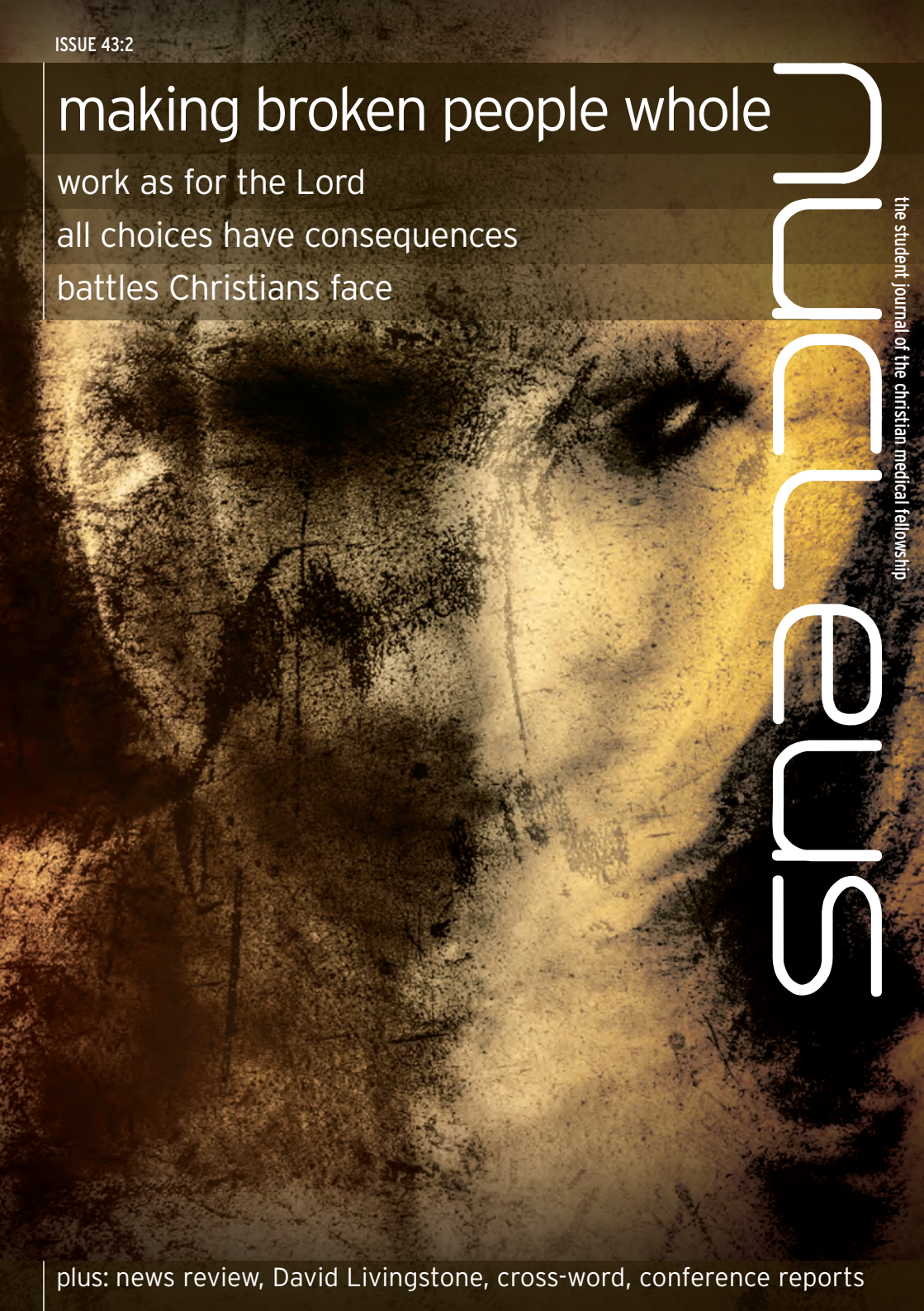
ISSUE 43:2

# making broken people whole

work as for the Lord

all choices have consequences

battles Christians face



# nucleus

the student journal of the christian medical fellowship

plus: news review, David Livingstone, cross-word, conference reports

# nucleus

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# editorial: broken

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

**This edition of *Nucleus* focuses on healing brokenness. It should come as no surprise to medical students that much about our world is not as it should be. Anyone working in medicine sees the effects of disease every day; the shaking hands of the Parkinson's sufferer, the look of despair in the eyes of the patient who is severely depressed. Wider problems in society are also obvious. Apparently self-inflicted diseases are common, as are assaults. Some find themselves without hope because of loneliness or poverty, and not only become depressed, but often succumb to physical disease as well.**

Tim Keller's *Generous Justice* (reviewed page 35) looks at the response of Christians to problems in society – particularly those stemming from poverty. It is a timely reminder that the gospel is the only answer, but that sharing the gospel effectively will involve engaging with the society around us.

Sometimes our medicine will make a big contribution to wider society. A small number of today's *Nucleus* readers will go on to make important discoveries, and many more will become trusted doctors, supporting families sometimes through several generations. But medical care can go only so far. 'Whole Person Medicine' aims to extend some of our care beyond the purely physical, encouraging us to look towards psychological and social causes of disease. But even this only extends so far. Holistic medicine often does encourage spirituality (as indeed does even the new GMC *Good Medical Practice* – see news review on page 6), but rarely does it mention Jesus.

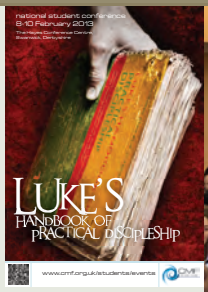
To better explore true whole person medicine, we've taken the unusual step of republishing a previous CMF article: *Medicine and 'The Whole Man'*, by Dr Martyn Lloyd-Jones (page 8). Lloyd-Jones argues with great clarity that it is only through being Christ centred that we will genuinely practise whole person medicine.

Medical work in the UK is not only about individual doctors and their teams, but also about the National Health Service in which virtually all medical student training is undertaken, and in which most doctors work. The recent report on events at Mid-Staffordshire NHS Trust is a stark reminder that even this most trusted of UK institutions (the NHS was once described by former Chancellor of the Exchequer Nigel Lawson as 'the nearest thing the English have to a religion') can fail, and that we cannot have ultimate confidence in it. *Work as for the Lord* (page 24) argues that only recognition of human sin, and trust in the gospel, can ultimately prevent something similar happening again.

Living and speaking for Jesus isn't usually the easy option. David Livingstone (page 30) faced great hardship in his work. Yet often living and speaking for Jesus is the only option. Not just the only option if we want to see society change, but the only option for Christians who are living in the light of what Jesus has done for them. I hope that these articles will strengthen your belief, and help you to live in the light of the gospel in all that you do. ■

# Luke's handbook of practical discipleship

**Holly Shaw** reports on the 2013 CMF National Student Conference




I'm ashamed to say it. I almost decided not to go to the CMF National Student Conference this year. As I get good teaching from my church and regular input from my CMF group, both comfortably close to where I live, part of me wondered whether it was worth spending a whole weekend in the middle of term and travelling all the way to Swanwick. I decided to go almost literally at the last minute; I booked on the final evening. It was one of those decisions that turned out to be so right; you wonder how you could ever have considered the alternative.

In the weeks in the lead-up, I went through a fairly difficult time. It left me struggling to avoid disillusionment with the world in general and medicine in particular. On the day of departure, I felt the last place I wanted to go was somewhere full of medical Christians. I just wanted to run away and be miserable on my own. But as soon as I got onto the minibus I knew it was the right place to be.

My mood wasn't entirely counteracted by the journey. It took over five hours from Southampton thanks to the closure of part of the M1 and some dubious navigation. But spending time travelling with the group reminded me of the 'fellowship' element of CMF. 'Fellowship' has always seemed a dated word to me but I've come to realise that it sums up what CMF is – a group of people with a common aim, who build each other up. Despite several detours, including a sightseeing tour of Nottingham and lots of time sat in traffic, we made it in a good mood and just in time for dinner.

The conference provides an environment in which students from many different universities can meet and interact. The first event included icebreakers which abandoned the commonplace 'rock paper scissors' in favour of the more challenging: 'rock paper scissors lizard spock'. This set the groundwork for many more games. On both evenings I had to give up and head to bed shortly after midnight, reluctantly abandoning the endless rounds of Bananagrams,

**Holly Shaw** is a medical student in Southampton

Mafia, Jungle Speed and Uno (among others) that continued to be played late into the night. Saturday afternoon was given over to group activities, including watching rugby, sports and a walk.

But of course, the main part of the conference was the teaching. There was an abundance of that. As well as the three main conference talks and the conference address, each student attended four seminars: topics ranging from creation and evolution to end of life care. I realised what a privilege it is to have access to so many different doctors, each an expert in their particular field, all willing to take the time to teach students.

The book stall is a feature at any good Christian event. It's normally something I avoid like the plague for the sake of my purse and on the principle that I already have a stack of highly recommended books I've never actually got around to reading. But the book plugs at each talk were delivered with such liveliness and humour that I made a trip there. I ended up buying several books and I've even started reading them!

The talk that most struck me was given at the final meeting of the conference. I was not looking forward to returning to university. Jason Clarke opened up Luke 12:35-48, the parable of the faithful and unfaithful servant. The passage speaks clearly about always being ready for Jesus: this is the defining mark of being his disciple. So many people, especially among my friends at university, do not reject the gospel outright. Indeed, they think it's probably true, but they see it as something they will think about tomorrow, or the next day, or when they've graduated. According to this passage a true disciple follows now and doesn't put off the difficult decisions.

And sometimes they are indeed difficult. Jason spoke about the cost of following Christ, something I rarely hear preached about. More often I hear sermons on the joy and security of following him, which is of course true, but I'd forgotten that Jesus himself tells us to take up our cross daily. Here was a reminder that whatever my situation, Jesus has put me there and expects me to live for him.

Jason reminded us :

*'If we die with Christ, we will live with him*
*If we endure with him, we will reign with him.'*

What a promise. It's something I have continued to reflect on whilst back at university. And that is the wonderful thing about the CMF Student Conference: it builds up and equips you for a long time after the weekend itself has ended.

