's Instructions' was the title of CMF Chairman Trevor Stammers' conference address. He challenged us to consider the implications of biblical teaching for our own lives, and how to deal with the consequences of sex in society. Crucially, God's love is manifested most clearly in the cross - not in erotic love.

Libby Maskrey *is a clinical student at Hull York Medical School*

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nurse suspended for offering prayer to patient

A 45 year old community nurse was suspended in December 2008 simply for offering to pray for a patient. Caroline Petrie, a committed Christian, had finished attending to the patient's dressings at her home. The patient politely refused and was not offended, but mentioned the incident to another nurse in passing. Petrie was subsequently suspended. However, after much publicity and overwhelming public support, she was soon reinstated by North Somerset Primary Care Trust.

Petrie's case comes amidst the recent Department of Health publication of *Religion or belief: a practical guide for the NHS*. It contains much that is useful and welcome, but Christians may have concerns about the potential implications of certain sections. This may be a timely call to vigilance regarding the freedom to live out our faith in the NHS. (*telegraph.co.uk* 2009; 7 February, *ccfon.org* 2009; 6 February, *dailymail.co.uk* 2009; 2 February, *cmf.org.uk* 2009; January)

global conflict zones

More than 20 conflicts are currently taking place around the world. Of these, seven conflicts are each causing over 1,000 violent deaths per year. Most topical of the 'minor' conflicts (causing fewer fatalities) has been the resumption of sectarian killings in Northern Ireland. Meanwhile, the UK has been involved in wars for most of the last decade at least, including Bosnia, Kosovo, Iraq and Afghanistan.

One lesser known conflict is the Mexican drug war. Since 2006, it has led to around 10,000 deaths, 6,268 of them in 2008. For the most significant conflicts, look to Africa, South Asia and the Middle East. These include the two 'war on terror' fronts in Iraq and Afghanistan; the Israeli - Palestinian conflict; civil wars in Sri Lanka, Somalia, Congo and Sudan; as well as the ongoing standoff between nuclear powers India and Pakistan over Kashmir.

The civil war in Congo alone has claimed an estimated three to four million lives (more than any other conflict since World War Two). Most are from disease, malnutrition and the collapse of health services rather than actual violence - therein lies the great health challenge that wars present: not just the initial death toll (in places like Gaza and northern Sri Lanka), but the need to stem deaths from waterborne illnesses, malnutrition, and lack of medical care (eg obstetric). However, that does not begin to cover the long-term mental health problems of people who have seen friends, family and whole communities slaughtered around them.

Few organisations are equipped to respond to these sorts of crises. High profile groups, like the Red Cross and Medecins Sans Frontieres, enter acute situations, but gaps emerge during post-conflict reconstruction and lulls in fighting. Medair is a Christian organisation that specialises in long term health and relief projects to help restore such traumatised communities.

Nevertheless, aid organisations can only operate with the blessing of the government in the conflict zone. In Sudan, 13 international aid groups were recently expelled by President Omar Hassan al-Bashir. They deny his allegations of aiding the International Criminal Court, which recently issued an arrest warrant for Bashir, holding him responsible for atrocities in Darfur. Reuters reports:

He wanted foreign aid groups to stop distributing aid in Sudan within a year... If carried out, the order will also create a dilemma for international donors, including the governments of the United States and

Britain, over whether they will be able to continue to pour millions into projects across the underdeveloped country without full control over how their aid is distributed.

The stakes for justice have been raised. If the international community (eg United Nations (UN) and African Union) does not act soon, civilians stand to suffer more. 300,000 lives have already been lost and 2.75 million displaced from homes. (*reuters.com* 2009; 16 March, *Economist* 2009; 7 March, *wikipedia.org* 2009; March, *globalsecurity.org* 2009; March)

rape - a weapon of war

Civilians in conflicts worldwide are being subjected to sexual, as well as physical, violence. Bosnia, Sierra Leone and Darfur are some of the countries that have witnessed mass rape of men, women and children. In a recent report by MSF in Darfur, nearly 300 women attended a health clinic in a five-month period having been raped, a third by more than one individual. The number of women raped is probably about 15 times higher than the 300 who attended the clinic. Many raped individuals were cast out from their families or even jailed by the police for having illegal pregnancies (unmarried women can be prosecuted for falling pregnant under Sudanese law).

Doctors and counsellors report being overwhelmed by the number of victims. New UN resolutions require more frequent updates on the fate of women and children in war. However, victims are now speaking out and trials are taking place. An arrest warrant (including charges of rape) was recently issued for the Sudanese president. It is the bravery of victims that is slowly bringing perpetrators to justice; that cannot happen a moment too soon. (*economist.com* 2009; 19 February, *news.bbc.co.uk* 2009; 4 March, *doctorswithoutborders.org* 2005, *globalization101.org* 2006; 12 December)

assisted dying update

Should doctors be required to assist the deaths of their patients? There is much action in Westminster, and Scotland where health matters are devolved.

Margo MacDonald, Member of the Scottish Parliament (MSP), has Parkinson's disease. She wants to change Scottish law to legalise voluntary euthanasia and physician assisted suicide, and has been holding a consultation. Her proposed bill needs 18 signatures (from the 129 MSPs) to be debated. If it were, the lengthy consideration needed would be completed before the next Scottish election in 2011.

In the UK Appeal Court, multiple sclerosis patient Debbie Purdy was refused any guarantee that her husband would not be prosecuted for assisting her suicide if he were to accompany her to the Dignitas facility in Switzerland.

The UK Coroners and Justice Bill includes a brief and laudable attempt to update the law on assisting suicide by changing the 1961 language of 'aid, abet, procure, counsel' to that of 'encourage or assist', to stop internet-inspired suicide clusters (eg in Bridgend, South Wales). We anticipate a last-minute amendment so that British relatives going to Dignitas could not be prosecuted. This might seem moderate, but it would establish a principle in UK law and launch us down a slippery slope. (*carenotkilling.org.uk* 2009, *www.cmf.org.uk* 2009)

cheaper drugs for poor countries

GlaxoSmithKline (GSK) has promised to cap drug costs for the world's 50 poorest countries at a quarter of their US and European prices. In addition, Andrew Witty, GSK's new chief executive, will reinvest

20% of the company's developing world profits into upgrading local health care infrastructure (eg improving clinics, drug distribution and training). GSK also renewed its commitment to research into neglected tropical diseases.

The price cap entails a sacrifice of five million pounds in annual sales, though shareholders will be reassured that this is a small proportion of GSK's total revenues of £22.7 billion (2007). *The Lancet* estimates that 'the money to be reinvested locally will be less than 0·1% of overall profits.' Despite Witty's generosity, Medecins Sans Frontieres (MSF) criticises the company for not sharing its HIV patents with other researchers.

'Other companies have taken some similar steps to stimulate research and strengthen health infrastructure - for example, Pfizer in Bangladesh', reports *BMJ*. (*BMJ* 2009;338:b686, *Lancet* 2009;373:693)

too many teenage pregnancies

At 13 years of age, Alfie may be Britain's youngest father. Chantelle (the mother) is reported to have had numerous other boyfriends, so the fatherhood of baby Maisie is in question. Their story is another milestone in the disintegration of our society's moral stance on sex outside marriage.

Journalist Melanie Phillips criticises the opposition against anything that may be remotely perceived as moralising or passing judgment. Those who urge self-restraint and behavioural boundaries are dismissed as out of touch with reality. Alfie and Chantelle demonstrate that children are not mini-adults capable of responsible and well-informed decisions, but they are not alone.

There were 8,196 pregnancies among girls under 16 (legal age of consent) in 2007, compared with 7,826 in 2006. The government is likely to miss its target of halving teenage pregnancies amongst girls under 18 by next year.

'The Government's teenage pregnancy strategy has been a disaster for young people... The expansion of confidential contraceptive services for young people under the age of 16 is making it more difficult for girls to resist the advances of their boyfriends and is giving the green light for boys to pressurise girls into sexual activity', said Norman Wells, director of the Family Education Trust. (*timesonline.co.uk* 2009; 26 February, *telegraph.co.uk* 2009; 17 February, *dailymail.co.uk* 2009; 16 February)

let down by hybrid embryo hype

Due to a shortage of human ova for embryonic stem cell research, animal-human hybrid embryos were portrayed as vital to finding cures for conditions like Alzheimer's disease. Recent research cast serious doubt on this assertion from last year's Human Fertilisation and Embryology Bill debate.

Scientists inserted human DNA into egg cells from cows, mice and rabbits. But the hybrid embryos did not correctly express genes vital for pluripotency (capacity to develop into different cell types).

'For those trained in the science, this is not news, but instead a completed fate that was known from the beginning', commented leading US stem cell scientist James Sherley. Sir Ian Wilmut, who cloned Dolly the sheep, moved from animal-hybrid embryos in favour of induced pluripotent stem cells. These adult stem cells, 'made to act like embryonic ones', avoid compromising human dignity.

Funding has also been a problem in the UK. Two of the three licensed labs failed to secure finance; the

third has not yet tried. Stephen Minger (King's College London), who has held a licence for over a year, said, 'What we have to work out now is whether it's a good use of our scant resources to put our efforts into resubmitting a proposal - which is incredibly time-consuming.' (*nature.com* 2009; 3 February, *cmf.org.uk* 2009; 3 February, *news.bbc.co.uk* 2009; 13 January)

gender reassignment for transsexual teens?

