

EASTER 2011

# maintaining integrity

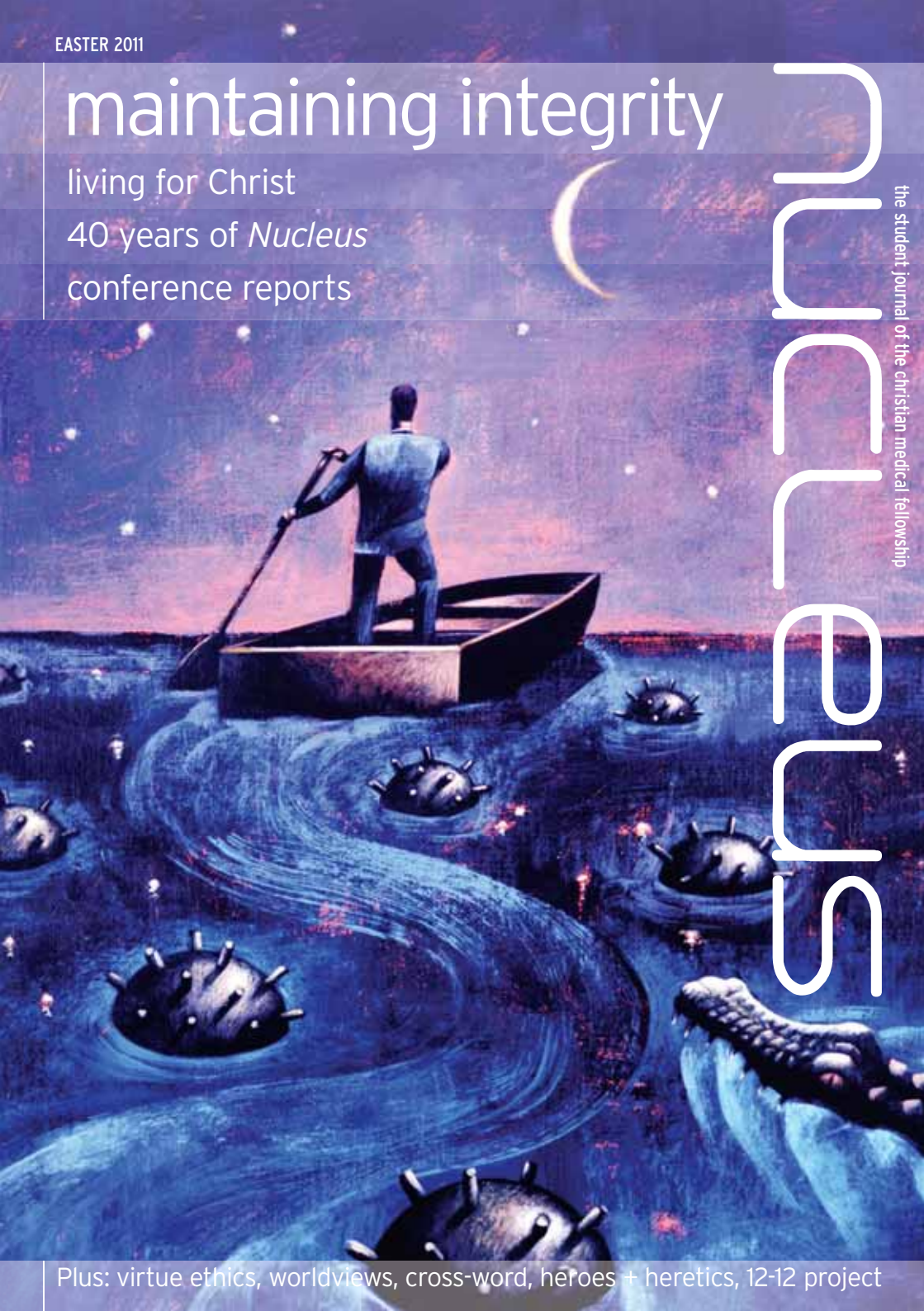
living for Christ

40 years of *Nucleus*

conference reports

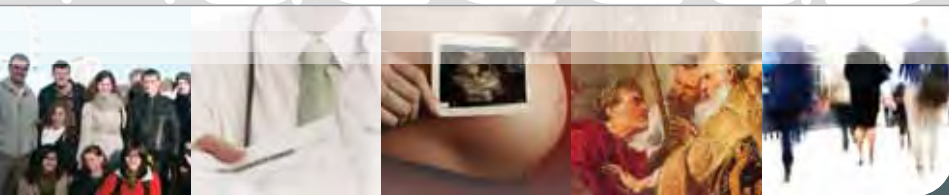
# nucleus

the student journal of the christian medical fellowship



Plus: virtue ethics, worldviews, cross-word, heroes + heretics, 12-12 project

# NUCLEUS



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*'Blessed rather are those who hear the word of God and obey it.'*<sup>1</sup>

**G**od sometimes uses signs to demonstrate his glory in creation and to guide his people. He strengthens our faith in him and gives confidence in the purpose to which he has called us.<sup>2</sup> Jesus spoke of signs that would indicate his return and reflect the end of time.<sup>3</sup> I have often asked God for signs to confirm that a particular decision or course of action I took was the right one and have certainly prayed for God to give a 'supernatural' or tangible sign to my unbelieving friends to zap them into believing the reality of God's existence. On many occasions those prayers were answered and my faith strengthened, but on some I didn't get the answer to prayer that I wanted or expected.

The generation that Jesus was confronted with also asked for signs, but he rebuked them because they already had the sign of Jonah and Word of God to believe in.<sup>4</sup> Moses asked for signs for people to know he was sent by God, and God enabled him to display many.<sup>5</sup> Some believed, but many others, especially Pharaoh and the Egyptians, mocked the signs as they could replicate most of them. Are we any different today? No, you probably echo; asking for signs seems to happen in all manner of ways now. People want evidence - whether that is ticked boxes in the NHS, endless references,

or a miracle. We practise evidence-based medicine. When we are perhaps fortunate enough to get signs or evidence, they can be impressive, but never guarantee the desired response of belief in God or something else.

Of course that's not to say we shouldn't ask for signs or search for evidence, but what happened to a word being a bond? Recent scandals of politicians and some clergymen, to name but a few examples, have eroded our trust in leaders, each other and even in God. The stronghold of unbelief in turn has birthed scepticism, therefore 'mere' words or even good arguments only will just not do. Yet God is unchanging in his goodness and character and is faithful to keep his word.<sup>6</sup> We can confidently stand on that solid rock, Christ the Word, and also aim to become like him in order to restore good character, integrity and trust in medical practice - to be salt and light in a world which can seem like a minefield, full of challenges.

This edition of *Nucleus* reminds us of the importance of virtues; how pressures in medicine can threaten our integrity. By exploring *Heroes and Heretics*, we are reminded of how we should really rely on God's grace in order to walk in obedience. There are also reports from the various student conferences that have taken place in the past few months and I really hope you enjoy reading through our new and brighter format to mark a new season celebrating forty years of *Nucleus*. ■

- |   |  |   |                        |   |                           |
|---|--|---|------------------------|---|---------------------------|
| 1 | Luke 11:28   | 3 | Matthew 24, Luke 21:25 | 6 | Psalm 138:2, Isaiah 55:11 |
| 2 | Genesis 1:14, Genesis 9:12,<br>1 Samuel 10:9, Mark 16:20 | 4 | Luke 11: 28-31         |   |                           |
|   |  | 5 | Exodus 3:12, Exodus 4  |   |                           |



# living for Christ amongst colleagues

**Kari Schaitel** explores the day-to-day challenges

**M**edical students are not only our colleagues, many are also friends or housemates - and most are not Christians. We share our lives and work with them, which is both a blessing and a great opportunity, but also generates challenges. Which areas of life might cause us problems, and how might we approach these in a biblical and practical way?

## the pressure cooker

When we're assigned to firms or small groups, we find ourselves spending intense and prolonged time with people who might be quite different from us. Residential placements in district hospitals can be particularly challenging, as we both live, work and socialise with whoever we're sent with; we are far away from friends, church and our normal support structures.

Our lives are opened up extensively to others during these times, which can be a great

opportunity to witness. However, this thought can cause us to put ourselves under pressure to be 'perfect Christians', 24 hours a day, for many weeks! We can feel guilty if we slip up, or miss a single opportunity to share. We need to learn that we don't have to put on an act. Our witness of being imperfect people, saved by the love and grace of a perfect God (who is gradually helping us to become more like him) is truthful, and is effective.

Spending so long with others can cause us to get 'fed up' with each other - even if we are with people we get on well with! Make sure you get some time on your own, and time with God when on intensive placements. Jesus sets us an example: he recognised when he needed to retreat to quiet places to rest and pray.<sup>1</sup> Praying for the people you are on placement with can really help, especially if this is shared with other Christians.

It's easy to feel isolated when away on placements, or during particularly busy periods



Kari Schaitel is a clinical medical student in Cambridge

of work. Do all you can to stay connected with other Christians – meet up when you can, prioritise getting to church each week, and if you're stuck miles away, pick up the phone. Find other Christians with whom you can talk openly about spiritual matters: people who will notice when you're away and check up on you! Church small groups and prayer partners can be great at providing this support. God is the ultimate source of strength, but he tells us to form church communities for a reason!

## competitiveness and boasting

It's right to want to aim for excellence in what we do, and some level of competition can be healthy. But it can be easy to get sucked into a culture where the aim is to get 'one-up' on those around us. There is a temptation to exaggerate our own abilities and experience when talking to other students, and to pull others down. During small group teaching, we can find ourselves competing to come across as the best, or we can find ourselves frustrated at others who do this.

It might help to recognise that when we or others act in this way, it is often coming out of feelings of insecurity. Other than exams, our main reference point on how we're doing is through comparison with other students, which is why it's tempting to try to convince both ourselves and others that we're better than them.

The Bible is clear in its teaching on boasting – 'Let the one who boasts boast in the Lord'.<sup>2</sup>

We have the awesome privilege of security – knowing that we are loved, accepted, and held in safety by a perfect and all powerful God who calls himself our Father. However, those around

us who don't know him don't have this security. We live in a society that's quick to criticise, and often slow to encourage. Can we learn to be people who encourage others? People who regularly affirm, compliment and build others up in their work, both spontaneously, and when we sense others seeking affirmation?

If you are struggling with temptation to boast, or are feeling inadequate, it can help to spend some time restoring your understanding of your identity in Christ, and the security that brings. If you find yourself frustrated with a person who seems to be tearing you down, the Bible's instructions are clear: 'bless those who curse you, pray for those who mistreat you'.<sup>3</sup>

## competition for experience

There are times when there is direct conflict between our own interests and those of other students, because we are competing for finite opportunities – when only one student can attend the clinic, put in the cannula, or take the last copy of the book out of the library. Usually it's possible to compromise and settle things peacefully, but sometimes it can feel that others aren't playing fair – especially where sign off sheets are involved! How should we respond?

Jesus' teaching and life shows us that we're called to love others as ourselves, and give of ourselves, even to the point of allowing ourselves to be wronged!

*If someone takes your cloak, do not stop him from taking your tunic. Give to everyone who asks you, and if anyone takes what belongs to you, do not demand it back. Do to others as you would have them do to you.*<sup>4</sup>

Our response to being wrongly treated should run counter to the 'fight for your rights'

culture that surrounds us. When it seems right to challenge others we should do so peacefully, making sure that we are able to do this with love, not out of anger or sense of entitlement. We should learn to recognise when it is right to let go, being prepared to hold onto things loosely, because they all pale into insignificance when compared to what we have in Christ. The way we act should demonstrate that nothing is anywhere near as important to us as knowing Jesus.

