

ISSUE 45:2 : MAY 2015

marriage, faithfulness & family

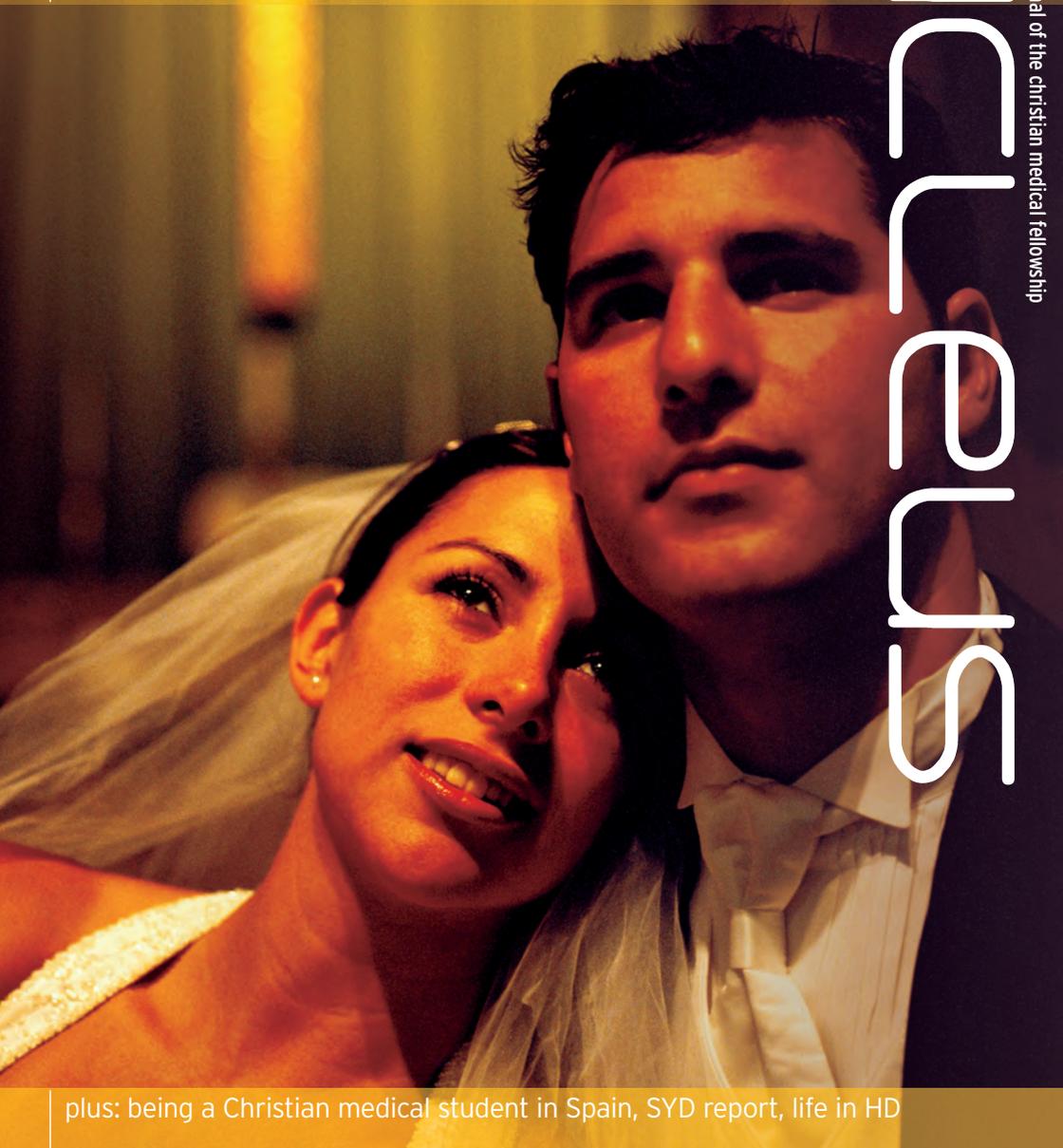
identity: achieved or received?

the children's champion

the world's your oyster

ruccers

the student journal of the christian medical fellowship



plus: being a Christian medical student in Spain, SYD report, life in HD

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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Editorial policy
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Jesus Christ is the same yesterday and today and forever. (Hebrews 1:8)

In a world obsessed with the new, the innovative, and 'progress', why would someone say that they are always the same? Isn't that boring? Isn't someone who was the right person for the time 2,000 years ago rather old news?

We often look for constant things in an ever-changing life. It might be the security of visiting our parents still living in the home where we grew up; it might be meeting with friends that we knew before medical school.

One of the only certainties in our world is uncertainty. *Nucleus* has been prepared in the final days before the 2015 general election. The opinion polls suggest a real prospect that there still won't be a settled government when this arrives on your doorstep a week or two after the votes have been counted. It is not yet clear what changes will happen in the NHS – all the main parties promise change but can they afford it? Will there be funding to carry on the day-to-day business of caring for patients if there is effectively no government for a few weeks?

It is not just in the NHS, or in the UK, where life is uncertain. Political instability is nothing new to many countries. Those of a more historical bent see a string of powerful empires rising and falling, sometimes with few traces left.

Can Jesus have a place in this world if he never changes? Does he adapt?

Uncertainty is not a sign of the absence of God. Nebuchadnezzar's dream (Daniel 2) of a complex statue is interpreted by Daniel, revealing that a number of great kingdoms will rise and fall. Yet all this appears to be within God's knowledge and control. Job's suffering, seen from an earthly perspective, was senseless; yet the opening chapter of Job is clear that God remained in control.

It is Jesus, the same yesterday today and forever who is the constant in all these events. When our own path is uncertain, it is he through his Spirit who will guide us. When our sin seems overwhelming, it is his death and resurrection that restore us to a right relationship with God. It is he who is not just our only hope as individuals, but is the only hope of nations. He doesn't need to 'adapt' to change; he already knows it will happen, and has already planned for it.

As Daniel concludes his interpretation of Nebuchadnezzar's dream, he prophesies about Jesus' ultimate goal. 'In the time of those kings, the God of heaven will set up a kingdom that will never be destroyed, nor will it be left to another people. It will crush all those kingdoms and bring them to an end, but it will itself endure for ever.' (Daniel 2:44).