Transsexual children should be given puberty-blockers from the age of twelve, say controversial draft guidelines from the International Endocrine Society. Preventing early pubertal changes would give children, who express a wish to change sex, time to make a decision.

The guidelines come amid news of the world's youngest person to undergo a successful sex change. Kim Petras began treatment (in Germany under national health insurance) with hormone replacement therapy at the age of twelve, completing it with gender reassignment surgery at the legal age of 16.

Puberty-blocking treatment for this indication has not been approved in the UK for under-16s, although it is offered by some clinics in Canada, Australia, Germany and the US. Some doctors believe that children do not have the emotional maturity or understanding to make such a permanent life changing decision. Also, little is known about the long term affects of puberty-blockers if patients were to change their mind about therapy. Some teenagers with such feelings may find puberty repellent if they believe they are becoming the wrong sex. However studies show that 80% of boys who experience transsexual feelings as children change their mind in adulthood. (*newscientist.com* 2008; 10 December, *dailymail.co.uk* 2009; 5 February)

non-invasive fetal tests - coming soon

The NHS should prepare for advances in non-invasive fetal DNA tests, recommends the Foundation for Genomics and Population Health. With no risk of miscarriage, these are safer than current invasive methods (such as amniocentesis), and can be used much earlier in pregnancy. The technology uses cell-free fetal DNA in maternal blood. They can potentially detect Y chromosomes for those at risk of sex-linked disease, or an abnormal ratio of chromosomes (eg Down's syndrome).

A working group from the Foundation examined ethical and social issues raised; particularly the potential for sex selective abortions and determining paternity. They concluded, 'Implementation of non-invasive prenatal diagnosis for clinically significant genetic disorders is desirable, both to improve the quality and management of antenatal care and to facilitate parental reproductive choice.' Nevertheless, the greater ease with which abnormalities can be detected - and embryos discarded - is concerning for those who believe life to begin at conception.

The report recommends education of the public and healthcare professionals, to ensure that individuals are adequately informed. It cautions the NHS to ensure that the tests are thoroughly evaluated for reliability and effectiveness, as well as calling for auditing processes and best practice guidelines. Will these be enough? (*BMJ* 2009;338:b618)

Jenny Chui, Andrew Fergusson, Steve Fouch, Siôn Glaze, David Jack, Sarah MacLean

Obama: change for good?

***André Van Mol** outlines his concerns*

The election of Barack Obama gives the United States (US) its first African-American president and the developed world its first black head of state. For the media and much of the public, it has been an undiluted celebration. When I look beyond the historic milestone and through a Christian worldview, my enthusiasm dims for many of Obama's stated intentions. His campaign slogan was 'hope and change'; but how will his new policies actually impact medical ethics, research priorities, health care provision, and international aid? What differences from the Bush administration can we expect?

Photo: PA Photos

meet the new president

Before Obama's meteoric rise to the land's highest position, his time in elected office was limited to the Illinois state senate and a partial term as a US senator. But his intellect, drive and people skills were proven early on at law school (where he became the *Harvard Law Review*'s first African-American president), and during his time teaching constitutional law at the University of Chicago.

His political convictions are starkly drawn: of 100 US senators, his was the most liberal voting record of any.[1] Obama's promise to reach across the political aisle is inviolable; he was at the leftward extreme of the Senate, thus making a policy compromise with anyone else a *de facto* move to the right.

Obama has professed Christianity for around 20 years. His home congregation was Chicago's Trinity United Church of Christ (belonging to a profoundly liberal denomination). Its pastor is Jeremiah Wright, whose incendiary comments and black-identity views brought widespread publicity, little of it flattering.[2]

the US political landscape

The US has two main political entities:

- **The Democratic party** is thought of as left-leaning or liberal, statist (desiring a larger government role in things), union friendly, taxation supportive, non-traditional on social issues, and often self-identifies as 'progressive'.
- **The Republican party** is considered right-leaning or conservative, favouring limited government, lower taxation, free-trade/capitalism, traditionalism on social issues, preference for private sector initiative over government programs, and support for the military.

Extremists, moderates, contrariants (those who do the opposite of expectations) and the apathetic exist in the two, as does a degree of overlap on any given issue. Their comparison to the Labour and Tory parties is reasonably useful.

a time for change?

President Bush left office with a dismal one third approval rating.[4] His post-9/11 favour steadily eroded over time due to negative perceptions and imagery associated with: the Iraq war, Abu Ghraib, Guantanamo Bay detention camp, the Patriot Act, the Homeland Security Act, wire taps, hurricane Katrina, Vice President Cheney, Defense Secretary Rumsfeld, the Wall Street meltdown, and the banking crisis among other controversies. Whichever of these names rings familiar, the general public's esteem of it will be poor.

On the other hand, some (like Sir Bob Geldof) have expressed frustration at the lack of recognition for Bush's landmark initiatives.[5] He oversaw a vast expansion of non-military government spending. Prescription drug coverage was provided for 32 million Medicare recipients at a cost of $40 billion in 2008.[6] Likewise, the Bush team carried out the most sweeping overhaul of US foreign aid infrastructure in 40 years.[7] His administration:

- Introduced the President's Emergency Plan for AIDS Relief (PEPFAR)[8]
- Provided a third of all support for the Global Fund

to Fight AIDS, Tuberculosis and Malaria [5]
- Contributed half of all food aid to Africa [5]
- Began a $350 million fund to fight neglected tropical diseases [9]
- Launched the Millennium Challenge Corporation to reward poor nations for good governance and economic freedom [10]
- Twice continued authorisation to allow tax-free imports to the US market [11]

As commander-in-chief of the world's largest military, Bush, like his predecessors, did not hesitate to exercise the global reach of American armed forces for disaster relief on many occasions (as he did within hours of the Asian tsunami).

Bush's vibrant pro-life ethics were well known. He prohibited government funding of embryonic stem cell (ESC) research on lines developed after 2001, but did not ban ESC research,[12] contrary to mistaken media reports. In 2003, he signed into law the Partial-Birth Abortion Ban Act and the Trafficking Victims Protection Reauthorization Act. His administration strongly championed rights of conscience. In 2001, he restored the 'Mexico City policy' of refusing US government funding for overseas family planning groups that provide or counsel for abortions.

meet the US and its government

Our constitutional separation of powers between government branches (executive, legislative, and judicial) is designed to ensure checks and balances. Americans inherently distrust government agencies with even the appearance of excessive authority. As reflected on our currency and in our national pledge of allegiance, this 'one nation under God' is the one most influenced by biblical Christianity. It is also the most ethnically diverse, aspiring to the national motto of 'E Pluribus Unum' [3] ('Out of many, one'). Even with the wide swing of leadership, the transition from the Bush administration to that of Obama's was carried out peacefully, as is our long tradition.

Though a left-of-centre president was elected, we remain a solidly right-of-centre nation. Nonetheless, a cultural war has been afoot for decades - liberal versus conservative; secular versus believing; and it only heats up with time. Obama's leftist supporters expect vast policy, legal, and - ultimately - cultural transition.

For example, gay marriage is a consistent loser at state ballot boxes (even here in my liberal California), but it is advanced through activist judges and courts. The left looks for Obama to nominate liberal Supreme Court justices, with similar appointments anticipated for lower positions in the judiciary. If the highest court becomes leftward stacked, new options for change would manifest that might not otherwise be feasible strictly democratically. Though Democrats now hold large majorities in both the House and Senate (the government's legislative bodies), a number are at least as conservative as their Republican counterparts and could side with them on economic and social issues, so not all is as it seems.

changing of the guard

The 'Mexico City policy' was reversed by Obama as one of his first reforms. A national poll exposed this decision as his

least popular so far, with a 58% disapproval rating.[13] He will attempt to do precisely what he promised regarding medical ethics, health care provision, and research - namely drive through the most radical policy changes in memory. Obama is already using executive orders to speed his agenda; including putting a hold on Bush's end-of-term orders until his team reviews them.

Obama has been a supporter of abortion on demand.[14] In 2003, he voted against the Born Alive Infants bill[15] (patterned after a 2001 federal bill protecting babies who survived abortions, entitling them to medical care rather than disposal). How far will he go? Will he mandate that federal insurance plans pay for abortions, overturn the ban on late-term abortions, remove fetal coverage from the Children's Health Insurance Program, and reverse state laws either limiting abortions or requiring waiting periods or parental notification?[16]

He asserted last year that he would sign the Freedom of Choice Act (FOCA) designed to remove most impediments to abortion on demand. But even in a Democrat-controlled Congress he is unlikely to garner the necessary votes. Pro-life groups consider defeating FOCA their first priority, and eagerly welcome a vigorous public debate to expose its extremist implications (such as listed in the previous paragraph) which will assure loss of public support.[16,17,18] The pressure from the far left on Obama aggressively to liberalise abortion-related laws will be relentless.