Jesus perfectly modelled self-sacrificial living, by pouring out his life for others, both during his ministry (where we see him giving up all comforts to serve others), and in his willingness to give up even his life. He didn't protest during his own unjust trial.

*So again Pilate asked him, "Aren't you going to answer? See how many things they are accusing you of." But Jesus still made no reply, and Pilate was amazed.*<sup>5</sup>

This does not mean that we should give away every opportunity, as we also have a duty to become competent doctors, which requires us to gain experience. Therefore we need to ask God for wisdom for each situation; when to surrender our rights for the benefit of others, and when to stand our ground.

## challenges to our integrity

It can be difficult if others ask us to cover up for them because they're planning on skipping teaching sessions. We've probably all been asked 'will you sign me in?' or 'will you tell the consultant I'm...?' We can feel torn: part of us wants to be loyal to our friends, to please people and not be seen as an uncaring goody-two-shoes; but we also know that as Christians, we're called to be people of integrity.

*The man of integrity walks securely, but he*

*who takes crooked paths will be found out.*<sup>6</sup>

Explaining to the person who asks why you're not willing to cover for them can be an opportunity to witness - although it is a fine balance, because we can just come across as 'holier-than-thou'. We need to be sensitive in how we explain ourselves. The Bible doesn't promise us that it will be easy - 'Bloodthirsty men hate a man of integrity and seek to kill the upright'.<sup>7</sup>

## looking to the future

Deciding where we stand now is important. In the future, particularly when we are doctors, it is possible that we could be asked to cover for people in situations where the stakes are much higher. By setting a precedent now on the small things, others will soon learn where we stand. Not only are we less likely to be asked by others to collude in potentially compromising situations, we are more likely to make right choices when the heat is on. As Christian medics, let us aim to be beyond reproach, acting with integrity in every area of our lives.

Sharing our lives and work so closely with other students is one of the great joys of being at medical school - but it also brings challenges. As we seek to live lives that glorify God, and as we bear witness to those around us who don't know him, we need increasingly to learn to seek his strength and wisdom. Let's aim to become more like Jesus: people who show love for others, build others up, walk in integrity, but who also know how to care for ourselves - when to seek rest, support, and when to seek God. ■

### REFERENCES

1	Luke 5:16	4	Luke 6:29-31
2	2 Corinthians 10:17, quoting Jeremiah 9:24	5	Mark 15:4-5
3	Luke 6:28	6	Proverbs 10:9
		7	Proverbs 29:10

# international student preconference

Liz McClenaghan reports on a packed week

**O**n 6 February 2011, twelve students from seven countries arrived in London for one of the highlights of the CMF calendar: the International Student Preconference!

This conference brings Christian medical students from countries all over Eurasia to the UK for one week to receive teaching from UK experts in many areas, including medical ethics, palliative care and developing world medicine, along with leadership and evangelism training. The hope is that participants return to their country encouraged and envisioned in Christian medical ministry within their country, and able to give eternal benefit to other students in their universities with the teaching they have received.

This year we had students from Syria, Hungary, the Netherlands, Czech Republic, Latvia, Tajikistan and Russia for the preconference (with another three Hungarians and a doctor from Portugal joining us for the National Student Conference).

During the week we spent time talking over important issues of Christian leadership, ethical issues in our day-to-day practice, and the importance of attending patients' eternal lives as well as their physical bodies.

There were talks from CMF members such as John and Celia Wyatt and Bernard Palmer, members of PRIME, local palliative care doctors, our international ministries team and many more!



Apart from being spiritually refreshing and equipping, the week was also jammed full of fun! This was mainly thanks to the hospitality of those members who opened their homes to us in the evenings and helped with transporting from one side of London to the other.

For most of the students this was their first visit to the UK so, of course, there was a lot of sightseeing to be done! We toured round Westminster and along the Thames with a flurry of photography as we went. Another highlight of the week was Jay Smith's Biblical Tour of the British Museum, and a visit to Burswood Hospital. This is a Christian hospital where a 'bio-psycho-social-spiritual model' is followed. One of the moments which will stay with me forever was when the staff of Burswood prayed for us

and commissioned us in our future ministry as Christian Doctors.

I encourage you to join me in praying for the participants as Paul prayed for the Colossians. 'For this reason, since the day we heard about you, we have not stopped praying for you and asking God to fill you with the knowledge of his will through all spiritual wisdom and understanding. And we pray this in order that you may live a life worthy of the Lord and may please him in every way...' (Colossians 1:9-10)

If you would like to hear how you could get involved next year, get in touch; we'd love to hear from you! ■

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Liz McClenaghan is CMF intern and intercalating in bioethics

### a letter from the Church in Egypt

**R**ecent developments in the Middle East have been followed closely by many. Events in Tunisia sparked a chain reaction of populist uprisings in countries that were previously thought by many to be powerless to change their governments.

During the uprising in Egypt, internet service and mobile networks were cut down by the government in an attempt to disrupt organised protests. During the darkest hours of the revolt, a letter was dictated over the phone from one of the elders at a church in Cairo. Here is an excerpt:

*Over the last few months the Lord has clearly spoken to us many times to prepare ourselves for something to come... we could [never] have ever imagined the magnitude of the situation to come! I want to start first by giving thanks to the Lord that, despite being located right next to the hottest spot of confrontation between the security forces, the army and the largest demonstrations, the Church building remains unharmed. Even though two main government buildings only a few metres away from us were set on fire and heavily damaged.*

*Our prayer meetings had begun to intensify [during] the last three months, accompanied with forty days of fasting. We heard many prophetic messages about what is to come. On New Year's Eve, a clear word from Exodus 34:10 came to us, saying that he is going to do things that no one ever heard of before in our land. The feeling we had was similar to the feelings of Esther, a time of a great danger mixed with a time of great victory, and how the Lord put her in this position 'for such a time as this'.*

*...So, while we are going out onto the streets with our neighbours to protect our homes from*

*the mobs, we are still on our knees in prayer, praying in small groups all over the city. As a leadership team we are trying to form action groups in order to focus our efforts in responding to the medical needs, in cleaning up the city from the huge accumulation of rubbish and also to coordinate traffic control, since all the police traffic agents have deserted their positions, leaving the streets in total chaos.*

*In summary, our people are encouraged and courageously active in helping with practical needs, however, we need your prayerful support as the situation is not stable at all. Pray with us for:*

- *The safety of the church and boldness of our people.*
- *The new relationships that are being made as members meet some of their neighbours for the first time.*
- *That each one of us would be a source of peace and hope, as the dominant feelings on the streets are anger and fear.*

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*Names and exact details of location have purposely been omitted*

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### BMA expresses concerns over patient confidentiality

**T**he BMA has expressed 'serious concerns' over clauses in the government's Health and Social Care Bill on information sharing in the NHS. They say that the Bill fails to guarantee patient confidentiality, and fear patients may withhold vital information because of this. Their concerns were also echoed by the Patients Association.

In light of these concerns, the BMA wrote to the Minister of State, Simon Burns, stating that



the bill gives very broad powers to a number of bodies 'to obtain and disclose confidential patient information for any number of unspecified health purposes'.

The letter continues: 'there is very little in the Bill relating to confidentiality and information governance controls, which are so fundamental to medical practice and the trust-based relationship between doctors and patients'. Dr Vivienne Nathanson, Head of Science and Ethics at the BMA, also expresses her concern that 'there is very little reference to rules on patient confidentiality that would ensure patients are asked before their information is shared, or guarantee that the patient's identity will not be revealed'.

A Department of Health spokesman responded to the BMA's concerns by stating that 'there is no question of the Health and Social Care Bill undermining the confidentiality of patients and their clinicians. The bill does not change any of the existing legal safeguards, which are set out in the Data Protection Act and the common law of confidence'. He also stated that the Department of Health is happy to work with the BMA in order to understand their concerns.

*bbc.co.uk, 2011; 24 Feb*

## early abortions at home?

A recent attempt to allow women to undergo part of early medical abortion procedures at home has been rejected by the High Court. Current law stipulates that a woman must visit a clinic for administration of a set of pills which induce a miscarriage. These medications are given in two phases 48 hours

apart. This method of abortion can be used in the first nine weeks of pregnancy, with over 70,000 women in the UK each year undergoing abortion at this stage.

The British Pregnancy Advisory Service (BPAS) argued that allowing the women to take the pills in their own time will ensure that they have control over the circumstances of the abortion. BPAS stated that 'it is not morally right to subject a woman to the anxiety and symptoms starting on the journey home'.

BPAS also queried the definition of 'treatment'; whether the definition of the term included prescription and administration. Current abortion law restricts where 'treatment' for an abortion can be carried out. The High Court ruled that treatment also included administration. This challenge applies only to England, Wales, and Scotland, since abortion law remains different in Northern Ireland.

Some have questioned any change, claiming that it may create the assumption that abortion can be used as a method of contraception. Concern has also been expressed over the fact that young girls may end up going through the entire process on their own, without the medical supervision they may also need if anything went wrong. Nevertheless, the BPAS chief executive has said that this is a change in the law that the organisation will keep pressing for.

*bbc.co.uk 2011; 14 February*

## the US Healthcare Reform Bill

The United States Healthcare Reform Bill is facing a few hurdles since it was passed by congress in March 2010 by a vote of 219 to

212, just about meeting the required 216. In January 2011, a Florida judge (under whom thirteen states filed a lawsuit), struck down the entire Act, ruling it unconstitutional. One reporter described his language as 'colourful', such as when it compared the Bill to a requirement for people to buy broccoli at regular intervals for its benefit to commerce and health.

Attorneys general, on behalf of twenty-six states, filed lawsuits against the Federal government, some on the same day the Bill was signed by the President. The main bone of contention has been the 'individual mandate' requiring most Americans to have health insurance cover by 2014 or pay a federal penalty. The lawsuit reads, 'The Constitution nowhere authorizes the United States to mandate, either directly or under threat of penalty, that all citizens and legal residents have qualifying health care coverage'. It accuses the bill of being too expensive, unattainable and exceeding the 'powers of the United States'. Judge Roger Vinson said, 'Because the individual mandate is unconstitutional and not severable, the entire act must be declared void. This has been a difficult decision to reach, and I am aware that it will have indeterminable implications.'

The Federal government argues that the taxpayer often picks up medical costs incurred by the uninsured, and Democrats in support of the Bill also celebrate points such as its inclusion of protection for those who would otherwise be denied medical cover because of pre-existing medical conditions, children being allowed to remain on their parent's policy until age 26 and tax relief for small businesses to provide employee cover. The Bill also bars insurer-imposed lifetime limits on healthcare costs.

The Department of Justice has expressed its confidence that the Bill is in fact constitutional and intends to appeal against the ruling. If implemented, the legislation is intended to provide cover to more than 30 million uninsured Americans.

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*guardian.co.uk*, 2010; 22 March, *cnn.com*, *foxnews.com*, 2011; 31 January, *nytimes.com*, 2011; 19 January, *bbc.co.uk* 2011; 31 January

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## radiation following disaster in Japan endangers health

**O**n 11 March 2011, the north-eastern part of Japan was hit by the most powerful earthquake since records began (measuring 9.0 in magnitude), which also caused a gigantic Tsunami. The devastating impact it has caused continues to become apparent, but upon going to press more than 9,079 people are known to have been killed and 12,645 are still missing. Millions have been left without water, electricity, fuel or enough food and hundreds of thousands more are homeless and facing harsh conditions with sub-zero temperatures overnight, and snow and rain are forecast.