Whatever the uncertainties of this world, Christians already have a foretaste in Jesus of the kingdom of heaven, where there will be certainty as God dwells with his people. ■

SYD: 'a piece of heaven'

Paula Prittinen reports on CMF's International Students and Young Doctors Conference

In February 2015, we had a wonderful opportunity to travel from all over the world to attend the Sydenham International conference, held in London immediately before the CMF Student Conference. Altogether there were 19 medical students and junior doctors from 16 different countries; China, Brazil and South Africa, to mention just some of them. We were all leaders or leaders-to-be of our local CMF groups.

From the moment I arrived at the hostel and met my new friends, I knew that it was going to be a unique, once in a lifetime experience. Our days were full of tight and close fellowship, learning, thinking and being inspired, laughing and sometimes happily crying, encouraging others and being encouraged, and most of all, praising God and getting to know him better.

We started the mornings with Bible readings from 2 Timothy and also prayed for our home countries. Retired surgeon Bernard Palmer challenged us to dig deeper into the Bible and learn it by heart, so that we would be able to stay Christ-centred and give a meaningful answer when asked about our faith. We discussed Christian medical ethics with ethicist and neonatologist Professor John Wyatt, and talked about leadership and public policy with CMF Chief Executive Peter Saunders. In addition, the amazing CMF student staff team took such a good care of us and prepared us for our work at home with teaching including whole-person medicine, personal discipleship and Confident Christianity. After the seminars we sometimes felt that we would need at least a week to think

through those things we had just learned. The days were very inspiring and we were given a lot to think about! We are so grateful for that.

Between the great seminars and discussions we had some free time as well. We headed to the city to have a walk around the main sights and learn about its Christian heritage at the same time. The guide really knew what he was talking about, and I'll never look at those places in a same way I used to. In the British Museum we saw a lot of evidence that shows the accuracy of the Bible and it's difficult to describe the feeling of looking at some of the oldest manuscripts of the New Testament in existence, which are on display in the British Library. We also had the pleasure of meeting up with some of the London students; we ate some fish and chips, visited the Wyatts' home and strolled around London with Andrew, a UK junior doctor who spent the whole week encouraging us in so many ways.

When the SYD conference was coming to an end we jumped on the bus with Londoners and





Paula Prittinen is a second year medical student in Turku, Finland.



travelled to the CMF Student Conference in Staffordshire. It was wonderful to meet so many enthusiastic Christian medical students and be part of your joyful get-together. We felt at home there and we are so thankful for all your prayers for our countries and your support for the SYD conference. You inspired us by your strength and will to serve Christ in your life. Keep trusting him in everything you do! It's also great that we can continue to support each other in prayer.

The most important thing I was reminded during the week in UK is that we are all called to be God's children, be part of his big family and to love each other no matter where we are. And it's our shared job to invite those still outside the family to come to know his grace in Jesus Christ, too. I feel blessed to know so many Christian colleagues, dear sisters and brothers, around the world. Our week was like a piece of heaven and I've never felt so openly and unconditionally loved. I praise and thank our God for giving us that precious time together. I pray for the CMF in UK and for your incredible work there. You all gave us

can you help?

CMF has been running an annual conference for international students for more than 15 years. Initially focused on students in eastern Europe and the former Soviet Union, the scope has broadened to encompass nearby counties in western Europe (where there are often very few evangelical Christians) and those from much further afield.

Previous delegates have gone on to take up leadership roles in their own Christian Medical groups, with some starting groups from scratch. A number of summer teams of UK doctors and students have also arisen from the conference.

Putting on the conference is no small undertaking. Though delegates from western Europe can usually pay their own way, it is impossible for those from many countries to come without significant financial support. If you would like to make a donation towards the 2016 conference, do get in touch.

We're also always in need of 'helpers' during the week, to aid with catering, organisation, and travel. If you think you might be able to help in 2016, please get in touch with us in the CMF office.

a wonderful example and it makes me so happy to think about you. Please feel free to contact us anytime, if you want to come and visit us in our countries. You'll all have a home here waiting for you and I know that I'm saying this also behalf of my fellow delegates.

Be blessed, our sisters and brothers! ■

Special thanks to organisers: Eve, Alex, John, Andrew, Megan, Scott, Vicky, Laurence and Laura! You are wonderful!

identity: achieved or received?

John Greenall explores true identity





John Greenall
is CMF Head of Student Ministries

my story

I always wanted to be a medical missionary. After all, why wouldn't you? You get to be like Jesus – healing bodies and souls. In any case, surely the best Christians are missionaries, and the best missionaries are medics! Just look at the need out there (eg 1.2 billion people live in extreme poverty)! Just consider the

unreached people groups where medicine can open doors.² But most of all – I'm willing to go; unlike most of the Christian medics I know who settle down in the UK with a home and family. How lukewarm. How half-hearted. And I spent years being impatient to get out of London and the UK and go – why? – because then I'll have made it. Then God will be pleased with me. Then I'll be *really* useful to him.

Fast-forward 14 years and yes, I'm still in the UK. I am not a medical missionary. I own a home. I have a family. And for years I have struggled with this 'suboptimal' course of my life. I have often subconsciously tried to gain approval from God. I am my own harshest critic, often unwilling to forgive myself for many of my shortcomings despite accepting God's forgiveness (which is pretty arrogant when you consider it). In short, my identity has been based in seeing my achievements (or lack of) driving my significance

– and being crushed when I haven't attained my goals, including overseas mission.

identity defined

Identity can be defined both as the way in which I see myself, and the thing that gives me a positive sense of worth.

How do you view yourself? Are you first and foremost a medical student? Are you the best medical student (i.e. one who studies at King's?³).

When do you feel most Christian? Is it when you grow in understanding through Bible study or books and can explain your faith to others? Is it when you experience God in worship? Is it when you're on a mission trip overseas? Is it when things are 'going well' for example, you're having consistent quiet times? Are you becoming a 'really good Christian'?

The thing is, how do you respond when someone asks you a question you don't know the answer to? What about when God seems absent and you question your very faith? What about when the overseas mission doesn't happen due to illness or other factors? What happens when you miss your times with God, be it through busyness, tiredness or sin?