'Keep abortion safe and legal' is a motto of the pro-abortion lobby, but its safety is now being questioned. It is a functionally unregulated industry, with abortion clinics exempt from many of the extensive federal regulations governing outpatient surgical centres. A Kansas Planned Parenthood abortion clinic is facing 107 criminal counts based on confidential review of only 29 patient records, while a late-term abortion provider in Kansas is under investigation for alleged malpractice.[19,20] May Obama soon ascertain the dangers of abortion.[21,22]

attacking rights of conscience

Prior to leaving the White House, the Bush administration finalised regulations enforcing existing laws[23] protecting medical practitioners' rights of conscience, including penalties against entities which coerce employees to comply with treatments (such as abortion) against their will. The Obama team is

already planning to reverse these.[24] Erosion of protection for conscientious objection would be deeply compromising for bioethics, a field with a Christian origin birthed to protect human dignity.[25] Exposing healthcare providers to prosecution for non-complicity with procedures they deem unethical or immoral guarantees a Supreme Court challenge, whilst inviting a mass exodus from obstetrics and gynaecology, family medicine, and paediatrics for pro-life physicians and medical students. The ensuing provider shortage would be crippling, considering the US is one-third evangelical.[26]

stem cell research

Obama supports federal funding for ESC research.[27] The public and press share misconceptions regarding ESC versus adult stem cell (ASC) research results. Every one of more than 80 stem cell treatments benefiting humans has come from ASCs and their corollaries from placental, umbilical, amniotic fluid and other sources. With the advent of induced pluripotent stem cells (human adult stem cells reprogrammed to an embryonic-like state) in 2007, the full potential of stem cell therapy may well be realised without the sacrifice of another embryo. Sir Ian Wilmut (University of Edinburgh), of Dolly the sheep fame, is walking away from the cloning technology he created in favour of the new direct reprogramming method. Nobel Prize winner Sir Martin Evans concurs, 'This will be the long-term solution'.[28] 'Even a scientist who cares not a whit about the morality of embryo destruction will adopt this technique because it is so simple and powerful. The embryonic stem cell debate is over,'[29] proclaimed Dr Charles Krauthammer. If only life were such smooth sailing. California's Geron Corporation announced in January its plans to begin the first human treatment trials with human ESCs. 'The one hope that everybody has is that nothing bad happens,' was the less than reassuring comment from another stem cell researcher.[30]

Native pluripotent ASCs and ASCs reprogrammed to embryonic state can provide all the benefits of embryonic stem cells without the ethical pitfalls and therapeutic complications of carcinogenesis and tissue rejection.[31,32] They require no eggs, destroy no embryos, produce genetically matched cells, and qualify for federal funds. The science, ethics, success and hope are proven so far to rest in adult stem cells and their corollaries. President Obama and much of the public have been told otherwise.

faith-based initiatives

Obama's executive order continuing and expanding Bush's White House Office of Faith-Based and Neighborhood Partnerships (helping groups to provide federally-funded social services) may cut both ways.[33] Monies and opportunities may well increase, but what of the faith part? For religious groups accepting these federal funds, potential restrictions on personnel practices and evangelistic efforts might cause many to opt out rather than compromise. Liberal religionists and secularists hope Obama will restructure the faith-based office so as to rein in more conservative elements.[34]

health system: weaknesses exaggerated?

The gigantic health care system is not nationalised, but contains at least five socialised/government entities:

- Medicare (for the aged)
- Medicaid (for the poor)
- Public Health Service (division of the Department of Health and Human Services responsible for health promotion and meeting urgent public health needs)
- US Military (for service people)
- Veterans Administration (for former service people)

The troubling assertion that around 46 million Americans are without insurance is clouded with confounding variables. The 'uncovered' include many in the aforementioned five national systems (none are technically 'insurance policies', adequate though they may be) and those of middle or higher incomes who have opted not to purchase health insurance.

No emergency department in the US can turn away a patient, particularly if penniless, which accounts for 'health tourists' from other industrialised nations who make their first stop an emergency room for prompt access to treatment for which they were denied or put on long waiting lists at home.

Yet genuine problems exist. *The Economist* reports that the US spends 'twice as much per head on health care as other rich countries. Yet for $2.2 trillion a year - twice the GDP of India - Americans get mediocre results. They die, on average, nearly two years earlier than west Europeans.'[36] Mitigating factors include:[37,38,39]

- Ten million unregistered immigrants fall through the cracks
- Few age restrictions on expensive treatments (eg chemotherapy, renal dialysis, and surgeries)
- Infant mortality is counted from birth (rather than the international standard of two weeks old)
- Advanced pre- and post-natal care: expensive, and enable high survival of extremely premature infants (whose expected health problems bring down the average)
- Advanced intensive care medicine
- The US keeps honest records for all to see and criticise

modern day slavery

Opposition to human trafficking is one thing on which pro-life believers and the Obama administration see eye-to-eye. This rare island of common ground can serve as a launch point for interaction amidst our sea of non-concordance. We expect continuation and advancement of the Trafficking Victims Protection Reauthorization Act 2008. From a historical perspective, this is the third time Christians are leading the charge to end slavery (the first being the institution of the medieval serf system;[35] the second was William Wilberforce and the abolitionists).

health care provision

The US is in a unique predicament: it is the world's third largest nation of both area and population. Americans reside in over 200 urban areas. The most challenging element of national health systems, regionalisation and rationing, would be magnified here. Worse yet, many Americans conceive that government-run health care equates to having all the current choices and benefits, but for free! These expectations cannot be met by any administration.

The Obama-Biden health plan[40] is estimated to cost an immense $50-65 billion. It proposes using and expanding the current structure with some twists such as:

- Tightening controls on and reforming insurers
- Covering a portion of catastrophic care
- Lowering insurance premiums
- Creating a Small Business Health Tax Credit (rewards small businesses for providing insurance to employees)
- Limiting malpractice insurance costs
- Raising the contributions toward insurance from large employers previously not offering such
- Developing a National Health Insurance Exchange (to assist people in finding private and public medical plans)
- Liberalising rules on generic drugs and their import

Obama's colossal financial stimulus/recovery bill includes provisions for the new National Coordinator of Health Information Technology, a federal bureaucracy monitoring physicians for treatment cost containment over safety and effectiveness.[41,42] The concept is not new in Europe, but it is a chilling idea for Americans.

providing for the poor and marginalised

The national-level safety nets of Medicare, Medicaid and the Public Health Service are joined by numerous organisations supporting free or very low cost facilities. These include charity hospitals (eg Shriners and St Jude's) and clinics, community health centres, Indian healthcare clinics (often funded by tribal casinos), Christian rescue missions, and pregnancy centres (often pro-life).

A recognised problem remains the working poor, those whose income levels exceed qualification for Medicaid while being insufficient for private insurance. Their safety valve remains emergency departments, which cannot turn patients away, but the consequence is the over-taxing and sometimes closure of such. In addition to the Obama-Biden health plan, the new team intends to help the poor by:[43]

- Raising the minimum wage
- Investing in transitional jobs for upward mobility
- Providing tax relief

- Developing a prison-to-work incentive programme and helping ex-offenders rehabilitate
- Supporting affordable housing
- Promoting the Responsible Fatherhood and Healthy Families Act

foreign aid

Americans claim to be the most generous people on earth, yet books are published contesting that claim. In 2007, the US gave only 0.16% of its gross domestic product (GDP) in aid compared to Norway, Sweden and the Netherlands who gave over 0.8%. Although those countries gave more *per capita*, they do not have 304 million people. The US' '$21.8 billion aid budget was still the biggest in absolute terms'.[44]

Figures based on GDP penalise the US for having a massive economy (25% of the global total).[45] Often excluded from comparative statistics are the magnanimity of American businesses, private giving (45% of worldwide philanthropy), and volunteerism, along with obviously robust military aid.[45,46] The Obama administration will likely continue the strong American tradition in foreign aid, though just following through with Bush-era commitments like PEPFAR will be costly in a time of recession.

leadership values matter

No organisation can rise above the constraints of its leadership. A nation, non-governmental organisation, hospital, church or study group will find its limitations are those of its leaders - regardless of its other assets. Consider how some Christian entities have suffered due to the lack of integrity in their directors. Conversely, marvellous things have come through underestimated teams led by individuals, with the anointing and favour of the Lord, who conducted themselves in excellence and made the most of what they had. It's a very small rudder that steers a large ship,[47] for good or bad.

As members of the body of Christ and co-labourers with him,[48] we can influence the atmosphere where we work, rather than being victimised by it. Take the example of Daniel serving a world-class demoniac

like Nebuchadnezzar.[49] Through understanding of honour, protocol and loyalty - he served with his gifts in a foreign place without compromising his integrity and relationship with God. Esther was in the king's court during a difficult time, but one for which she was positioned, as are we.[50] Joseph, also an outsider in a strange land, was another for whom multiple rejections were key stepping stones to advancement[51] - a spiritual principle to keep in mind. Few of us will be the chief advisor or second in command of a country, yet each of us is certainly the finest Christian some of our patients and contacts will ever meet.

how can we pray?

Scripture reveals that it is our heavenly Father who raises up leaders and makes them great,[52] that their hearts are in his hands to direct,[53] and that we are to pray for them.[54]

Pray for President Obama, his wife, his children and their family life. Pray for his team, that they be surrounded with the wise counsel of God's people of excellence, anointing and favour. Pray for the Lord to meet the president, his family, and administration in a life changing way. Pray for divine appointments. The many Christian organisations and staff fighting the good fight also need prayer and financial support. Pray specifically that God grants his generals and leaders the divine wisdom and insight to navigate these present seas.