Whole cities have been swept away. Four explosions have occurred at the Fukushima nuclear plant over four days, causing fire and releasing harmful radiation. In the capital, Tokyo, radiation levels higher than normal have been detected although these have been said to be 'unharmful' at present.

The prime minister, Naoto Kan, and other leaders have encouraged the panicking citizens 'to react calmly' and advised those living up to 10km beyond a 20km exclusion zone around the nuclear plant to stay indoors. A no-fly zone has

also been established in a 30 km radius over the Fukushima plant. The crisis at the ageing nuclear plant has worsened daily since the earthquake and tsunami knocked out cooling systems. Four out of six nuclear reactors have exploded and temperatures are believed to be rising in the other two.

Japanese Chief of the UN International Atomic Energy Agency, Yukiya Amano, has moved to calm global fears that the situation could escalate to rival the world's worst nuclear accident at Chernobyl in Ukraine in 1986.

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*bbc.co.uk* 2011; 15,22 March, *english.aljazeera.net* 2011; 15 March

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## government 'responsibility deal' shunned by health groups

**M**ore than 170 companies have signed a deal described as a 'significant development' by Andrew Opie of the British Retail Consortium. 19 core pledges were agreed by companies including Mars, Unilever, McDonald's, and seven major supermarkets.

Promises include an increase in the number of drinks labelled with their alcohol unit content, and introducing calorie counts on menus in fast food outlets. Heineken promised to cut the alcohol content of one of its major brands, and Morrison's supermarket promised at least 50 fresh fruit and vegetable promotions each week.

But very few health groups have signed up to the deal. Alcohol Concern and the British Medical Association have pulled out, along with the British Heart Foundation and Diabetes UK. All had previously been involved. Barbara

Young, Chief Executive of Diabetes UK said: 'We are disappointed that the responsibility deal is not more ambitious in its vision as many of the pledges replicate existing standards.'

Health secretary Andrew Lansley said 'We know regulation is costly, can take years and is often only determined at an EU-wide level anyway. That's why we have to introduce new ways of achieving better results. The deals demonstrate the effectiveness of our radical partnership approach to deliver more and sooner.'

The public health budget is expected to be ring-fenced from 2013.

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*bbc.co.uk* 2011; 15 March

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## doctors oppose proposed NHS changes

**D**elegates at an emergency meeting of the British Medical Association have voted in favour of calling for ministers to withdraw the Health and Social Care Bill. The union has described the plans of the Bill, which is currently going through Parliament, as 'dangerous and risky'. This meeting was conducted following the findings from a major online survey of BMA members carried out in January by Ipsos MORI.

The survey showed that 89% of doctors agreed that increased competition in the NHS would lead to fragmentation of services and 65% also agreed that this increased competition would compromise the quality of patient care. 66% concurred with the concern that if all NHS providers became, or were part of foundation trusts, NHS values would be undermined and clinician led commissioning

would increase health inequalities. Further results at [tinyurl.com/5uyfp53](http://tinyurl.com/5uyfp53).

BMA chairman Dr Hamish Meldrum has said that 'we want to put more pressure on the government to change what are flawed and very risky proposals for the NHS'. The union fears increased competition from the private sector could also harm hospitals, perhaps even forcing some to close.

Although the Liberal Democrats have also rejected the overhaul of the NHS at a recent conference, the government is generally committed to the changes. The Bill is already well on its way through Parliament and pilots are starting across the country – it remains to be seen what effect these concerns will have.

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*bbc.co.uk* 2011, 15 March

## 'three-parent IVF' to be assessed by HFEA

**A** technique developed in Newcastle would involve transfer of genetic material between two eggs. The procedure aims to prevent the transfer of rare diseases carried in mitochondrial DNA.

These are transmitted purely from mother to baby, since it is only the mitochondria from the ovum that become part of the embryo. This raises the possibility of taking the nucleus from a fertilised egg which may be affected, and implanting the genetic material in a donor egg from a different woman, with unaffected mitochondrial DNA. The nuclear DNA would be that of the mother and father, but the

mitochondrial DNA that of the donor, leading to the 'three-parent' label.

Mitochondrial DNA contains only 13 genes, compared with more than 23,000 in nuclear DNA, so that amounts are undoubtedly small. Alison Murdoch, Head of Reproductive Medicine at Newcastle University said: 'As doctors we have a duty to treat disease and where possible to prevent disease. With diseases for which there are no treatments the imperative to develop new treatments is even greater. Of course no treatment is ever risk free and if there are risks we will need to quantify these so that doctors can discuss the relative risks and benefits with patients and their families.'

A change in the law would be needed before such treatment could be carried out legally. But concerns have been raised about both ethics and safety. David King, head of Human Genetics Alert, said: 'The more you manipulate embryos, the more risk there is.'

Peter Saunders, CEO of CMF, commented on his blog 'I have a great sense of *déjà vu* here. There is always in this country huge media hype about supposed breakthroughs in biotechnology ...But we have been here before with human reproductive cloning (the Korean debacle), so-called therapeutic cloning for embryonic stem cell research (which has thus far failed to deliver) and animal hybrids (now a farcical footnote in history) ...So I'm not letting myself be carried away by the hype and spin. And I'm not holding my breath about the promises of therapies.'

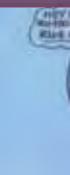
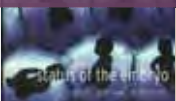
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*bbc.co.uk*, 2011, 11 March, [www.cmfblog.org.uk](http://www.cmfblog.org.uk)  
2011, 11 March

# 40 years of *Nucleus*

Vongai Madanire marks a generation of CMFs student journal

Vongai Madanire is an intercalating medical student in London, and editor of *Nucleus*



The 40th (Ruby) wedding anniversary is one of the most significant celebrations in a marriage relationship. 40 years is often taken scripturally (and elsewhere) to represent one generation - and indeed the number 40 appears remarkably often in the Bible!

When God wanted to cleanse the world and start all over again with a righteous man, he sent rain for 40 days and 40 nights.<sup>1</sup> After the waters receded, Noah waited for 40 days before opening the window of the ark.<sup>2</sup> Moses is twice recorded spending 40 days and 40 nights on the mountain with God,<sup>3</sup> after which his face shone with the glory of God. The children of Israel spent 40 years in the wilderness<sup>4</sup> and later on, Goliath strutted in front of the Lord's army for 40 days before being killed by David.<sup>5</sup> After being fed by the angel, Elijah survived on the strength of that one meal for 40 days and 40 nights as he travelled to Mount Horeb, where the Lord passed by and Elijah heard his voice.<sup>6</sup>

Jesus drew parallels between the sign of Jonah and his own death and resurrection.<sup>7</sup> Jonah warned the City of Nineveh that they had 40 days until God would overthrow the city, but within that time they repented, and the city was saved.<sup>8</sup> Jesus fasted for 40 days in the wilderness,<sup>9</sup> and just before he ascended to heaven, he appeared to various men speaking

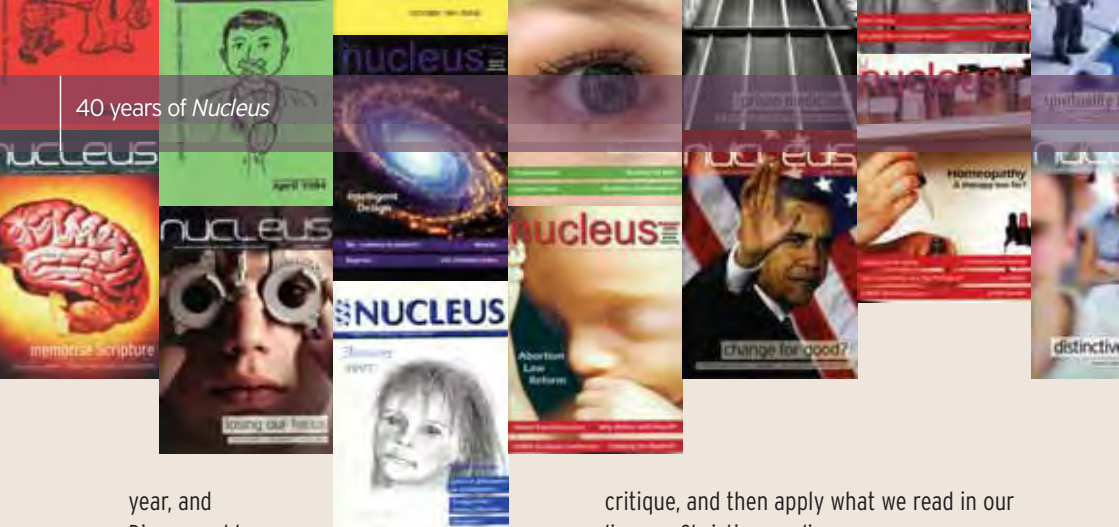
about the kingdom of God for 40 days.<sup>10</sup>

Although it might not always be appropriate or necessary to draw exact parallels with all biblical numbers, the frequency of number 40 in the Bible and what it represented seems to reflect some great significance which we can not completely ignore; days or years of trial, probation and endurance, usually followed by renewal or great transformation. Therefore it is interesting for us to reflect on the 40 years for which *Nucleus* has so far been produced.

*Nucleus* was founded in 1971, 22 years after the formation of Christian Medical Fellowship in 1949. A typical doctor who qualified in 1971 would have been born in the late 1940s, and is probably in the process of retiring now, or considering the possibility.

## 1971

The Prime minister in 1971 was Edward Heath (Conservative) and Parliament at that time was debating, among other issues, NHS prescription charge exemptions and free school meals (perhaps not so much has changed!) January 1971 saw the death of 66 football fans in a crush at Ibrox stadium in Glasgow, and later that year, Arsenal won the FA Cup final, completing a league and cup double as they defeated Liverpool 2-1 in extra time. The Apollo 14 and Apollo 15 missions landed on the moon that



year, and Disneyworld opened in Florida in the autumn - at about the same time the first edition of *Nucleus* was printed. The Nobel Prize for medicine was won by American Earl Wilbur Sutherland Jr, for work on the mechanism of action of adrenaline.<sup>11</sup>

Given that computers were just beginning to develop at that time, the first issues of *Nucleus* were in paper form. Electronic (and online) copies exist only from year 1992 onwards – and indeed a large file of hand-drawn illustrations was in use until much later than that (and probably still exists somewhere in the CMF office!) Until 1977, the front cover displayed ‘*Nucleus: News, views and information for Christian medical students*’. The first edition was essentially a newsletter of about 15 pages, seeking to address the problem of lack of communication and people’s apathy in response to information. The first page read:

‘Information is useless and sterile unless it serves some purpose or provokes a response... We hope that this new journal-cum-newsletter will help in some way ...but for that to happen you must not only read it, but use it.’<sup>12</sup>

Although these words are 40 years old, we stand by them today. For *Nucleus* to be of any value, it needs to be read. But as (hopefully) intelligent medical students, we can surely go beyond just reading. We need to analyse,

critique, and then apply what we read in our lives as Christian medics.