Overall, does your identity hold firm when your performance stutters? Do your achievements and/or experiences define your significance and value to God? Do you *really* know who you are?

identity: epidemiology

Identity disorder in Christians is unfortunately surprisingly common. A particular at-risk group is Christian medical students and doctors. We are highly vulnerable to confusing and forgetting our true identity.

After all, we have worked very hard to get where we are. Harder than many of our friends; we deserve to be here; we secretly enjoy the

respect of others when the old lady at church says 'it's so wonderful you're at medical school, your parents must be so proud!'

Furthermore, we are in a profession where we do significant things. We save lives. We have the power to change the course of people's existence.

And we are often busy people – long hours, involved in church, CU, CMF, and many other things – so busy that we perhaps forget the most important bit – knowing Jesus; spending time with him; being transformed into his likeness; understanding our true identity.

This is my first article for *Nucleus*, and my first words to you as a medical student are said deliberately: *Knowing your true identity as you go through medical school is the one thing that changes everything*. Knowing what God thinks of you and clinging on to that will take you through the storms of success and disappointment and will keep you from the idols of cynicism, apathy, comfort and placing your identity in career and status.

identity: pathogenesis

And yet we can struggle to grasp our true identity. Why? Here are just two reasons:

a. identity creation – the encroaching prevailing culture

There has been a corrosion of identity in the Western World since the Industrial Revolution. Secularisation has meant a draining of meaning from public life. Meaning and identity (including religion) have now become a private, leisure time activity. Instead of, as in traditional societies, your identity being received – where individuals sacrifice their own needs and wants for the good of the community – in modern society identity is created. Before, the message was 'you are your duties', now it is 'you are your dreams'.

Nowadays, diverse and pervasive media technologies question traditional authorities. How can any single view be absolutely true? They promote a view of identity as fragmentary (obtained from diverse sources) and flexible (enabling one to experience as much as possible – whether your identity is consistent or not is not essential). Of course this can be liberating – people are free to construct themselves; but equally it can lead to great anxiety – we really don't know who we are at a deep level. Even religion is seen as a journey to find the 'real me, the spiritual me – me as definer of my reality, me as creator, me as sustainer...'⁴

knowing your true identity as you go through medical school is the one thing that changes everything

Of course, any sense of emotional wellbeing is dependent on realising this idealised identity – if you can live up to it then you are happy – if not, then your sense of self is threatened. The big question in our society today is 'we are free to pursue happiness through identity creation or exploration (even noble exploits like medical mission) but will we find it?'

It is important that we recognise these trends amongst the patients we will meet because people are desperately searching for an identity. In medicine we meet people whose fragile, created identity crumbles when under the scrutiny of illness, bereavement or other pressure. Will we offer a better story?

And yet of course there is a deeper cause to our identity crisis, and that is all due to something called Noddle and the great identity theft.

b. identity theft

The book of Genesis outlines wonderfully how God created human beings in his image – to be like God; to reflect his glory; to show what he is like; to rule over the earth.⁵ This has profound implications – we are human because of who we are (image-bearers of God), not what we do.⁶ Our identity is outlined clearly and profoundly from the beginning.

This is why the account of the fall is so tragic⁷ – it's about losing identity. Adam and Eve were in a perfect relationship with God and with each other. No guilt, no shame.⁸

But then, something happens. The devil in the form of a snake tells Eve that God is being a bit strict. 'You don't need to do everything God says, do you? He's just trying to annoy you, because he can'. 'Go on' he says, 'just have a taste'.⁹ So Eve has a dilemma. Listen to God, believe him or believe the snake. Hold onto their identity as images of God, as those who have dominion over creation, as those who reflect God's glory. Or listen to a lie – try and forget that God is there – maybe he won't see. You ever feel that forgetfulness? We see this all through the Bible – God's people forgetting who he is, what he has done. They forget who they are. And we can too.

The consequences for Adam and Eve were not happiness and joy. No, instead it was guilt (knowing they had fallen short of the mark) and shame (a deep uneasiness not about what they had done, but who they are).

Of course the same is happening today. People are still hiding from God. They don't know their identity anymore. And tragically, Christians can feel the same. The devil is still accusing us,¹⁰ trying to make us forget our identity as forgiven children of God. Just like my computer program Noddle looks for

suspicious activity on my bank accounts to prevent identity theft, so we need to be looking out for suspicious activity because the devil is out to steal identities.¹¹

identity: symptoms and signs

a. significance Christianity

In this state, our significance is obtained through our achievements or status rather than the other way around. We see Jesus understanding his identity clearly at his baptism ('You are my Son, whom I love; with you I am well pleased.'¹²) and elsewhere.¹³ Jesus was affirmed for who he was before he did what he did. And the same goes for us today who believe in him. As competent, typically hardworking, well-respected students and doctors, we urgently need our significance to flow from holding onto the gospel which tells me that my significance comes from being 'in Christ'. Once we understand that we are accepted by God, and sustained by his word and fellowship with others, then we will gain a valid sense of significance/status/identity – we will know who we are. This solid foundation then gives rise to achievements (or good works¹⁴) which are not based on a *need* to be accepted, but which come from knowing that we *are* accepted. Rather than what we *do* determining who we *are*, we must grasp that who God says we *are* determines what we *do*. Just sit in Ephesians 1 and 2; let it sink in. You are adopted, redeemed, loved, forgiven, sealed, blessed, chosen, holy, blameless, made alive, saved, seated in heavenly realms, bought near, citizens of God's household...and there are so many other passages to meditate on.¹⁵ This is your significance as a Christian!

b. performance Christianity

Not knowing who we are can lead to us trying

to audition for a role that we have already got. I can't stand The X Factor, but from what I know of it lots of hopefuls turn up and audition to get through to boot camp and ultimately win a record deal. The acts desperately try and register approval with the judges and get through to the next round. Yet as Christian medics we can slip into the error of trying to register approval with God and chase affirmation from him and other people (maybe our parents, our colleagues, even ourselves). But the message of the gospel is 'you don't have to perform any activity to register approval with God. You've got the part. Now play it'.¹⁶

Knowing this identity keeps us from performance because it gives us the stability of knowing our worth with certainty. As Tim Keller says 'If successful, it keeps you from having head inflated, if disappointed it keeps you from falling. Because it isn't based on performance'.¹⁷ This performance might extend to even good things like praying, obeying the ten commandments – when we try and perform in these ways it can crush us just as much.

we urgently need our significance to flow from the gospel which tells me that my significance comes from being 'in Christ'

This performance anxiety can show itself in the way we can compare ourselves to others; from one extreme ('I'll never be as good at evangelism that she is' or, 'I wish I was as good as counselling patients as he is') to the other (my looking down at others for not being as committed as me is a prime example!). All in all, 'gospel-centred discipleship is not about how we perform, but who we are – imperfect people, clinging to a perfect Christ, being perfected by the Spirit'.¹⁸

identity: the cure

Listen to God. And believe what he says. Then be who you are in Christ.