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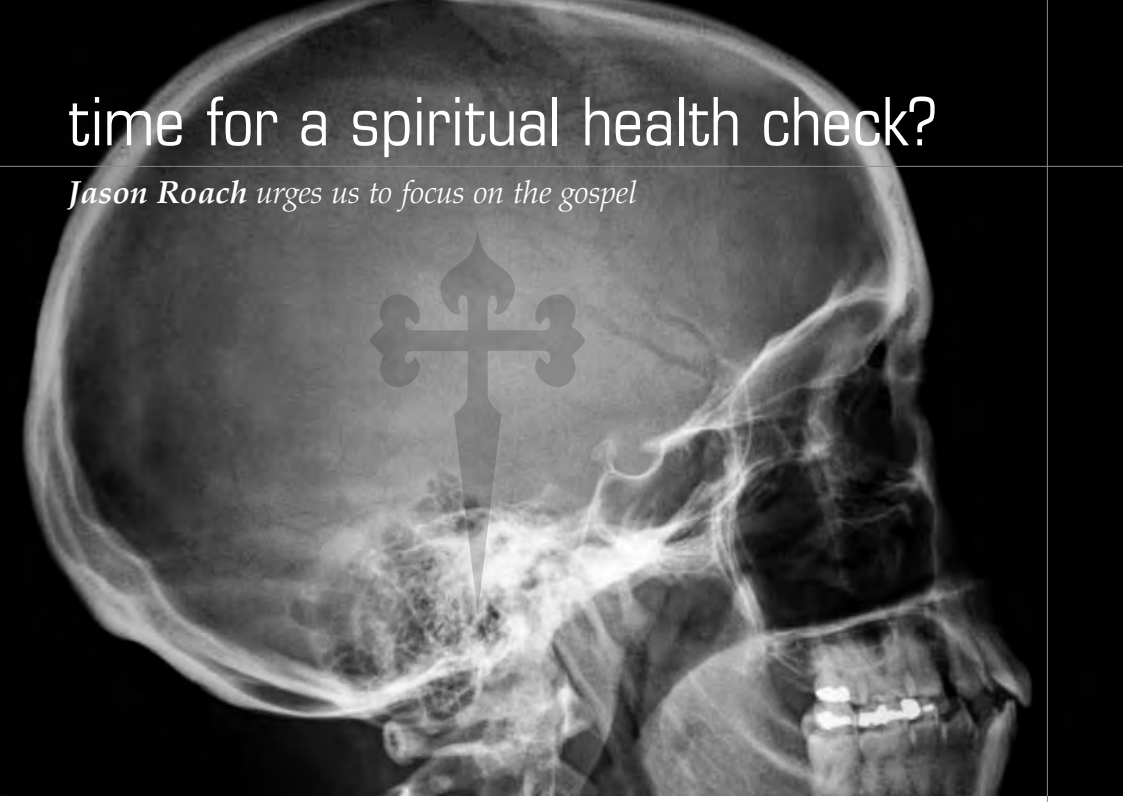
time for a spiritual health check?

Jason Roach *urges us to focus on the gospel*



The last health check I had was an occupational health screen at the *BMJ*. I passed with flying colours and ate suitably large portions of dessert in the cafeteria for the rest of the week. As far as I was concerned I'd passed and didn't need to worry for a very long time. Health checks conjure up this kind of pass/fail mentality. Either my health is good enough to make me relax for another few months, or something is flagged up that means I need to take serious action.

Unfortunately the Christian life is not that simple. Of course we need to ask ourselves initially if we still believe that we are sinners in need of a saviour, Jesus Christ. If we fail here then we are spiritually dead and need to repent and believe. But if that belief is genuine it is always accompanied by *ongoing repentance*.

So, in a sense, 'do I pass the test spiritually?' is the wrong question to ask. There is no Christian for whom growing in faith and repentance is not an ongoing requirement that will demand different things at different times. We need to view our churches more like hospitals than country clubs. In a country club you don't expect to see any sick people. In a hospital, intravenous tubes coming out of people's necks are normal.

Understood properly, the spiritual health check is a good model for the Christian life for two reasons. Firstly, we need to recognise that we are all sick. Despite our spiritual heart transplant,[1] we constantly need to pitch up at God's follow-up clinic because we still need his help. So acknowledging sin and seeking to grow in faith should be normal conversations over coffee in church, not ones that make us wish we'd picked someone else to talk to. Secondly, we need to admit that we are not in the best position to assess our own health, and

that we need help. When speaking to some of my medic friends, it became clear that we can struggle with this simple yet profound truth. We've all heard the old adage that doctors make the worst patients. Perhaps it is because we are so used to being the doctor that it can be hard to let someone else do the work of analysing us.

The same struggle exists for some of us spiritually. We sometimes wonder if preachers and Bible study leaders really understand the unique pressures we face as medics and so we switch off. But if anyone *can* give us the health check we need, it is not us. The ultimate diagnostician is Jesus Christ. It is his grace and truth, found in his Word, that show us what we really need: 'For the word of God is living and active. Sharper than any double-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart.' [2]

getting a spiritual diagnosis

After walking through the outpatient clinic, we need to step into the spiritual X-Ray

watch out: relationships and time management

Perhaps a particular area to highlight is romantic relationships with non-Christians. Biblically speaking, one of the key purposes of marriage is to help each other fulfil God's command to bring all things in subjection to him. [3] This is severely compromised by marriage to a non-Christian. Hence Paul stipulates that unless already married before conversion, Christian marriage should be to a believer. [4,5,6]

We work closely and intensely with people who have values that overlap with ours in areas we are passionate about. However we must guard ourselves from situations that are sinful and would profoundly limit our long term ability to glorify the Lord. Even when we are clear that dating might be wrong, we can become flirtatious is a way that serves our own sinful desires and not only dishonours God but may hurt others in the process.

Another pitfall is being wired (like myself) to take the path of least resistance (and therefore minimal organisation) in life. When we haven't thought beforehand about how we should spend our day, week or month, we quickly find ourselves overwhelmed by the urgent or exciting at the expense of the crucially important. As a doctor it was saying 'yes' to staying behind, which meant I couldn't make something at church. To avoid this, why not factor in church family commitments around other parts of your social life, extra-curricular activities and work? Often there is still enough time to do lots without neglecting the important.

department. God's word makes it very clear where to head to find our diagnosis. Romans 1:25a explains that by nature we are worshippers who have a tendency to worship the wrong thing: 'They exchanged the truth of God for a lie, and worshiped and served created things rather than the Creator'.

So a good spiritual diagnostic tool is to ask ourselves, 'what are the things in our lives which take on an inordinately high value?' What, if it was taken away would ruin our lives, or make us doubt our faith? Medics are of course susceptible to all the same influences that any Christian student might face.

The classic temptations are often: perfectionism (loving work and achievements too much); lust (loving bodily pleasure too much); unhealthy self esteem (loving worldly status too much); discontent (loving our ideal of relationships too much); and fear in evangelism (loving people's opinions more than God's). How are these things affecting you? If we're honest, they all affect us to some degree. 1 Corinthians 10:13 makes it clear that there are no problems that are not common to all of our human hearts; we merely differ in the extent to which we struggle with them.

We often find it hard to do this kind of self analysis. But that is something we were never meant to work through alone! Ephesians 4:11-16 makes it clear that we share responsibility for helping our church community to change. That means investing in our church community so that we have genuine friendships, where we can encourage and be encouraged. Having identified the areas that need work, what's the solution? It's time to enter the spiritual operating room.

going into surgery

John became a Christian in his second year of medical school. It went fine for the first year - great quiet times, a bold evangelist, and really stuck into the Christian Union. But of late John seems more like the 'old' John - before he became a Christian. He's often drunk in the bar, flirting with girls and not reading his Bible. His friends tell him that he needs to sort out his quiet times. But the problem started well before he missed his first morning devotion. He thought progress in the Christian life was up to him - just a matter of ticking a few boxes. Like the story of the Prodigal Son, where his older brother was so interested in earning brownie points that he lost sight of the grace of God.[7]

This passage reminds us that 'works' won't work. The things we love aren't as good as the promises of God in the gospel. This is what Titus means when he says that the gospel teaches us to say 'no' to ungodliness;[8] and why Paul proclaims that the daily Christian life is lived 'by faith in the Son of God' who loved us and gave himself for us.[9]

We see this in three ways. Firstly, the gospel reminds us that no matter what sin we uncover in ourselves, the repentant Christian can be assured that 'there is now no condemnation for those in Christ Jesus'.[10] God has watched the DVD of our lives in super slow motion; he has seen our words and actions and every nasty thought we've had. He sees the stuff we carefully tidy up in the editing room before we share our prayer points. Despite all this, he sent his Son to save us.

Secondly, the gospel reminds us that being 'in Christ' means that we have resurrection power

that enables us to beat sin.[11] We all know how unjust it feels when we are wrongly accused of something. Imagine the spotless Son of God's temptation to rebel - when he was treated (spiritually) as if he had slept with his best friend's wife, murdered children and much more - when he bore the sins of the whole human race. And yet Jesus bore it all without sinning, died on the cross, and rose again! Incredibly, we have those resources at work in us.