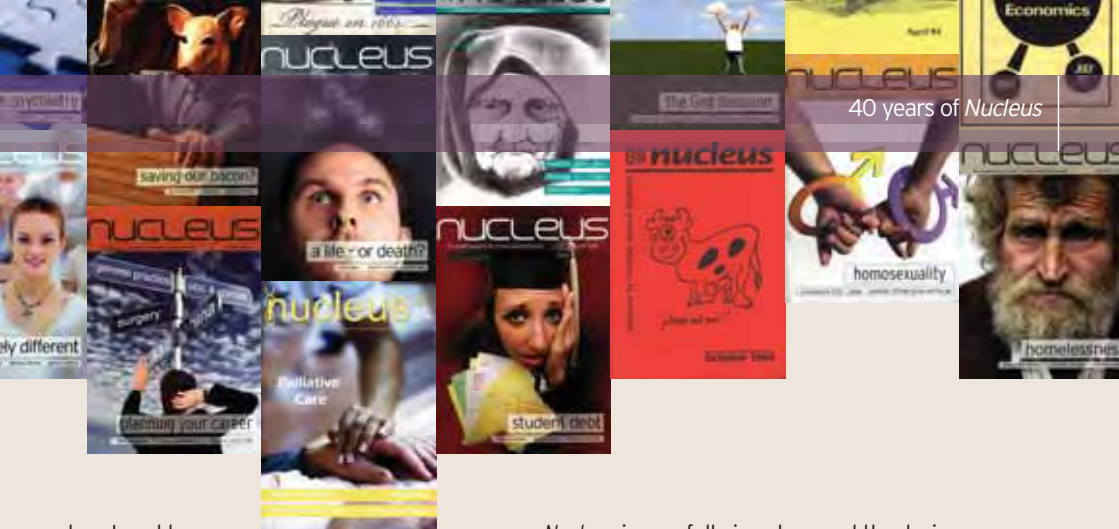
*Nucleus* has continued to improve in design and appearance – particularly with advances in design software and desktop publishing. The quality of the articles remains central, however. We consistently aim to address topical issues in medical ethics, and to equip medical students to be faithful disciples of Jesus Christ.

The founders of the journal in 1971 set out a vision: ‘to equip medical students to know Jesus Christ more and his relevance to the medical field, in which we are all ambassadors’. Perhaps this has fuelled my own passion the most - reading every issue I have received and enjoying the editorial work I have done. The October 1986 issue (pictured) discussed ‘A time to die’, looking at issues around palliative care and euthanasia. Most final year students in the UK were born around this time – and it is a reminder that some issues never go away!

## how can one person fit in?

*Nucleus* has only been successful for so long because students have consistently been at the heart of its production. I relate some of my own story here in the hope of inspiring others to get involved.

Like most of us, I just jumped onto the *Nucleus* boat by virtue of joining CMF in 2007. I had no idea how much *Nucleus* had to offer or



how I could ever contribute. In high school I had always run away from every 'arty' subject which would require me to write long essays or 'compositions' as we used to call them. Academically, I read the bare minimum necessary to do well in exams. But here I was now, in the busy world of being a medical student and in addition to *Gray's Anatomy*, *Kumar and Clark's Clinical Medicine* and other medical school textbooks (never mind the journals to read for SSCs), I was now receiving three copies of *Nucleus* each year! In no time I awakened to the fact that medicine was a minefield in which I would not flourish if I did not commit to searching diligently for knowledge, understanding and wisdom.<sup>13</sup> Beginning to see the value of *Nucleus*, I developed an interest in being actively involved in its publication. I did not know much about writing or editing but the beautiful thing is I didn't have to; I just had to be willing to receive the riches it brought and take the opportunities it presented.

This edition already marks a new season in its renewed appearance. For the first time,

*Nucleus* is now fully in colour, and the design has changed. To continue to see the success and improvement of *Nucleus*, as well as its impact on medical students in the UK and beyond, I would encourage you to continue reading, sending in your comments or feedback, and submitting your own articles for publication. Consider joining the editorial or reviewing team (contact Vongai at the CMF office).

As we thank God for all that has happened through *Nucleus* so far, there is one thing we should also do: forget what is behind and strain toward what is ahead.<sup>14</sup> We should press on toward the goal to win the prize for which God has called us in Christ Jesus. As we gain knowledge, understanding and wisdom, we will be equipped to shine in our workplace and win souls of many to the glory of our God. Congratulations to *Nucleus* and lastly, thank you to everyone who has been involved, to editors, authors and especially to our readers! ■

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# maintaining integrity as a Christian medic

Laurence Crutchlow explores the challenges we face



As the sunlight beams through the window late in the afternoon, the first consultation of early evening surgery begins. It is soon obvious that a big ethical issue is at stake. The young lady seeing me is obviously distressed. My likely refusal on ethical grounds to grant what she wants will worsen this, and may even lead to a complaint.

An abortion request? Not this time! It may surprise some of you that though important, abortion and euthanasia are *not* the everyday fare of ethics for a GP. I see about 100 patients

each week in general practice, but I discuss a request for abortion perhaps only ten times a year, and haven't been directly asked for euthanasia since I was a junior doctor.

Central to this encounter is a 'Statement of Fitness for Work', more commonly known as a 'sick note'. The patient (who is not real, but is based on a number of people I have seen over the years) is on her way to work an evening shift in a restaurant, returning from eight days off sick. She says that she's had a virus (although gives little detail), and needs a note





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to cover her absence. She's fully recovered and entirely well today.

Seemingly straightforward? But she has not consulted anyone at the practice during this illness, nor visited A&E, nor contacted the out-of-hours service. I have no evidence she has been unwell.

What should I do? I could just issue a note. This would be easy, and quick. She would be satisfied. But what are the consequences for her employer who might have to fund sick pay, for her in encouraging such behaviour in future, or for me, if it subsequently turns out she's been on a Mediterranean beach for a week? And aside from the consequences, can I in good conscience state that something is true when I suspect it is not?

I could flatly refuse. I might feel I've stuck to the truth, but there will probably be confrontation. A middle way might be not to issue a certificate, but just a simple statement such as 'Miss X stated to me on Tuesday that she had suffered from a viral illness for seven days, and was unable to work, though she had not consulted me during that time'. This in effect transfers responsibility to her employer, who probably knows the situation better than me. Such a statement is true, but can feel like dodging the issue.

Is telling the whole truth *always* appropriate? Should I always tell patients the full truth about a bad diagnosis? How do I deal with a minor overdose at age 17, now of little clinical relevance, but of great interest to an insurance company for whom I am completing a form? Can I ignore it? What about the financial and tax affairs of the practice, which occupy a surprising amount of professional time for a GP?

## secular views on truth-telling

Telling the truth might seem an obvious obligation for a doctor. The GMC's *Good Medical Practice*<sup>1</sup> contains 21 paragraphs on 'probity', defined as 'integrity and uprightness; honesty'.<sup>2</sup> The first four paragraphs cover honesty with patients, and the other 17 deal with areas like research, report writing, financial affairs and conflicts of interest. It is often these non-clinical areas that tempt doctors and medical students, some of which have been dealt with in CMF literature before.<sup>3</sup>

The vast majority of UK medical students and doctors, whether Christian or not, would assent at least in theory to the GMC's principles even though their practice might not always reflect these codes.

But not everyone across the world thinks the same. As a junior doctor, I spent a week travelling with a CMF summer team in Russia. Organisers had invited a professor to the camp who worked in cancer care. She was adamant that patients should not be told if they had a terminal diagnosis, feeling it would deny them hope. Though a few students challenged this, her view reflected prevailing practice locally. Hiding the facts is still common in much of the world - and was not unusual in the UK in the past. Even in a modern UK context, diagnoses like dementia are often not fully explained.<sup>4</sup>

## what is distinctive for the Christian?

Most people tell the truth most of the time, don't they? Is there really any reason that Christians might be different? Even though most medics who don't share our beliefs tell the truth, we are still fundamentally different.

We no longer live 'by the flesh', but our minds are set on what the Spirit desires.<sup>5</sup> There *is* a fundamental difference in how we perceive things, even though we still get things wrong from time to time.<sup>6</sup>

Most of us will remember the ninth commandment: 'You shall not give false testimony against your neighbour.'<sup>7</sup> Simple enough, we might say. But who is our neighbour? What is false testimony?

'Neighbour' is often now taken to mean those living close to us - and is frequently used in the Old Testament in this context. The meaning is often lost in modern cities, where relationships with geographical neighbours may be non-existent. Luke's gospel records Jesus' parable of the Good Samaritan,<sup>8</sup> which implies a much broader definition of neighbour than that of the Old Testament law. Jesus is asked 'Who is my neighbour?' by an expert in the law. In reply, Jesus relates a story of kindness shown to a stranger, suggesting that obligations to neighbours apply to everyone we meet, not just those who live nearby, or are in some way similar to us.

False testimony would at first seem to refer to speaking in court. But a wider meaning is likely in the context of the rest of the Bible. Consider how Jesus is often described. John's gospel not only says that he is 'full of grace and truth',<sup>9</sup> but even records Jesus describing *himself* as the truth.<sup>10</sup> John's gospel also contrasts truth with lies, which are described as the devil's 'native language'.<sup>11</sup> Truthfulness is also commended in Proverbs,<sup>12</sup> amongst other places.

It seems clear that we should generally tell the truth. But are we expected to tell the whole truth at all times? Would a family hiding Jews from the Nazis have been right to lie to German

troops about the Jews' whereabouts? Alongside this article, I would recommend a previous exploration of this question in *Nucleus*.<sup>13</sup>

Of course in an ideal world, free of sin, such scenarios would never arise. There would not have been Nazi troops seeking out Jews if it weren't for sin. There will be nothing impure in heaven,<sup>14</sup> so such problems won't arise. But in our fallen world, the effects of sin mean that difficult situations arise, in which a simple set of rules don't always help.

The Bible records some examples. Shiphrah and Puah, the Hebrew midwives, were told by the King of Egypt to kill any Hebrew boys born. The midwives let the boys live,<sup>15</sup> and were summoned to explain why. They answered the King by saying that 'Hebrew women are not like Egyptian women; they are vigorous and give birth before the midwives arrive'.<sup>16</sup> Though plausible, this clearly wasn't the real reason that the boys were living. They had obeyed God rather than the King, and lied in the process. Yet they were blessed: 'And because the midwives feared God, he gave them families of their own'.<sup>17</sup>

Why were they blessed after an apparent lie? The key is in the first part of Exodus 1:21. They feared God. *This* is the reason for their blessing, rather than their action. Even though what they said hadn't been truthful, they had acted with fear of God as their main motivation, and they were commended for this.

Another example would be Rahab, who is clearly documented to have lied in Joshua 2. She is spared from being killed as the other natives of Jericho were,<sup>18</sup> and is commended later in the Bible.<sup>19</sup> Yet once again, it is her faith and her welcome that are commended, rather than the lie she told.

These stories imply that our motives are

what are tested in these difficult situations. It is hard to imagine that Jesus would have acted quite as the midwives or Rahab did, since he often found a 'third way', frequently answering questions with more questions. But scripture is clear that the attitude of faith in God and fear of him that motivated the midwives and Rahab is the right one, and should inform the choices we make.

We won't therefore necessarily discern God's will for difficult circumstances by following the world's logic. Instead we need to fear him and trust in him. As our minds are renewed, we will better understand his will.<sup>20</sup>

## what are the challenges?

Even if we earnestly desire to follow God's will in telling the truth, there will be challenges along the way. How do you respond when a friend asks you to sign them in for a seminar that you know very well they aren't attending? The chances are that no one will find out. But are we really trying to emulate Christ if we accept small breaches of trust like this?

