

ISSUE 44:2 : MAY 2014

hero: elizabeth fry

prison medicine

why believe in a creator God?

our beliefs: the Bible

nurses

the student journal of the christian medical fellowship



plus: human life, obesity, conference reports, take + read, electives.

nucleus



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

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Design: S2 Design & Advertising

Printers: Partridge & Print Ltd.

International distribution

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

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We assume most *Nucleus* readers have little experience of prisons; indeed you probably wondered why a set of handcuffs were on the front cover! According to Ministry of Justice figures, 85,285 people were in prison in the UK as of 4 April 2014; that's slightly more than one in 1000 of the UK population. Like anyone else, inmates have healthcare needs, although they are often more complex than average. Sammy Mercer's story of shadowing a prison doctor (page 28) gives some insight into this unusual and needy world. Sammy isn't the first Christian to see the value of serving prisoners. Elizabeth Fry, a great reformer in the UK justice system of her time, is one of this edition's 'Heroes and Heretics' (page 32).

Prisons appear frequently in the Bible. Some of Paul's letters were written from prison, and Jesus uses the example of visiting prisoners in the parable of the sheep and goats (Matthew 25:36). But not all references to prison are necessarily limited to physical incarceration. Early in his ministry, when asked to read in the synagogue, Jesus quoted Isaiah 61, which says 'He has sent me ... to proclaim freedom for the captives and release from darkness for the prisoners' (see Luke 4:16-30 for the full story). It seems a safe assumption that Jesus wasn't literally promising that every single person in jail would be released. The freedom he speaks of is so much more than physical freedom.

There is a sense in which everyone in their sinful state is a prisoner. 'The god of this age has blinded the minds of unbelievers, so that they cannot see the light of the gospel that displays the glory of Christ, who is the image of God.' (2 Corinthians 4:4). Giles Cattermole's article on the Bible (page 6) describes God's revelation to us, so necessary for us to know anything of him when our own eyes are blinded.

For those unable to see God's revelation, questions about the very existence of God are quite understandable; Chris Knight's article (page 22) looks at how we might answer some of these questions, playing a part in God's work of bringing sight to the blind (also mentioned by Jesus in the synagogue in Luke 4).

Everything is quite different when we walk in the light, with our eyes no longer blinded. Our view on human life changes (page 14). We enjoy being with other believers (particularly at CMF conferences (!) - pages 4 and 10). But ultimately this is not about us. When we are set free from the prison of our sin, it is ultimately to contemplate God's glory, and be transformed into his image. We hope that this edition of *Nucleus* will play a small part in helping you see more of the glory of God.

'And we all, who with unveiled faces contemplate the Lord's glory, are being transformed into his image with ever-increasing glory, which comes from the Lord, who is the Spirit.' (2 Corinthians 3:18). ■

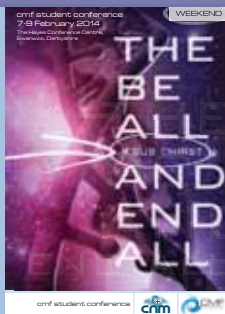
Jesus Christ: the be all and end all

Steffi Whitehead reports on the 2014 CMF Student Conference

Jesus Christ over all! Whatever burdens they came with, medical students from far and wide were reminded of that truth throughout the weekend. This truth stands whatever situation we find ourselves in. Mark Meynell led us through Colossians, reminding us that Jesus is the 'firstborn over all creation' (1:15) 'in whom 'all things hold together' (1:17). Our creator God loved us so abundantly that he sent Jesus, who was fully God (2:9-10), to rescue us from sin. Day-to-day, we so often forget how much we are loved - that Jesus left his Father, humbled himself to walk amongst the created, died a painful death and was raised to life so we could be like him. This is scandalous! God, lowering himself to be a human?

In his letter to the Colossians, Paul writes that we have been 'raised with Christ' (3:1) and this is a complete work (2:11-15). Though society, people and Satan may attempt to 'deceive you by fine-sounding arguments' (2:4) we can know Jesus is completely God and we are completely forgiven. The only person who can truly judge us is our Father in heaven (2:16) who sees us as 'holy in his sight without blemish and free from accusation' (1:22). In response to this awesome truth we can turn away from sin each day (3:1-17) and love because Christ loved us first, in fellowship (3:11-14) and with complete dependence on God (3:15-17).

This theme was picked up by John Wyatt, whose conference address challenged us that it



is then our choice to be the person God created us to be in our medical studies and careers. I have come from a privileged background and know I will not be alone in this, but as doctors we will be given responsibility as well as authority, and it is up to us to treat that responsibility as Jesus did.

He demonstrated that Christian ethics is service ethics because Jesus came to serve, which he did voluntarily and with humility (John 13:1-17). Christian ethics is to care. In an ever target-driven environment this is difficult, but it is what Jesus came to do. When Jesus met a widow mourning the death of her son 'his heart went out to her' (Luke 7:11-17). Empathy allows us to respond in this way to patients rather than emotionally distance ourselves from them. Jesus came to bring truth, and even when rules and policies in our studies or work seem credible, it is important to ask ourselves whether they speak truth and whether Jesus would agree with them. If not, we are in a position where we can stand up for truth with 'gentleness and respect' (1 Peter 3:15) in our work place but also on a local and national level.



Steffi Whitehead
is a medical student in Bristol



For instance, there are some student CMF members who are involved in the BMA and are able to speak up for the vulnerable and marginalised on a national level to influence policy. When standing up for something we believe is wrong, it is not enough to say that we disagree; instead we must find an alternative. Jesus himself was sent by the Father into opposition and yet through prayer and obedience he triumphed over death and his opponents had no power over him until he gave it to them. It is worth remembering that not only does Jesus understand how we feel when oppressed, but when we draw close to God through the Holy Spirit we can have that same power over the situations we find ourselves in. Lastly, Jesus was sent as a sacrifice. There is always a cost to following Jesus, and you will experience this throughout your life and career. But this sacrifice, like Jesus', is voluntary and with love. None of this is achievable without prayer, fellowship and his Word.

The wonderful teaching didn't stop there. We had seminars on issues such as a practical Christian response to unplanned pregnancy



and abortion, understanding eating disorders, reaching out to Muslims, international work and medical mission, a personal experience of opposition in the workplace, relationships, singleness and marriage as a medic, serving Christ in inner city general practice and sharing faith with friends.

Of course, the CMF weekend would not be complete without walks, wonderful food, worship, fellowship and reunions, a quiz, late night chats with cups of tea, a ceilidh, books at ridiculously reduced prices and rugby.

I would like to leave you now with a prayer written by Paul in his letter to the Ephesians, which I believe sums up the weekend:

'I pray that out of his glorious riches he may strengthen you with power through his Spirit in your inner being, so that Christ may dwell in your hearts through faith. And I pray that you, being rooted and established in love, may have power, together with all the Lord's holy people, to grasp how wide and long and high and deep is the love of Christ, and to know this love that surpasses knowledge - that you may be filled to the measure of all the fullness of God. Now to him who is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us, to him be glory in the church and in Christ Jesus throughout all generations, forever and ever! Amen.' (Ephesians. 3:16-21) ▶

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our beliefs - the Bible

Giles Cattermole considers the importance of God's revelation through Scripture

'The Bible, as originally given, is the inspired and infallible word of God. It is the supreme authority in all matters of belief and behaviour.'

In the first two articles in this series, we looked at the nature of God: especially his love and sovereignty. Now we will turn to his revelation of himself to us.

As medics, we're taught empirical science. We learn from what we observe and measure; we make hypotheses and test them in experiments. For some scientists, this is the only knowledge that matters:

'Whatever knowledge is attainable, must be attained by scientific methods; and what science cannot discover, mankind cannot know.'¹ (Bertrand Russell, mathematician and philosopher)

This sort of knowledge becomes a supreme authority:

'Scientists, with their implicit trust in reductionism, are privileged to be at the summit of knowledge... There is no reason to expect that science cannot deal with any aspect of existence... Science, in contrast to religion, opens up the great questions of being to rational discussion... reductionist science is omniscient ... I do not consider that there is any corner of the real universe or the mental universe that is shielded from its glare.'² (Peter Atkins, chemist)

But this faith in the supremacy of scientific knowledge has an inherent problem: what reason do we have to trust the knowledge that our brains acquire? Darwin expressed this

'horrid doubt' about his theories:

'But then with me the horrid doubt always arises whether the convictions of man's mind, which has been developed from the mind of lower animals, are of any value or at all trustworthy.'³

And with great honesty, atheist biologist JBS Haldane said:

'For if my mental processes are determined wholly by the motions of atoms in my brain I have no reason to suppose that my beliefs are true. They may be sound chemically, but that does not make them sound logically. And hence I have no reason for supposing my brain to be composed of atoms.'⁴

It's ironic that those who claim that we can only gain knowledge from observing the world, ultimately have no real assurance that this knowledge is really true. On the other hand, Christians have good reason to believe that we can learn real truth from science. We believe in a God of order and truth, who wants to communicate with people. So we can expect that the creation he made is both amenable to our understanding and behaves in a predictable way: belief in God makes sense of science. But more than that, we can also learn something about the creator himself. We can see the eternal power and divine majesty of God in his creation (Romans 1:20). We can see his kindness in his provision of rain and food and joy (Acts 14:17).