In all the competing noise of our studies, our social lives, our smart phones, even our Christian events – make space to sit in God’s word; to read and pray; and allow God to speak to you. Ask him to help you forgive yourself when you don’t meet your expectations. Ask him to reveal to you that you are fully accepted not because of what you do, but because he has chosen you and he loves you. And get into community, the only place that the world will truly see who God is, because God is in community and he places us in community. In community our identity is tied up with those around us, and together we express the identity of God himself.¹⁹

That is why we connect, learn and serve together in CMF. Because as medics we need to encourage each other to remember our true identity – not primarily as medics – but as sons and daughters of God. Not as saviours, but those who point to the saviour. Not those who achieve our identity and status in our medicine, but who receive it from God. And we meet to look outwards, and be equipped to recognise identity crises in our peers, colleagues and patients and to address them biblically. Perhaps study the book of Ephesians together; do the Confident Christianity or Saline Solution course (just contact the office for details); hold a lunchbar event on the subject of identity... you get the idea...

So let me leave you with the good news about identity:

- What you *do* stems from who you *are*.
- Your identity is *received* rather than *achieved*.
- You work *from* identity not *for* identity.

- Our identity is given by God and only found in Jesus Christ.
- What good news we have. What a glorious gospel! ■

questions to ponder

1. Do you find your identity and significance in being a medical student? Or a CMF member? Or this or that? Or are you truly significant because Jesus speaks that over you before you do anything?
2. Are there areas in which you tend to ‘perform’ for God? Do you compare yourselves to others rather than resting in who God says you are? Talk to God about this now.
3. As Christians our identity is found in community.²⁰ How is this good news for colleagues and patients we meet? How do we model this in our CMF groups; our churches; our medical schools?

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so you've just graduated...

Laurence Crutchlow gives some hints for the coming weeks

The final few weeks of medical school pass quickly. A blur of revision and sign-ups mark the last clinical placement. Even the exam period can pass surprisingly fast, and after a celebration, graduation and a holiday, you soon find that your few days of shadowing your new F1 job have started. There can be so much going on that it is easy to forget what a vital time this is, both in your current and future relationships with friends, and your walk with the Lord. Here are some hints and tips from my own and others' experiences.

finish well

You've probably made friends who you'll be in touch with for life at medical school. But you will see a lot less of many of them from now on. These last weeks as a student are important for cementing friendships and reconciling any problems. The pressure of exams often leads to opportunities to talk about your faith; it is unlikely you'll have similar opportunities with people you've grown to know so well for some time to come.

Finish well in other contexts as well. If you are moving to another town take time to properly say farewells at church. You can be a great

encouragement to younger students in CMF and CU at this stage – do try to get to at least some meetings over these last weeks.

plan new connections

If you are moving to a new city, do make at least some connections there. If you've opted into CMF's Welcome Scheme, we will put you in touch with a Christian doctor where you are going who can help (see www.cmf.org.uk/graduating for details).

Think about where you'll go to church before you move. If you're there only for a year, it can be easy to unintentionally spend half the year settling down, particularly if your rota means you are working on a lot of Sundays, and then you miss a few more because you are working far from family and friends. Your current church leader and CMF welcomer should be able to help. If you have only a year, the best advice is to find somewhere that teaches the Bible but not worry too much about other things.¹

have a real rest

The gap between graduation and F1 may be the longest break you've had since starting clinical medicine – and may be the longest break you



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have for some time in future. It's a good opportunity to do something different. Some rest and relaxation is vital; but it might also be a good chance to join a CMF Summer Team, or get involved with a holiday club at church. Try not to spend the break reading up on your new job – you almost certainly know enough, and will quickly learn on your feet.

the first few days

Be known as a Christian from the start. It is much more difficult to slip your faith into a quiet conversation a couple of months into a job than it is to talk openly about it at the outset. See you if you can find other Christians in the hospital. There may well be other FIs, and there will almost certainly be nurses or other staff who are believers.

There are also some very practical things worth knowing that may have been less obvious as a student. When does the canteen close? Does it open at night? Which of the useful side doors into the hospital building are locked after 11pm? A few days overlapping with your predecessor is often the best way to find out.

guard your devotional life

The lack of routine when you work a shift system can be really disruptive if you've been used to a regular time with God at the beginning or end of the day. Think about strategies for when routines are disrupted. Travel time can be useful for prayer or listening to talks. Waiting next to the blood gas machine or walking a lengthy corridor can give space to pray.

It might surprise you that your time outside work is probably freer than it was as a student. You don't need to be doing exams or essays as an

F1, though you may be very tired initially. Think about what you might read and study in this window before you need to work hard on exams again.

A midweek church group is also important; not only for study and fellowship, but also to ensure you have some Christian contact if your rota causes you to miss multiple Sundays.

look after yourself

The excitement of starting work can easily lead to self-neglect. Of course you will want to invest energy and time in your patients, but limits are needed. You can't be in the hospital every waking hour. Jesus withdrew to rest and pray – if he needed to then we certainly do!