Plagiarism is a constant temptation. Some readers will remember an intriguing story related by a prospective medical student on his UCAS form, describing an incident where he had set fire to his pyjamas as a small boy.<sup>21</sup> Unfortunately for this applicant, 233 others had told an identical story, cut and pasted from a website. This would have probably gone undetected even ten years earlier. But now anti-plagiarism software is widely used. While few Christians would directly copy other work, how often might we fail to reference sources, effectively passing off others' work as our own?

The underlying issues are the same when qualified, though the exact temptations are different. Questions over telling truth to

patients and signing certificates are not just for GPs. Will you always tell the truth to consultants when something has gone wrong? What about ensuring that ultrasound forms only contain accurate clinical details, rather than slightly embellished ones that might get the scan done a few hours earlier? Telling the truth about time worked can be a particular challenge if under pressure from hospital management to under-report hours to comply with targets.

If we have practised integrity as a student or junior, it will be easier to cope with the growing challenges faced as a more senior doctor, or in management. The issues with patients remain much the same, but there is more opportunity to be less than straight about finances – often a bigger temptation. Records kept principally to monitor targets rather than treat patients are often seen as soft options for lies – especially when you don't believe in the target in the first place!

## where might falsehood lead?

'But it does no harm!', you might say, as you 'forget' a piece of data on a form to improve your figures. In the UK, we're often shielded from the earthly consequences of lies, as we are blessed with relative freedom from corruption. Yet even here, it is estimated that the NHS loses about £10 million each year via about 500 cases of reported fraud.<sup>22</sup> This is only about 0.01% of the annual budget – but how many extra consultants could we appoint if it were recovered?

The impact of corruption is more obvious in the developing world, as previously outlined in *Triple Helix*.<sup>23</sup> We may think 'this wouldn't happen in the UK', but surely there is little moral difference between the underlying actions, even if the consequences may appear different?

## conclusions

It would be very difficult to go through an entire medical career and not look back to occasions where we feel we've been less than truthful. We will have come across situations where we have been hurried, or where worry over our own interests has got in the way of being objective.

We need to think *now* how to minimise this. Habits formed as a student often persist throughout our careers, so although many issues raised here may seem to concern senior doctors, we need to get the small things right early on.

Paul calls us to 'examine ourselves'.<sup>24</sup> The context here is about examining our beliefs, but it seems sensible to apply this more widely to our day-to-day conduct. We've illustrated that many denials of truth are subtle, and might not be apparent if we don't examine our lives carefully.

We can also support each other as Christians. Scripture is intended for rebuking as well as teaching,<sup>25</sup> and sometimes this will be necessary – particularly if someone doesn't realise that their actions lack integrity. But it is easy to get a rebuke wrong, so be careful to follow Jesus' instructions in Matthew,<sup>26</sup> and involve people more mature in the faith than you. If we are not sharing our lives with other Christians, no-one may notice a problem in the

first place. A CMF student group could easily talk through issues like this, and support each other in day-to-day challenges.

The good news of the gospel is that forgiveness extends to all areas. Peter was forgiven for denying Jesus three times at a crucial moment.<sup>27</sup> Whatever mistakes we've made in maintaining our integrity, whether as students or later on in our careers, are forgiven. Jesus' blood purifies us from all our sins.<sup>28</sup> Hearing Jesus' Word, and believing the God who sent him is enough for our salvation.<sup>29</sup>

Maintaining integrity isn't easy. Sometimes telling the truth will be very simple, and how to apply the Bible's commands will be obvious. Other occasions will need much discernment and thought. At these times, only through God's renewing of our minds will we get it right.

*Therefore, I urge you, brothers, in view of God's mercy, to offer your bodies as living sacrifices, holy and pleasing to God – this is your spiritual act of worship. Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is – his good, pleasing and perfect will.*<sup>30</sup> ■

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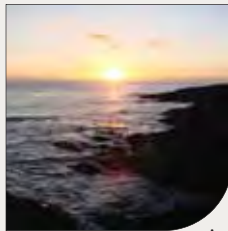
# medical school news - Ireland

Each issue now contains an update from one of the eight regions represented on the CMF National Student Committee. **Andrea Burke** brings news from Ireland.

**O**n the weekend of 12-14 November 2010, we hosted the annual Irish CMF conference in Greystones, County Wicklow, just south of Dublin. The weekend's teaching centred on CMF's *Confident Christianity* course. 49 students representing six Irish medical schools joined us from Dublin, Cork, Belfast and - for the first time - Galway! They were joined by 11 doctors, including Giles Cattermole and Matt Lillicrap from CMF, who along with former staffworker Tim Lewis delivered the *Confident Christianity* programme. We were helped to prepare ourselves for opportunities to share our faith with our peers.

Particularly well received was the last session, in which pairs of students were put on the spot to answer one of the 'Seven Deadly Questions' (for example, 'Is Christ the only way to God?' or 'Isn't the Bible full of errors?') in a role playing scenario. Although many students found it daunting, everyone agreed that it was a valuable exercise and felt prompted to prepare for future real-life scenarios involving those inevitable questions.

Other doctors and two final year medical students were involved in men's and ladies' panels, facilitating discussion about issues men and women face in careers as doctors. Morning praise, prayer and devotion time was an opportunity for students to enjoy the beautiful sun streaming across the seafront and in through the windows - not to mention a



chance to worship God, learn from his word and join united in prayer for CMF in Ireland.

The weekend of fellowship was enjoyed by all, particularly those students from the Republic of Ireland, where CMF groups are smaller than in Northern Ireland. The conference offered an opportunity for students to spend time with local peers, but also a chance to meet students from other schools and to be encouraged by their experiences and local CMF activities. We were particularly excited to have a student join us from Galway, where there is currently no established CMF group. Our prayer for next year's conference is to have every Irish medical school represented,

including Galway and Limerick where there are currently no CMF groups, so that we can be effectively taking what we learn to all corners of this island!

A great combination of teaching and fellowship (including some rugby on the beach), this year's Irish CMF Conference was a blessing to many students who are now encouraged and inspired to live out 1 Peter 3:15-16 in our lives as Christian medics.

*Do not be afraid of anyone and do not worry... Be ready at all times to answer anyone who asks you to explain the hope you have in you, but do it with gentleness and respect.* 1 Peter 3:14-16 (GNB) ■

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**Andrea Burke** is a clinical medical student in Cork

# narrative virtue ethics – a Christian model?

Vongai Madanire compares virtue ethics with Christian ethics



Imagine you are a GP, about to call in your next patient, Belinda. She is pregnant. A routine anomaly scan had suggested a minor degree of unilateral club foot, confirmed on a more detailed scan at 23 weeks reported by a radiologist and paediatric orthopaedic surgeon.

*Talipes Equinovarus* (also known as club foot) affects about 1 in 100 live births. Many cases are 'positional', and require only physiotherapy. Cases diagnosed antenatally are more often 'fixed' and more complex, but not all of these require surgical treatment. A combination of splinting and physiotherapy is often sufficient.

Belinda requests referral for abortion, which she had also considered after the first scan. Then she had reluctantly continued with the pregnancy because her partner Tom was keen to continue. They've had several arguments about this, but

Belinda felt she couldn't handle having a deformed child. Specialists have already explained to her that they cannot be certain of the severity or persistence of the deformity, and, indeed, if any treatment will be needed at all until the child is born and fully assessed.

You further discuss with Belinda the usual treatment of simple manipulation techniques. However, she is still very concerned, and is finding it difficult to come to terms with the idea that her child may be 'deformed' in any way.

You then ask yourself, as a virtuous doctor (see below), should you refer Belinda for a termination of pregnancy?

## what is a virtuous doctor?

Virtue theory was derived mainly from Aristotle's work, but is increasingly being recognised in medical practice as limitations of other duty based or consequence based theories are being



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recognised. Virtues are character traits that dispose their possessor habitually to excellence of intent and performance with respect to a particular activity.

Healing and preservation of human life are specific to medicine and therefore qualities which increase the capacity to heal well are virtues of medicine – prudence, benevolence, being compassionate and caring. A virtuous doctor would be one who possesses these character traits.

## abortion law

In the UK, the Abortion Act 1967 (amended by the Human Fertilisation and Embryology Act 1990) outlines the criteria under which abortion is legal. The four statutory grounds are expressed as grounds A-E on the HSA1 form/Certificate A.<sup>1</sup> Two registered practitioners must be satisfied that one of them is met in order to make a *bona fide* decision, an opinion formed in good faith. The criteria allow for abortion in cases of 'serious handicap' at any stage of pregnancy.

*At this point would you sign the referral form or not? Are there sufficient legal grounds?*

## virtues in the Bible

Building character is central to our growth as Christians, and God often does this work in us by testing our faith through challenging situations.<sup>2</sup> We are encouraged to ask for virtues like wisdom<sup>3</sup> and to add them to our faith so that we will be fruitful in our work and knowledge of Christ.<sup>4</sup>

Though the importance of virtue is increasingly being recognised in medical practice, a secular understanding of virtue may differ from a Christian one. Virtues are not necessarily the same as the 'fruit of the spirit'.<sup>5</sup> By analysing

Belinda's case, we will look at how thinking about virtues and the patient's story broadly may help us come to wiser or more morally acceptable decisions in healthcare. The Narrative Virtue Theory may reflect some Christian values but we will also see how the two are not exactly the same.

## Belinda's narrative and analysis

'Hello. My name is Belinda and I am a 37yr old actress and dancer. I was happily expecting my first child until a week ago. After my anomaly scan, they told me my child has a *club foot*. My child will be deformed and will have problems with mobility. I am concerned and am finding it very hard to accept that, not really sure why. They have confirmed it today and I want an abortion.'

Assuming a planned and spontaneous conception, why might Belinda want an abortion?

1. Concern about the future welfare of the child and how he/she will fit into society
2. Her dreams for the child might have been shattered by the deformity
3. She may be finding it difficult to accept her child would be disabled in any way
4. She could be worried about the future of her career and have changed her mind about starting a family

Based on these possible reasons you now ask yourself whether there are sufficient legal and moral grounds to refer Belinda for an abortion. Is Belinda's decision to terminate pregnancy a virtuous one? If we saw reasons 1 and 4 above as good and necessary to achieve a more flourishing life, we could say Belinda is displaying virtues of strength, courage, decisiveness and responsibility. We may have a duty to 'respect her autonomy' and allow her to exercise her choice to have a termination. So some would see having an

abortion for the reasons listed above as a virtuous thing to do.

We might agree that abortion is not really comparable to having a haircut or appendectomy, and admit that cutting off a human life connects with all our thoughts about human life and death, parenthood and family relationships and is therefore an important matter. We can question whether Belinda has the right attitude about the seriousness of loss of life, especially when that life is being taken for a medical condition that can be effectively managed or even cured. If Belinda's decision is based on reasons 2 and 3 we could argue that her decision to abort in this case could indeed be callous; selfish, light-minded, inconsiderate and disloyal. The list could go on.

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## no secular ethical theory is an adequate reflection of how a Christian should make a decision

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### Tom's narrative and analysis

'Hi, I am Tom, Belinda's partner and I love her. I was so thrilled when she got pregnant and was looking forward to being a dad. The thought that she now wants to abort our child because he/she may be slightly deformed is stressing me. When I was younger I had testicular cancer which left me with reduced fertility and this could be my only chance to be a dad. Being the only child my parents would be so happy if I had a child who could carry on the family business.'