Thirdly, the gospel reminds us that even when we fail we are on a journey of transformation that will certainly end in our complete perfection.[12] This truth gives us a great encouragement to hang in there for the long haul, knowing that God will complete the work of transformation in us.

No doubt this sounds simplistic, but the Bible suggests that understanding the basics better gets to the root of the deepest problems. We seek pleasure in the wrong places because we don't realise the joy we can have in Christ; we seek security in material things and people because we forget that we are adopted by the God of the universe. It's more of Christ, not spiritual techniques that we need.

recovery and rehabilitation

The truth is that change is a slow process. We'll be doing it the whole of our lives! There are no quick fixes in the life of ongoing repentance. However, progress comes through the Word of God getting from our heads to our hearts - so we can find ways to encourage that process.

We start with prayer, for all our efforts come to nothing without the work of the Spirit of God through the Word. But why not read Christian biographies that stir the heart with stories of people who lived the gospel out in extraordinary ways? Why not learn bits of the Bible so that they are at your finger tips in times of need, or truths from the Bible you can access quickly?

For example, when I'm struggling with sin or suffering I look at my hand and remember five unchanging spiritual truths: God the Father loves me; God the Son died for me; God the Spirit lives in me; I'm on my way to glory; and all things work together for my good.

If that sounds too much like hard work, why not review your Christian music selection on your iPod and try and get those words churning around your head? You will, I'm sure, think of other ways to preach the gospel to yourself. Reading the Bible, singing songs, and accountability groups are all good 'means' to help keep us on track. But ultimately, it is the gospel of Christ above all else that will ensure we remain spiritually healthy.

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behind research headlines

Chris and Rhona Knight *ask if we can believe them*

'Medical breakthrough': yet another one - and experts promise a revolution in treatment within five years.

'New psychiatric research unit puts local residents at risk!'

So many headlines; so many points of view. Whom do we believe and why? Can we trust the viewpoint espoused by our favourite newspaper, medical journal, TV channel or even the Christian media? How do we apply it to the patient in the consulting room who wants the amazing new drug in the newspaper article or the internet printout?

We need to step back, draw a deep breath and delve into the detail in order to keep ourselves properly informed so that we can address the issues with honesty and integrity. Sometimes we need to treat the media interpretation with a proverbial pinch of salt, looking past the spin to see the reality.

whose point of view?

We all see the world through our own perspective of right and wrong, the purpose of life, and the nature of ultimate reality. Worldviews can be religious or secular. God may be the focus of the worldview; he may not feature at all. Even those who don't realise what a worldview is still have one. Our worldview largely determines how we respond to and interpret certain 'facts' about the world.

Christians and Muslims can both read the same Bible. The Christian views it as the Word of God. The Muslim will generally consider it untrustworthy, corrupted since being given by God. The naturalist will see it as the product of human minds, therefore no different in kind to Jane Austen's *Pride and Prejudice*.

The media will present a specific 'take' on a story - be it that of the owner, editor or individual journalist. All media stories interpret 'facts' in line with a particular worldview and its implications. A soldier's death in Iraq: a brave sacrifice given to make the world a safer place or yet another pointless loss of life in a war that should never have been entered? *Harry Potter*: another example of subtle occult influence upon the world or an admirable example of friendship and sacrifice? This can depend on the wording, tone and content.

values everywhere in medicine

The medical media is no different; it is simply a subset of other media outlets. Individuals carry out the research, write it up and interpret it for the reader. As such, personal or professional beliefs and values (whether secular or religious) can be involved in medical research and clinical practice; in this case, medicine moves from being evidence-based to being values-based. Both are indispensable elements of patient care.

For example, new evidence-based drug treatments offer possibilities for alleviating a wide variety of conditions. But what if the research and development was conducted in the developing world, on 'volunteers' whose consent has been compromised, in communities that are unlikely to gain from the findings? Ethical dimensions of medicine that are often neglected include: informed consent, confidentiality, autonomy and human rights (illustrated powerfully in the films *The Constant Gardener* and *Extreme Measures*).

Medics are well trained in evidence-based medicine, to identify the most appropriate treatment for the condition. Most doctors are competent in critically appraising research - determining whether it addresses the reader's concern, if its methodology was appropriate and reliable, what its results mean, and whether the conclusions actually follow from the research. The art of medicine is in applying this evidence base to the needs of individual patients. But medics also need to consider values-based approaches in evaluating the headlines.

hype or reality?

'Reeve hopes for stem cell cure', says the title.[1] 'Paralysed actor Christopher Reeve believes he will walk again, *if stem cell research in the UK is allowed to continue*.' The media can get carried away when proclaiming potential cures for illnesses; everyone hopes for the relief of pain and suffering. Who can object to research that might lead to a cure for strokes, burns, spinal cord injuries, dementia, diabetes, or rheumatoid arthritis? But do we take these promises at face value or do we look behind the spin?

The article mentioned above, on embryonic stem cell research (ESCR) and therapeutic cloning, is a case in point. Superficially it seems that Reeve, who died in 2004, was supporting ESCR. Yet if one looks at what he is quoted as saying

the picture is more ambiguous: 'I really wish the public and those who will be making policy would understand that scientists do not need to use fertilised embryos for their research'. Here we see a blurring of boundaries between the hopes of ESCR, and the facts of current adult stem cell treatment. In these cases where boundaries are blurred, the scientific community's more realistic appraisal of the aspirations of ESCR is usually absent. Lord Winston's statement is such an example:

In order to persuade the public that we must do this work, we often go rather too far in promising what we might achieve... I am not entirely convinced that embryonic stem cells will, in my lifetime, and possibly anybody's lifetime for that matter, be holding quite the promise that we desperately hope they will.[2]

It is hard to dismiss the conclusion that one value driving ESCR is a belief in the 'technological imperative'. Science says we can, therefore we should. Scientists love to experiment; I know - I (Chris) am one myself. When questions arise in our specialist area, we love to explore, develop explanatory theories, and try to confirm or refute those theories by more investigation.

Geraldine Peacock (former chair of the Charity Commission), who has had Parkinson's for 18 years, is quoted as saying, 'I would not want to stop any process unless I knew it was categorically not going to work for those who are suffering'.[3] But is this sanction of the technological imperative appropriate? Should scientists be able to justify ever more intrusive experiments, push the boundaries and ultimately, perhaps, remove them altogether? There may be more ethical alternatives, with greater chances of success.[4,5]

the plank in our own eye

As Christians, we must handle research and bioethical arguments with integrity, as in all other areas of our lives.[6] We need to know the facts and draw appropriate conclusions from them. We should outline possible future scenarios without scaremongering but not pull punches either. Truth is what we ought to be seeking.

We do not need to proclaim explicitly our arguments as being 'Christian'; we can argue the issue on 'human' or 'secular' terms. This is not weakness or accommodation to the world. For if our facts are right and our arguments are valid, then we are simply calling attention to the truth. All truth is God's truth; his laws and values are designed to promote human life and human well-being. We should not deny our Christian roots and beliefs either, because they provide the foundation for our values and arguments. Let us consider an illustration that Christians sometimes use to argue against abortion:

A woman has tuberculosis, and the father has syphilis. Together they had four children. Their first child was born blind... The second child was stillborn... The third child was deaf and dumb...and their fourth was born with tuberculosis. They're now pregnant with their fifth child. Would you recommend that they abort this child?[7]

If respondents answer 'yes', they are told that they 'just killed Beethoven'. The point is well taken that we cannot predict the outcome from even the most apparently terrible circumstances, but the problem is that, on further investigation, the details given in this brief scenario appear to be false.[8] This often leads to a dismissive reaction to any other good arguments based on good evidence and sound reasoning.

interpret research wisely

How do we apply our Christian minds to the latest developments mentioned in the *BMJ*, *BMA News*, or daily newspapers? We suggest a number of questions that we can ask ourselves (and other people), to ensure that our reaction displays a love of God as well as a love of our neighbour.

the values behind enhancement[10]

Research into human treatment is aimed at assisting the injured, the disabled, those afflicted with genetic disease (eg gene therapy for cystic fibrosis). But will human desire for such technological advances in treatment stop at this or will it lead on to calls for 'enhancement' (eg gene therapy to enhance intelligence or prevent ageing)?