Excessive expectations of yourself are probably as much of a problem as high workload. It can be particularly easy to overestimate your own importance; although you will be very busy, it is the consultant rather than you who takes ultimate responsibility for patient care. Try to avoid becoming involved in stressful situations that are for others to sort out (for example which team looks after which patient, or how to solve the latest bed crisis in A&E), and concentrate on the things which are your responsibility first.

be reassured

Although starting work as a doctor seems a big change in life, much hasn't changed. Jesus is the same yesterday today and forever (Hebrews 13:8) – and will still be the same long after your F1 year has finished. ■

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life in HD

Emma Pedlar reports on her elective in India

For my elective I joined the plastic surgery department at Sakra World Hospital, a multi-speciality corporate hospital in Bangalore, south India. My supervisor, Dr Derick Mendonca, was an Indian

surgeon who had completed his speciality training in the UK. He had been in Bangalore for two and a half years, together with his wife (a British dentist) and their three young children. During my stay they became my Indian family, as I lived nearby and ate most of my meals with them. Getting to know them all was one of the best parts of my elective, and I got to see what it takes to move your family halfway across the world, and the realities of life once you get there.

Sakra has a small plastic surgery team, of which I made up a third. However it was a busy department with a steady stream of trauma, reconstructive cases, diabetic and pressure ulcers and cosmetic cases. We operated all over the body, as the realm of plastic surgery extends from soft tissues (including nerves and vasculature) to speciality areas such as the hands and face. Plastic surgeons often work with other specialities such as neurosurgery, orthopaedics, cardiothoracics, diabetes and endocrinology and general surgery. There was never a dull moment, and no two days were the same.

My supervisor's area of particular interest was craniofacial surgery. I was given the opportunity to assist in these cases, including calvarial vault reconstruction and fronto-orbital advancement for craniosynostosis, mandibular



distraction and maxillary advancement, and open reduction and internal fixation of facial fractures. I enjoyed these cases more than I expected and found it incredibly satisfying seeing the post-operative results. These patients would look completely transformed, particularly the craniosynostosis children. I found it very moving to see how much of a difference the surgery made. I was a bit overwhelmed by the gratitude of some parents; one mother even tried to kiss our feet! Such surgery is done infrequently in India. Not only was it a privilege to be part of but I saw how valuable these skills were and how Derick had found an area of need in which he could serve the Indian people.

I spent part of my time in a mission setting at Bangalore Baptist Hospital (BBH), which has been serving the communities around Hebbal in North Bangalore for more than 40 years. It has seen massive transformation in the surrounding area, and grown from 40 beds to nearly 300. It is well equipped with ICU, PICU, theatres in which complex operations are regularly performed, A&E and many other specialities. They have a strong community outreach which I joined for a day in one of the slums. Many of the patients had diabetes and hypertension. It was almost like being in GP, minus all the resources and with more



Emma Pedlar is a final year medical student in Manchester



the food (my spice tolerance has definitely increased), wearing the clothes, using the public transport and even going to see my supervisor's children in their school play.

However, my elective was not without challenges. At BBH I sometimes felt lost in a sea of medical students (once there were 14 Malaysian students and me on a ward round). The language was also a barrier; despite many people speaking English, often conversations and consultations would occur in Hindi or Kannada. I found the private healthcare system quite frustrating, for example there were patients with injuries who we couldn't treat as they

were too poor. Fortunately I saw how Dr Derick would try and work around the system to try and make treatment affordable for patients. He even set up a fund to help really poor patients who needed large, expensive operations like those for craniosynostosis or a hypoplastic maxilla following a cleft palate repair. I certainly learnt to appreciate the NHS and not take it for granted. I think a lot of British people have no idea how fortunate they are in the UK.

India is a fascinating country to live in; a friend described it as 'life in HD'. It is busy, noisy, smelly (jasmine, curry, cows and open sewers immediately spring to mind), colourful, hot (both food and temperature), vibrant, friendly and chaotic. I learnt that mission doesn't have to be in the middle of nowhere, and that sometimes medical missionaries need to be in developed settings in order to have the facilities to use their skills.

I went to an international church, which was very welcoming and the bible teaching was excellent. It was not only a great way of meeting people, but everyone there was from different countries so I felt much less conspicuous! I felt very blessed by the friendships I made, and had several fun weekends visiting Mysore and Goa with some of the doctors from Sakra. I also feel like I properly embraced Indian culture, eating

interesting smells! I happened to visit on the day when they were inaugurating a new dental chair and somehow I got included in the ribbon cutting ceremony. Ironically, they gave out sweets and fizzy drinks whilst celebrating the arrival of the dental chair! At the hospital I spent time with the surgical team, seeing patients on the wards, in clinic and in theatre. I really liked the Christian ethos of the hospital, and went to the prayer and handover meetings in the morning. There was a strong emphasis on pastoral care, with a team attending to the emotional and spiritual needs of the patients.

I loved the two months I spent in Bangalore, it went by far too quickly and I quite happily could have stayed much longer. ■

the world's your oyster

Vicky Lavy explains why everyone should consider an elective in a low-income country



What an opportunity – a chance to go anywhere and do anything (well, almost). Where should you go? Swaziland or Switzerland? New Zealand or Nepal? Different people are looking for different things; some are after a centre of excellence in a particular specialty, some are visiting family across the world. Some stay in the UK because finances are tight, while others are looking for good beaches! There are many considerations and options, but in my (humble) opinion, you should take the opportunity to go to a low-income country if you possibly can, and here's why:

how the other half lives

In fact it's how the other 80% lives. The vast majority of the world live in low or middle income countries (LMIC). Here in the UK we enjoy a standard of living, level of education and quality of healthcare that most of the world will never experience. As global citizens, we should try to understand what life is like for the majority of the world's people, even if we never intend to work there in the future. An elective

- 7.2 billion people in the world
- 5.7 billion in LMIC – 80%
- 3 billion live on < \$2 a day
- 1 billion live on < \$1 a day

World Bank 2012

in an LMIC gives us at least a glimpse into some of the challenges people face.

Child mortality – the number of children per 1,000 that die under the age of five – is a very good indicator of the health status of a nation. This map of the world above has been adjusted according to child mortality rates in different countries and shows the enormous contrast between rich and poor nations.

The world's biggest health needs are in LMICs. Of course there are many needs in the UK but the global figures are very striking: LMICs see 99% of maternal deaths, 95% HIV infections, 90% of people with visual impairment...the list goes on.¹ An elective in an LMIC gives us some exposure to these big global health issues and some perspective on the world's problems.