There seems to be a different voice from Tom's story. A narrative based approach developed by Margaret Walker<sup>6</sup> identified that moral values do not come from value-free contexts but from continual negotiation among people. There is mutual allotting, assuming and deflecting of

important responsibilities in life under three domains; narratives of value, relationship and identity. Tom holds important values of family life, care and love for Belinda (assuming he wants a child with her only because of their love). He may also regard having a child as important to his identity as a father, long-term partner and member of society. His relationship with family, Belinda and child would therefore be more important than concern over a deformity which can be effectively treated. Being in a long term relationship and having planned the pregnancy, we would understand Tom's expectation that Belinda would carry the baby to term to have a child that they will love and accept for whom he/she is. With the history of cancer and reduced fertility, this could also be Tom's only chance to have an heir.

*How has hearing the narratives affected your initial decision? Which story offers a greater moral weight to the decision?*

### disability and discrimination

Another important consideration is Belinda's and our society's attitude towards disability. It is difficult to define disability but a useful way to look at it is viewing disability as functional limitation (on its own or more commonly with a social disadvantage) which impairs the capacity for human flourishing.<sup>7</sup> But this definition begs the question, what is a flourishing human life? For Belinda it could be success in her career, but would her child necessarily want to pursue the same path or flourish in other ways which may not need perfect feet or legs? The list of professions or other valuable jobs the child could do is endless. Is Belinda displaying mere perfectionism which is out of touch with the reality of life and what makes life a fulfilling or happy one for us as humans?



If she has no real reason why she cannot accept her child with any deformity, even if it can be cured, isn't this really a reflection of stigmatising attitudes or discrimination towards the disabled? If as a society we accept such a disability as the sole reason to kill a foetus then the message we communicate to those who are disabled may not be a virtuous one. Surely, true virtue towards the disabled would be a commitment to care and love them as they are, helping them to live with a quality of life as good as is possible.

Some secular scholars like John Harris however spread a wide net by defining disability as 'a condition that someone has a strong rational preference not to be in...a harmful condition relative not to normal functioning but to possible alternatives'.<sup>8</sup> This view would therefore support Belinda to abort if she would rather not be a mother of a disabled child. The Abortion Act does not specify what 'substantial risk' or 'serious handicap' means but guidelines from the Royal College of Obstetricians and Gynaecologists<sup>9</sup> encourage doctors to use their discretion, involving the parents in the decision and especially the views and choices of the mother.

## reaching a decision

A final decision could be made by asking yourself which narrative (Belinda's or Tom's) affected or convinced you the most in order to decide whether referring for termination would be a virtuous course of action to take or not. Exploring their desires, intentions, character and relationship to the child and each other enriched

our moral reasoning although it may not be prescriptive enough to guide any specific action. If you refuse to refer her for the termination, she is entitled to be informed that she can see another doctor<sup>10</sup> who may support her decision or have no conscientious objection to abortion in such a situation.

Virtue ethics may prove helpful in thinking through answers. But without the measuring stick of God's word to determine what is virtuous, some could view Belinda's decision to abort as virtuous, and most would see this as inconsistent with the biblical value of life; that in spite of its flaws, life is a gift from God and is to be celebrated and protected.

Since the fruit of the Spirit consists of much which we would consider virtuous, it can be easy to assume virtue ethics to be very similar to Christian ethics. Analysis of this case has shown that this isn't always true. Looking at different ethical systems can help us think through problems, but can lead to some difficult conclusions without God's Word to guide us.

The truth is that no secular ethical theory alone is likely to be an adequate reflection of how a Christian should make a decision. Christian ethics include elements of many different models, but ultimately we should remember when we make decisions as Christians we are not primarily using secular theories of ethics, but instead obeying God. It should not surprise us that God's commands do not fit neatly into the categories the world would try to impose. ■

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|--|--|---|
| <p>1 Abortion Act, 1967. <a href="http://tinyurl.com/6esv68f">tinyurl.com/6esv68f</a></p> <p>2 Romans 5:3-4, James 1:2-4</p> <p>3 James 1:5</p> <p>4 2 Peter 1:5-8</p> <p>5 Galatians 5:22</p> <p>6 Walker, MU. <i>Moral Understandings: A Feminist Study in Ethics</i>. Oxford, 2007. OUP</p> | <p>7 Glover J. <i>Disability and genetic choice. Choosing children: the ethical dilemmas of genetic interventions</i> pages 8-9. Oxford 2006</p> <p>8 Harris J. One principle and three fallacies of disability studies. <i>Journal of Medical Ethics</i>. 2001;27:383-387</p> | <p>9 Termination of Pregnancy for Foetal Abnormality. <a href="http://tinyurl.com/6hedv16">tinyurl.com/6hedv16</a></p> <p>10 GMC 2008. <i>Personal beliefs and medical practice</i>. Paragraph 21</p> |
|--|--|---|

# foreign body - following Christ in a world that rejects him

Emily Carter reports on the CMF National Student Conference



It was a privilege and honour as ever, to be present amongst the gathering of about 400 medical students and CMF staff from across the UK and Europe. We met corporately to worship God and focus on being better equipped to serve him in our calling as Christian medics. The Hayes, Swanwick, Derbyshire, is a haven in which to be pleasantly fattened up on three course meals, and spoilt with double beds all to oneself, not mentioning all the spiritual nourishment and fellowship we could want.

The highlights for me included excellent and relevant seminars and great encouragement from the conference address. Another favourite conference attraction for me is when we gather exhausted and well fed on Friday night to cheer the largest medical school - with Manchester beaten to the first post by Southampton this year! I'm always thankful that I haven't travelled as far as some (Edinburgh and Tajikistan to name a couple!)

David Robertson gave Bible addresses based on 1 Peter. The first, 'Prepare Your Minds',

reminded us that we have the inexpressible and glorious joy in God's purposes through suffering. In the second, 'Live as Free Saints', we remembered our identity as a royal priesthood; a chosen people of his own possession. Sunday afternoon's address, entitled 'They Think it Strange', encouraged us to arm ourselves with Christ's attitude, so that our faith may endure and be proved genuine. Above all, we were reminded to be clear-minded and self controlled so that we might pray. On a personal level, to be reminded that I am God's possession first and a medical professional second was a great encouragement to me

Laurence Crutchlow's seminar on contraception and fertility encouraged us to think through the practicalities of our views in this field of medicine. Should Christians provide contraception to unmarried couples or even at all? When do we believe life begins and how does that determine which contraception we should use? It is ethical to prescribe contraception that we would not use ourselves? What about IVF? How does this fit with the call



Emily Carter is a clinical medical student in Manchester

in Romans 15:5 to live in harmony with one another? It was a fantastic opportunity to reflect and be challenged about my own views on the origins and sanctity of life. It has helped facilitate discussion of the ethical implications of contraception amongst peers whilst on my Obstetrics and Gynaecology placement. An excellent resource on this topic is *Matters of Life and Death* by John Wyatt.<sup>1</sup>

In a poignant seminar lead by Trevor Stammers on 'Crash and Burn', a group discussion was facilitated on the role of faith in mental health problems, both in ourselves and in our patients. Depression is the second leading cause of morbidity currently in the UK and had been described as 'toothache of the soul' and 'freezing of the spirit'. But how does the knowledge of the 'inexpressible and glorious joy' of knowing him fit with feelings of hopelessness, worthlessness and poor self esteem that we feel during times of tiredness and isolation? A perfectionist focus on a perfect Saviour can exacerbate these feelings of nothingness. Man-made religion can make us feel guilty, as epitomised by the question 'should Christians even get depressed?'

It is easy to get bogged down and disheartened in clinical practice. It is important in life to remember God's astounding promise in Romans 8:28: for those who love God, God works for good in all things. It was wonderful to be encouraged by others at the seminar that true Christianity is liberation from guilt and shame, that God loves us and created us exactly how we are, and that Christ's perfect love for us is so complete as to cast out all fear. It was a great encouragement to look at passages such as Lamentations 3, Jonah 2 and Elijah

in 1 Kings 19. I learnt that if depression is an issue that God felt was important enough for the prophets to deal with, how highly should we acknowledge and view it? A good book to read on this topic if you are struggling with understanding depression in believers is *I'm Not Supposed To Feel Like This* by Chris Williams.<sup>2</sup>

Other seminars this year were well geared towards their target audience. 'Medical Mission' both encouraged and gave practical advice and tips on how it is better to be preparing to go yet willing to stay, rather than being willing to go but preparing to stay. A seminar on Islam gave grounding in appropriately relating to Muslim friends and colleagues while maintaining the gentle challenge of a godly life to those of a different faith, and as in all our friendships. Euthanasia, assisted suicide, suffering and the F1 survival kit remain popular choices and raise issues of great importance and relevance to Christian healthcare professionals.

Finally, who could overlook the bargains to be found in the CMF bookstall? This year, I managed to buy from it without actually setting foot inside, a new record for me! It was also great to hear the challenges and praise points from our international brothers and sisters, the CMF opportunities to travel abroad on summer camps, attend summer schools, and for internships or Study Modules in the CMF office.

So when can I book for next year? ■

#### REFERENCES

- 1 Wyatt J. *Matters of Life and Death* (2nd Ed). Nottingham. IVP/CMF 2009
- 2 Williams C et al. *I'm not supposed to feel like this*. London. Hodder and Stoughton 2002

## 12-12

*Of making many books there is no end, and much study wears the body.* Ecclesiastes 12:12

**T**here are a lot of books out there. Medical students already have a lot of textbooks, journals and web resources they're supposed to read. Study can be wearisome!

So why read Christian books too? Why not just read the Bible in my quiet time? The answer is that Christian books can help us to understand and apply the Bible better. So that we learn to know and love Christ more, to live more like him, to speak of him more clearly, and to be inspired by the examples of other Christians. When Paul was cold and lonely in prison, he asked Timothy for three things: companions, warm clothes, and books.<sup>1</sup> Books were key for Paul and his ministry. And they're key for us too.

But there are a lot of Christian books out there. Which ones should I read? Good Christian books need to be both biblical, and readable. Both faithful to God's Word in the Bible, and helpful to the reader. These are the sort of books which will help us grow as Christians, and as Christian medics.

But there are lots of good Christian books - so where do I start? This is why at conference this year we launched '12-12' - twelve good Christian books to get you started. The idea is that these twelve books cover a broad range of topics especially relevant to students and medics, as a basis from which to develop a hunger for reading more. They're certainly not the only good books on these topics (there are lots of other books we'd recommend, on our online reading list<sup>2</sup> for example); but they are all accessible, and cheap. They will all be available through the CMF website, at bargain prices for students: all of them are about half-price, or less.