We shared communion together as the conference came to a close, said goodbye and joined the mad scramble to pack up the various vehicles and get on the road before the weather turned nasty. Everyone was exhausted for the journey back. All the freshers fell asleep in the back of the minibus. But despite lack of sleep we were all returning with much to think about and a little more prepared to be a Christian in the world of medicine. ■

## new GMC guidance

The updated 2013 version of *Good Medical Practice* (GMP) was published on 25 March. GMP defines the standards against which doctors in the UK are judged in fitness to practise cases, and is therefore a very important document. The guidance is also used as the basis for doctors' appraisal and revalidation. Although GMP is not directly binding on UK medical students, the 'professionalism' strands in many undergraduate curricula assess students against very similar criteria to those in GMP.

As well as the main document, there are a number of pieces of 'explanatory guidance', setting out how the main principles of GMP work in practice. These include *Delegation and Referral* and *Maintaining Boundaries*.

Two pieces of explanatory guidance are likely to be of particular interest to *Nucleus* readers; *Personal Beliefs and Medical Practice* and *Doctors' Use of Social Media*.

*Doctors' Use of Social Media* is an entirely new document. The possible blurring of boundaries between private and professional life, particularly online, is considered. The main messages are that real names should be used for any interactions that identify the user as a doctor, and a reminder that social media sites do not offer a guarantee of confidentiality, whatever privacy settings are in place.

*Personal Beliefs and Medical Practice* revises old guidance. The final version thankfully omits a number of items in a previously published draft that could have significantly restricted the freedom of doctors who wish to discuss faith with patients. Recognition that 'personal beliefs and cultural values are central to the lives of doctors and patients' is welcome, as is the guidance that spiritual factors should be taken into account when assessing a patient.

One line states: 'You may talk about your own personal beliefs only if a patient asks you directly about them, or indicates they would welcome such a discussion'. Hopefully this should not cause problems for doctors who are sensitive in raising matters of faith, though it may lead to complaints if a patient feels that a doctor has misread when such a discussion would be appropriate.

Conscientious objection is also covered, with a general (if rather vague) right of conscientious objection defined. However a number of exceptions may cause difficulties to at least some Christian doctors.

Ultimately the impact of the new guidelines will only be apparent when they are tested in Fitness to Practise hearings; until then it is important for UK doctors and medical students to become familiar with them, and consider any areas of conflict.

*gmc-uk.org*

## Christian counselling network launch

February saw the launch of a Christian counselling network in the UK. Nearly two thousand people attended the 'Changing Hearts' conference at Westminster Central Hall, organised by Christian Counselling Education Foundation (CCEF).

What is Christian counselling and why do we need it in the UK? CCEF aims 'to restore Christ

to counselling and counselling to the Church'. Counselling means giving advice, and is used heavily in the church for personal issues ('pastoral care') and in secular health services for mental health problems ('psychological/talking therapies'). We might expect Christ to be central to pastoral care in the church, but perhaps not in secular practice. Why the difference?

The medical model teaches us that diseases arise from causes, and so we should identify and treat the cause to resolve the disease. In psychiatry, the teaching is that there are biological, psychological and social causes to mental health problems. But there is a fourth potential cause: spiritual.

When treating patients with depression, for example, we should make no assumption about the cause. There *may* be a biological cause, there *may* be a spiritual cause. Christians should not over-spiritualise everything, but we are often taught to de-spiritualise mental health issues. As good doctors, we should take a balanced approach, identifying the true cause and offering the appropriate treatment. A Christian approach to counselling means we must recognise that, in some situations, Christ will be the only solution.

*www.ccef.org./uk* offers are many fantastic resources, and a chance to sign up to a network of others interested in exploring Christian counselling in greater depth.

## bid to publish abortion statistics

Fiona Bruce MP used the House of Commons' 'ten minute rule' to highlight concerns over gender selective abortion. Nationally, 105 boys are born for every 100 girls in the UK. However among those of certain nationalities, the number of boys born rises, up to 108 for every 100 girls. Ministers have said that more research is needed to determine whether this is simply due to natural variations.

Mrs Bruce said 'It is a tragedy that in some countries the words "it's a girl" are not always a source of joy but of danger; the illegal abortion of baby girls and the resultant imbalance in the number of young men and women in certain parts of these countries is surely something which no one in this country can condone.'

'The most dangerous place for girl should not be in her mother's womb. After all the endeavours on the part of successive governments to outlaw and end discrimination, the fact that a baby could be aborted just because she is a girl (or, indeed, a boy) remains the most basic form of discrimination, and concerns about it cross communities, cultures and countries. We need to be willing to open up a dialogue about this in the UK and to ensure that that dialogue is properly evidence-based – hence the call for the Department of Health to take action.'

Investigations by the *Daily Telegraph* and others in 2012 had suggested that some doctors were signing papers for abortions clearly based on the gender of the baby. A Care Quality Commission investigation later in 2012 had found 'irregularities' at 14 NHS trusts, largely around signing of the forms authorising abortions.

*Telegraph.co.uk* 16 April 2013

# medicine and 'The Whole Man'

D Martyn Lloyd-Jones MD MRCP

## The Doctor

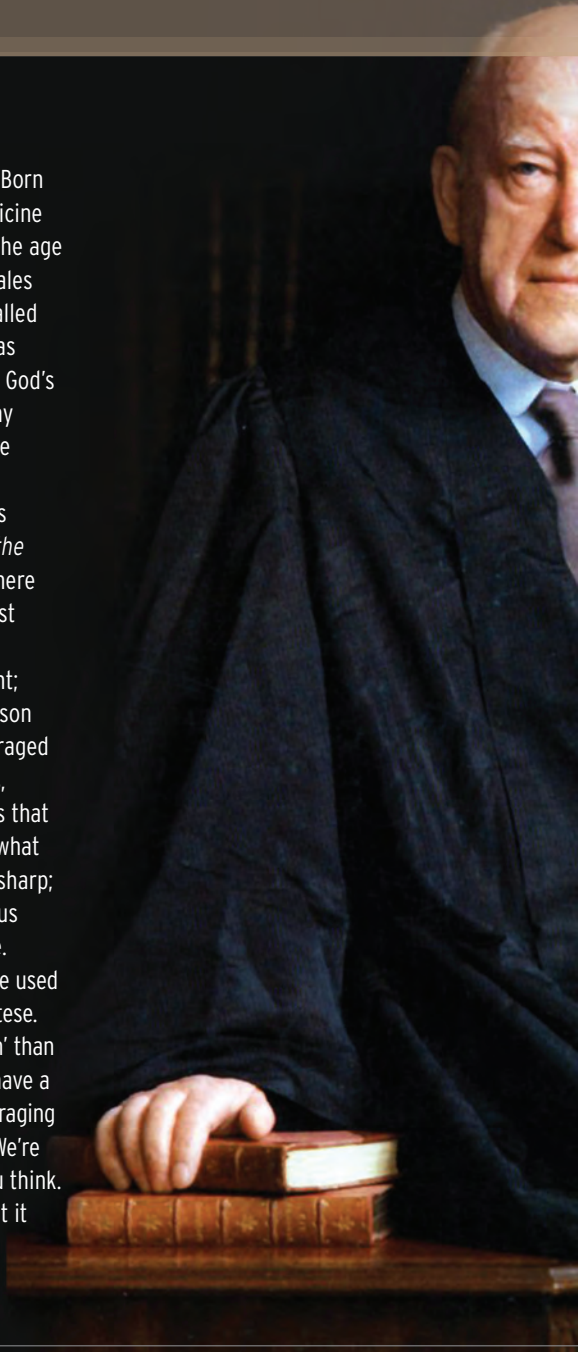
Martyn Lloyd-Jones was one of the most influential preachers of the 20th century. Born in Wales in 1899, he went on to study medicine at Barts, and then to get his MD and MRCP. But at the age of 27 'The Doctor' left medicine and returned to Wales to pastor a small church. Ten years later he was called to Westminster Chapel in London. His preaching was described as 'logic on fire': thorough exposition of God's Word in the power of God's Spirit. Through his many published sermons, Lloyd-Jones continues to shape preachers and teachers today.

He also spoke at CMF events, and the transcripts of these were often published in CMF's journal, *In the Service of Medicine*. The article we've reproduced here came from an address he gave at the CMF breakfast at the BMA annual meeting in 1956.

Though more than 50 years old, it is still relevant; crucially so. He addresses the issues of 'whole person medicine' and spiritual care, which are also encouraged increasingly by our contemporary medical schools, postgraduate colleges and the NHS. The problem is that they usually mean something very different from what Christians mean. Lloyd-Jones' response is scalpel-sharp; no word is wasted, there is no ambiguity. Only Jesus deals with the whole person. Faith makes us whole.

This article is somewhat different from what we're used to in *Nucleus*. It's not written in 21st century studentese. We might be more used to the phrase 'whole person' than 'whole man'; he means exactly the same thing. We have a tendency to use 'psycho-somatic' in a slightly disparaging way; he uses it correctly to mean 'mind and body'. We're used to being spoon-fed; Lloyd-Jones will make you think. Spend time on this article; it's not an easy read but it will be so worth the effort.

**Giles Cattermole** is CMF Head of Student Ministries



**Being the substance of an address given at the Annual Breakfast of the CMF, during the BMA Annual Meeting, Brighton, 12 July 1956.**

A new phrase has become increasingly common in current medical literature. We are reminded that we must no longer think in the old departmental terms, but that we must more and more learn to treat 'the whole man'. Yet this phrase may mean little or it may mean much. It depends upon its context and the occasion on which it is used. In the majority of instances, however, one fears that it is just one more expression of that loose and sentimental thinking, which has become so characteristic of the present time.

We are all familiar with the prevailing vagueness and looseness of speech. There will be no need for illustration. It is simply the outcome of those fashions in education and those subtle changes which, in the interests of self-expression, have allowed many young people to grow up with no feeling for accurate definition nor appreciation of sound principle. Whilst there may be a credit side to this, in that some of the older dogmatic instruction allowed little room for self-expression, many would contend that the gains have been at too great a cost. So much so that wherever we look in Church or State we find vague sentimental thinking which would have appalled our forefathers. Consider for instance the correspondence in the daily newspapers at the height of the discussions concerning the abolition of capital punishment. For every letter which sought in a judicial manner to weigh up

the facts and to consider the great principles which are involved in such a decision, there were numbers of others which, no matter how attractively they were expressed, consisted in little more than emotion or prejudice on one side or the other. In all aspects of our national life we need to rediscover the sound guiding lines which were widely followed in the greatest hours of our history. In spite of all the achievements of painstaking research and new treatments, Medicine itself stands equally in need of a reconsideration of its first principles.