But what we can learn of God from his creation, from this 'general revelation', is limited. If I find a watch, I can learn something of the maker: his delight in intricacy or time-keeping, perhaps. But nothing about his family, or his love of crime novels. And I couldn't really conclude from the presence of a Velcro strap, that the maker was sticky. If I want to learn



Giles Cattermole
is CMF Head of Student Ministries

more about the maker, or have my mistaken ideas corrected, he'd need to tell me.

When you study anatomy and physiology, your mind should be blown away by the amazing design in God's creation. You should praise and thank the awesome God who made and sustains DNA and mitochondria, livers and spleens.

But then you study pathology and see the damage of disease and death, intruding on that good creation. Or you do a shift in the Emergency Department on a Saturday night, and you see the mess and brokenness of human lives.

We should see that the world is not as intended, the good design is spoiled, and that people are often responsible for spoiling it. Romans 1:18-23 goes on to tell us that we are without excuse, because we have rejected what we can learn of God from creation. In short, what we should learn from science, from observing our world, is that God is great, and we are not. God deserves worship, and we deserve judgment. The problem is that without God opening our eyes, we suppress the truth that should be obvious.

So God doesn't leave us there, with this incomplete revelation in the world, unable to rescue ourselves from death. He is a God who loves and communicates, and so he gives us his Word. He speaks to us. And he does so because he wants us to be saved, to return to him in repentance and faith, to know him perfectly, to enjoy eternal life.

This special revelation of God is seen throughout the Bible as God acted in history to call his people. He spoke to them through the prophets in many ways, but ultimately and supremely he has spoken by his Son Jesus, the living Word of God (Hebrews 1:1-2). And the Bible is God's written Word, all of which points us to Jesus (Luke 24:27).

The Bible doesn't just contain God's Word, doesn't just witness to it: it *is* God's Word.

The statement of faith tells us that the Bible is inspired and infallible. What does this mean?

The word 'inspired' was used in some translations of 2 Timothy 3:16; all Scripture is inspired by God. So it means more than just amazing intuition or giftedness on the part of the human authors, but it also means more than God just giving the writers some good ideas. The word used in that verse is literally 'God-breathed'. All Scripture is breathed out by God - New and Old Testaments (eg 2 Peter 3:16). This divine-human fusion of God's words and human writing is a miracle, as deep a mystery

as the coming together of God and man in the living Word, Jesus! God hasn't dictated the Bible to a secretary; each writer writes in his own style and vocabulary, with his own idiosyncrasies and occasionally poor grammar... but at the same time, each statement comes with the authority of God. Jesus certainly treated verses from Scripture as though they were God's Word as well as human writing, eg John 10:34-35.

If it's true that the words are really God's, then it follows that those words are also true, for God doesn't lie

(Titus 1:2). And that's what 'infallible' means: entirely trustworthy. What the Bible teaches, we can be assured is true, is not in error, because God is not fallible and neither is his Word.

There are a couple of caveats here. Firstly, we're not saying that any particular translation is infallible. No, what the writer wrote, that was what God breathed out. So the task for the translator is to go back to the best and most reliable manuscripts, closest to what the author wrote. It's reassuring that in his sovereignty, God has ensured that there are many more surviving early New Testament manuscripts than other ancient sources we deem reliable. So although there might have been small errors in copying and translating, we can be more sure that the Bible is as originally written than we can for any other ancient book.

Secondly, the Bible doesn't tell us how to do an appendectomy. It doesn't tell me the correct dose of gentamicin. The Bible is infallible in *what it says*. We don't claim infallibility for ideas not taught in the Bible. So we need to handle the Bible correctly (2 Timothy 2:15), ensuring that we read it and teach it in context, according to the intention of the author, not trying to read into it our own ideas, but seeking to discern what God is actually teaching us.

What the Bible is overwhelmingly concerned with, is God's plan to bring all creation under the rule of Christ (Ephesians 1:10). The Bible is God's revelation of his plan to bring his people to him through the death of his Son. Without this written word, we would have little knowledge of the living word, Jesus. We would know nothing of salvation. The Bible is therefore a necessary authority. And the Bible teaches us *all* we need to know to live in relationship with God (2 Timothy 3:16). The Bible, living and active (Hebrews 4:12), the sword of the Spirit (Ephesians 6:17), in the power of the Spirit,

is therefore a *sufficient* authority. There are other sources from which we learn about God and what he's doing - from our pastors, from good books, from the traditions of the church, from our own experience. But all these are secondary to the Bible. The Bible is our *supreme* authority.

Haldane was right; I can't rely on the atoms bouncing around in my brain to teach me real truth. But the God who made the universe is a God who speaks; personally and truly in every word of Scripture. And what he says is of absolute importance. The Bible doesn't tell me how DNA replicates, but it does tell me how to live: how to gain new life in Christ, and how to live that life to his glory.

'There is not a square inch in the whole domain of our human existence over which Christ, who is Sovereign over all, does not cry, mine!' ⁵ So because all of life is under Christ's Lordship, all our belief and behaviour must submit to his Word. The Bible might not tell me which anti-hypertensive to prescribe, but it has a lot to tell me about how I should care for my patient, seeking their good, communicating risk and benefit clearly and honestly. It does tell me that my patient is, like me, in need of God's grace.

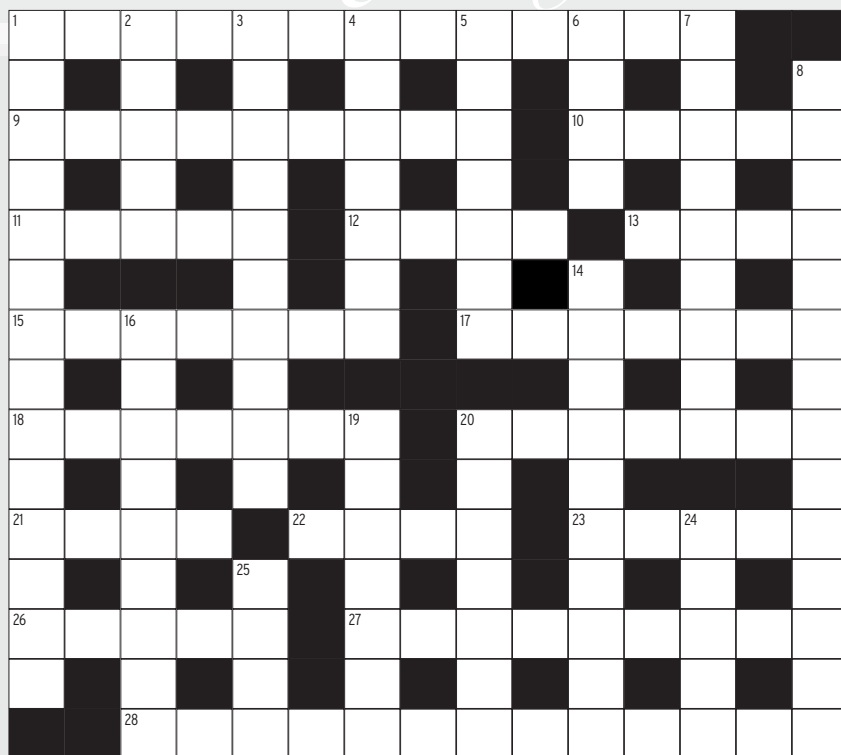
So when we read the Bible, we need to believe it. Obey it. And teach others! And above all, we need to pray that God would make it clear to us, enable us to understand it and live it, through the power of the Holy Spirit. ■

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cross-word 12 – word

by LACTOMETER (1 Peter 2:2)



The winner for cross-word 11 was **Crystabelle Tan** from Sheffield.

The ESV (UK) is used for biblical references.

ACROSS

- 1 Honour him as holy [1 Peter 3:15] (6,3,4)
- 9 Sorry to shout about record surgery (9)
- 10 Sounds like viva about the ear (5)
- 11 Ahasuerus reigned from (help!) Ulster, back to Ethiopia (5)
- 12 He has surgery in confidence (4)
- 13 Ducts in ova's acrosomes? (4)
- 15 Got a bit happy, including Dorcas (7)
- 17 Scan has MO back for consolation (7)
- 18 Solacer falsified God's words (7)
- 20 An empty casualty department? He stays away! (7)
- 21 A boy Eve loved, originally (4)
- 22 Where vessels enter organs, initially haemorrhage is lethal injury (4)
- 23 Elijah's bird welcome in Navy (5)
- 26 So trusting is right; doing is wrong (2,3)
- 27 I PR alumna, upset about clerical vestment used during the sacrament (9)
- 28 For one, a cross he bore (5,2,6)

DOWN

- 1 Type of surgeon's intelligent character recognition: chaotic road-rage! (14)
- 2 Quick! Messy diaper without onset of enema (5)
- 3 Sounds like evil 'disability adjusted life year' included imaging 150 fused digits (10)
- 4 Dissected rat had pain in airway (7)
- 5 Expect half of picture extra-uterine (7)
- 6 Back in Cana, Noah found Er's brother (4)
- 7 Skin-like cyst absorbed two nucleobases (9)
- 8 Odour detector never worked after I left oil workshop (9,5)
- 14 Wasting my pay, ortho disaster (10)
- 16 Brothers' nickname implied Zebedee was a storm? (9)
- 19 Killing doctor Noah? (7)
- 20 A rainbow was not a symptom of, but... God's covenant [Genesis 9:13] (1,4,2)
- 24 Eg pulmonary, in oval vein (5)
- 25 A decent ancient man, originally (4)

Entries can be submitted by post to the office, or email to giles@cmf.org.uk. The deadline is 1 July 2014. The winning entry will receive a voucher worth £20 for books from the CMF website. If no entry is correct, the closest will receive a voucher worth £10.