Twelve students have reviewed the twelve books, and we're planning to print two reviews in each issue of *Nucleus* over the next couple of years. We reckon even the busiest student could read one or two each term, and maybe a couple over the summer. This way, you could get through the whole lot in two years - ready then to dig even deeper as you expand your library! And it won't be wearisome, it'll be a joy and a blessing! ■



Giles Cattermole encourages us to read

## The 12-12 book collection



### DOCTRINE

- a summary of what Christians believe

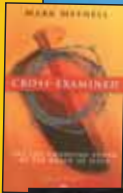
**Christian Beliefs**  
Wayne Grudem  
RRP £8.99 student price £4



### RELATIONSHIPS

- singleness, sex and God's plan for us

**The Single Issue**  
Al Hsu  
RRP £8.99 student price £4



### THE CROSS OF CHRIST

- who Jesus is, and what he did to save us

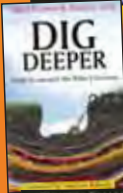
**Cross-examined**  
Mark Meynell  
RRP £7.99 student price £4



### CHRISTIAN MEDICINE

- how Christians approach medical practice

**Hard Questions about Health and Healing**  
Andrew Fergusson  
RRP £8 student price £4



### BIBLE STUDY

- how to get the most out of reading God's word

**Dig Deeper**  
Nigel Beynon & Andrew Sach  
RRP £8.99 student price £4



### APOLOGETICS

- why do you believe?

**The Reason for God**  
Tim Keller  
RRP £8.99 student price £4



### BIBLE OVERVIEW

- the theme of God's Kingdom through the whole sweep of Scripture

**God's Big Picture**  
Vaughan Roberts  
RRP £7.99 student price £4



### EVANGELISTIC

- to give to your friends!

**Cure for Life**  
Bernard Palmer  
RRP £5 student price £2



### MISSION

- encouragement to get out there!

**I could do that!**  
various authors  
RRP £5 student price £2



### EVANGELISM

- what is the gospel and how do you tell others?

**Know and Tell the Gospel**  
John Chapman  
RRP £6 student price £3



### MEDICAL ETHICS

- how should we practise medicine?

**Matters of Life and Death**  
John Wyatt  
RRP £10 student price £4



### DISCIPLESHIP

- encouragement to keep going as a Christian

**The Fight**  
John White  
RRP £7.99 student price £4

#### REFERENCES

- 1 2 Timothy 4:11-13
- 2 [www.cmf.org.uk/students/booklist.asp](http://www.cmf.org.uk/students/booklist.asp)

# worldviews

Liz McClenaghan describes reductionism and post-modernism

One of the first things to understand about ethics is that we all ascribe to some sort of 'worldview'. This is a set of presuppositions by which we sort out what is meaningful in our lives. We all have one, whether we like to admit it or not. It may be based on religious teaching, rebellion against religious teaching, whatever our best mate believes, or can even be a result of our own indecisiveness. Our worldview is shaped by a complex interplay of our cultural background, our education, our personal experience and the social group to which we belong.

Whatever your worldview is, it will influence your decisions in life, and this becomes most evident in the life of a doctor. We will routinely be making decisions which have much wider implications than 'what shall I eat for breakfast?'

Any worldview should answer these questions: How do we know what we know? What is truth? What is right? How should we meet our goals? How is the world made up? Where are we heading?

A common worldview within medicine and science is reductionism; a view glorified by Richard Dawkins and other members of 'the Brights'. This worldview suggests that 'properties, concepts, explanations, or methods from one scientific domain (typically at higher levels of organisation) can be deduced from or explained by the properties, concepts, explanations, or methods from another domain of science

(typically one about lower levels of organisation)'.<sup>1</sup>

Practically, this has been reflected over the last few decades in a progressive reduction of a whole person with an illness (the fundamental unit of clinical medicine) to cellular and molecular biology as the ideal level for scientific medical research. Perhaps this is useful in providing an objective basis for practising evidence-based medicine as opposed to relying on mere intuition or superstitious beliefs. However, reductionism neglects other important aspects of being human which are essential in understanding and practising medicine, such as communication or human interaction and its impact on health.

Not all of the questions posed above can be answered by reductionism. Reductionism is only concerned with cause, not purpose. Take the question 'Why did you cross the road?' One (teleological) response would be 'to get to the other side'. Reductionism however would answer 'because I was pushed'. Reductionism is only concerned with looking back on the causality of an action and never forward to the 'intent' of an action. So while reductionism seems very 'enlightened', it merely hides behind a barrier of science to congratulate itself on its own



Liz McClenaghan is a medical student intercalating in Bioethics in London

cleverness, pushing aside the other 'big questions' and passing them off as unimportant.

Another widely-held worldview in our society is 'post-modernism' – when someone's view is that 'anything goes' and 'there is no such thing as absolute truth'. In my opinion this is sheer laziness – the path of least resistance. Someone assenting to this is likely to encourage anybody to do anything they choose without questioning, even if they know it would be to their detriment. In itself it's based on a self-refuting statement: if there is 'no such thing as absolute truth' how can that statement itself be true for everyone?

How might it work practically? Miss A, 19 year old student, comes in requesting an abortion. As the doctor I could answer this request without any questions thinking 'who am I to say that it is right or wrong? Whatever my views on abortion, I cannot impose them on someone else, therefore I should not question her decision.' I can respond to my patient's demand as if they are a consumer or customer I have to please.

If I did this, following a post-modern worldview, I would be avoiding an opportunity to have a difficult, but necessary, conversation to ensure that Miss A is not being coerced into this decision and is, in fact, making an informed choice. The end result may well be the same but surely the second option is the better way to really care for our patients?

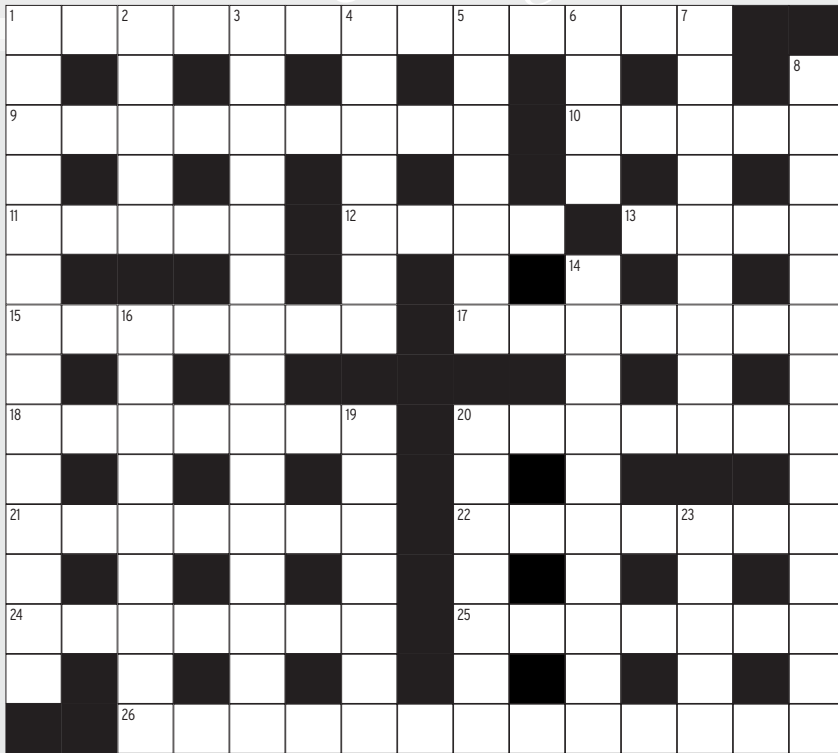
Reductionism and post-modernism are just two of the worldviews we encounter every day

without realising it. They may project a certain degree of reality but they also have serious problems, failing to address many of the important questions demanded by an ideal framework to explain the reality and world. We should take the time to think about our worldview and how it impacts on our opinions and decision making in medicine. By doing this, we will not only clarify a lot of issues in our own minds, but it will also help us to understand those people who may be opposed to our views – always remembering that this is just as likely to be a patient as a colleague, both now and in the future.

If this has all been a little bit close to the bone then I'm glad. Please write in with different views, have discussions with your firm about what is right and wrong; question your lecturers next time there is something that doesn't sit right with you. Don't ignore an uneasy feeling until you adapt to cope with it. Whether our conscience comes from evolution, societal norms or a creator doesn't mean it should be ignored. Our differing worldviews need to be voiced, discussed and debated so that each of us can have a firm understanding of our own opinions, and a greater understanding of those around us. ■

REFERENCE

- 1 Stanford Encyclopaedia of Philosophy. [plato.stanford.edu](http://plato.stanford.edu)



ACROSS

- 1 Shoulder muscle (13)
- 9 Tidy (9)
- 10 Less common (5)
- 11 Follow (5)
- 12 Girl (4)
- 13 Rope (4)
- 15 Type of protein (7)
- 17 Gomer's son [Genesis 10.3] (7)
- 18 Migraine drug (7)
- 20 Biblical sea (7)
- 21 Shaded (7)
- 22 Factory closure (7)
- 24 Amelia can present with this (2,5)
- 25 Shakes (7)
- 26 Part of Isaiah 59:9 (3,2,8)

DOWN

- 1 The opening words of Genesis (2,3,9)
- 2 Unborn child (5)
- 3 Gut (10,5)
- 4 Protein activated by tPA (7)
- 5 Poorer (7)
- 6 City that Ezekiel prophesied against (4)
- 7 Madcap (9)
- 8 Chest disease (14)
- 14 Proof-read (5,5)
- 16 Joseph's town (9)
- 19 People without clothes (7)
- 20 Paul sent a letter sent here (7)
- 23 O<sub>3</sub> (5)

Solvers must find and shade an appropriate 'cross-word' in the completed grid (John 19:19).

Entries can be submitted by post to the office, or email to [giles@cmf.org.uk](mailto:giles@cmf.org.uk). The deadline is 1 June 2011. The winning entry will receive a copy of *Code Red*. Two runners-up will receive a CMF pen-torch. A new cryptic cross-word will be posted online.



**Cross-examined - Mark Meynell**

IVP 2005

£7.99 RRP (but only £4.00 on 12 - 12 scheme!)

**F**or anyone fascinated by Jesus' death on the cross, a book which explores the facts about humanity's sin, the cross and the resurrection is a helpful tool to understand God's ultimate plan and to fall more in love with the resurrected Christ.



*Cross-examined* is just that, a book which answers many questions both for those who have

read extensively on the subject and also for new believers. In eleven concise chapters, Mark Meynell explores important and fundamental theological points in a relevant and accessible way for all readers. By frequent and interesting references from history, poetry and literature, issues like the wrath of God and terms like 'substitutional atonement' become incentives for praise rather than causes for confusion.

Bible references at the beginning of most chapters and a summary at the chapter end encourages the reader to keep the Bible as the central text and ensures the main points are heard loudly and clearly. I wholeheartedly recommend the study guide for each chapter as discipleship or small-group material.

*Cross-examined* is an excellent read for the busy medical student who is intrigued to delve deeper into the meaning of the cross (or slightly puzzled by it!), as well as those who may struggle to explain it to others. If there is one book to read on the subject while at medical school, this should be it! ■

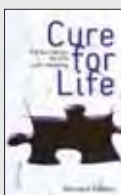
**Alison Weetch** is a clinical medical student in Oxford

**Cure for life - Bernard Palmer**

CMF 2006

£5.00 RRP (but £2.00 on 12- 12 scheme!)

**T**his may be the shortest book on the 12-12 list, but it sure packs a punch, providing an unashamed, systematic, whistle-stop tour of what faith in Jesus is really about. A concisely built picture of Jesus grows to a spotlight moment where the reality of Jesus Christ is clearly displayed in a way that is hard for the reader to escape - encouraging them to stand at the crossroads and make a decision.



The rich text is seasoned with Bible verses, personal testimonies and historical and contemporary examples from both Christian and secular culture - often with a medical slant. These take readers on a journey exploring who Jesus is, what he did and how we should respond to that. There are ten short, accessible and easy to read chapters. Any Christian jargon is explained. Common questions are addressed, such as what it means to follow Christ, the reliability of the Bible, whether Jesus really died on the cross, and how to become a Christian.