## the whole man

Let us look, for example, at this phrase 'the whole man'. How are we to define it? What do we mean by the word 'whole'? The department of psychosomatic medicine has popularised the phrase, but it has not adequately described it. Originally, at least, the phrase 'the whole man' appears to have been introduced from Christian sources and notably from the literature of medical missions. But here again there does not seem to have been adequate thought given to the implications of the phrase nor to the alteration of meaning which occurred as soon as it was removed from its original setting. As soon as we look into the matter, the first surprise which must come to all of us is the realisation of the ease with which we accept such phrases and build upon them, imagining that both we and those to whom we speak know precisely what is meant. In what follows, I wish to call for closer scrutiny of this phrase. I would also seriously suggest that, of all available sources, we have the best definition of it in the Christian Gospels. Our Lord is constantly described as making those who came to him 'perfectly whole' and the contexts in which such facts are recorded suggest that the statements were more than justified.

Perhaps the best account of this matter is found in Luke 17:12-19 (KJV).

*'And as he entered into a certain village, there met him ten men that were lepers, which stood afar off: And they lifted up their voices, and said, Jesus, Master, have mercy on us. And when he saw them, he said unto them, Go shew yourselves unto the priests. And it came to pass, that, as they went, they were cleansed. And one of them, when he saw that he was healed, turned back, and with a loud voice glorified God, And fell down on his face at his feet, giving him thanks: and he was a Samaritan. And Jesus answering said, Were there not ten cleansed? but where are the nine? There are not found that returned to give glory to God, save this stranger. And he said unto him, Arise, go thy way: thy faith hath made thee whole.'*

in spite of all the achievements of painstaking research and new treatments, Medicine itself stands equally in need of a reconsideration of its first principles

Let us proceed at once to the important point of the statement. Ten men were cured of their leprosy, but only one of them turned back, recognising the divine source of the healing powers, and gave thanks to the Benefactor. There is more than an element of irony in the two asides - 'and he was a Samaritan' ... 'save this stranger'. That is, the grateful patient was a foreigner, deriving from a race which was despised and disliked by the Jews. It is only this single sufferer that our Lord declares to have been made 'whole'. A distinction is made between the nine and the one. It is true to what the Bible means when it speaks of a man as having been made 'whole'.

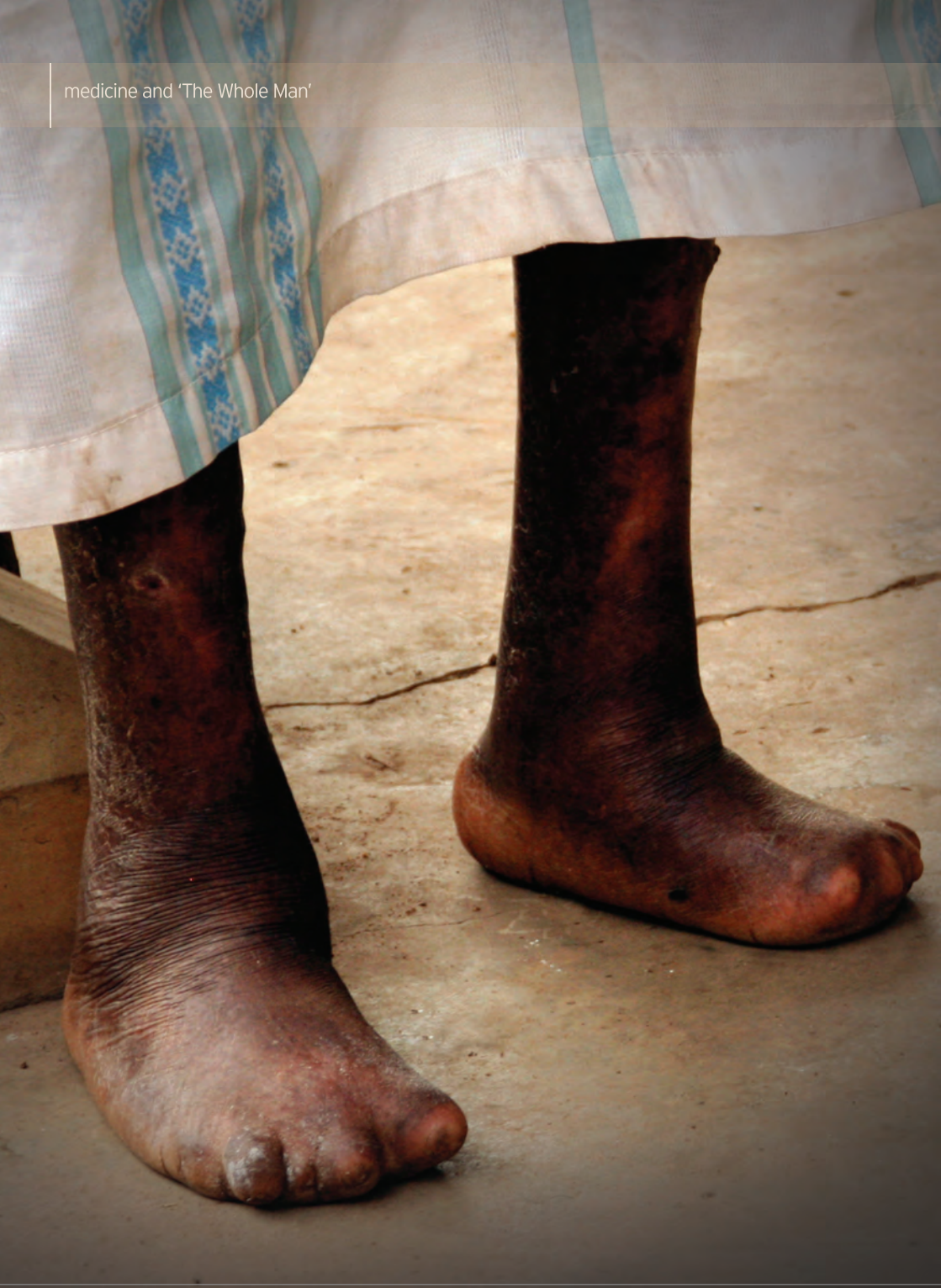
## psycho-somatic medicine

I do not overlook the fact that through numerous articles in the Medical Journals, the Profession as a whole has been made aware of much that it overlooked during the course of the development of scientific research and its application in various forms of modern treatment. Though there may still be, in some branches of Medicine, workers who are hidebound in their departmentalisms, and their materialist philosophies, there are few who have not given some thought to the claims of psycho-somatic medicine. Most doctors, however little they may adjust themselves practically to it, make theoretical allowances for the subjective, psychological and the spiritual in treating their patients. Yet it would be premature to be too optimistic. For occasional stories from the out-patients' departments and, also, the wards of well-known hospitals, make it clear how easy it is for all of us to use appropriate phrases and neglect their obvious implications. The busy practitioner has scarcely been more than mildly interested, though in his case there are compensating factors. Fortunately, long experience of contact with suffering, interest in persons as persons, and the frequent necessity to take into consideration the situation of the whole family - all unconsciously predispose to an adoption of the psycho-somatic approach.

Yet when all is said and done, is psycho-somatic medicine itself a fully adequate response to what is basically required? Is it not itself another of those partial views which have been made to do duty for the whole? Is its application greatly in advance of the other attitudes which have done duty during the development of anthropology? Again and again definitions of the nature of man have been given, which on further examination prove to be too narrowly based. The Communist, for example, controlled by his philosophy of dialectical materialism, reduces man to a pawn of economics and politics. Other types of philosophy have isolated him as a piece of pure intellect, with the addition of a comforting doctrine that all he needs in order to emerge from his predicament is more and more education. Coming nearer home, the biologist concentrates on man's structure, abilities, movements, ductless glands and the functional balance of forces which enables the living organism to carry out an ordered existence. Even Medicine itself is guilty of a very partial view. For over a hundred years morbid pathology has tended to dominate the picture, and whilst normal physiology has done something to redress the balance, yet in general the abnormal has come to distort the perspective. So now it is the turn of the advocates of the psycho-somatic. 'Yes', they say, 'it is true that we have erred. We must cease to regard a patient as one who must be investigated like a biological specimen. We must take a bigger view. We must - in addition to our doctors and nurses - have cohorts of therapists trained in every form of assistance. We must treat the whole man.'

is psychosomatic medicine itself a fully adequate response to what is basically required?

But, even here again, are they not already tending to slip into the same error of falling short in their concept of man? When they have taken account, and rightly so, of all the subjective factors which may influence the



condition of the patient, his psychology and the environment in which he lives his life, is not their view still too limited?

It cannot be emphasised too much that every view of man which omits from its consideration such a major factor as man's relationship with God, is doomed to partial measures. It can never fully and finally solve the crucial problem which lies at the root of humanity's unrest and 'dis-ease'. There is a major element in the very nature of man, which can be catered for in one way, and only in one way. As Augustine said: 'Thou hast made us for Thyself, and our heart is restless until it finds its rest in Thee.' In other words, we can add together all the partial views which have ever been held and still not get a true picture of man, if this basic fact be overlooked. The truth is that man was originally made in the image of God. He is not a mere animal. He reflects the nature of the Eternal Being. He possesses self-consciousness and the power of self-criticism. His aspirations are in the last analysis not directed towards this world, but towards the world to come. Something within man continually calls for what is bigger and beyond himself. He was made for companionship with God and he cannot function properly until he is in true correspondence with his Maker.

## the scope of medical practice

It therefore follows, if what we have so far said is true, that we must ask: Can Medicine in itself deal with the whole man? Can it as such, and by itself, ever do so? In any case, is it within the province of Medicine to attempt such a thing? Is Medicine able to function so as to ensure that mankind will function harmoniously in society? Is it able to reduce to order all those things which interfere with, and vitiate man's life? Surely, the practice of Medicine was never intended nor equipped for such a function. Nor was it designed to uncover and to treat the evils gnawing at the heart of mankind. It cannot satisfy deep aspirations of the individual which are due to his very make-up and are accentuated by his estrangement from his Maker. Psychotherapy is no final answer. It may do much to help in restoring normal function to the mechanisms of the mind, but it cannot impart that positive addition for which each person's heart craves. Yet, without taking into consideration, and dealing with, such ultimate facts of human need, how can Medicine possibly talk of treating 'the whole man'?