IMSC 2014

Emma Pedlar reports on an inspiring week



Emma Pedlar is a medical student in Manchester, currently intercalating and exploring medical mission

During this year volunteering with CMF I helped organise the International Medical Students Conference, which took place at the beginning of February 2014. 26 delegates from 23 countries were invited to be equipped and enthused for leadership among Christian medical students in their own countries. Each morning started off with a study from 2 Timothy, with a focus on being a young leader. Throughout the week we had seminars on evangelism, medical ethics, mission, worldviews, discipleship and apologetics. These were fantastic sessions, and the delegates really engaged with one another and the topics.

On Wednesday we went on a tour of the British Museum looking at all the evidence for the Old Testament. We were able to see evidence of kings, dates, places and events described in the Bible. We were told that to date no archaeological discovery has ever controverted a single properly understood biblical statement. It was hugely encouraging to be reminded that the Bible is a historical book, not a fairy tale. We then went to the British Library and saw the *Codex Sinaiticus*, written c.330-360, making it one of the two earliest copies of the Bible in existence.

The week was a frenzy of jobs to do, problems to overcome and people to get to



know. I was surprised by how much joy I felt in serving and got to see God do some amazing things. Financially he provided for us all completely, and even supplied an anonymous donation for exactly the right amount when we were in need! He provided a team made up of students and doctors who gave up their valuable time and energy to help make the week run smoothly.

On Friday we headed up to Swanwick for the CMF

Student Conference. There we joined over 300 UK medical students for a weekend of talks, seminars, praise, fun and food! This was my fifth year in a row at conference and it was great to see it from the other side, having worked with many of the organising team. I certainly appreciated it much more knowing how hard they have worked.

On the return to London on Sunday night the delegates immediately went to the piano and we all sat around, singing and worshipping. It was quite moving, and such a privilege to be part of. The week had been such a blessing, I have personally seen God at work and am so grateful to have been a part of organising it. The delegates have now returned to their home countries, to put into practice what they have learnt, having been encouraged to serve Jesus through medicine. ■

electives

resources from CMF

Vicky Lavy explains how CMF can help with your elective



Vicky Lavy is CMF Head of International Ministries

What a gift: six weeks to go anywhere in the world, experience a different culture, see things from another perspective and learn new medicine. It's called an elective, and every student gets one. Lots of students take the opportunity to go to a Less Developed Country and discover how the rest of the world lives; as global citizens, it's important to see what life is like for 85% of the world's population. As global Christians, it's great to meet brothers and sisters across the world and to see how God is at work in many ways in different places. For some, it's an experience that changes the way they live and shapes their future.

where do I start?

Choosing where to go and what to do can seem a bit daunting but do not fear, CMF has some great resources to help. This year we've published *The Electives Handbook* which contains loads of practical information and advice about choosing, planning, and getting ready for your elective. It also looks at some of the challenges of living in a different culture and seeing poverty on your doorstep, and it includes some ethical questions for you to chew over. It was written by medical students Rachel Perry and Emma Pedlar, who've been volunteering in the International Department this year, with a bit of help from me.

On the CMF website you will find online databases of hospitals and organisations offering elective placements, as well as a list of funding sources (an elective is a great gift, but unfortunately it's not a free gift...) We have a growing library of elective reports to browse through as you think about where you might go.

spreading the word

Both the handbook and these databases should be useful for those outside CMF so do let your friends know about them. Our database focusses on Christian hospitals because that's our field, but many of these are happy to accept non-Christians who are comfortable with the Christian ethos of the organisation.

Lots of students are interested in Global Health and everyone has an elective, so why not put on an event in your medical school and invite your friends? In our 2012 electives survey, 34% of students said they had not had any help from their medical school in preparing for electives, so running an event is a good way to

bless your classmates. As well as the nuts and bolts of elective preparation, it can be a chance to look at some of the challenges in Global Health, and to learn about the difference that Christian doctors are making around the world. CMF will be very happy to provide speakers and resources to support you. Here are some of the ways different groups have done it:

Here at Liverpool many students are interested in doing electives overseas, so we had an interactive and informative evening with supper that was open to CMF and our non-Christian friends. We heard from students who've done it before, we heard about good practice and not being nuisances, we explored God's heart for the poor, and we had our eyes opened to the possibilities and scope for involvement in global health. It was a great evening and everyone went away challenged and envisioned!

Emily Casebow, Fifth year student

The Sheffield CMF students wanted to run a Global Health event as a way of reaching out to non-Christians who would never come to an evangelistic talk. They were amazed when 50 people turned up on a cold evening to hear two inspiring missionaries home on leave, who talked about what they do and why they do it. I also did a short slot on electives and how CMF can help.

Vicky Lavy

The Global Health Forum at St Georges ran an afternoon event for the whole year which included speakers from the medical school. A Christian student suggested inviting someone from CMF, so I went along and gave a general talk about planning and preparing for electives and we had a stall in the 'electives fair' afterwards.

Vicky Lavy

During our recent Oxford CMF meeting we had a talk on electives. We wanted to hear about what to expect from an elective, how we could prepare in advance, and the pros and cons of working in a resource poor country. It was really useful to talk through some of the ethical issues that could arise, such as acting outside our competence and seeing bad practice. It has made me very excited for my future elective!

Josh Peppiatt, Third year student

The CMF group at Imperial College decided to put on an electives event during their pathology block, when the whole year was in college. It happened after the last lecture of the day and they provided some refreshments to keep everyone going on a hot summer afternoon. Lots of non-Christians turned up and found it useful. Past students gave short presentations and I gave a brief talk as well.

Vicky Lavy



Josh Chan is a clinical student at NUI Galway & NSC rep for Ireland.

God is always in control

Josh Chan reflects on God's faithfulness in a difficult time

Early one morning in my fourth year, I received a call from a friend back home in Canada. My father had been struck by a car while crossing the road. He was taken to ICU but died hours later. My mother had just left the hospital when our pastor arrived. She wouldn't answer the phone or door; nobody knew where she was. That evening I got hold of her; she was shaken but holding firm that if God allowed it, we his children will be ok.

Undoubtedly I too was shaken, but not uprooted. My father met the Lord years before, through my Christian mother; I was comforted knowing I will see him again in glory. I'm proud of how firm my mother was, insisting my father investigate Christ's claims and decide for himself before they discussed marriage - and I'm so glad about his decision. Last time I had to deal with the sudden death of a friend, I was not prepared. This time was different; I had since spent time soaking daily in God's Word.

our prayers *were* answered - just not how we expected... God has taken my dad home and taken away his pain

Through his Word, God began pouring out comfort immediately: 'Never will I leave you; never will I forsake you';¹ 'All the days ordained for me were written in your book before one of them came to be';² 'If we live, we live for the Lord, if we die, we die for the Lord; so, whether we live or die we belong to the Lord';³ 'And we know that in all things God works for the good of those who love him, who have been called according to his purpose';⁴ 'And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus'.⁵

through his Word, God began pouring out comfort immediately

Having read the remarkably encouraging book *Code Red* by the young thoracic surgeon Andrew Drain years ago, I recalled the author finding encouragement and peace through the story of Job as he faced his diagnosis and treatment of acute lymphoblastic leukaemia and later death. In Job 1, not only does Satan ask God's permission to put Job through trials, but God himself suggests and grants it. This indicates that God is in control, despite Satan's intention to turn Job against God.

My father had suffered from long term abdominal pain, which we had prayed for God to heal, though we didn't question why he was never healed. I soon realised our prayers *were* answered - just not how we expected. People ask whether the police found the person responsible for hitting my dad, but I'm not concerned about it at all. God has taken my dad home and taken away his pain. While I miss him, I'm honestly at peace with it. I am so thankful to God for the body of Christ here and in Canada (CMFers and non-CMFers alike) for their prayers for God's peace and comfort to envelop me because the peace of God which transcends all understanding is real and beyond our comprehension. ■

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our values: human life

Laurence Crutchlow examines one of CMF's core values

'To maintain the deepest respect for human life from its beginning to its end, including the unborn, the handicapped and the elderly'

The value of human life confuses society. Strict laws on murder, public distress at the death of soldiers and costly efforts to save the lives of the sick co-exist with abortion, pressure to legalise euthanasia, and tolerance of preventable early deaths in those with mental illness.¹

We place great emphasis on human dignity and rights, with autonomy valued highly. Yet this same autonomy is often used to argue for interventions such as assisted suicide, which prematurely end life and give the message that certain lives are better ended than improved.