The rush to an enhanced 'transhuman' state, in which certain human beings have capabilities that the rest lack, will inevitably create a two-tier society, as in *Brave New World*. The technology may initially be used for (and justified by) medical purposes. But just like plastic surgery, it will undoubtedly come to be a consumer product, demanded and paid for to suit people's desires and whims - as long as they can afford it. Despite the advocacy of Dr Kevin Warwick (Professor of Cybernetics at Reading University and the self-styled first 'cyborg'[11]), most people, especially from the developing world, will not have a choice in the matter.

identify the key issues
We need to be clear what the specific problem or dilemma is. What disease is being investigated and what is being proposed? What would the proposal add to the current treatment? How does this research add to medical knowledge?

establish the facts
Next, we need to be clear about the exact facts of the matter. What is being claimed and on what basis are those claims made? This is similar to applying our critical faculties to any evidence-based medicine issue. Is the claim well-founded? Was the research rigorous in its method and do the results appear likely on the basis of current scientific achievements elsewhere? What is the bottom line claim and how does that relate to the evidence? Is this the only interpretation of the evidence or the most likely one? Is there causation or simply a correlation of effects (possibly due to an unconsidered factor)?

identify the relevant values
By this time, something of the researchers' worldview, or at least their values, will have come across. These need to be sought explicitly and compared to your own. Ethical values are

usually imposed on a study, as they cannot be derived by the scientific method. Useful questions to ask about values include:

- Who funded the research and why?
- What are the authors' competing interests?
- What (does the research suggest) were the values driving the scientists to do this work?
- What value does the research place on the subjects?
- What value does the research place on those who might benefit from the results?
- What are the implications of the procedure for relevant parties? (Consider especially the poor and the disadvantaged who may be vulnerable to exploitation.)
- Are there resource implications (eg How are human oocytes obtained and what are the risks to donors?)
- Could the procedures have unintended side effects for the subject?
- Are there any reasons (eg lax legislation or less stringent ethical regulation) why the research was carried out in a particular location (eg China - where the implementation of the guidelines that exist can be difficult[9])?

develop the arguments

Having established the facts and the relevant values, the next step is perhaps the hardest. We need to analyse the evidence base provided and integrate this with other available evidence, remembering that many negative studies are not reported, and that much research is constrained due to lack of funding.

Where we have identified differences between our own values and those of the researchers, we need to ask how the two sets of values differ, and what the practical out-workings are. Are there preferable alternatives - either because they are more effective (evidence-based medicine) and/or because they are more acceptable (values-based medicine)?

By identifying the evidence-based arguments the issues can be explored effectively without a mention of 'thou shalt not' and other Christian jargon. Well evidenced arguments can demonstrate the reasonableness of the Christian worldview. Through determining the relevant value systems, we will be able to see why and how they come into conflict. By identifying and pointing out these differences, we can point out to others how the relevant evidence relates to the differing values. This will stimulate exploration of the links between values and evidence; useful for verifying the foundation behind our values.

conclusion

We are instructed to be as innocent as doves, but as shrewd as snakes.[12] Integrity and wisdom are powerful allies. We cannot allow the world's agenda to go unchallenged. Ultimately our battle is spiritual and we are called to defend God's truth, not purely for his sake alone, but because God's values and commands bless all human life.

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the myth of secular neutrality

Alex Bunn questions the assumption that 'faith equals bias'

People of faith are often accused of irrational bias. Some ethicists go further to argue that the morally neutral demands of the secular state should always supersede doctors' personal beliefs. They would even deprive doctors of their current legal right of conscience not to participate in abortions, for instance. Ethicist Julian Savulescu writes:

A doctor's conscience has little place in the delivery of modern medical care. What should be provided to patients is defined by the law...and the patient's informed desires. If people are not prepared to offer legally permitted, efficient, and beneficial care to a patient because it conflicts with their values, they should not be doctors.[1]

It is important to question this view, which is becoming influential; not just among secular humanists, but also clinicians, lecturers, and your medical school classmates. This article will refute three claims: medicine is a morally neutral science; people of faith are more prejudiced; and a doctor's Christian faith harms patients.

1. clinical medicine is not a morally neutral science

Values are unavoidable in the practice of medicine. All doctors make value judgments daily; indeed it would be wrong *not* to do so. Good doctors do not simply dispense whatever patients request, as if we were 'medical slot machines'. Value judgments are guided by our individual moral compasses, as we will see in the following examples.

Imagine you are a doctor who diagnosed breast cancer in an elderly lady. The family asks you not to inform her of the diagnosis as it might upset her. No scientific knowledge can equip you to decide what would be best, but moral principles and your conscience (moral sense of right and wrong) can. Here, truth telling is a compelling principle.

A patient once consulted me for fertility treatment, and the very next week returned requesting an abortion. Why the change? It transpired that she was being coerced by her partner, who had decided he did not want children after all. Although science was involved, it was my 'moral indignation' that led me to ask the 'why' questions.

Or suppose that a neurotic patient with low self esteem demands inappropriate plastic surgery. Do you simply acquiesce if they are informed? Or do you try to do what is in the patient's best interest, and consider the best allocation of resources? Morality surely requires the latter. Yet some academics write as if morality and medical science belong to separate worlds. Where did this idea come from?

Enlightenment thinking

Enlightenment thinkers such as David Hume[2] (1711-1776) suggested that the only trustworthy truth claims were those based on the scientific method (based on empirical observation and logical analysis). However, this view fails by its own standards, because the *assertion itself* is not based on any scientific observation or logical reasoning!

The key word is 'only' - nothing but science has any authority. The absurdity of this claim passes us by because the most efficient route to reliable knowledge about the *material*

world is indeed empirical science. But this pragmatic approach is very different to the dogma that science is the only source of truth, thereby excluding history, personal experience, accumulated wisdom and divine revelation.

The Enlightenment divided the world into two. The physical world of 'fact' explored by science was seen as 'real'. The non-physical realm - of emotions, values and ethics - was seen as subjective and immaterial (non-physical). 'Immaterial' has now come to mean irrelevant. Outside of science, no consensus was possible, so ethics (and the humanities generally) were reduced to personal opinion. Thus materialism, the idea that nothing exists except material things, was born.

How did materialism affect ethics? Prior to the Enlightenment, Aristotle describes four dimensions (termed 'causes') necessary for explaining events in the world:[3]

- material cause (physical substrate and nature)
- efficient cause (physical mechanism)
- final cause (purpose)
- formal cause (soul or essence).

Take the example of a sculpture, such as Michelangelo's David. You can describe the stone it is made from (material cause), as well as the sculptor's work (efficient cause). But the complete account of an artist's work should include the purpose and meaning; for instance to celebrate a hero (final and formal causes). The Enlightenment excluded the last two causes as redundant, and even forbidden, leaving the West with an impoverished culture of materialism.

Before the Enlightenment, morality was concerned with how things should be - measured against design and purpose. So another by-product of rejecting an absolute purpose (eg giving glory to God), was moral relativism. Right and wrong were now 'relative to social, cultural, historical or personal circumstances'.[4]

We have now seen how the erroneous idea developed that medicine, being a science, is morally neutral. What about its practitioners; is there such an entity as a 'morally neutral doctor'? Let us consider how everyone, atheists included, has values.

2. everyone has values

John Patrick (former Associate Professor in Clinical Nutrition at the University of Ottawa) was asked to teach his medical students 'from a morally neutral position'.[5] This is such an accepted ideal today that no-one questioned the medical school dictate. But only a little reflection is needed to demonstrate the absurdity of such a request. The question is 'why should I practise morally neutral medicine/education?' And the only appropriate answer would appeal to values such as tolerance (of diverse moral standpoints) and subsequent non-judgmentalism. These may be laudable, but they are moral commandments nonetheless. In practice, we all behave as if moral facts exist that are known to all, even if we cannot agree on the details.[6,7]

Everyone has a worldview - a set of assumptions, prior truth commitments, by which to interpret the world and live by - on which they base their morals, even if they do not realise it. Worldviews are not scientific conclusions, but that does not make them irrational or biased. They answer questions such as:

- How and what we can know? (epistemology)
- What is the purpose and goal of life? (teleology)
- What does a good life consist of? (ethics)
- What is wrong with man and the world, and how we can address it? (politics and faith)
- Where did man come from and who is he? (anthropology or ontology)
- What happens after death? (eschatology)

The worldview (and subsequent values) we adopt will determine our medical ethics. The table gives an example of how this works, from the perspective of a secular humanist.

Level of belief	Example
1. The particular situation (immediate judgment)	I should euthanise this patient who has multiple sclerosis
2. The rule to be applied in a type of situation	Euthanasia is acceptable for consenting adults who are competent to request it
3. The general principle	No action can be wrong if it does not hurt a third party
4. The worldview (philosophical framework)	There is no God who has revealed his will to man, so it is up to individuals to decide for themselves what is right and wrong

Statements at the worldview level are no more rational, scientific or provable than mainstream faith beliefs. Given that everybody has a worldview, what are the values of the secularist worldview?

understanding secular humanism

The Council for Secular Humanism outlines its worldview:[8]

- *A conviction that dogmas, ideologies and traditions, whether religious, political or social, must be weighed and tested by each individual and not simply accepted on faith.*
- *Commitment to the use of critical reason, factual evidence, and scientific methods of inquiry, rather than faith and mysticism, in seeking solutions to human problems and answers to important human questions.*
- *A primary concern with fulfilment, growth, and creativity for both the individual and humankind in general.*
- *A constant search for objective truth, with the understanding that new knowledge and experience constantly alter our imperfect perception of it.*
- *A concern for this life and a commitment to making it meaningful through better understanding of ourselves, our history, our intellectual and artistic achievements, and the outlooks of those who differ from us.*
- *A search for viable individual, social and political principles of ethical conduct, judging them on their ability to enhance human well-being and individual responsibility.*
- *A conviction that with reason, an open marketplace of ideas, good will, and tolerance, progress can be made in building a better world for ourselves and our children.*

Much of the outline appears acceptable at first glance. But

their position is spelt out more fully in a manifesto.[9,10] It claims that, 'any account of nature should pass the tests of scientific evidence', and any new discoveries can only confirm their materialism. It excludes even the possibility of transcendent values, or any goal beyond the here and now. It rejects any authority higher than man, and embraces subjective ethics. These are hardly neutral, scientific statements, but are unashamedly materialistic. Specific examples of secular humanist beliefs that are value-laden (and non-scientific) include:

- All men should be valued equally, even if evolution has not made us equal
- A baby in the womb can be treated as a disease that marginally increases a mother's mortality
- There is no objective right or wrong, as there is no authority higher than man
- If God exists, he should prove himself to us according to scientific standards

compare the Christian worldview

It is easy to forget how distinctive the Christian worldview is, with its insistence on the sanctity of life. Non-Western cultures (without the Judeo-Christian heritage) are often less prepared for human rights and democracy, because they lack a theistic worldview. The vanguards of modern liberal democracy recognised that rights are absolute (or unalienable) because they are divinely endowed. These include the French Declaration of the Rights of Man,[11] and the American Declaration of Independence:[12]

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.