I must here enter a strong caveat. Much loose thinking has come in at this point. I would without apology venture to make the blunt assertion that Christianity, and Christianity alone, can deal with 'the whole man'. By definition, it alone is capable of undertaking such a task. Medicine is in its right place when it sets out to deal with the body and the mind. But it is the task of religion - of the Christian religion - to deal with 'the whole man'.

There are two processes at work today in the borderlands between Medicine and the Church. They are both clearly illustrated in St. Luke's description of our Lord's healing of the lepers. Let us notice carefully the difference between the nine who failed to return thanks and the one who did so return. There was a vital difference in their whole outlook and attitude to the body-mind relationship. The group of nine patients were only interested in getting rid of the disease and its manifestations. Because of its signs on their bodies they had been ostracised and segregated from their people. As the record says: 'they stood afar off' If they had done anything else than this they would have

been severely punished. They longed - naturally they would do so, as any of us would - to be cured and to be able to go back into society. But their interest stopped at that point. They were only interested in getting rid of the symptoms and signs, so that they could return to their ordinary life and routine. They revealed no sign of wanting to be 'made whole'. On the other hand, the one who returned 'praised God with a loud voice' and the Master declared that this man's faith had made him 'whole'. In this particular case the man had not only lost the signs and symptoms of the serious disease that had been holding him in its grip, he had come into a new and right relationship with his Maker. Of him it could now be truly said that he was made 'whole'.

Much of what one hears at the present time of certain 'Faith Healing' movements illustrates the same two processes. The doctors of today are praised for their very wonderful discoveries and procedures. These have made an incredible difference in modern life and to the outlook of many who in past centuries would have suffered increasing disabilities or a slow decline to a fatal termination of their condition. But there are still numerous things, which the doctors cannot manage. 'Let us', many say, 'go to the Church and let us get as many people to pray for us as possible in the hope that somehow we shall be healed' But both patients and Church continually forget the parable. These patients will go to God - they will go anywhere in their anxiety as soon as possible to get rid of their diseases. But most of them, at least, do not seem to be in search of 'wholeness' - i.e. in our Lord's meaning of the term. Their main anxiety is to get rid of their symptoms, signs of disease, and their immediate disabilities, so that they can speedily take their place again in society.

## the place of Christianity

This matter of getting rid of symptoms, however, must never be mistaken for Christianity's essential function. Many members of the Medical Profession today, whatever lip service they may pay to it, simply regard Christianity as another speciality or another 'therapy'. When confronted with a particularly serious case with a bad prognosis, they will try all the therapies, radiotherapy, physiotherapy, psychotherapy and, when these have all failed, at last they will say: 'Ah, yes, it is really serious and beyond any help we can give - let us send him to the Church and see what that department can do.' But we must protest. Christianity is not just one extra, and final, link in a long chain of healing methods. It is not a branch of Medicine. It never can be!

There is today a great deal of confusion at this point. There is with many an understandable (and, when it is rightly understood, commendable) desire for the closest co-operation between the profession which is responsible for caring for the body and that which is responsible for caring for the soul. Co-operation, if it is on the right basis of understanding and relative functioning of the partners in the enterprise, is, of course, valuable. If, however, the problem of a man's illness is to be undertaken in co-operation, then it will not do for the Church to be regarded simply as a department of Medicine. It is

this matter of getting rid of symptoms, however, must never be mistaken for Christianity's essential function

tempting to add at this point that it is certainly not for Medicine to take over the Church, but rather for the Church to take over Medicine! The Church certainly cannot function simply as a branch of Medicine. It must not come to be used simply as a means of getting rid of the more troublesome symptoms of mankind's divided heart and only that. Its essential value may thus be missed.

The Church, also, is able to help Medicine by fostering in its doctors, nurses and all concerned in treating disease some of the most needed virtues, e.g. kindliness, patience, self-sacrificing service and much else. But when all such by-products have been supplied to Medicine, we shall still not have arrived at treating 'the whole man'. In fact, if the Church were to be prepared to let it go at that, it might be very misleading to the patient. It is dangerous to eliminate symptoms before the diagnosis has been assured. It is these symptoms which call attention to the presence and nature of the disease. Diagnosis becomes increasingly difficult if the symptoms are palliated too soon. The Christian Faith must not allow itself to be used as a mere palliative. It may otherwise hide from the patient his real condition and prevent his arriving at a deeper understanding of his ultimate need.

There can be no real wholeness, until each patient has come to a state comparable to that of the one leper who returned to our Lord. 'He glorified God with a loud voice'; i.e. he really meant all he said. He fell at Christ's feet in adoration. He was both physically cured and spiritually restored. He was at last a whole man. He had been reconciled to God through our Lord Jesus Christ and had at last found peace. No man, by his very nature, can be finally satisfied, until God fills his heart.

## a final consideration

There is one further consideration; and we must not overlook or evade it. A man cannot with real composure face death and eternity apart from consciousness of reconciliation with his Maker. We all need peace with God. We are getting older. Some of the colleagues whom I see here today are those whom in earlier years I taught in our Medical School. Speaking for myself, I can only face God in Jesus Christ, by spiritually dying and rising again in him, by being reconciled through him, and by living day by day in him. It is from him that I hear the liberating words: 'Thy faith hath made thee whole.' It is this spiritual element which ultimately matters to us. This goes on into eternity and, in Christ, I am ready for eternity.

Christian Doctors, there is only one way in which we can really make men whole! Modern Medicine has gained much for mankind and it may yet gain much more. But, when it has done its utmost, it can only prolong man's life for a few more years. It cannot do more than repair a man's mind and body. It has to leave him there. It has nothing to say to the most vital element in man's nature. At this point Christianity alone can step in. When it does so, however, it can impart to the man something of incomparable worth. But before any of us can share it with others, we must become Christians ourselves. Every doctor needs himself first to go to Christ. Then, with confidence, he can become a servant of the Lord of the New Testament who went about making men whole. ▪

D Martyn Lloyd-Jones (1899-1991)

# all choices have consequences

**David Jones** reports on the national launch of the Alliance of Pro-Life Students

It was another busy week in Obstetrics and Gynaecology at Croydon University Hospital. I'd already seen three C-sections, two vaginal deliveries, a major obstetric haemorrhage, and attended a number of antenatal, gynaecology and fertility clinics. As a mere male I had been struck, once again, by the amazing feat women go through to go through in order to bring new life into the world.

It was in this context that I received an invitation from CMF to attend the launch of the Alliance of Pro-Life Students (APS). My initial concern was with the branding of the organisation. 'Pro-Life' for me, is a phrase that conjures up images of law-driven religious fundamentalists, people who traumatise women outside abortion clinics by shouting slogans, waving banners of dismembered fetuses, and generally communicating a message of condemnation rather than grace. On the other hand, at the heart of my thinking was the thought that being 'pro-life' should mean being 'pro-woman'. After all, in every pregnancy there are (at least) two lives. So I attended, but with some trepidation.

Upon my arrival I soon met with three student peers who would be co-representing CMF. I was quick to articulate my concerns, to see if they shared them. They did, but we all agreed to keep our minds as open as possible.

The evening began with a drinks reception followed by a speech by Lord David Alton (Baron Alton of Liverpool) who reminded us of the importance of tact when discussing these issues. We need to understand that all choices have consequences, he declared: 'To have the right to do a thing is not the same as being right to do it.' He punctuated his speech with quotes from GK Chesterton, Nelson Mandela, Phyllis Bowman, and Aristotle, to name just a few. He stated the obvious irony that all those in favour of abortion have, of course, been born!

students today have inherited a culture of death. It is down to us to bequeath a culture of life

He then shared some staggering statistics surrounding abortion in the UK:

- There are 600 abortions per day in the UK.
- 1 in 5 pregnancies in the UK ends in abortion.
- 1 in 3 women in the UK has had an abortion.
- Since the introduction of the 1968 Abortion Act, 7 million abortions have been performed.

He reminded his audience that the Abortion Act 1968 had been introduced under the premise that it would prevent backstreet

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abortions (and thus decrease maternal deaths) and would not result in 'abortion on demand'. This latter premise had clearly been violated. It had been confirmed by a recent *Daily Telegraph* investigation which uncovered that some abortion providers were terminating pregnancies based on gender alone (sex-selective abortion).[1] He said the sheer number of abortions being performed suggested that a large number were being carried out on demand.

This increasingly blasé attitude towards abortion had led us to a point in history where some ethicists were willing to argue in favour of so-called 'after-birth abortion'.[2] We have come a long way from the original Act in which abortion could only take place where pregnancy posed 'a serious risk to the mother'.

Moving on to issues raised by embryological research, Lord Alton stated that creating and destroying 1.7 million embryos, had not yielded a single scientific breakthrough in 37 years of research. Genetic testing had resulted in the abortion of 90% of Down's syndrome babies. It appeared that the general feeling was that the only option was to abort a disabled child or else confine oneself to a life of misery. Alternative options were not well voiced. This cultural pressure for perfection in pregnancy is what eugenics is all about, and it had pushed a culture of abortion.

Likening abortion to euthanasia Lord Alton said that rare and difficult ethical cases were being used by lobby groups to pressure the government into liberalising the law on euthanasia. Yet rare and tricky cases were a poor foundation upon which to base legislation, he insisted, and would have far-reaching effects. He quoted Baroness Jane Campbell, Commissioner of the Equality and Human Rights Commission (EHRC), who herself has spinal muscular atrophy, 'I and many other severely disabled people will not perceive your support for euthanasia as an act of compassion but one founded in fear and prejudice.'

Lord Alton said students today had inherited a culture of death. It was down to us to bequeath a culture of life; to realise the intrinsic worth of every human being regardless of race, religion, gender, or ability, from womb to tomb.

The APS is a student-led organisation that aims to unite pro-life students of faith, with atheists, feminists, and anyone else willing to champion the pro-life cause. Recently a group emerged calling itself Pagans for Life! APS aims to have 15 pro-life student groups across UK universities by the end of the year. They are offering support which includes starter packs, advice, and university visits to any student(s) willing to set up a group.