Other societies have seen terrifying consequences when the value of human life has been diminished. I recently visited an exhibition called *Topography of Terror*,² sited where a major Nazi office had operated in Berlin. Some of the well-known history of the regime was documented, but I was struck by a panel detailing centres set up (mostly at psychiatric hospitals) to fulfil a 'euthanasia' program, where those judged to be incurably sick could be 'granted mercy death'. Displays included the bland (and untruthful) letters sent to parents whose children had died this way.



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More than 70,000 people were killed this way during the first two years of WWII. Even this is enough to appal most advocates of legal euthanasia. But the effects didn't stop there.

Dr Leo Alexander, a medical consultant at the Nuremberg trial of Nazi doctors takes up the story. *'Whatever proportions these crimes finally assumed, it became evident to all who investigated them that they had started from small beginnings. The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually, the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans. But it is important to realise that the infinitely small wedged-in lever from which this entire trend of mind received its impetus was the attitude toward the nonrehabilitable sick.'*³

Nazi Germany is sometimes seen as an extreme example, but we don't have to go back to such horrors to see that small changes in how we value human life can lead to bigger shifts later. Was there really any expectation in Belgium when euthanasia was legalised, that this 'right' would be extended to children, as has now happened?⁴

why value human life?

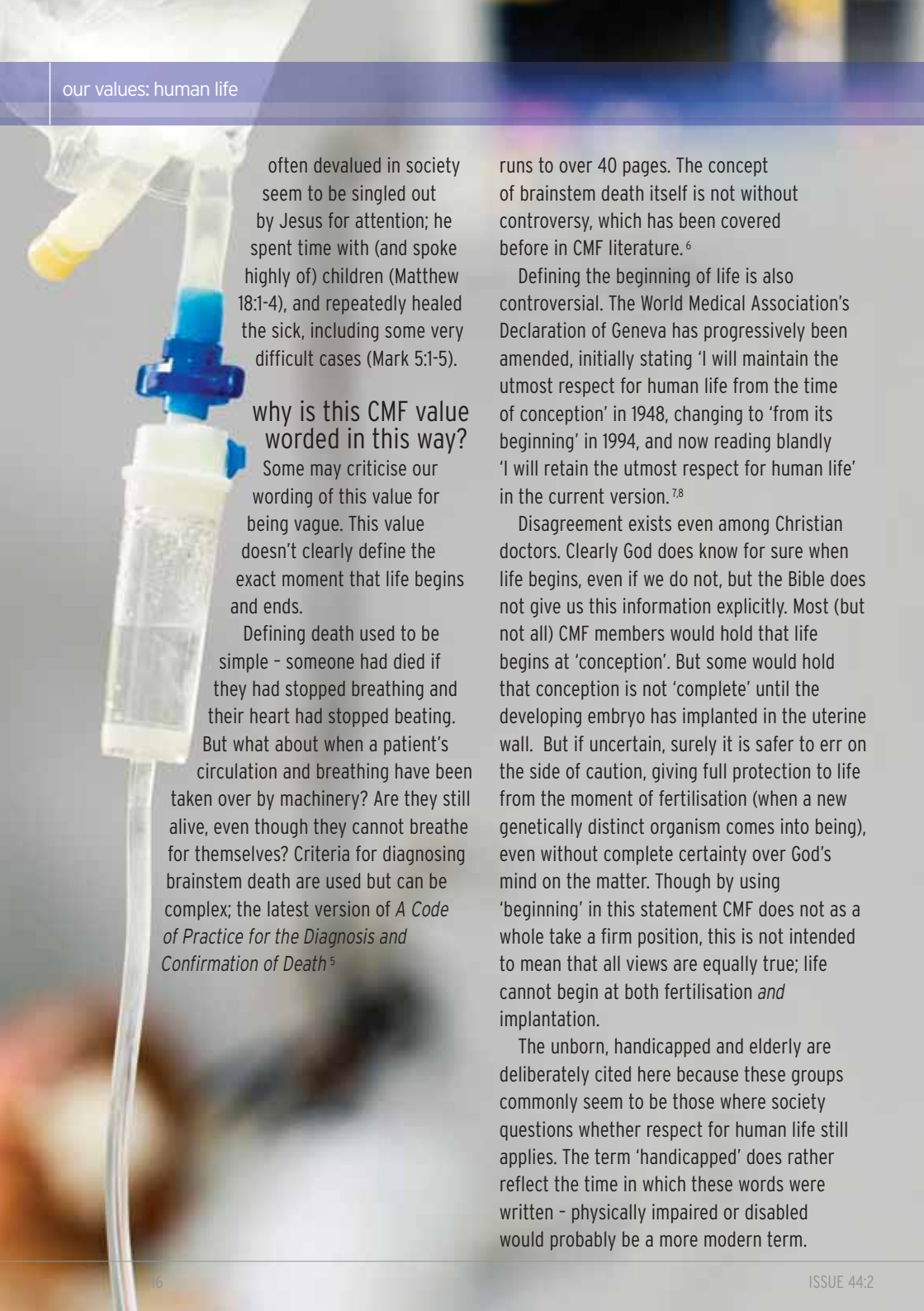
There is a clear difference between humans and the rest of **creation**. 'God created mankind in his own image' (Genesis 1:27), is an extraordinary

claim. God goes on to say that man will rule over the earth, and over the other things created. Indeed instead of 'God saw that it was good' in the first days of creation, verse 31 says 'God saw all that he had made, and it was *very good*' (italics mine). Placing a creature in his own image to rule over the earth seems to be the pinnacle of creation for God. Later, the image of God alone is the basis for outlawing intentional killing: 'Whoever sheds human blood by humans shall their blood be shed; for in the image of God has God made mankind.' (Genesis 9:6)

we don't have to go back to such horrors to see that small changes in how we value human life can lead to bigger shifts later

The story doesn't stop with creation. Despite the fall of humans when they disobeyed God, **Jesus** still came to earth in fully human form. The difference was that he was a new, unfallen man; coming from heaven instead of from the dust of the earth (1 Corinthians 15:47). He obeyed God throughout his time on earth. His death on the cross was not due to his own sin, but in atonement for ours. God gave Jesus up to his death (John 3:16); it was no accident. God places such high value on humans that he sent his only Son to die for them. So Jesus not only dignified the human form by coming to earth as a man, he proved the immense value of humans to God as he died in our place.

The Bible doesn't give exceptions to this. Jesus wasn't in the form of some humans but not others. If anything, the vulnerable groups



often devalued in society seem to be singled out by Jesus for attention; he spent time with (and spoke highly of) children (Matthew 18:1-4), and repeatedly healed the sick, including some very difficult cases (Mark 5:1-5).

why is this CMF value worded in this way?

Some may criticise our wording of this value for being vague. This value doesn't clearly define the exact moment that life begins and ends.

Defining death used to be simple – someone had died if they had stopped breathing and their heart had stopped beating. But what about when a patient's circulation and breathing have been taken over by machinery? Are they still alive, even though they cannot breathe for themselves? Criteria for diagnosing brainstem death are used but can be complex; the latest version of *A Code of Practice for the Diagnosis and Confirmation of Death*⁵

runs to over 40 pages. The concept of brainstem death itself is not without controversy, which has been covered before in CMF literature.⁶

Defining the beginning of life is also controversial. The World Medical Association's Declaration of Geneva has progressively been amended, initially stating 'I will maintain the utmost respect for human life from the time of conception' in 1948, changing to 'from its beginning' in 1994, and now reading blandly 'I will retain the utmost respect for human life' in the current version.^{7,8}

Disagreement exists even among Christian doctors. Clearly God does know for sure when life begins, even if we do not, but the Bible does not give us this information explicitly. Most (but not all) CMF members would hold that life begins at 'conception'. But some would hold that conception is not 'complete' until the developing embryo has implanted in the uterine wall. But if uncertain, surely it is safer to err on the side of caution, giving full protection to life from the moment of fertilisation (when a new genetically distinct organism comes into being), even without complete certainty over God's mind on the matter. Though by using 'beginning' in this statement CMF does not as a whole take a firm position, this is not intended to mean that all views are equally true; life cannot begin at both fertilisation *and* implantation.

The unborn, handicapped and elderly are deliberately cited here because these groups commonly seem to be those where society questions whether respect for human life still applies. The term 'handicapped' does rather reflect the time in which these words were written – physically impaired or disabled would probably be a more modern term.

how will our response look in practice?

These issues are serious. But fervent defence of human life can be perceived as cold and uncompassionate. No to abortion, no to euthanasia. No to embryo research. An apparently harsh and uncaring attitude to embryo research may be devastating to parents who carry genes that will pass on a condition to their child that might be fatal. A flat refusal to help will deepen the distress of a teenage girl who has an unwanted pregnancy.

the way in which we relate to vulnerable patients is most powerful in showing others our respect for human life

It isn't enough for us simply to oppose and campaign against practices that diminish respect for human life (though we do need to do this!). We need to develop responses that both respect human life *and* point towards Jesus – after all it is him that someone suffering really needs. A firm 'no' alone will rarely do both things.