God asks his people to care for the poor,



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and to work for justice. He doesn't call all of us to live and work in a poor country, but he does call some. Your elective is a time to listen. What part could you play in the future?

stretch yourself

If you do your elective in an LMIC, you are likely to see diseases you'll never meet here. Malaria is one of the world's biggest killers but you may never come across a case if you stay in UK. You may see some advanced pathology and clinical signs you have only read about in textbooks – or may never have heard of. On my elective I remember being shown a patient with 'uraemic frost.' A new one on me! (Look it up if it's new to you too).

Hopefully your clinical skills will increase. With fewer investigations available, it may be just you and your stethoscope to make a diagnosis. It actually matters whether or not there is stony dullness on one side of a patient's chest if the X-Ray machine is broken – do they need antibiotics or a pleural tap?

Stepping out of your comfort zone into a different world will stretch you in other ways as well. Living in another culture makes you look at your own through a different lens and re-assess what's important. Seeing poverty and suffering may force you to think through some big questions. Meeting new situations, away from familiar routines and people, will mean you have to rely on God in a new way and you'll grow in your faith.

God's worldwide family

We're part of a family with two billion members and it's great to meet some of our distant cousins. If you go to a mission hospital, many of

the staff will be Christians and you'll have the chance to learn from them and see how they live out their faith in their context. Wherever you go, you'll hopefully meet some Christians at church and see how they worship, and have the fun of joining in. More than 75 countries now have national Christian medical movements that are part of the International Christian Medical and Dental Association (ICMDA), the umbrella organisation that links us all up across the globe. You may be able to connect with a local CMF while you're away – they will be encouraged to have you and you will be blessed.²

So what are you waiting for?

- **Seems too daunting?** Read some of the reports on our websites to find out what others have done and how they found it www.cmf.org.uk/international/electives.asp
- **Sounds too much hassle?** Get CMF's *Electives Handbook* to help you get going, and check out the online resources on the website.
- **Looks too expensive?** If you get started early, there's a lot of funding out there – see the list on our website, and be creative.
- **Want some help?** I'm always happy to answer questions – give me a ring at the office. Or why don't you organise an electives evening at your medical school? We can provide a speaker and resources for you.

Don't miss this chance to explore, learn and grow. Step out of your comfort zone and do your elective in a resource-poor setting. It will change the way you look at the world, and it may even shape your future. ■

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our values: upholding marriage

Laurence Crutchlow considers marriage and family

'To uphold marriage between a man and a woman, faithfulness and the family'

Marriage is an overarching theme in Scripture. "For this reason a man will leave his father and mother and be united to his wife, and the two shall become one flesh." This is a profound mystery – but I am talking about Christ and the church.' (Ephesians 5:31–32). Paul is clear that marriage is not just a form of union between man and woman, but an illustration of something much greater.

'One of the seven angels ... said to me "Come, I will show you the bride, the wife of the Lamb."

And he carried me away in the Spirit to a mountain great and high, and showed me the Holy City, Jerusalem, coming down out of heaven from God.' (Revelation 21:9–10). Here Jerusalem represents the church, the bride of Christ. The church is seen as a bride, uniting with Christ her husband, in the new heaven and earth. Even though earthly marriages may seem a pale shadow of this great feast to come, the reality is that God intended marriage to illustrate his love for his people (the church). Husbands and wives



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should model the relationship between Christ and the church.

To do so is demanding of both husband and wife. Wives are told to 'submit to your husbands as to the Lord' (Ephesians 5:22), while husbands are to 'love your wives, just as Christ loved the church and gave himself up for her' (Ephesians 5:25). Such a picture has been intended from the very beginning of creation in Eden. It was God who created humans to be male and female (Genesis 1:27). He not only created men and women, but clearly intended marriage even before the fall (Ephesians 5:31–32 above quotes Genesis 2:24). It seems that marriage has been part of God's plan from the beginning.

unrealistic?

Such a high view of view of marriage may seem naïve with more than 118,000 divorces recorded in England and Wales in 2011,¹ and a 42% likelihood that a marriage will end in divorce. Perhaps we shouldn't be surprised. Sin affects marriage as much as anything else; in the very first family (Adam, Eve, Cain and Abel), Cain kills his brother Abel (Genesis 4). Jacob's family, from which the twelve tribes of Israel are descended, would be a challenge for even today's most hardened counsellor. There are twelve male children from four different women; two of whom are sisters, Rachel and Leah. Leah is 'not loved', and Rachel dies in childbirth. The other two mothers are Rachel and Leah's servants. Joseph's rejection by his brothers is perhaps less surprising when we realise that he and Benjamin were Rachel's two sons and perceived to be favoured over the others.

Later on the consequences of unfaithfulness in marriage are illustrated by David's disastrous

affair with Bathsheba (2 Samuel 11), where he not only commits adultery, but goes on to have Bathsheba's husband Uriah killed after finding out about her pregnancy. The inglorious story of these early unions is also a testimony to God's grace though; both Jacob and David are found in Jesus' genealogy in Matthew 1, as is Solomon, the product of the illicit union between David and Bathsheba.

polygamy?

This CMF value states 'a man and a woman', rather than 'a man and *some* women'. Yet we see a number of polygamous marriages in the Old Testament. Although these marriages are recorded accurately, they are not positively affirmed, and the stories told often illustrate the difficulties they cause. The most extreme illustration is Solomon, who had 'seven hundred wives of royal birth and three hundred concubines' (1 Kings 11:3). His wives (who were not Israelites) led him astray, and eventually 'turned his heart after other gods'. Though the polygamy is not directly condemned, the consequences are obvious.

family and faithfulness

This value is not just about marriage. The importance of family is affirmed throughout Scripture. The fifth commandment (Exodus 20:12) talks about honour given to parents, and Paul's advice in 1 Timothy 5:3–8 is clear about a believer's obligation to their family. The sanctity of marriage is also affirmed, not only by Paul (particularly in 1 Corinthians 6 and 7), but also by Jesus, both in his teaching (Matthew 5:27–28) and in his dealings with people he met (John 4:18, 8:11).

why does it matter for CMF?

The place of marriage and family in Scripture is clear. But why should CMF, as a medical organisation, make it such a key value?