APS was founded ten months ago by Eve Farren, a charismatic and courageous Bristol University student. Judging by the protest outside the launch they are already being taken very seriously by their pro-abortion opponents. Its student leaders (predominantly female) came across as intelligent and compassionate. In the words of Eve Farren 'we do not intend to force our views on anyone, but rather to offer them'. ■

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# kingdom priorities

**Alastair Lamb** considers Matthew 6:33-34

I was stopped on the stairs outside our ward recently. It was one of my bosses and he looked a little awkward – as if he had something to tell me but didn't quite know how to express it. He explained that a patient's daughter had complained to PALS (Patient Advocacy and Liaison Services) about the fact that I'd discussed 'religious matters' with her father and given him a booklet about heaven (as well as a 'booklet' called the Good News Bible – a misunderstanding, I think … thank you Gideons!). The situation she described referred to the evening I had talked with her father, a gentleman with end-stage prostate cancer, about the likely course of his condition and I'd then asked him whether he had a faith that helped him at difficult times. His answer was 'No, but why do you ask?' and I'd explained that I was a Christian and hoped that it would help me if I were ever in a similar situation. I mentioned that our vicar had recently died of cancer and written a small booklet about death called 'On My Way to Heaven'.[1] I offered to bring it in the next day. He said that he'd like to read it so I gave it to him on the ward round the following morning.

In the event, the daughter hasn't yet made a formal complaint. But the email that subsequently came through from PALS in response to the verbal complaint was revealing. The PALS co-ordinator advised first that only 'Trust literature' should be given to patients and that doctors should leave all 'religious' discussions to the chaplaincy staff! Many will spot that this is another example of a relative taking offence, rather than the patient.[2]

It gave me the opportunity to reflect on our priorities as doctors. Was the PALS co-ordinator correct? As Christians, should we accede to decrees such as this? What should be our motivating force as doctors?

Someone once said to me that as Christians we have the tremendous privilege of being able to give a concrete answer to the question 'Why do we exist?'. According to Matthew 6:33 there are two reasons: two reasons why God hasn't come back yet and why we are still on this planet. First, to *get ready for heaven*. Second to *get others ready for heaven*. These are the two things that God wants us to focus on in this life. One is about personal holiness. The other is about evangelism and discipleship. 'But seek first his kingdom and his righteousness and all these

**Alastair Lamb** is a urology registrar in Cambridge

things will be given to you as well' (Matthew 6:33). Jesus is addressing his disciples and they are worried about all that they will lose as a result of following him. How will they cope in this new life following Jesus without the everyday bits and pieces that they

used to depend on? Jesus tackles this head on and sets their priorities straight. Seek first his kingdom and his righteousness. Of course, these are universal principles for all Christians. Let's have a brief look at each of these in turn and then think about what it means for life as a medic, thinking particularly of the clinical student or pre-consultant grade doctor, working up through the ranks.

## seek first his righteousness – get ready for heaven (holiness)

Righteousness arises from a legal and moral relational view of innocence. Not guilty. To be declared innocent or 'justified' (Romans 3:24) by the judge is to have righteousness. We can only obtain this righteousness at the cross. '*For Christ also suffered once for sins, the righteous for the unrighteous, to bring you to God.*' (1 Peter 3:18). This is where Jesus' righteousness is given to me and my unrighteousness is laid on him. But, while we are 'justified' at the cross, the work of 'sanctification' (of us becoming more holy in practice) is an ongoing work in us. '*May God himself, the God of peace, sanctify you through and through. May your whole spirit, soul and body be kept blameless at the coming of our Lord Jesus Christ*' (1 Thessalonians 5:23). Yes, when we trust in Jesus, we are seen as righteous, because God looks at us and sees Jesus. But we are also to go on seeking his righteousness because although the final judgement is secure, we want to get ready to meet him face-to-face, becoming more like him in reality as we wait. '*For those God foreknew he also predestined to be conformed to the image of his son*' (Romans 8:29).

In part three below we'll think about what it might mean in practice to put personal holiness first in decision-making as a doctor.

## seek first his kingdom – get others ready for heaven (evangelism and discipleship)

Jesus tells his hearers to seek first his kingdom. The obvious choice would have been to focus on their lives in first century Palestine where the crops needed sowing and harvesting, the barns needed to be built to house the produce, the nets needed mending to catch fish and the food needed to be prepared and the family fed. But Jesus tells them to lift their eyes from their transient earthly kingdoms and focus on God's heavenly kingdom which will last forever. God's kingdom is eternal, it will be more exciting than our wildest dreams, and it will be populated by people who have understood who Jesus is and accepted him as their Lord and Saviour.

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## how will this help me get ready for heaven? How will this help others get ready for heaven?

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In the booklet referenced above, Mark Ashton described the moment when he first received his diagnosis. Apparently he said to his consultant that, for a Christian believer, this 'wasn't bad news but good'; it was 'not the end of the story, but the beginning'. Mark was 'seeking first his kingdom'. Mark described the imaginary thought bubble appearing above the surgeon's head saying 'refer to psychiatry'!

Do we have the same excitement about God's kingdom? What drives us? What influences the decisions we make? Our attitude to God's kingdom is seen most clearly in our attitude to evangelism. If we really believe that God's kingdom is the ultimate goal, then we will be

passionate about seeing our friends, colleagues and patients coming to know Jesus so that they can look forward to that kingdom themselves. If, however, we're more interested in this world then we'll be more worried about getting along with people, about not upsetting their feelings, about having a nice house, sending our kids to the right school, making the right pension investments....to be honest, not looking any different to those around us.

## don't worry!

The corollary of this liberatingly simple answer to the question 'Why do we exist?' is that it allows the worries of this life, the anxieties that keep us awake at night, to settle into perspective. Jesus tells his disciples, who had given up everything to follow him, '*do not worry about tomorrow, for tomorrow will worry about itself*' (Matthew 6:34). The beauty of having this Matthew 6:34-centred approach to life is that it invites us to ask ourselves two simple questions whenever we're anxious about a decision we need to make: 'How will this help me get ready for heaven?' and, 'How will this help others get ready for heaven?'

What are some of the things that we medics worry about? Here are some of the areas that spring to mind (particularly thinking of the trainee doctor, although many of these are not unique to medics).

## 1. fulfilling our potential

This is something that I've been particularly struck by recently. I think many of us Christians have bought the lie of the world around us that the biggest sin is the sin of not fulfilling my potential, even in my attitude to what I can achieve in Christian ministry. It sits nicely with my selfishness and my pride. It's clear from the Bible that the biggest sin is rejecting Jesus, and if we've accepted him then we're to get busy building the kingdom, not worrying about whether or not I've 'made the most' of my upbringing and schooling and gifts. Seek first his kingdom and his righteousness.

## 2. what our parents or boss think

Many of us live under a cloud of expectation, often built around making our family proud of us. This is linked to the previous point. Actually, it's what God thinks of us that counts. Now don't get me wrong, it's tremendously important to honour our parents. The Bible commands us to obey them before we have become mature adults. But what I mean here is that we shouldn't feel under pressure to live up to all their expectations. Or what about our consultant? We want to work hard and put Romans 13 into practice by obeying the authorities God puts in place over us, but ultimately, again, it's what God thinks that counts. We're to seek first his kingdom and his righteousness.

## 3. whether it's okay to talk to our patients about Jesus

Much has been written on this subject.[3] Suffice to say that if 'getting others ready for heaven' is one of our key goals in life, then we're going to find it hard not to want to talk to our patients (and colleagues) about Christian things. If we do this in a thoughtful and sensitive way; if we ask questions rather than talk at them; if we listen to our patients and their responses and give them the option of saying no, then I can't see any good reason why we shouldn't freely talk about Jesus with our patients. Seek first his kingdom and his righteousness.

## 4. getting married and having children

A whole article in itself. Suffice to say that God knows us and he loves us and we are valuable to him just as the 'birds of the air' (Matthew 6:26) and he knows what we need (Matthew 6:32). We can trust him in the big things in life as well as the small. And if, in the course of seeking first his kingdom and his righteousness, along comes a wife or husband or children, then excellent. Seek first his kingdom and his righteousness.

## 5. leaving on time to get to home group

I get this wrong all the time. Particularly when I started a PhD a few years ago and went back to being a 'new boy' again, I was worried about what people would think. I thought I should stay late to impress them. In clinical work, our pride often means we don't want to hand anything over to the on-call team. But, I think this is a key area in which Christians can show our difference in priorities. If I'm always asking, what is the priority for my holiness, then getting to home group midweek will be a priority. Prepare an efficient handover and then leave. Seek first his kingdom and his righteousness.

## 6. our image

Most of us are rightly concerned about what other people think of us. We want to be the one that people in our department turn to for advice. The one who makes people feel good about themselves. We want to leave a good impression when we leave a job. But are we doing this just so that people say 'he's a nice guy' or 'she's a nice girl'? Or is it so that we might win opportunities to tell others about Jesus - 'to shine among them like stars in the sky as you hold firmly to the word of life' (Philippians 2:15-16). Seek first his kingdom and his righteousness.

## 7. our CVs and five-year plan

Humanly speaking, these are important things to focus on. Proverbs 16:9 says, 'In their hearts humans plan their course, but the Lord establishes their steps.' It's good to be organised about our career development and to plan. But what are my priorities? Finishing my training, publishing well and landing that plum academic job may mean that I can stay in a university town and continue to teach the Bible to and disciple medical students (helping others to get ready for heaven). But it could also make me proud, arrogant and self-reliant, not helping my holiness at all. Seek first his kingdom and his righteousness.

In conclusion, this two-step answer to why we exist may seem like an oversimplified view of life. And maybe it is. Obviously, there are more nuanced descriptions of why we exist in the Bible. On the other hand, we could simplify things even further and say that 'Man's chief end is to glorify God' (Westminster Shorter Catechism, 1647)[4] and that would also be true. But I hope that by focusing here on these verses in Matthew, focusing on these two priorities of getting ourselves ready for heaven and getting others ready for heaven, that we can cut through the distractions of conflicting human priorities and live lives as doctors that will count in eternity. ▪

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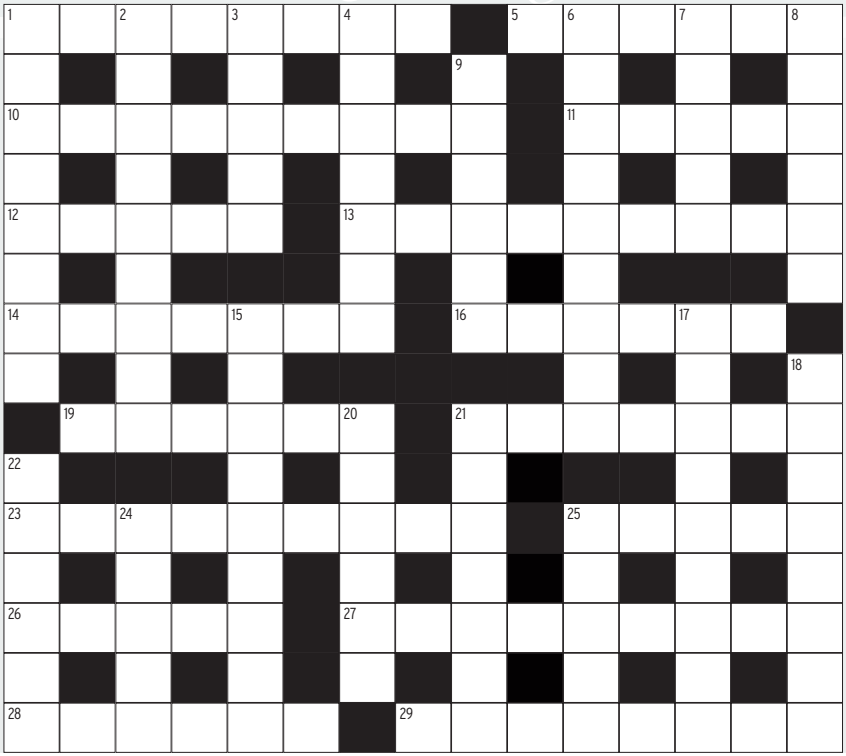
# cross-word 9

by LACTOMETER (1 Peter 2:2)



The winner for cross-word 8 was **Dr Carol Slater**.