For example abortion is not the only option in unwanted pregnancy. Crisis pregnancy centres allow for counselling and practical support. The recent *Home for Good* initiative⁹ encourages Christians to get involved in adoption.

Christian pioneers such as Dame Cicely Saunders were key to the development of palliative care in the second half of the twentieth century. Good palliative care ensures that no patient should die in pain – surely a much better response to chronic pain than offering to kill the patient.

what can a student do?

As well as perhaps giving time to groups which provide some of the practical solutions suggested above, conversations with colleagues and friends do provide opportunities. The value of human life comes up quite naturally – whether over a dissection table or dealing with dying patients.

But above all, the way in which we relate to vulnerable patients is most powerful in showing others our respect for human life. Avoiding comments and conversations that denigrate these patients is important; the way in which we speak to and care for them is also important. If this aspect isn't right, it is unlikely that we will get a hearing for much else we say.

So respect for human life works out in a number of ways for CMF; some of these are very public, with statements in the media and work in parliament. Others are academic, where good arguments are put forward in publications. But all are underpinned as CMF members value human life in its most vulnerable forms in day-to-day medical study and practice. ■

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Birmingham (med) school days

James Tomlinson reflects on his years at medical school

choosing to study medicine

Around the age of 14 I remember replying to the question 'what do you want to do with your life?' by stating that I would never be a medic, a nurse or anyone who cared for others as I cared only for myself. When I said this I was not yet a Christian and viewed myself as an atheist. I thought Christians were misguided Bible bashers.

Before my 16th birthday I developed a friendship with a lad in my class who, whenever the subject of God came up, stated that he was a Christian and believed in God. We had some great arguments! Through his friendship and being invited to church my position shifted. On the basis of the reality of God which I had seen in my friend and others at church, and after reading a booklet which asked 'what is a Christian?' I prayed, accepting Jesus as my saviour and Lord.

In the weeks following as I continued to go to church and read my Bible, I experienced a gradual awareness that something had very much changed. I wanted to care for others; so much so that following a period of volunteer experience at a local hospital (which I was encouraged to do by the same friend who led me to Christ) I applied to study medicine with the conviction that God was calling me to do so.

the pre-clinical years

In September 1994, I arrived at Birmingham medical school and within days found myself at my first CMF meeting on a Wednesday

lunchtime. During my first two years in Birmingham, as well as going to church, the friends I made through the Christian Union, in my hall of residence and particularly through CMF were very valuable to me as I sought to live as a Christian medical student. Praying with each other, studying the Bible and enjoying fun together were all important. One of the most helpful aspects was meeting medical students in the years above who had already survived and understood the challenges of the early years.

Already appreciating the reality of God, as a student I came to appreciate that ours is an evidence-based faith rooted in the Jesus of history as documented in the biographies of Jesus (the Gospels) and validated through Jesus' death and resurrection.

Leading a small group for other students to explore the Christian faith as a second year, and having to answer others' questions and explain the Christian faith to them





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strengthened my own understanding and confidence in the gospel. Looking back I realise that there were many more opportunities to share faith then than I have now. I was told (but didn't believe until I graduated) that 'you have more available time now as a student than you will have later as a doctor'. We were encouraged to use our time well: to read the Bible, read Christian books, spend time with God and with other believers.

the clinical years

Although it was great being in hospital, at last seeing patients and starting to feel like a real medic, being away from the campus doing placements at hospitals around Birmingham meant that we were disconnected from students studying other subjects. Knowing Christian medics at the same hospital as me was important for support and fellowship.

Decreased free time when in hospital for a full

working day and needing to read and practice my clinical examination skills was difficult. Rather than cut back on commitments I crammed them into my decreased time. Then when I had my first clinical examination, disaster struck - I failed. And why had I failed? Well the examiners said that I was 'not confident enough'. However if I'm honest it was because I had not given the time to my studies and reading which I should have. And why was that? Because I resented study, seeing it as preventing and limiting the things I did as service for God.

'spiritual schizophrenia'

Around the same time, I heard a talk at the CMF Student Conference by Nick Land, a psychiatrist, which totally changed how I saw medicine. Through his talk, (now available as a great article on the CMF website¹), I understood that too often we divide our lives into the secular and sacred. What we 'do for God' and what we 'just do'. There is no such distinction in Scripture. As Nick put it, using the lay understanding, we have 'spiritual schizophrenia'. Colossians 3:23-24 reminds us: 'Whatever you do, work at it with all your heart, as working for the Lord, not for human masters, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving.'

A crucial shift in my thinking took place - my service for God was not just my involvement in Sunday School or my befriending of

international students - everything, including the study of medicine, was my service for God.

Addressing my diagnosis of spiritual schizophrenia has been one of the most important turning points in my development as a doctor and a follower of Jesus; it changed how I studied and I questioned how to practise medicine 'as working for the Lord'. Later in my early years as a junior doctor I became increasingly aware of the joy of working with God in partnership. Previously, working for God could become a heavy burden. Now I realise not only that I practise medicine for him but that he invites me to do it with him. 'Since we live by the Spirit, let us keep in step with the Spirit.' (Galatians 5:25)

sharing faith

Through sharing leadership of CMF clinical group meetings, attending the national conference, and reading *Nucleus*, I caught the vision of supporting each other to follow Jesus in medicine, reaching out to and praying for our friends and colleagues at medical school.

A highlight of leading the CMF clinical group was organising the annual weekend away and getting 50 of us to Shropshire for a weekend. During the weekend as we looked at 2 Peter, God spoke to many of us about our vision for reaching our friends and medical school. During our last session together I remember asking what people felt we should do as we returned. Someone suggested cooking Christmas dinner, inviting friends to come as a sign of our friendship and love for them. 16 of those present immediately volunteered to be in a team to make it happen. Just over four weeks later we cooked a three course Christmas dinner for 250 people using a local church as our venue and volunteers from the main Christian

Union as waiters. It was an amazing evening, approximately 100 of us were Christian medical students and 150 were our non-Christian friends. We had leaflets on the tables about discussion groups which we then ran the following term where at least one person I know came to Christ. We trusted and relied on God for the money and resources to put on the meal. That night almost every Christian in the medical school came and invited someone.

too often we divide our lives into the secular and sacred. What we 'do for God' and what we 'just do'. There is no such distinction in Scripture

elective

Seeing my elective as an opportunity to use the time for God, I looked at going to India but also at going somewhere with Operation Mobilisation. When they suggested going to Kazakhstan (which I'd heard of because I met an international student from there the previous year) I jumped at the chance. So in March 1998 I found myself at the end of their winter in a landscape reminiscent of a James Bond film.

As I asked 'why am I here Lord?' and the team I was with also asked 'why are you here?', within days I had met a group of medical students who thought they were the first group to ever meet together and pray for their medical school.

Throughout the eight weeks of my elective they had me speaking at their meetings, meeting their friends and generally making as much use of me as possible. A verse which came alive to me during this time is Ephesians 2:10 'For we are God's handiwork, created in Christ Jesus to do good works, which God prepared in

advance for us to do.' I had not expected or planned what happened, but through my background and my involvement with CMF, God had already prepared me for opportunities such as speaking on science and faith to professors at the science institute, and advising and supporting the fledgling group of medical students.

My elective was the most fantastic adventure, where I found myself stretched but also immensely blessed. The second time I met one of my friends, Sasha, I felt God saying that what I was seeing in the small group of medical students I had met was the beginning of what he would do through medics in Central Asia and that he was connecting me to this. Looking back now over many years of friendship and visiting I have had the amazing privilege of continuing to support medics, students and graduates as they work out what it means for them to be followers of Jesus in medicine.

my elective was the most fantastic adventure, where I found myself stretched but also immensely blessed

When I returned from my elective, I brought home a dream: to invite the Kazakhstan group leaders to the UK CMF Student Conference, then for an elective in Birmingham, and to take a team from Birmingham to run an evangelistic summer camp. A fairly crazy dream you might say, but as I shared it with others in the CMF people started praying, emailing the leaders of the group and raising the £2,000 needed to bring them to the UK. The result was that in January 1999 the two leaders came to Birmingham for just over two months. During

that time the whole of the local CMF group was involved in hosting and cooking for them.

For us the impact of meeting Christian medical students from such a different culture was massive, as was the exercise of trusting God and working together for a common vision. For me one of the most precious aspects of the University of Birmingham CMF is that we were a group of people who went on adventures together with God. When the first summer team went to Kazakhstan, six students and two doctors from Birmingham went and ran a summer camp with 100 non-Christian medical students. But as well as those of us who went, many more gave money and prayed. I remember three third years who, stuck in Birmingham studying that summer, met every day to pray for the team. Even before we went they were listening to God and praying with us as a team.

conclusion

As I look back on coming to Birmingham to study medicine, I am struck by God's faithfulness and goodness as well as by his grace and patience. Some of my closest and most precious friends are those I met though CMF between 1994 and 1999 at medical school. They are the people who have prayed for me, challenged me, cared for me and come on adventures with God with me. Will you finish medical school able to say something similar?

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why believe in a creator God?