Nevertheless, when secularists appeal to universal human rights, they are plundering the resources of Christianity, while rejecting the authority of the Creator who endowed them. The debt owed by secular humanism to Christianity is clearer to those outside our culture. Lee Kuan Yew, Minister Mentor of Singapore, responded to the Western outcry over a sentence of flogging for vandalism saying: 'To us in Asia, an individual is an ant; to you he is a child of God. It's an amazing concept.'[13]

Given the values that secular humanists hold to, we can now look at whether they are able to act ethically without appealing to values outside of science.

a case example

Evan Harris (a prominent secular humanist Member of Parliament) recently campaigned to extend current abortion laws to Northern Ireland.[14] The 1967 Abortion Act has never covered Northern Ireland, and the democratically elected representatives have rejected such a move, encouraged by various polls of public opinion.[15,16]

So on what basis can democracy be over-ridden? In order to supersede a nation's choice, one must appeal to some transcendent value, higher than public opinion. But secular humanists specifically deny any such higher authority!

In this case, Harris might invoke equality. In that, once a freedom has been granted to one part of the population, it should be granted to everyone within the jurisdiction of the legislature. However, equality can also be cited in favour of the unborn child, so it cannot decide the issue. Certainly there is no human right for abortion,

despite attempts by some secular humanists to establish one. Secular humanists, whilst not bowing to the divine lawgiver, appeal to a higher authority to advance their cause. Their claim of moral neutrality is nonsense.

even moral relativists impose their morality

Secular humanists who espouse moral relativism tell us not to impose our morals on others. Yet they commonly exempt themselves from the absolute injunction not to impose one's morals on another (when it comes to their particular interests or cause). They are right in the second instance: either a moral law is binding on everyone or no-one. For example, it is meaningless to say 'racism is completely unacceptable...to me!'

James Porter Moreland (an American philosopher and theologian) tells the story of a conversation he had with a student in his college dormitory. The student objected to Moreland's traditional morality on marriage, and told him not to impose it on him. On the way out, the philosopher agreed, but deftly grabbed the student's stereo and made for the door. 'Hey, where are you taking my stereo? That's theft!' The philosopher replied, 'don't you impose your morality on me!'

This may have been a cheeky prank to make a point, but it is surely the case that all relativists are merely selective relativists. Students who are taught the culture-bound nature of ethical codes in a sociology lecture would be incensed if their lecturer was found awarding the best marks to students who offer monetary bribes or sexual favours!

to impose or not to impose?

So everyone who has a moral opinion will rightly try to persuade others to abide by it. Thankfully, Christians agree with non-believers on most moral issues in medicine. The areas of conflict are mostly around our care of the most vulnerable, the taking of human life, and free speech.

Recently, concern has been raised about Muslim medical students refusing to see patients who have self-inflicted illnesses caused by alcohol or promiscuity.[17] After consultation with the medical profession at large, the General Medical Council (GMC) has issued guidance on 'personal beliefs':

All doctors have personal beliefs which affect their day-to-day practice. Some doctors' personal beliefs may give rise to concerns about carrying out or recommending particular procedures for patients.[18]

It is reassuring that the GMC recognises that every doctor has beliefs which necessarily impact on their practice, whatever their worldview, and therefore rejects the myth of secular neutrality. It also confirms the current legal position that gives doctors the statutory right to exclude themselves from involvement in providing abortions. Doctors are obliged to ensure that patients are informed of how to procure such services which are legally provided, and that they are not discriminated against on the basis of lifestyle and self-inflicted illnesses, such as sexually transmitted infections or alcoholic liver disease.

3. Christian doctors have done good in medicine

CMF has always maintained that a doctor should not discriminate on the basis of patients' moral choices, but should treat patients as Christ would.[19] He treated people as

moral beings whose choices matter for their present health and eternal destiny. He was both bold in confronting wrongdoing, while responding compassionately.[20] Perhaps at times we can forget that our moral condemnation should be reserved for disciplining those in the church family.[21]

But how should Christians respond when the secular state threatens the lives of the vulnerable? Proverbs tells us to 'rescue those being led away to death; hold back those staggering towards slaughter'.[22] Civil disobedience is occasionally necessary.[23] Daniel is a role model of someone who continued to do right, even when the society around him became wicked.[24] Likewise, Paul tells us to obey the authorities who have been established by God.[25] But where the government legislates wickedness or compromises the sharing of the gospel (eg by outlawing free speech),'we must obey God rather than men'.[26]

Conscience should not be considered a dirty word in medicine. Thankfully, doctors with (and without) faith have acted on their consciences. They have refused to assist in judicial amputations, female genital mutilation, and torture of political prisoners. Conversely, it is out of religious conscience that pioneering doctors have started: hospice care, adoption of orphans, missionary medicine, leprosy care, as well as care for the homeless, drug addicts and those who are HIV-positive. We need not be ashamed of recommending faith sensitively and with permission, as there is growing evidence for the benefit of faith for health.[27]

conclusion

No-one can avoid making moral judgments, whether they are religious or not. Secular humanists also make them on the basis of their worldview and act as if they are binding on everyone else. Christians are explicit in recognising the authority of divine revelation in ethics, but that does not make faith irrational. Christians have good reason to be proud of the impact of Jesus' ethics on Western medicine, as long as we follow his example of valuing both truth and love.

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how to read the Bible for all its worth

***Siôn Glaze** teaches us to read the Epistles*

the Epistles: the hermeneutical questions

This series is summarised from Fee G, Stuart D. *How to Read the Bible for all its Worth* (3rd ed). Grand Rapids: Zondervan, 2003

We started looking at the Epistles in the last issue, focusing on God's message to its original first century recipients (*exegesis*). We now consider the *hermeneutical* questions: how his Word applies to us today.[1]

Though people share much common ground when asking hermeneutical questions, differences of opinion always arise. These differences in interpreting God's word are due to inconsistencies, stereotypes, and church traditions - though we may not be aware of them. Two rules can help us to be more consistent:

1. 'A text cannot mean what it never could have meant to its author or his or her readers.'[2]
2. 'Whenever we share comparable particulars with the first century hearers, God's Word to us is the same as his Word to them.'[3]

So exegesis is key! But how do the Epistles apply beyond the original text? This generates a number of problems, which we will dissect to answer hermeneutical questions better.

problem 1 - extended application

Say there is a situation in the Epistles to which modern day particulars or contexts compare. Is it justified to extend the application to other contexts? Take 1 Corinthians 3:16-17 as an example:

Don't you know that you yourselves are God's temple and that God's Spirit lives in you? If anyone destroys God's temple, God will destroy him; for God's temple is sacred, and you are that temple.

Should these verses apply to the individual believer when, in its original context, it applied to the local church? The biggest danger of this is in bypassing exegesis altogether (and misinterpreting God's word). As a rule, when there are comparable situations, God's word to us should be limited to its original intent. Outside of this rule, extended application is normally found to be sound by discovering the application in other passages where that is their original intent.

problem 2 - particulars that are not comparable

Some texts detail events that have no direct modern day equivalent or are very unlikely to occur. Exegesis often reveals a clear principle that we can apply, but these principles must apply to genuinely comparable situations.