All Bible references are to the NIV, UK edition, 2011

## ACROSS

1 Traumatic method of killing someone (8)
5 French reformer (6)
10 Without therapy (9)
11 OT patriarch (5)
12 OT king (5)
13 Own up to (7,2)
14 Saul and Simon were, when they became Paul and Peter (7)
16 Obsolete and offensive term for profound learning disability (6)
19 Esau's grandson [Genesis 36] (6)
21 Relating to food (7)
23 Imputing (9)
25 Beg (5)
26 Famous African bishop came from here (5)
27 Mary's cousin (9)
28 German reformer (6)
29 Eardrum (8)

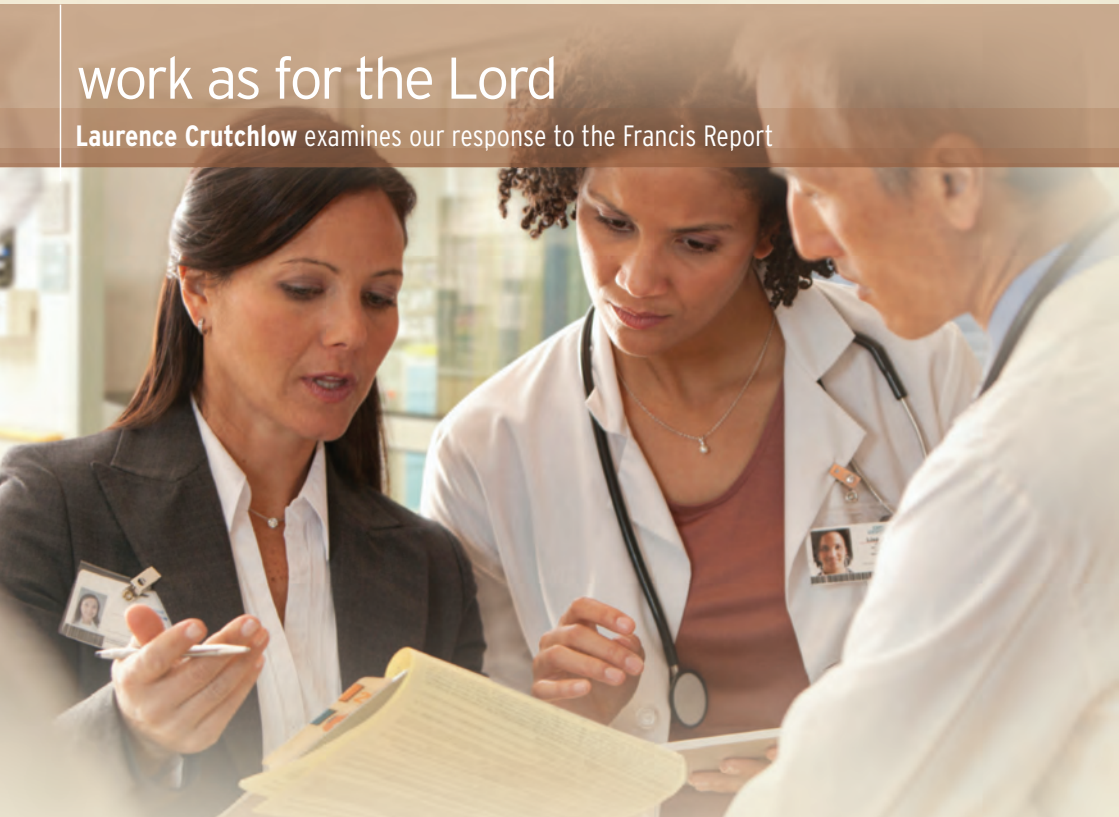
## DOWN

1 Hospice pioneer, Dame Cicely –– (8)
2 Snakebite treatment (9)
3 Communion food (5)
4 Spotted (7)
6 Descendant of 19 (9)
7 Pathogen (5)
8 A mighty hunter in Genesis 10 (6)
9 Hebrew name for God (6)
15 Small amount in biochemistry (9)
17 11 was one [Acts 7.4, KJV] (9)
18 'Father of English medicine' (8)
20 Scalpels (6)
21 Ethical value and respect (7)
22 Joseph's mum (6)
24 Anatomical word for 'head' (5)
25 Muscle pain (5)

Entries can be submitted by post to the office, or by email to *giles@cmf.org.uk*. The deadline is 1 July 2013. The winning correct entry will receive a voucher worth £10 for books from the CMF website. If no entry is correct, the closest will receive a voucher worth £5.

# work as for the Lord

**Laurence Crutchlow** examines our response to the Francis Report



Events at Mid-Staffordshire NHS Foundation Trust during the late 2000s came as a shock to the British public. Concerns were raised by patients' relatives about poor standards of care on the wards at Stafford hospital, leading to an inquiry which reported in 2010.[1] Problems with feeding of patients, soiled bedclothes, and triage in the accident and emergency department being undertaken by untrained staff caused a public outcry.

The 2010 inquiry recommended an examination of why problems went on for a number of years, without action from the bodies charged with regulating NHS hospitals. The findings of the 2013 Francis Report[2] include a large number of recommendations for the NHS in the future.

## the effect on today's medical student

The shadow of what happened will remain over the NHS for many years to come – probably after the qualification dates of most *Nucleus* readers. But some effects will be much more immediate.

Student and juniors' training is likely to be quite directly affected. Paragraph 1.172 emphasises this: '*Medical education and training systems provide an opportunity for enhancing patient safety. Students and trainees should not be placed in establishments which do not comply with the fundamental standards, and those charged with overseeing and regulating these activities should, like all other participants in the system, make the protection of patients their priority.*'

Recommendations 159 and 160 then build on this: '*Surveys of medical students and trainees should be developed to optimise them as a source of feedback of perceptions of the standards of care provided to patients. The General Medical Council should consult the Care Quality*

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*Commission in developing the survey and routinely share information obtained with healthcare regulators. Proactive steps need to be taken to encourage openness on the part of trainees and to protect them from any adverse consequences in relation to raising concerns.'*

Although the onus is on medical schools and the GMC, it is clear that responsibility for ensuring patient safety isn't just the domain of consultants, or managers. Students' opinions are important, and the process suggested will rely on everyone being engaged.

Morale might also be affected by a report that criticises NHS work, a point made by the Anglican Bishop of Lichfield soon after the report was published.[3] He noted that staff currently working at Stafford Hospital have been trying to make improvements for some years. It is not necessarily easy for a student to get the *ad hoc* teaching that is so important when morale is low, nor will low morale encourage new entrants to medicine.

## how did things go wrong?

Two of the many problems outlined stood out as I read the 'Executive Summary' (which comes in at 125 pages ... the full version reaches more than 1,800 pages for the intrepid!). One, widely reported, was the perception that meeting government targets had been prioritised over care of individual patients. The second was that despite a large number of organisations regulating hospitals, things still went wrong, and concerns were not acted upon when raised.

I very much doubt that people went to work deliberately planning to do the wrong thing, or to harm patients. The vast majority, whether Christian or not, enter the medical and nursing professions wanting to help patients. So how did things go wrong? The report details what happened, and gives lots of suggestions, but I'm not sure it touches on the real problem.

Surely we have to look back to human nature. 'Make the care of the patient your first concern' is the opening line of the latest version of Good Medical Practice (published by the UK's General Medical Council).[4] This seems (and is) a simple instruction – until we think deeper.

We often *want* to put others (in this case our patients) first. But we know that we don't always do what we want to do. Paul in Romans 7 describes the tension: 'For I do not do the good I want to do, but the evil I do not want to do—this I keep on doing' (Romans 7:19). The tension is clear for the Christian, but of course no-one, whether Christian or not, does the right thing by default. 'For all have sinned and fall short of the glory of God' (Romans 3:23).

Temptation takes many forms; in this case the temptation to put other things ahead of patient care. Even though as a medical student you may not be directly accountable for the care of patients, your role on the wards can still be significant. A patient can greatly benefit from company and chatter as your clerk them – particularly if they have been in hospital for some time, or have few visitors. You may well get involved with tasks which have significant impact on patient safety; think of the consequences if you mislabel a blood sample for cross-matching.

Even early in your career, other things can get in the way. Spending time in the library takes you away from patients (who are a much better learning tool than a book), and is sometimes motivated by a desire to work harder than everyone else. The balance between important day-to-day matters (like spending time with a

girlfriend or getting away on time for a church group) and spending time with patients needs to be thought through.

Such difficulties only increase as your career goes on. Targets still exist in the NHS. GPs who don't meet them will see their practice's funding fall; consultants who don't meet them may find their job at risk. It is not just as simple as saying 'remember the patient, forget the target'. It appears that at Stafford, tremendous pressure was placed on some managers to ensure that clinical staff reached targets. Doctors are often in a stronger position to speak out about problems like this than others, and need to take a lead in doing so.

## towards some answers

The problems described are big issues, and can seem intractable. Human nature is such that there will always be a tendency to cover up, and to avoid blame. No number of systems set up to regulate hospitals will change this fact.