Just an average morning in general practice is enough to see that people's family relationships have a tremendous effect on their health. I remember several consultations as a GP trainee with a boy still at primary school who was suffering from acute anxiety prior to having to attend mediation meetings as his parents divorced. I've had a number of situations where I've been GP for both a husband and wife who are having difficulties, and trodden the difficult road of maintaining their confidentiality from each other. The conclusions of a 2009 Institute of Education paper state: 'Compared with children growing up in intact families, outcomes across a range of measures are poorer for children who experience family breakdown, and some of these persist into adulthood'.² At least some evidence suggests that marriage itself has positive effects on health,³ though of course it is difficult to prove that marriage alone is responsible for these differences.

So CMF is interested here for two reasons. First, because understanding marriage as an image of Christ's union with the church is so fundamental to Christian faith; but second, because the health or otherwise of marriages appears to have an effect on physical health.

challenges

As with most of CMF's values, this one is under attack. A long-term rise in the divorce rate in the UK has only levelled off as the number of people getting married in the first place has dropped. Divorce has become much easier in law, and cohabitation as a prelude to (or alternative to) marriage is not only tolerated but almost

expected in much of society.⁴ Most would still in principle advocate strong family relationships and faithfulness in marriage, though this is not always practised. Language such as 'Ms' rather than 'Mrs or Miss', or phrases such as 'Parent/Guardian of' rather than 'Dear Mr & Mrs X' may well be helpful in making sure that people do not feel excluded, but the very fact that it would now seem unusual to use the more traditional versions shows how much society has changed in this area.

After long and heated debate, the law has also changed in the UK to allow same-sex couples to marry. This legal change does not alter anything in Scripture about marriage of course, but does mean that the law now has a very different view of marriage from that set out in the Bible. This should be no surprise in a largely non-Christian society, but it may in time lead to challenges against churches who choose to maintain a biblical view of who they will marry on their premises.

what about single people?

The majority of *Nucleus* readers are probably single. Does this value really matter at the moment? It really does. Even if single, we are part of a family in some way. Even though most medical students will live away from home, we are still part of our own wider family. For some this responsibility may be very obvious if parents are ageing or unwell. For others we may be effectively still dependent on our parents for financial and moral support. The command to 'honour your father and mother' doesn't appear to have an age limit, and we should continue to follow it throughout life.

We can also uphold the marriages of those in our church family and friendship groups. Married people still need other friends – we shouldn't

completely withdraw from someone who gets married. At the same time, we need to recognise when close friends get married that their first commitment after Jesus is now to their spouse, and that parts of their life may change.

In our medical studies, we need to be aware of the effect that family issues have on our patients' health. Health is not just physical, and when we enquire about the social history of our patients, we should be alert to signs that all is not well at home.

what can we do?

It goes without saying that we should uphold both faithfulness within marriage and purity both within and outside marriage. However we must understand that these are some of the hardest commands to keep. God's grace extends to this area just as much as any other, and we need to ensure that our response to those struggling in this area reflects God's grace to them. The guilt and secrecy that often surrounds problems in this area makes them particularly fertile ground for those who would draw people away from Jesus; only God's grace will ultimately win over that. Of course we should do what we can to protect ourselves, taking care of the situations in which we place ourselves, and cultivating relationships with other believers where we can honestly discuss difficulties.

Some may also want to get into defending marriage in the political arena. A reversal of recent changes to the law on marriage seems very unlikely, but we are likely to see increasing numbers of cases where those who cannot in all conscience be associated with same-sex marriages run into problems. The Coalition for Marriage has recently put together a leaflet outlining 30 such cases reported in the media across the world.⁵ Some may feel called to

prayer and giving in cases like this. Others may campaign for laws that strengthen the rights of individuals to act according to their conscience on this and other issues.

We can also look to uphold families. As students, this might involve giving practical support to families at church – something as simple as babysitting can be really helpful to a couple struggling to get time together with young children at home. We need to consider carefully our relationship with our own families as well. Do we build in time to see parents and grandparents (if we still have them) periodically?

Lastly, we shouldn't be afraid to talk about why marriage is important, and why we view it in the way we do. It is now an area where Christian practice is markedly and visibly different from the rest of society, and may open up other conversations. My wife and I found that the process of getting engaged and married as Christians triggered a lot of questions from friends. It can be tremendously powerful when people share struggles too; it is all too easy for Christians to appear self-righteous and condemnatory over these things (and much of the secular world *expects* us to be unforgiving, sadly). Showing how God's grace can work in our relationships and marriages can be very powerful for those around us, and lead to fresh questions about Jesus, to whom marriages should ultimately point. ■

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HEROES + HERETICS

Alex Bunn examines the life of a pioneer of children's welfare

HEROES 16: Dr Barnardo: the children's champion 1845-1905

It's a cold winter's night in 1866. You're a 21 year old medical student, volunteering in one of Shaftesbury's ragged schools and it's home time. You're locking up the converted donkey shed in London's East End. But there's an eight year old boy curled up by the burning coals who refuses to leave: 'Ain't got no home to go to sir!' What do you do? There were no children's services in 1866! Not until Thomas Barnardo's pioneering work, an Irish medical student at the London Hospital. Motivated by Christ's example and commands, his work gave rise to principles of child welfare which are now recognised all around the world. This is his story.



so Barnardo spoke instead, and raised the issue of child homelessness. Missionary topics went viral on the Victorian press. Lord Shaftesbury read of this medical student's speech and was concerned: were whole tribes of homeless waifs slipping through the net of his ragged schools? Curiously even the great reformer Shaftesbury was unaware of the scale of child homelessness on the streets of London. Barnardo had witnessed poverty and medical calamity first hand in the East End. Cholera hit London in 1866 and 65% cases were in the East, with up to 16 deaths per day.