Chris Knight on religious experience

In the previous article we examined the arguments from the origin of the universe and its fine-tuning that suggest there is a 'someone' responsible for the creation of the universe. In this article we will examine two areas; first whether our experience of right and wrong can tell us about this Creator - who is starting to look rather like the God that Christians believe in - and second whether our 'religious' experience might also tell us about him.

why are some things objectively wrong?

Just as we can examine a building to find out more about its designer's purposes, our examination of the universe we live in can tell us more about the nature of its Creator. The belief that some things in life are good (or right) and others are evil (or wrong) is one significant aspect of our experiences as human beings. The laws and sanctions by which human societies and groups regulate their actions is a direct result of such beliefs.

While there is some disagreement about *which* actions are right and which are wrong, there is general agreement that some things are right and others are wrong (even if on occasion it can be difficult to determine which is which). If this is the case, it is fair to ask whether a person's or society's moral code is based merely on *preference* or on some objective moral standard that exists apart from that society. That is, are moral values more than an individual's or society's preferences for how people should conduct their lives or are these moral values validated by a moral code that exists independently of human beings?

Many theories have been proposed advocating the evolutionary origin of moral values.¹ All of them presuppose that such values, eg that murdering children is wrong, might have been different if human society had been subject to different evolutionary pressures. In that case, moral values are contingent - they could have been different. The inevitable consequence of that, however, is that no action can be said to be objectively wrong. On such a view, we might not like the way that certain people behave at times,





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eg torture, rape or female circumcision, but the most that we can say is that we would prefer them not to happen. Although people can campaign for their preferences to become the norms of society, they are simply trying to get their preferences adopted by more people. They cannot say that someone is wrong to commit rape, only that they want society to punish it.

On the other hand, if someone maintains that certain moral values are objectively true and therefore should be binding on everyone in all societies and at all times, then the basis for these moral values needs to be more than mere preference or evolutionary pressures. Many atheists agree. Existentialist philosopher Jean-Paul Sartre maintained that:

*The existentialist ... finds it extremely embarrassing that God does not exist, for there disappears with him all possibility of finding values... It is nowhere written that 'the good' exists, that one must be honest or must not lie, since we are now upon the plane where there are only men.*²

So if moral values have the character of an objective command from outside any human individual or society, then they are not only personal (commands require a giver and a receiver) but they must be rooted in some transcendent or supernatural basis, such as the nature of God. As Paul writes of Gentiles: 'the requirements of the law are written on their hearts, their consciences also bearing witness'.³

We can put this argument into a concise form as follows:

- (1) If objective moral values exist, they require a basis in a being such as God
- (2) Objective moral values do exist

Therefore (3) a being such as God exists
The existence of objective moral values can be seen as an independent argument for the existence of God, or it can be seen as adding to our understanding of the moral character of God.

religious experience

'Religious experience' probably means different things to different people. Here we will examine some different aspects of religious experience and see what value, if any, it may have in people's journeys of faith.

the argument from religious experience

One argument from religious experience argues from a commonly expressed view that there must be 'something more' behind the universe we normally perceive. This idea might be aroused by more earthly feelings - of beauty, of desire or of love - or the feelings accompanying the birth of a child. It seems to have been a part of C.S. Lewis' conversion. In his sermon 'The Weight of Glory', Lewis writes: 'Now, if we are made for heaven, the desire for our proper place will be already in us, but not yet attached to the true object, and will even appear as the rival of that object. And this, I think, is just what we find.... we remain conscious of a desire which no natural happiness will satisfy'.⁴ More poetically, God 'has set eternity in the human heart'.⁵

The barely conscious expression of this desire or longing for a deeper meaning is the reason that popular culture (film, TV, music, novels) can be so helpful for apologetics. Their output so often incorporates concepts

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expressing a deep desire for something more – or at the very least a perception that the world is not actually as we would like it to be nor as we think it ought to be.

Francis Spufford's book *Unapologetic*,⁶ is an extended meditation on this concept. Chapter 1 records his feelings of sorrow and despair, from which Mozart's Clarinet Concerto spoke clearly to his inner self: 'Everything you fear is true. And yet. And yet.... You are still deceiving yourself, said the music, if you don't allow for the possibility of *this*.'⁷

Religious experiences of this kind can point to God as the source of such feelings and can lead to the earnest desire to find the one who is behind them.

A variation of the argument proposes that an individual's claims to an awareness of the presence of God should be accepted, unless there are good reasons to doubt them. Normal sensory perception is accepted as valid in a similar way – it requires no additional validation. The Bible is full of such examples: Moses' experience of God in the burning bush; Isaiah's vision of God in the temple; Zechariah's and Mary's encounters with the angel Gabriel; Saul's vision of Jesus on the road to Damascus.⁸

Similar experiences have been recorded through history and cannot be lightly dismissed. For the individual, they can be definitive, life-transforming experiences. However, the difficulty is that such 'religious experiences' occur within many different religious settings with varying content and conclusions about the nature of God. The experience may be of the holy nature of God. Or of Jesus Christ's love or his reassuring presence during difficulty. But more 'mystical' experiences talk of a very different sense of unity with or absorption into God. Muhammad's

religious experiences led to the writing of the Qur'an.

Such religious experiences tend to be interpreted within the recipient's previous religious framework, which may explain the contradictory interpretations. While I accept that many Christians have had true religious experiences of God, it is not easy to justify accepting these experiences as true while at the same time arguing that a Muslim's religious experiences are in some way in error and do not provide evidence that Islam is true. Whereas religious experiences can lead individuals to start to think about God or lead to a deeper commitment, the apologetic impact on the sceptics who hear such accounts is more difficult to discern.

Nevertheless, if Christianity is true, then, on the basis of God's revelation within Scripture, we would expect Christians to have religious experiences of God. Through the psalmist, God urges us to: 'Be still, and know that I am God'.⁹ Perhaps it is chiefly when we set aside the diversions and distractions of everyday life, that we can know God's presence in this way. Opportunities for time to meet with and hear God are often lacking, even in many church settings and certainly in the very busy and 'connected' lives that so many people lead. Finding time to meet with God can therefore be difficult, which is why many today seek retreats, quiet days or away days.

Although an individual's religious experiences are personal and difficult for others to assess directly, the life-changing impact they can have may bring others to question what has brought about such a change. This gives an opportunity to follow Peter's command and 'make a defence ... for the hope that is in you'.¹⁰

the value of religious experience

Not everyone comes to a commitment to Christ through rational argument, but many do need some rational arguments to help break down the barriers to hearing the gospel that have built up over the years. The Holy Spirit works in individuals to bring them to Christ. Conversion is, in itself, a religious experience – the realisation of one's own sin and need for salvation and the realisation that God's grace and forgiveness are available to those who receive Christ.

Many are convicted of the truth of the gospel by the Holy Spirit without human reason or argument, responding rather to a straightforward proclamation of the gospel. It would seem unreasonable to claim that this work of the Holy Spirit leads to an unreasonable faith. If we are created by God for relationship with him then there must exist the ability to know God by some means, even though this may have been marred by sin.¹¹ In appropriate circumstances, therefore, I would suggest that experiences and knowledge of God may be directly and correctly perceived, just as we might perceive a butterfly in the garden on a fine summer's day. We were created by God with the capacity to perceive both.

conclusions

The moral argument suggests that the source of objective right and wrong must lie outside the material universe and is derived from the nature of God, for the moral law is written on our hearts.¹²

An awareness that eternity is written on our hearts¹³ can point to the God from whom it derives. The diversity and personal nature of other religious experiences can make them powerful for the recipient but easily dismissed by the sceptic. ■

key points

- Objective values of right and wrong require a source outside the natural world
- Some religious experiences can point to 'something more'
- Expressions of such desires can often be perceived within popular culture
- The diversity of religious experiences reduces their apologetic impact
- The personal nature of religious experiences means that their biggest impact can be from the transformed life that follows

further resources:

- Peter S. Williams, Can moral objectivism do without God? *bit.ly/1g1cSyG*
- Justin Brierley et al, Is religious experience evidence for God? *bit.ly/1e7mjxP*
- Carl Stecher and Peter S. Williams, The arguments from desire and religious experience. *bit.ly/1IHFEQO*

NEXT TIME – we will consider the use of Scripture and will look specifically at the resurrection of Jesus.

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a futile pursuit of perfection?