Of course we can try to ameliorate the effects of the human sin. Physical medicine itself does this. But such efforts will have only limited results. A patient who is resuscitated heroically and 'saved' will still die eventually – even if years later. Medicine may be able to conquer *premature* death in many situations, but it cannot conquer death. Only Jesus has conquered death. Only by believing and trusting in Jesus, and receiving his forgiveness and new life through him will a patient be truly saved from death.

The NHS of course isn't a person in need of conversion. But some analogies can be drawn. Christian input to healthcare is vital if we are to be able to keep focused on patients. 'Make the care of the patient your first concern' is very hard to live up to from within your own resources. Serving God first, as we are instructed in Colossians 3:23, is the solution. It isn't just about having Christians working in the NHS. It is about having Christians who truly try to put God first at work; it is in this way that it will be possible to really put patients first.

As individuals, I hope the Francis Report will remind us to work as if for the Lord in our medical work, thus enabling us to work from his perspective, and really put patients first. Collectively, as the church, it reminds us that we must engage with healthcare as part of our engagement with society.

New Archbishop of Canterbury Justin Welby said as he preached at his enthronement:[5] '*Today we may properly differ on the degrees of state and private responsibility in a healthy society. But if we sever our roots in Christ we abandon the stability which enables good decision making. There can be no final justice, or security, or love, or hope in our society if it is not finally based on rootedness in Christ. Jesus calls to us over the wind and storms, heed his words and we will have the courage to build society in stability.*'

We may think of lots of things we can do to help prevent a repeat of what happened at mid-Staffordshire: raising concerns, making sure our own patient care is good, perhaps becoming managers ourselves. All these things are good. But it is only in living and speaking for Jesus ourselves, and encouraging others to do the same, that we will really see God's best for our care of patients. ■

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# new friends, shared faith

Polish student camp, summer 2012

**Becky Edwards** (BSMS) and **Sarah Lynn** (Belfast)

**Becky Edwards** (BSMS) and **Sarah Lynn** (Belfast) report

To join an international trip in conjunction with CMF was a very exciting opportunity. In the summer of 2012 we joined Giles Cattermole, CMF Head of Student Ministries, and Bernard Palmer, a retired UK consultant surgeon, along with other Polish doctors at a week-long student camp for Polish medical and allied health professional students. It marked the rejuvenation of Christian medically-related student work in Poland.

On our arrival at Lodz airport in central Poland, we were greeted by Dr Tomasz, head of CMF in Poland. We were hosted at his house and introduced to typical Polish food; we particularly enjoyed borscht, a warming beetroot-based soup. After attending a Polish church service we made our way to the village of Uniejów, famous for its thermal springs.

As students arrived from across the country we spent time mingling and getting settled in our dorms. A typical day started with a Bible talk from Bernard (author of the *Cure for Life*) explaining what it means to be a Christian and follow Jesus. We then split into small discussion groups. After coffee the emphasis shifted to some medical training, a great refresher after a summer off university. It ranged from communication skills, to ultrasound skills, to how to do a tracheostomy.

One highlight was simulating intraoesseus cannulation using refrigerated Crunchie bars wrapped in sticky plaster! Later, we enjoyed kayaking or swimming at the natural hot spring water resort. This time provided a chance to get to know people and build friendships. We were surprised to learn how few Christians are in medical classes in Poland. Our new friends

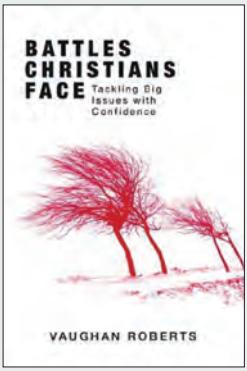
really appreciated the camp, the fellowship and the encouragement it provided.

Returning home we realised how privileged we are to be able to call on so much help and support from local Christian medics and CMF. Camps like this mean an immense amount to Polish students who can't call on the resources and people we have.

Please keep in your prayers the Polish Christian students that they may grow in love and faith, helping strengthen the student work in Poland. We both recommend getting involved in a CMF international visit and feel blessed by the opportunity to make new friends and share our faith. ▪

## Battles Christians Face

*Vaughan Roberts*
*Authentic 2007 (reprinted with new preface, 2012) £6.99 RRP*




The Christian life is victorious, full of joy and triumph. Well, usually. Sometimes. Ever?

*Battles Christians Face* equips us to deal wisely with our daily struggles as we follow Jesus. Eight chapters cover some of the most common battles that we have to face: image, lust, guilt, doubt, depression, pride, homosexuality, and keeping spiritually fresh.

Vaughan Roberts offers solidly biblical and thoroughly practical advice on each topic. Chapters begin with a Bible passage which he then expertly and pastorally applies for those wrestling with that particular area of life.

there are hard truths that need to be learned, difficult decisions made

Tackling the world's obsession with image, he shows from Colossians 3 how our new identity in Christ must change our view of ourselves and others; Psalms 42 and 43 help us understand and deal with depression. David's adultery with Bathsheba is the background to the chapters on both lust and guilt – the former from the narrative in 2 Samuel 11-12, and the latter from David's heartfelt reflection in Psalm 32.

And he writes well; clearly and attractively. Examples and illustrations are often humorous, and always helpful; contemporary and relevant to any student. There are hard truths that need to be learned, difficult decisions to be made – and he challenges us in these without compromise but with great gentleness. Vaughan was the student pastor and now rector at St Ebbe's Church in Oxford. But you wouldn't need to be told that to recognise this as a book written by a Bible teacher, and a pastor of real people facing real life problems.

If there's anything lacking, it's perhaps that it doesn't cover everything. There are no chapters on greed, anger, laziness, perfectionism… and I'm sure we could all think of things that trouble us personally that we wish he'd included. But of course, he can't cover everything. And there's a reason why he's chosen his eight topics. The 2012, fifth anniversary reprint included a new preface, in which Vaughan explained that all these battles faced him personally. This is not some abstract ivory tower 'how to' manual; it's born out of his own experiences and failings. But also out of his own experience of God's Word and Spirit helping him grow more to be like Jesus.

In an interview about this in *Evangelicals Now*[1] Vaughan discussed one of those personal battles, same sex attraction, and made several really helpful points. Firstly, our identity is in

Christ, not in our sexuality. Like Vaughan, I am also a sinner saved by grace: it's not about being labelled by the world as 'straight' or 'gay'; it's our status before God that matters. Secondly, the Bible is clear that God loves everyone and all are welcome into his family whatever their background or orientation. Thirdly, the Bible is also clear that any sex outside heterosexual marriage is wrong;

we all need to help each other deal with the issues we face; to be open with each other and faithful to God's Word

homosexual sex is out of bounds for the Christian. Therefore, the church needs to respond helpfully and faithfully to those who do experience same sex attraction. Christians can be tempted to take one of two wrong approaches: condemning the person, or condoning the behaviour. We've often done the former – homosexuality is wrongly and destructively seen as a uniquely evil sin, or as purely a matter of sinful choice. We cause hurt, shame and loneliness rather than helping people honestly deal with their temptations. Ostracism will make people afraid to admit their failings, and with no-one to help they can spiral into sin and despair. On the other hand, some church leaders are saying that it's fine to live a gay lifestyle. And Christians attracted to others of the same sex will be confused and led astray. How damaging it can be to a Christian who's battling each day with their temptation in the power of God's Spirit… to be told there's no point bothering.

We all need to help each other deal with the issues we face; to be open with each other and faithful to God's Word. Talk with wiser, older Christians; meet one-to-one or in triplets to support each other as you read the Bible and pray together. We need to grasp it's just by grace we've been saved: none of us is 'better' than anyone else, though some of us at times have tougher challenges. We need to love one another, recognising the pain that others might be suffering, and bearing each other's burdens. This book will help us do this. ■

## Recommendations

Vaughan also recommends the following resources for those who are dealing with same sexual attraction themselves, or who want to support their friends:

- *Washed and waiting* by Wesley Hill [2]
- *Walking with gay friends* by Alex Tylee [3]
- The True Freedom Trust [4]

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# HEROES + HERETICS

**Alex Bunn** considers one of the founders of modern missions

## HEROES 10: DAVID LIVINGSTONE 1813-1873

2013 is the 200th anniversary[1] of the birth of perhaps the most famous European explorer of all time, David Livingstone. Born to disadvantage in Blantyre, Scotland, he spent his childhood working in a mill 14 hours per day, six days per week. Less that 10% of his workmates achieved literacy. Yet he managed to memorise Psalm 119 (the longest Psalm) in order to win a Bible and won a place at medical school. His educational supervisor at the London Missionary Society described him as 'remote from brilliant'.[2] Unable to afford transport and before the days of student loans, it is claimed he once walked the 60 miles from London to Ongar, Essex, and back in one day! And the medicine he studied was primitive: it was seven years before chloroform and 25 years before antiseptics. Livingstone himself became sick with a chest infection ascribed to inhaling 'too much of the effluvia of dissecting rooms'.

### a human being, even as we are

He also suffered from personal weaknesses. Strong-willed and intolerant of the less committed, he fell out with many others such as his younger brother, who called him the 'Cursing consul of Quillimane'[3], 'no Christian gentleman' who was 'employed in the service of the devil'. He sent petty letters to his employers about a fellow missionary who would not take a subordinate role. And he was criticised for sending his family back to live with his parents in Scotland, which was a disaster. Later, he was criticised when his family joined him on mission and his wife Mary and daughter died of malaria. His other children became estranged. His rebellious son Robert avoided using the family name to avoid shaming his father. Robert eventually met a sad end when he was drugged and press ganged into the American civil war, where he died.

Livingstone could be tactless. Soon after the death of Bishop Mackenzie, a close co-worker who died in his 30s from cerebral malaria, he blurted out in front of the grieving widow: 'This sad loss will have one good effect: better men will be sent out and no one hereafter come for a lark or play the missionary for a few years and then reap laurels'. But God uses flawed men and women like you and me. Scripture tells us that a hero such as 'Elijah was a human being,

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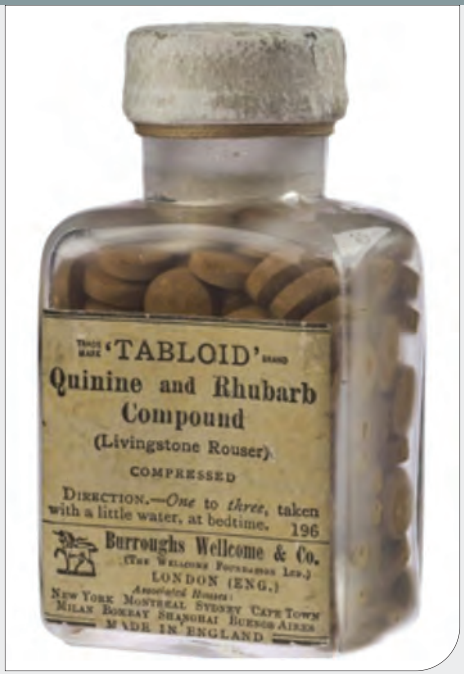
even as we are' (James 5:17). So what set Livingstone apart was not some inherent quality, but perseverance and faithfulness to Christ's calling.