The last two chapters practically examine what the Christian life should look like, providing encouragement on living like Jesus, reading the Bible, praying, meeting with other Christians and sharing Jesus. This is a book to read, then give away to those wishing to look into Christianity, or who need encouraging in the faith they already have in Jesus. I was inspired and encouraged by this book, and now have a pile of my own which I have started handing out! ■

**Rachel Owusu-Ankomah** is a clinical medical student at St George's, University of London

# HEROES + HERETICS

Alex Bunn considers Pelagius, Augustine and Ambrose

## HERO 5: PELAGIUS, AUGUSTINE AND AMBROSE

### Pelagius: champion of 'free will'

The location, North Africa. The time, early fifth century. And the villain this time is, in true Hollywood style, British. Pelagius was a monk, described by a contemporary as 'a fat dog stupefied with porridge'. But despite his reputation as a heretic, he did have a point. He was worried that our hero, Augustine, had undermined moral responsibility. He had read Augustine's *Confessions* and was incensed by this passage:

*'Give me the grace [O Lord] to do as you command, and command me to do what you will! . . . O holy God, when your commands are obeyed, it is from you that we receive the power to obey them.'*<sup>1</sup>

Pelagius asked whether we have to wait for God to give us special power before we can do right. Wouldn't that be a bit fatalistic, a lazy excuse for sin? So he wrote *Defence of the freedom of the human will*<sup>2</sup> to promote Christian discipline. Quite rightly, Pelagius challenges us to resist sin. Didn't James command 'Resist the devil, and he will flee from you'?<sup>3</sup> But Pelagius claimed that all men 'possess a free will unimpaired for sinning or not sinning'. We just



Pelagius

need to choose to obey God. Pelagius taught that we had complete freedom either way. But he was naïve about the seductive power of sin, and denied that we all inherit this weakness from Adam, something Augustine called original sin. How did

Augustine reach his conclusion? Surely the most influential saint between St Paul and Luther was not downplaying obedience? What was his view of sin?

### Augustine: grace liberates us to love and enjoy God

Augustine knew all about it from very personal experience. Born to aspiring parents in 354 AD, they wanted to see him succeed as a public speaker, and lavished on him the best education in Carthage, in today's Tunisia. He had different intentions though, and immersed himself in 'a hissing cauldron of lust' – a typical university experience, then!

But over the years, he became miserable, and wanted more from life, and ultimately from God: 'I began to see the truth, I thrilled with love and dread alike, I realised I was far from you...and far off, I heard your voice saying I am the God



Alex Bunn is CMF Southern Team Leader and a GP in London

who IS'. But he was unable to change: 'I was frantic, overcome by violent anger with myself for not accepting your will...I tore my hair and hammered my forehead with my fists; I locked my fingers and hugged my knees'.<sup>4</sup>

His knew that his heart was divided, still swayed by desires that distracted him from God: 'I was held back by mere trifles. . . They plucked at my garment of flesh and whispered, "Are you going to dismiss us? ... I began to search for a means of gaining the strength I needed to enjoy you.'

But how to love God wholeheartedly? He wasn't convinced by Pelagius' appeal to willpower. Now it is true that love is an act of the will, not of the emotions. But a cold form of religion that reduces love to a passionless choice leaves out something vital. Augustine knew he needed a love in his life that would triumph over the appetites that tormented him. One day he heard a voice tell him to pick up the Bible, and he turned randomly (don't try this at home!) and read from Romans, the first passage on which his eyes fell: 'Let us behave decently, as in the daytime, not in carousing and drunkenness, not in sexual immorality and debauchery, not in dissension and jealousy Rather, clothe yourselves with the Lord Jesus Christ, and do not think about how to gratify the desires of the flesh.'<sup>5</sup> He realised he didn't



just need forgiveness, but liberation from addiction. He argued that Pelagius' free will was a myth:

'During all those years [of rebellion], where was my free will? What was the hidden, secret place from which it was summoned in a

moment, so that I might

bend my neck to your easy yoke? How sweet all at once it was for me to be rid of *those fruitless joys* which I had once feared to lose! *You drove them from me*, you who are the true, the sovereign joy. You drove them from me and took their place, you who are sweeter than all pleasure.'<sup>6</sup>

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## Seeing grace as God's power to woo us back to him is still a revolutionary idea

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Seeing grace as God's power to woo us back to him is still a revolutionary idea. Augustine said that we were created to desire God above all things: 'thou hast made us for thyself, O Lord, and our hearts are restless until they find their rest in thee'.<sup>7</sup> But in our fallen state we no longer love as we should, and we actually have little power to change what delights us. Whether it is alcohol, pornography or popularity, what power do we have to change the object of our desires? Imagine someone who simply does not



# HEROES + HERETICS

like fried liver and cabbage; how can they force themselves to like it as much as, say, gently warmed chocolate fudge cake? Yet God is by his very nature the highest, the most satisfying, the most delightful object of our affections, even if we just don't feel it. Imagine now the person who hates chocolate cake because to *him* it tastes like cat food. But this man lives on cat food because to *him* it tastes better: this man is sick and in need of help! According to Augustine, we are such people, addicted to unworthy things, which are a poor substitute for God himself. He saw that our problem is not just wrong choices, but blindness to beauty, and deadness to joy. Our desires are bent out of shape, and we need help.

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Thankfully, our God is a God of grace. And grace is not just a means for forgiveness, but the power to mend us

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If we are really blind to God's full glory, what hope is there? Thankfully, our God is a God of grace. And grace is not just a means for forgiveness, but the power to mend us. Romans says 'God's love has been poured out into our hearts through the Holy Spirit, who has been given to us'.<sup>8</sup> He alone can turn our heads and hearts back to him, and help us appreciate true beauty, real excellence, the only worthy object of all our desires. Only God himself can drive from us the love of 'fruitless joys' by replacing them with a joy in him, sweeter than any other pleasure.

For Augustine, then, freedom is not 'balanced equipoise' between two moral options. Perhaps

you've been to ethics lectures where free will is venerated, and told that all things being equal, we make good and free choices. But things are not equal, as we are pulled this way by our wayward desires. We do not naturally *want* good. One might even ask whether God himself has free will to choose good over evil? Or whether we would want such a God who is quite uncommitted to good or evil before making a free choice. Does God not in fact always do the right thing, the loving thing, without exception? For Augustine, true free will is to be so in love with God and his ways that the very experience of choice is transcended. Augustine saw the self-conscious weighing up of choices not as a sign of free will, but rather as a symptom of sick hearts. Dutiful and reluctant obedience is a necessary chore only in this fallen world. In the next world our delight and pleasure in God will be so complete that to choose against him will be unimaginable.

So Augustine was not loose on morality, as Pelagius supposed. He just knew its proper place. 'Give me a man in love: he knows what I mean. Give me one who yearns; give me one who is hungry; give me one far away in this desert, who is thirsty and sighs for the spring of the Eternal country. Give me that sort of man: he knows what I mean. But if I speak to a cold man, he just does not know what I am talking about.'<sup>9</sup>

Augustine's jealous love, holy desire, and 'sober intoxication' with the Lord drove him to take on this historic fight with Pelagius even in his seventies. Today we still need to hear Augustine's voice above those who would reduce Christianity to moral rearmament, an ethical system of dutiful drudgery.

## Ambrose: church above state?

I should also mention the great bishop Ambrose, who discipled and baptised Augustine. He was a brave man who rebuked the nominally Christian Roman Emperor Theodosius, who had massacred 7,000 rioters in Thessalonica in AD 390.



Ambrose refused to admit him to church and communion, the first high profile 'excommunication'. Ambrose told him 'the emperor is in the church and not over it', and ordered him to humble himself like King David. Theodosius performed a very public penance for several months, even waiting in the snow outside Ambrose's office. Imagine, the most powerful statesman on earth recognising his authority was only on loan. We could do with such humility in government today!

But later, the church's use of state power would bring Christ's name into disrepute. Sadly, even our hero Augustine was seduced by the use of force. Initially he thought that 'no-one should be coerced into the unity of Christ'. In fact he wrote

a hugely influential book about the limitations of a Christian state, *The City of God*, especially in view of the imminent collapse of the old Roman empire. He argued that it is impossible in this life to separate reliably those who serve God and the 'city above' from those whose loyalties are

earthbound. But later he changed his mind on compelling Christian worship. He said he was convinced by one of Christ's parables in Luke, in which the king said of his wedding guests 'compel them to come in',<sup>10</sup> at least in a Latin version. Had not God used force against Paul in his conversion? Alternatively, he may have been persuaded by the sheer success of persecution against certain sects, and lamentably the Jews. Either way, the church and state would be inseparable for centuries to come in Europe, and the church would come to be seen as being principally an agent of social control, enforcing public morals and a self-serving agenda. How far from its founder's example, who relinquished power, and demonstrated servant leadership! ■

I am indebted to John Piper, whose inspiring biographies of many Christian heroes can be downloaded as free MP3s at:

[www.desiringgod.org/resource-library/biographies/the-swan-is-not-silent/print#](http://www.desiringgod.org/resource-library/biographies/the-swan-is-not-silent/print#)

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| 2 | Reconstructed by Rev Daniel R Jennings, <a href="http://tinyurl.com/4ndbo8y">tinyurl.com/4ndbo8y</a> | 4 | Augustine, Confessions, <i>Ibid</i> | 8  | Romans 5:5                          |
|   |  | 5 | Romans 13:13-14                     | 9  | Augustine, Confessions, <i>Ibid</i> |
|   |  | 6 | Augustine, Confessions, <i>Ibid</i> | 10 | Luke 14:23                          |

## a day in the life... *in the life*



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

In a new feature, **Laurence Crutchlow** describes a typical day

**A** brisk walk from Waterloo station to CMF's HQ in Marshalsea Road aids my recovery from wedging into a crowded train carriage at the start of most days.

Staff meet to share news, read the Bible and pray each morning. We share plans and news, then take turns in sharing thoughts on a Bible passage. I usually enjoy this, but occasionally regret signing up to lead a particular day when the passage allocated is something tricky - the four living creatures of Ezekiel 1 being the most memorable recent example!

After that, no two days are the same. I might be writing or editing for *Nucleus*. On another day I might be writing to potential speakers for National Student Conference, or on the phone to the National Student Committee chairman discussing future plans. Occasionally I might do a radio interview, or even appear on TV!

Hopefully a day will involve meeting with students - perhaps reps from London medical schools, or the Student Conference Committee, as well as office interns. Face-to-face student

contact is the most enjoyable part of the work but must be balanced with administration. Though this can appear dull it is essential to ensure National Student Conference actually happens, and that *Nucleus* appears on your doorstep!

Not all days are office based - I might travel to visit a student group or give a talk, and will occasionally work from home if doing a big piece of writing.

I try to keep GP and CMF work fairly separate, but some overlap is inevitable, and it isn't unusual for me to phone my practice manager on a CMF day, or answer my CMF email in a gap between patients on a GP day.

Working at CMF is a great opportunity to help the Christian doctors of tomorrow be prepared for the future, and enables me to use both medical and Christian training far beyond my consulting room. As you pray through your future, why not ask God whether you should consider similar work? ■



christian medical fellowship

# supporting Christian students

CMF can support you with literature, conferences, elective advice, international links and details of your local group. Contact our student team for more information

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