Sarah Fitch on dealing with the obesity epidemic

Our nation is facing an obesity epidemic. Current statistics show that approximately a quarter of UK adults are obese¹ with only 30-40% of men and women having a healthy BMI.² Nearly a third of boys and one in five girls between the ages of two and fifteen were categorised as being obese or overweight.³ But while our newspapers are scattered with these statistics, we are constantly bombarded with advertisements and promotions of what can give us the 'perfect body'. These figures have an obvious impact on our professional work as we see a growing number of patients suffering the consequences of such a high BMI. It is clear that we cannot afford to ignore this issue. Additionally, doctors have a duty to maintain good health, to be able to care for other people. We should also be protecting ourselves from the issues that obesity can bring. Whilst these points are relevant, the problems with obesity should have an impact on us as Christians as well. There seem to be three factors that are particularly relevant to Christians in this age of the 'obesity epidemic'. These are:

- How we should love and care for our own bodies
- How it is important to not be judgmental
- How we should not strive to fit into society's view of a 'perfect body'

To begin with, as Christians and as healthcare professionals it is important to respect and care for our bodies. Unfortunately, obesity is commonly put across as the nation's problem, not an



individual's problem. This is true, but it doesn't necessarily help people understand the statistics in relation to their own lives. Yet, with the remnants of Christmas dinner still sitting happily around many of our waistlines, these statistics quickly become personal. It is important that people start to understand the dangers of obesity in their own lives. Obesity brings with it an increased risk of a number of serious health issues such as cardiovascular disease and type 2 diabetes. Whilst these facts are serious in themselves, the Bible can also shine light

on this issue. For example, Paul writes to the Corinthian church about the importance of our bodies and how we treat them:

'Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honour God with your body.' (1 Corinthians 6:19-20)

Whilst these verses predominately relate to the issue of sexual immorality, the principle is relevant to this topic. The Holy Spirit resides in us, making our bodies his temple. With this in mind, not treating our bodies with respect is not honouring God. There are also a number of passages that deal with the issue of greed and the danger of self-indulgence. Arguably, overeating and spending money on food or drink that we do not need could be perceived as greedy and gluttonous. This is particularly true in a world where people are still suffering without sufficient food. The Bible teaches us to open our eyes to



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how greed can consume our hearts in a world where earthly luxury is so temporary. James 5:5 states '*you have lived your days on earth in luxury and self-indulgence. You have fattened yourselves in the day of slaughter*'. Here he shows the overwhelming destruction that greed can have. Not only could you argue it becomes an idol but it can make a person increasingly self-centred. Through this you can turn your back on your neighbours and more importantly on God.

The second point relates to the issue to judgment. As Christians we are taught that God is the ultimate judge and we are not. This is highlighted in Matthew 7:1 '*Do not judge, or you too will be judged*'. Whilst in practice being non-judgmental is difficult, it is an important factor in dealing with obesity. It is true that not maintaining a healthy lifestyle is a huge causative factor in obesity, but it is not the only cause. There are a handful of diseases such as hypothyroidism that can impact a person's weight. Additionally, mental health issues and many medications have the potential to contribute to weight gain. With this in mind it is important not to view each person who is obese as greedy and self-indulgent. Even for those people who cannot maintain a healthy lifestyle, we should look to encourage them lovingly, without judgement.

The final point is around the danger of striving to seek a societal-view of a perfect body. We should be tackling this obesity issue; however, we should protect ourselves from the pressure put on the population to look a certain way. Many people have a limited view of what is beautiful and that does not always account for individuality. Yet many people will unfortunately think they have to fall into this small category. This can encourage people to seek a bodily perfection that is only

really found through airbrushing and changes made on a computer. If a person focuses too much on seeking this perfection it can become self-destructive and dangerous. This may be more obvious in extreme cases of anorexia nervosa and bulimia nervosa. Indeed extreme dieting and exercise is similar to obesity as it is another way of not treating our health and our bodies with respect. As Christians we should instead be focusing on what a Christian picture of beauty is. Peter shines a light on this by saying:

'Your beauty should not come from outward adornment, such as braided hair and the wearing of fine clothes. Instead, it should be that your inner self, the unfading beauty of a gentle and quiet spirit, which is of great worth in God's sight.' (1 Peter 3:3-5)

Whilst this passage is particularly directed at women within a marriage, it is relevant to everyone feeling the pressure to look and dress a certain way.

The obesity crisis seems to be a growing issue that we cannot ignore, however, we should think carefully about how we deal with the issue. This is particularly relevant as healthcare professionals and we should aim to be non-judgmental and loving when dealing with patients suffering with obesity. Finally, there is a lot of pressure to fit into a societal picture of beauty and we should be comforted that Christianity teaches us that true beauty is very different from this. Dealing with this issue of obesity should be more a practice of moderation. Essentially it is enjoying that extra slice of cake but not every day. ■

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when I saw you in prison

a student's experience of prison medicine

Sammy Mercer reports on two days in prison medicine



Even before I became a Christian, I was always fascinated by prisons, perhaps from watching too many films or from a need for security. When I read a *Triple Helix* article about prison medicine, I jumped at the chance to email a local prison doctor. I was fortunate enough to meet him at the CMF Student Conference, where he offered to let me shadow him in prison. After some false starts and hurdles with security clearance, we finally got the go ahead for me to work in prison for two days.

I was to work in two category C (low level security) prisons. Arriving for my first day I was struck by how the prison looked more like a youth hostel, albeit one surrounded by razor wire and bars. Even in a category C prison, security is still tight. Everyone has to go through an air lock, phones and memory sticks are not allowed and strict rules govern the carrying of prison keys.

I was nervous when the first prisoner walked

in to our morning surgery. Even in low security prisons there are a whole range of prisoners, from murderers to drug addicts. I was pleasantly surprised when the prisoner walked in with a smile and shook my hand. In fact, more patients shook my hand in prison than I think had in the last four months.

The morning passed with some interesting pathology: a femoral artery aneurysm, a skin graft from where a prisoner had shattered his ankle jumping from a three storey building, and gynaecomastia. There was also a lot of chronic pain; a significant minority of prisoners have 'shooting pains', often resulting from RTCs many years ago. This may be more due to prisoners wanting tramadol, pregabalin and gabapentin for their euphoric and anxiolytic effects. Perhaps it is not surprising that people locked in a 180x240cm cell for up to 22 hours would want something to sedate them.

The afternoon brought a code red call - a prisoner attempting to cut his ear off.

Deliberate self-harm is common in prison, probably reflecting high levels of boredom and psychiatric illness. Fortunately the prisoner wasn't able to make more than a few lacerations to his ear. After this adventure the medical officer and I did a ward round on the segregation wing. We encountered more self-harming, as well as more mundane things such as acne.

My second day consisted of another general surgery and a sex offenders clinic. Sex offenders are considered to be at high risk of attack by other prisoners, so they are housed on separate wings and kept apart for their clinics. The sex offenders proved to be some of the most interesting characters. They tend to be older and much better educated than the average prisoner. Surprisingly, many of them also have wives and children. Consequently the sex offender clinic consists mainly of geriatrics and chronic disease management. Another interesting thing about sex offenders is that there is a significant level of denial amongst them about the crimes they have been convicted of. For example, one convicted sex offender was classified as so dangerous that he had been given an indefinite sentence for public protection. Despite being three years into his sentence he still denied his crime.

Prison medicine holds many opportunities. Access to the chaplaincy means spiritual healthcare can be included easily in your consultation. Amazingly, the prison library contains books all about former criminals turning to Christ. I think a lot of prisoners are actually more open to the gospel than the general public. When you have hit rock bottom and are incarcerated, it can be easier to realise

how much you need a saviour. Prisoners also seem to realise their sinful state more than most of us.

The Bible is clear that we all have broken the law of God and so deserve judgment. When I walked out of prison on my first day I have to say that the air never tasted so free and good. This is how we should feel every time we think about the cross. After all, it is the death of Jesus that has set us free from the eternal prison sentence we deserve. It is amazing when you come out of prison how the little things are so profound, for example choosing when you have breakfast, what you do with your day and even what clothes you wear. The life and crucifixion of Jesus allows us these freedoms and even more!

Prison medicine holds challenges too. Firstly you are working with dangerous people. Sometimes you will need a large number of hypertrophied prison officers to escort you to see a prisoner. Also, getting inmates out to hospital appointments is very difficult. All prisoners must be accompanied by prison officers, so hospital visits are limited by the number of staff. Appointments can be cancelled if the staff aren't available, or if a more acute appointment takes precedence. Additionally, medicines have to be ordered in daily, as there is not always an on-site pharmacy.

In conclusion prison medicine is challenging but very rewarding. It is a great place to be a Christian, spiritual life is not brushed out of the way but can be actively engaged with. It is a humbling experience and will definitely make you count your blessings. I encourage everyone, no matter what your speciality to do at least one day in prison medicine. ■

take + read

Giles Cattermole invites you to read great Christian books

In the summer of AD 386, a young man lay weeping under a fig-tree in a Milanese garden.¹ Tormented by his failure to overcome his sinfulness, he cried out to God: 'Will you be angry for ever?' Suddenly he heard a child's voice, chanting. 'Take and read; take and read'.

He'd brought to the garden Paul's letter to the Romans. He picked it up, opened it, and read the passage his eyes first fell on. 'Let us behave decently, as in the daytime, not in carousing and drunkenness, not in sexual immorality and debauchery, not in dissension and jealousy. Rather, clothe yourselves with the Lord Jesus Christ, and do not think about how to gratify the desires of the flesh.'²

Immediately he felt as though a light of confidence had poured into his heart, the darkness of his doubt had fled. This was the moment of his conversion. The beginning of a life for Christ that has perhaps had more impact than any other since. For this young man was Augustine, later bishop of Hippo in North Africa and perhaps the greatest of the early church fathers.

We're not Augustine. We're not likely to have the influence he did. And I don't want to encourage us randomly to open the Bible and read whatever we see first. Nor do I think we need to hear a mysterious voice telling us to read. The point is to take, and read, God's Word. It's God's Word that will convict us and change us. So let's take it seriously, study it, wrestle with it as we ask God to make it clear to us by his Spirit.