Certain issues may be important to some, but treated with indifference by others. For Paul, eating food served to idols was a matter of indifference, but it clearly wasn't to others.[4] Here are some guidelines for deciding whether something is a matter of indifference:

1. What the Epistles saw as matters of indifference can

probably still be seen as such
2. Matters of indifference are cultural rather than inherently moral (even if they come from religious culture)
3. The sin-lists[5] in the Epistles name principles rather than specific first century issues

problem 3 - cultural relativity

The Bible is a text of eternal importance written during a particular time in history. Do some issues, which appear to have modern day comparables, need to be translated into our times or simply left out? There is no divinely ordained culture, so we cannot simply live as in the first century. But how and where do we draw the line? Here are some guidelines:

1. Decide on the core message of the Bible: the Cross is core but not the holy kiss[6]
2. Distinguish what the New Testament sees as distinctly moral
3. Be aware where the New Testament reflects differences[7] in teaching and where it is consistent: differences may indicate *cultural* issues
4. Distinguish between principles and specific applications
5. Determine the cultural options that would have been open to the New Testament writers[8] but with great care! If the writers have only one cultural option open to them and they affirm it in the text then the likelihood of that issue being 'culturally relative' increases. Homosexuality was both affirmed and condemned in general society during the first century, yet the New Testament is consistently against it. This is unlikely to be a culturally relative issue
6. Be aware of possible cultural differences between the first and 21st centuries. For example, consider the position women held then before reading the various passages speaking on the role of women[9]
7. Recognise the difficulty of this process and be humble to each other when tackling these tough issues

problem 4 - task theology

Sound exegesis is crucial when learning theology from the Epistles, because the theology is task oriented rather than systematically presented. Even then, our theological understanding is limited by the fact that the Epistles are written for specific situations. So beyond what the text says, 'everything else is mere speculation'.[10]

The other problem is when we ask our questions of texts written for specific situations, which only answer *their* questions. To deal with contemporary issues (such as abortion), 'we must attempt to bring a biblical worldview to the problem'.[11]

conclusion

To answer the hermeneutical questions, we must look at God's Word to them before we examine his Word to us. After all, we do not treat every patient with acute abdominal pain for appendicitis reflexively. We use their history (the context) to inform our treatment. Interpreting God's Word is no different; we must come to the conclusion sensibly and consistently.

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fearfully and wonderfully made:

Balance

A gymnast lies still on a beam, preparing for a series of impressive tumbles. Her body looks supremely balanced and perfectly at rest. This is achieved by complex interactions between her nervous system and muscle cells that are organised into motor units. As 'an octopus would encircle a pole', motor nerves wrap themselves around motor end plates, in millions of neuromuscular junctions.

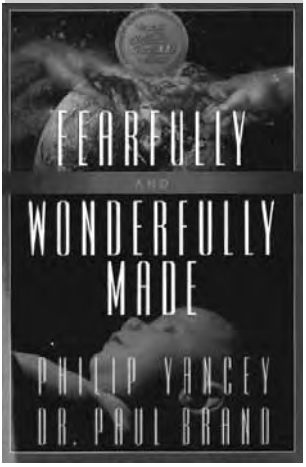
Many things can upset the balance of our Christian faith, both doctrinally and practically. The church, the body of Christ, is at its best when reaching out to others in love, rather than wasting away in inactivity by looking selfishly inwards. Sadly, we have not always fulfilled this commission; instead exerting 'extreme exaggerated reflexes' to spiritual controversies of the time. Do any contemporary debates come to mind right away?

In the books of Galatians and Romans, the apostle Paul demonstrates a better way. He denounces the Jewish believers for their legalism, yet upholds good works as the outworking of a heart transformed by God's grace. So much of Christian faith is a balance between extremes.

The physiological process of maintaining balance is remarkably simple to understand. An action potential travelling down the motor nerve will stimulate only one response from the muscle fibres across the junction: a shortening to cause contraction. This is repeated over and over, providing a constant stream of messages to maintain tone throughout the body's muscle 'choir'. This constant 'click-click' of messaging is what allows the gymnast's body to remain poised on the beam. When it comes to maintaining balance, communication is vital.

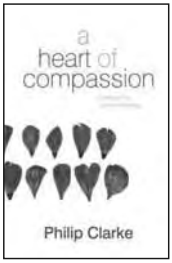
Similarly, the body of Christ can learn much through communication between brothers and sisters across the globe. It is sometimes hard to look beyond cultural differences in the way others see church, and remember that God loves them. This is worth the effort, as he teaches us valuable lessons about his body. This requires an open heart and humility that God delights to give. The Bible urges us to clothe ourselves with humility toward one another, because God opposes the proud but gives grace to the humble (1 Peter 5:5). In conclusion, the church finds unity in commitment to the head, Jesus Christ; we must find fellowship in our mutual obedience to him.

This article is inspired by a chapter from Yancey P, Brand P. *Fearfully and Wonderfully Made*. Grand Rapids: Zondervan, 1987. The authors expand on the New Testament analogy of the Body of Christ, linking it to the human body.



Pete Mackley *is intercalating in medical ethics at the University of Leeds*

A Heart of Compassion
Philip Clarke



Authentic Media 2006
£7.99 Pb 179pp
ISBN 1850786631

This book is powerful, challenging and inspiring; at the same time a short and easy read. Though focusing on abortion, the main message is about practical love and exploring more deeply God's heart of compassion - learning to see people as he does.

Philip Clarke takes the sometimes abstract command 'love your neighbour as yourself' (Matthew 22:39), and shows us how to make it real in our everyday lives. In recounting his experiences as a GP in Southampton, he explains that showing compassion can be challenging. However, it is in the difficult people that compassion proves the most powerful witness, where God works most radically.

The author highlights the need to love the lost and broken before expecting them to understand the concept of a loving saviour. He illustrates the importance of us, Christian medics, fighting valiantly for God's will whilst not rejecting those who go against it. When advising a female patient against abortion, this may mean ensuring that communication channels remain open so that she can return for support and counselling even if she went ahead with the procedure. *A Heart of Compassion* renewed my excitement and enthusiasm for facing the challenges of being a Christian doctor.

Helen Reay *is a third year medical student at Cardiff University*

Walking with Gay Friends
Alex Tylee

IVP 2007
£6.99 Pb 160pp
ISBN 1844742121

The issue of sexual orientation generates much debate. But we often forget about individual Christians, our friends, for whom this struggle is a daily reality. Alex Tylee convinces the reader of the need for compassion, honesty and uncompromising holiness in relating to ourselves and others.

Tylee affirms her commitment to salvation as God's way of dealing with sin and explores sensitive areas such as identity and evangelism in the homosexual community. She encourages her readers with a firm biblical basis to walk lovingly with friends, whether gay or straight; earning the right to introduce Jesus without assumption or pre-judgement, with understanding and humility. Her well researched arguments are based on personal experience and interviews; the case studies illustrate how Christian friends can make a life-changing impact on others at university.

This book is genuinely worth reading. It is not formulaic in its approach or derogatory in any way. It places Jesus at the centre, challenging us to think, change, and obey his command to love our neighbour as ourselves (Matthew 22:39).

TiJesunimi Abiola *is a foundation year one doctor in Mersey*

letters...

Editor,

'Homelessness and asylum' made me examine my own prejudices and accept the challenge to change. The simple question, 'what would Jesus do?' produces such a simple answer. Yet how many of us have demonstrated Christ-like compassion when walking past the cold and hungry man sitting on the footpath?

I remember making dinner for members of the Belfast homeless community at a local hostel with my Christian Union small group. These are regular people, who somehow ended up on the streets. Most of them, like us, had families and went to school, enjoying life. Until something happened - too frequently involving alcohol, drugs, or broken-down relationships.

Author Peter Campion challenges our attitudes to these outcast members of society who enter our healthcare institutions. Is it right for our negativity and narrow-mindedness to jeopardise their healthcare? The article clearly states that both the homeless UK citizen and the asylum seeker (whose case is under consideration) are entitled to NHS healthcare at the point of need. As tomorrow's doctors, we should engrave this important fact into our minds.

The Bible tells us to love our neighbour as we love ourselves and to help the needy. Our Father remembers what is done in secret and will reward us with the abundant riches of his eternal kingdom.

Gillian Blayney
Queen's University Belfast

Editor,

I was talking to a 'spiritually neutral' friend last year. Our 'religious' debate ended with me exclaiming: 'studying medicine shows me that there is a mighty God behind human design.' '...Oh really? The more I learn, the more I think education is the answer to all human problems', he responded. In retrospect, that was a great opportunity to speak about Jesus, and to address my friend's misconceptions about God.

I often wonder whether reading books from an atheistic perspective (like *The God Delusion*) is a waste of time, when we have so many medical textbooks to cover! But I thank *Nucleus* for its beautifully summarised report ('has science buried God?') of the debate between Richard Dawkins and John Lennox. I was totally engrossed by the free online video of their first encounter, recommended in the article.

If I had been better equipped prior to the conversation with my friend, we could have drawn more out of the dialogue, although it is not too late to follow up. But I want to encourage all Christian medical students to use such articles and online resources, so we can always be ready to give a defence to everyone who asks us about the reason for the hope that is in us (1 Peter 3:15).

Vongai Madanire
St George's, University of London

student services

These include literature, conferences, elective advice, international links and local group support.

Reps can supply joining forms, literature, extra copies of *Nucleus* and information about conferences and activities. Further information is on the CMF website: *www.cmf.org.uk* or from *students@cmf.org.uk*

Ideas or feedback can be sent to the National Students' Committee through its chair, Lloyd Thompson, on *lloyd@cmf.org.uk*

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CMF was founded in 1949 and has over 4,500 British doctor members in all branches of medicine and 1,000 student members. We are linked with around 60 similar interdenominational bodies worldwide through the International Christian Medical and Dental Association (ICMDA). CMF is also one of several postgraduate groups affiliated to the Universities and Colleges Christian Fellowship (UCCF), and is a registered charity no. 1039823. Our aims are to unite Christian doctors in pursuing the highest standards in Christian and professional life - in evangelism, ethics and student and missionary support.

uniting and equipping christian doctors

To find out more, telephone 020 7234 9660 or visit our website www.cmf.org.uk

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