## medical pioneer

And his perseverance was tested. He faced constant illness, such as haemorrhoids from persistent diarrhoea, live maggot infestation and regular bouts of malaria that had killed hundreds of his predecessors. But his experiments on his own body made great advances.[4] 'His breakthrough was using adequate doses of quinine. He brought chests loads of it on expeditions. He would have died 100 times over without it.'[5] Wellcome marketed his quinine recipe as 'Livingstone's Rousers' until the 1920s.




He made vital observations about sleeping sickness (trypanosomiasis) that devastated cattle in Africa. He used a solution containing arsenic to treat a horse that recovered temporarily.[6] Researchers read his notes 50 years later and developed drugs still used in treatment today for humans too.[7] He made the first documented observation of a fever following tick bite. The patient? Livingstone himself. Unusually, he suffered a throat complaint, for which he had his uvula excised, to help him 'more freely preach unto the gentiles the unsearchable riches of Christ'.

Junior doctors may find membership exams arduous: arguably Livingstone earned his qualifications the hard way by field research: 30,000 miles of death-defying travels on foot. But his motivation was not professional accolade, as he made clear when he received his Fellowship of the Faculty of Physicians and Surgeons: 'My great object was to imitate Christ, as far as he could be imitated … to bow down before God was not mean; it was manly'.

Livingstone contended with other tropical enemies: 'To be aroused in the dark by five feet of cold green snake gliding over one's face is rather unpleasant'. There are stories of him being attacked by wild animals: it's said a lion shook him in its mouth 'like a cat does a mouse' and crushed his left arm. Livingstone's autopsy was published in the *BMJ* to prove that the right body had been brought home to rest. Before the days of DNA testing, the ununited fracture of humerus identified him to an adoring public.[8]

## in danger from rivers, in danger from bandits

So what was his particular calling in Africa? Livingstone believed that slavery was an abomination, the 'open sore of the world'[9] and that only the gospel and development would help eradicate it. Hence Livingstone worked tirelessly to open up the African interior with the backing of the British state. Some critics wrongly see him as a colonialist who prompted European land grabbing. But Livingstone could not be accused of self-interest, a man who lost his family and his life for the cause and died with only £3 in his pocket.

He simply alerted the world's conscience to the horrors of a trade that had long been eradicated elsewhere. He witnessed numberless corpses floating past his steamer, clogging its paddles, skeletal remains festering in the open, and already-poor communities ransacked. In contrast to the colonialism of his day, Livingstone believed in racial equality which he said dated back to teaching of the Apostles. They assumed 'in all men the existence of a "spiritual discernment" enabling the mind to recognise the divine voice'. In other words, if the gospel is for all, then all are equal. Hence he was appalled when he saw Africans treated as animals: 'the teeth are examined, the cloth lifted to examine the lower limbs, and a stick is thrown for the slave to bring, and thus exhibit his paces'.


As a result, Livingstone became an enemy to virtually every local power: the Arab traders, Portuguese agents, Boer farmers and any profiteering African chiefs. South Africans saw him as a 'Kaffir-lover' who supplied independent chiefs against them. As a result, his mission house in the Transvaal, was trashed and 60 Africans died in its defence.

And yet he never counted his hardships and battles as sacrifice. 'Can that be called a sacrifice which is simply paid back as a small part of a great debt owing to our God, which we can never repay... it is emphatically no sacrifice. Say rather, it is a privilege!'

## university militants

Once he was attacked by Ajawa warriors who were capturing slaves near Lake Malawi. He was travelling with several missionaries sent by the UK Universities' Mission who had been mobilised by Livingstone's appeal. He borrowed a pistol from a bishop to defend his group, but several Africans died. It was a dilemma that challenged missions then

and now: whether to use force even to protect the vulnerable. Later Livingstone criticised his co-workers who were more militant, even burning villages down to oppose slave traders: 'a missionary ought to identify himself with the interests of his people, but it is doubtful whether this should extend to fighting for them'. Therefore, if he ever had to use a gun, he always fired high to miss. But he was more opposed to those who retreated. When Bishop Tozer decided to withdraw the Universities' Mission to the safety of Zanzibar, another missionary resigned in order to care for the widows and orphans left behind. 'This we believe is the first case of a Protestant mission having been abandoned without being driven away'. He was so opposed to the slavers, that to avoid his riverboat falling into their hands, he motored 2,500 miles across open sea to sell it in India.


## missionary explorer

Livingstone's later career was officially secular, exploring the source of the Nile. He was media savvy and realised this quest would bring attention to the 'dark continent' and its need of the gospel and development. Unfortunately an earthquake decalibrated the equipment he relied on for navigation, and he was hopelessly lost, destitute, sick and emaciated for many months. But this only served his purpose, leading to one of the most famous rescue parties of all time. A reporter, Henry Stanley, was dispatched by the *New York Herald* with a caravan of 190 porters, which took two years to find him. It was the scoop of the century. Stanley finally found him in Ujiji on the shores of Lake Tanganyika on 10 November 1871, greeting him coolly with the now famous words 'Doctor Livingstone, I presume?'

## a pickled doctor

Livingstone was unstoppable in his mission to the very last hour. One Sunday he led a service barely able to stand and was then transferred to a sling bed. Determined to continue his journey the next morning, his companions smashed a hole in the side of the hut to lower him into a canoe. His body racked with pain he clasped his arms around the neck of his loyal assistant Chumah, who carried him to the village where he died, head in hands praying to his death on 1 May 1873.

His loyal supporters carried his body 1,500 miles to get to the coast, one of the longest and riskiest corteges in history; it cost ten lives.

His body was preserved in salt and brandy, bent double and wrapped in tarred sailcloth. The chiefs did not want corpses passing through their territory: they believed that could bring calamity. But even the Arabs traders saluted the man they had been at war with as his mortal remains passed. When his body finally reached home he became the only pauper buried at Westminster Abbey. But appropriately, his heart is still in Africa, buried where he died in present day Zambia.

## Livingstone's legacy

Some have judged Livingstone harshly as a missionary failure, as he left only one named convert, Chief Sechele, in modern day Botswana. This man is an example of the dilemmas of mission. He was the tribe's rainmaker, a practice condemned by Livingstone. But Sechele was delighted to gain literacy and devoured books, especially the Bible. He was advised to divorce four of his previous wives; to Livingstone's disappointment he later returned to them. Yet development brought him prosperity and by his death he had expanded his rule one hundredfold, to 30,000 people. Seven years later the first British missionaries to the Zulu Ndebele tribe in modern Zimbabwe, were staggered to find a kind of Christian worship. They had been beaten to it by Livingstone's protégé, who had travelled hundreds of miles as a missionary to other tribes. Sechele instigated a new mixture of Christianity and paganism, using charms and venerating ancestors. It was the birth of a diverse indigenous African church, which remains vast today. Livingstone would have had mixed feelings about this result.

Livingstone's dream and prayer of ending the slave trade was realised. Florence Nightingale called him a modern John the Baptist, the forerunner of many missionaries who followed his example. Perhaps he was the greatest European friend Africa ever had.

An old man reminisced about meeting Livingstone as a boy: 'He had fallen from the sky...I went near, I touched but the headman pulled me back "you'll be bewitched by his medicine" he said. But there was love in his eyes, he was not fierce. He made a path through our land, God's light-bringer, and more come today.'

Livingstone challenges us today to live wholeheartedly for Christ, a reminder of our calling as medics: 'I am a missionary, heart and soul. God had an only Son, and he was a missionary and a physician. A poor, poor imitation of him I am, or wish to be. In his service I hope to live; in it I wish to die.' ■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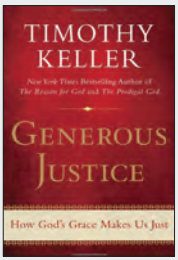
## Generous Justice – How God's Grace Makes Us Just

*Tim Keller, Hodder and Stoughton 2010*
*£9.00 if purchased via CMF website*

Often there is tension between sharing God's word and caring for the poor. Though




meaning to do both, it is easy for local churches to polarise toward one or the other. For some, evangelism and preaching are rightly central – but ministering to the poor of the congregation or local community goes by the wayside, seen as not 'evangelistic' enough. Others demonstrate a deep concern for the poor locally and globally, sacrificially acting and giving. This commitment takes time and effort, so evangelism and preaching can suffer.

Should there really be any such tension? Faith without any concern for the poor raises questions – has someone really understood what Jesus has done for them? Yet social action on its own will not ultimately transform those being helped. Only belief and trust in Jesus can do that.

Starting by defining justice as a 'wide range of activities that reflect the character of God', justice is considered in the light of the Old Testament, and then of Jesus' teaching. The Good Samaritan parable is discussed in depth. Further chapters consider why we should 'do justice' with applications made to church communities, local neighbourhoods, and more widely. The chapter on 'Doing Justice in the Public Square' considers challenges when working with non-Christians who share our concerns over poverty or homelessness. Keller strongly refutes the common idea that Christians should keep their faith out of such work, saying that really no-one is morally neutral about helping the poor. He warns 'Christians should not be strident and condemning in their language or attitude, but neither should they be silent about the biblical roots of the passion for justice.'

A few examples may seem out of context for non-US readers; the bigger role of the state in the UK means that government here does things that are done by churches in the US in some examples given. The more polarised relationship between Christianity and politics in the US also flavours some passages, as any 'evangelism – social action split' has often mirrored a 'right – left' split. Keller is clear that no political philosophy has a monopoly on justice – perhaps more powerful coming from an American, given the apparent polarisation of Christian positions on politics in the US.

Although tackling a complex and weighty subject, Keller's style and storytelling ability make the book easy to read. Repeated references to the example and person of Jesus mean that I finished reading the book with a greater desire to trust and follow him – ultimately the only way that I or any believer will really 'do justice'. ▪

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