And to help us do that, we've launched 'take





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and read'. It's an invitation to read good books that will help us understand the Bible better. We've selected a range of readable, relevant books to cover the essentials for any Christian medical student, and we're selling them cheaply to CMF student members! We'll keep refreshing the list of books available - depending on what's published and what we can get at affordable prices - so do check the website for the latest offers.³

But however good the books and the bargains, many of you may still be reluctant to take them and read them. Perhaps you're too busy? Perhaps you've got too many books already?

The apostle Paul wasn't too busy to read. In fact, getting hold of his books and parchments was one of his priorities.⁴ Busy-ness is about priorities: do we want to understand God's Word more, and apply it more in our lives? Or do we need to spend more time on Facebook or watch another DVD box set? And you'll only get more busy when you qualify - for many of you, you'll never have as much spare time as you do now!

And does it matter if you've already got books you still haven't read? Let's put it this way: if you don't have any unread books on your shelf, then you won't be able to read any! When you do find you've got a moment to read something, it'd be a shame to find there was nothing there to read. And it makes much more sense to have a selection of books waiting to be read, so you can pick up something that's appropriate to what you need there and then.

As a rule of thumb, if there's a chance you might read a book in the next ten years, and it's going cheap now, buy it. It doesn't matter if it does take ages before you get round to it; at least if it's on your shelf, there's a sporting chance you will read it. The one guarantee of not reading it is not having it available!

So that's why it's 'take and read'. You won't be able to read until you've taken. So take books, and read them. And pray that God will use them to help you understand his Word and his will, to help you grow in your love of him and his people, and to equip you better to live out your discipleship as a medic. ■

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HEROES + HERETICS

Alex Bunn reflects on the lives of famous women

HEROES 13: WINNING WOMEN

In our series of heroes of faith there has been one glaring omission. Women. It's a strange gap, because the evidence suggests that the early church had plenty of remarkable women. Hence Paul singles out 15 notable women to write to in his epistle to the Romans¹ alongside 18 men. Women were attracted to a church that gave higher status to women than pagan society, and offered relief from coerced early teen marriage, abortion, infanticide and remarriage after widowhood.²

But the memory of Christian women from the early church, until perhaps the nineteenth century, leaves little solid history to rejoice in. There are a few mystics (Julian of Norwich, Joan of Arc), and hermits, but many more legends where it is hard to tell where history ends and myth begins. And it's unclear what example we can follow from fables of stigmata, visitations and the like.

Of course, the problem is not unique to female history. For instance, Richard Coles' collection of saints' stories³ contains many doubtful male legends. But we are left with too few stories of women to inspire us. Perhaps women had little



opportunity outside the home before this time. Perhaps male historians were biased. However belatedly then, here are four women of exemplary faith, where at last we have reliable records.

Elizabeth Fry
(1780-1845)

a noteworthy woman

Born Elizabeth Gurney, she had a comfortable upbringing in Norfolk. But in 1813 she visited Newgate prison, in the heart of the capital, which nonetheless kept 300 women and children in squalor, sleeping on straw like cattle in four open stalls. She was appalled by their conditions, and spent many nights in solidarity with them. People often refer negatively

to the biblical text 'an eye for an eye, a tooth for a tooth' as if it were a barbaric demand. Actually, English law was more barbaric, giving disproportionate sentences of 14 years for stealing a pound of potatoes, and transporting children to Australia. The Old Testament *limited* punishment to a just maximum.

Elizabeth felt the divine imperative to 'speak up for those who cannot speak for themselves, for the rights of all who are destitute'.⁴ Her persistent advocacy shamed the establishment



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into action, such as ending the practice of transportation. She became so well known that the King of Prussia visited her when he came to London. She started sewing and Bible classes, and reforms that westerners take for granted as 'humane', but are actually an expression of Christian compassion.⁵

Her movement was probably the first national organisation for women, well before secular feminism. She founded a school of nursing, and Florence Nightingale was inspired by her example. Such was the ripple effect of a conscience stirred by the love of Christ, that we have remembered her on every five pound note. Although from a wealthy family, it wasn't her money we remember her for on the bank notes. In fact, when her husband was bankrupted, she refused to ignore the plight of the poorer still, and kept fighting their cause.

Mary Slessor (1848- 1915)

trod where men feared to tread

Not all missionaries gave up wealth and comfort. Mary Slessor was a working class woman from Aberdeen, who as a youth slept on a mattress on the floor, and grafted 58 gruelling hours a week at a mill. Three of her six siblings



died young and her father was an alcoholic. Mary worked at her education in the church library, but not in order to escape poverty. In fact she was inspired by the *greater* deprivations of her fellow countryman David Livingstone in the cause of the gospel.

Hence she travelled to West Africa, which was such a lethal place that missionaries used coffins as their suitcases. They did not expect to return for cosy retirement. Mary threw herself into pioneer work. She was a natural linguist, acquiring not only the colloquial sayings but also the mannerisms of the locals. She soon became a district nurse, and later

vice-consul to the Okoyong people in modern Nigeria, undaunted by the murder of the previous male missionary.

But she was horrified by occult practices. When asked to treat a chief, she was in a precarious position. What if he died? Would she be blamed for his death? She cleared away the charms and sacrificial animals, provided good nursing care and soup and waited. Thankfully God vindicated her, and her reputation grew. The chiefs soon wanted to know about her God and her book!

She frequently intervened in miscarriages of justice, where women, children and the elderly

often bore the brunt. On one occasion, a woman was accused of adultery, wrongly in Mary's opinion, and without a hearing. The defendant was staked and spread-eagled, and about to have boiling oil poured over her. Mary faced the assailants down, who eventually backed off. This feisty woman, who was intimidated by neither chiefs nor witch doctors, frequently impressed men, and they considered the God she served.

She had a particular burden for the mistreatment of twins. There was a belief that twins were the result of an evil male spirit or maternal sin, and they were often left abandoned in the jungle. Mary rescued hundreds and personally adopted four African children, who must have been a rare sight, when they visited Aberdeen in 1883! She was held in high esteem by local people for her advocacy, and was titled 'White queen' and 'Mother of all the peoples'.

Amy Carmichael (1861-1951) *kindly kidnapper*

When she was a little girl, Amy prayed for smiling blue Irish eyes. When she jumped out of bed in the morning and checked in the mirror, she was bitterly disappointed. But she humbly learned that 'no' was still an answer from her



heavenly Father. It was in a very different setting that she would be grateful for her brown eyes. Years later, as she smuggled girls out of prostitution in Indian temples, she thanked God that she was relatively inconspicuous.

It's strange to think that in our age of child protection, the law was not on her side, and that she risked lengthy prison sentences or worse. She was upsetting a system that echoed pagan practices in the Old Testament. Amy was so sickened by them that she could not document much of what she saw. Some were children of poverty, drugged and trafficked, or left to the temple to induce a favour from a deity. Amy managed to rescue hundreds of children to her orphanage at Dohnavur, where she was the

'Amma', mother to so many.

She was bedridden for the last 20 years of her life but remained productive. In fact many more people have been touched by her devotional books, and praise God. Perhaps our restless strivings are less important than our faithfulness, wherever we find ourselves.

Ida Scudder (1870-1960) *the woman for other women*

Another woman who championed mother and child health was Ida Scudder. She came from

a family of distinguished missionaries, thirty of whom had collectively given a millennium of service in the field! But like many missionary kids, she had hoped for a more normal family life back in the States. However, one night staying with her parents in India, consecutively three husbands of women in obstructed labour visited her. Each time she offered to get her father, but they declined as 'it is better that my wife should die than that another man should look on her face'. She was horrified to learn in the morning that all three had died. Hindu, Buddhist and Muslim rulers had ruled India for millennia, but it would take Christian values to bring healthcare to women.⁶

Ida resolved to be the change that she sought, and trained in medicine in order to open a medical college for women, to offer female patients medical care denied them across Asia. Male colleagues said she would be lucky to get three applicants. In 1918 the Christian Medical College of Vellore opened with 151 students, and became a world-renowned centre of training and care, attracting luminaries such as Paul Brand whose



pioneering work on leprosy not only transformed surgery for that condition, but for diabetic neuropathy worldwide.⁷ Gandhi called it the best college in Asia,⁸ and it remains the largest Christian hospital in the world, with 2000 beds.

Ida became so famous, that a letter once arrived at Vellore simply addressed to 'Dr Ida, India'. Despite working in a remote setting, *Time* magazine recognised her as one of the most outstanding doctors of her generation.⁹ Ida never had the normal family life she had hoped for, but countless families across Asia owe her a debt of gratitude to this day. Her hospital's legacy was honoured by a national postage stamp in 2000. You might even say that Ida left her stamp on the entire continent!

Maternal mortality has fallen markedly over the last century through pioneers like Ida. But even today the equivalent of a jumbo jet full of women die from pregnancy related causes, which are largely preventable.¹⁰

Are you the next Elizabeth, Mary, Amy or Ida? What has God uniquely prepared you for?¹¹ ■

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