Shaftesbury invited Barnardo to his home, and planned some empirical research near Billingsgate market. Searching under crates and behind barrels with burning matches at one in the morning, this focus group found a pile of boys under tarpaulins. Scared they were in trouble with the law, Shaftesbury induced them with free sausages, bread and a penny each. They counted 73 lining up for the offer. Shaftesbury apologised to the student for doubting him: 'Public opinion can cure this ghastly ill...I will see that all London knows of what we experienced tonight. You hope

a missionary to London's slums

The young lad, Jim Jarvis, told Barnardo that he had slept in a hay cart the night before and had to move each night to keep ahead of the police. He took him on a night tour, scaling a ten foot wall onto an open roof where eleven other 'urchins' slept rough. Shortly after, Barnardo was invited to a missions rally, because he was intending to be a medical missionary to China. The speaker was sick,



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to go as a missionary to China, that is a noble ambition. But pray over the events of this night. It may be that God is calling you to labour among the homeless children of this metropolis!¹

storming Edinburgh Castle

One request Shaftesbury made of his young apprentice was another piece of research: to establish the cause of each child's lot. Both were astonished to find that 85% stated that directly or indirectly, alcohol had been the cause of their family's demise. Gin was particularly popular as it was cheap; many pubs had signs stating 'drunk for a penny, dead drunk for two'. Many women became heavy consumers of gin, causing it to become known as 'mother's ruin'. The average consumption was half a pint per day.² It was another symptom of the malaise that England suffered in the mid-nineteenth century: desperate poverty alongside spectacular wealth, horrific health stats, social breakdown and soaring crime.

Barnardo responded by becoming teetotal, and set about addressing the root cause. In August 1872 he invited a mission to set a tent opposite a notorious 'gin palace', the Edinburgh Castle in Limehouse. Hundreds professed faith, signed a



sobriety pledge and many became volunteers. This mission was so successful that the Edinburgh Castle lost custom and was forced onto the market. Barnardo seized the opportunity to rededicate it as a 'coffee palace', serving cheap meals and recreation for working men. It became a hub for the temperance movement. His cause was so popular that he was able to fund this venture without borrowing a penny.

However, it was not all smooth running. His success in mission threatened bar trade and

prevented him from hiring public rooms. Other times he was pelted with rotten fruit, or dead cats and rats were dropped on him from the skylights of halls where he has preaching. He did not want to retreat to a religious building but to 'go into the highways and byways'. He was dismayed by what he heard in the 'penny gaffs' and on occasion paid to have an audience to preach the gospel to! Once he was selling Bibles in a pub when he was assaulted, with cries of 'bonnet him' and 'chuck 'im down!' A table was thrust on him whilst drunk teenagers danced on it. He was dragged away unconscious with broken ribs. When asked if he would press charges, he replied 'I began with the gospel, I am determined not to end with the law!'

His assailants visited him daily, and he believed that the incident gave him more influence than years of preaching would have.

One case that seared his conscience was 'Carrots', the ginger-haired eleven year old John Somers, who turned up half-naked and half-starved at one of his first homes in Stepney Causeway. There was no bed for him, but he was given a meal and promised lodgings a week later. His mother, a gin drinker, left him to fend for himself. He tried selling matches but the weather was stormy. He was found dead six days later. Barnardo resolved a new policy 'no destitute child ever refused admission'. That's quite an ambition for a medical student! But the founding principles of Barnardo's organisation rested on Christ's teaching that 'it is not the will of our Father in heaven that one of these little ones should perish'.³ He vowed to rear the most unfortunate, so as to honour both his country and his God.

a missionary to the stingy

Barnardo was deeply impressed by George Müller (1805-1898). Müller ran orphan houses in Bristol, a 'faith mission', and had remarkable answers to prayer whilst refusing to ask for money directly, raising the equivalent of £90 million in today's currency. He stated that his work was not merely charity but that the 'orphan houses exist to display that God can be trusted and to encourage believers to take him at his word'.⁴

But Barnardo's aim never to refuse admission to a destitute child gave him a dilemma. He was soon

DR. BARNARDO'S HOMES
 Not subsidised — Not nationalised — still dependent on public support



Three nourishing meals a day for 7,000 children call for a deep purse. A gift of

10/-

will buy one child's food for a week in Dr. Barnardo's Homes. Over 21,000 meals prepared daily. Please help.

Chques, etc. (remitt), payable "Dr. Barnardo's Homes" should be sent to gby Barnardo House, Stepney Causeway.

WHAT A RESPONSIBILITY!



8,250
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WILL YOU SHARE IT?

Become a partner in this happy work of training future citizens!

10/- feeds one child for 10 days.

(Remitt. etc. (remitt.) payable "Dr. Barnardo's Homes" should be addressed 119 Barnardo House, Stepney Causeway, London, E.1.)

overwhelmed by needy waifs, and needed to expand urgently by taking on new buildings and mortgages. As he searched the scriptures, he discerned another principle for provision. St Paul had recommended: 'see that you also excel in this grace of giving'.⁵ And had not Christ sent his disciples ahead to Jerusalem to fetch an ass and a colt with the words 'the Lord has need of them'? Had not even Müller published his accounts widely? Too many Christians were 'almost cucumbers in the ground' when it came to shouldering their financial responsibilities to 'evangelise the masses, rescue the perishing, to deliver homeless

and suffering children from the power of the destroyer'. He felt a special calling to provoke and educate the consciences of the hardhearted, a 'special mission to the stingy!' And he led by example. He worked for the homes for 17 years without pay, and when forced to take a salary, it was less than half what he would have earned in medicine.

Before he qualified, his charity was pulling in a staggering £30,000: equivalent to £4 million today! And these finances were entrusted solely to a student zealot! Unusually, he refused to print any of the donors' names, quoting the scripture 'when you give to the needy, do not let your left hand know what your right hand is doing, so that your giving may be in secret'.⁶

But God answered his prayers in ways that demonstrated that his appeals went to a greater sponsor. Once he was warned that he had to pay £550, or his mortgage would be foreclosed. On the

day of the deadline he went to throw himself at the mercy of the lawyer (a futile plan!). As he crossed Pall Mall a total stranger stopped him and introduced himself as just returned from India, where a colonel had given him the proceeds of a bazaar. The packet contained £650.

'God setteth the solitary in families'

In contrast with the austere Victorian households of the day, Barnardo recognised the emotional needs of children. He said he had never seen an ugly child. He sacked one of his workers because 'she [had] no heart for the poor dears that need love more than medicine'. Therefore he preferred to have children boarded out with families rather than raised in an institution. Frustratingly, it was harder to fundraise for boarders than for orphans in a home. Boarding was Barnardo's early pioneering of fostering, encouraged by the Bible: 'God setteth the solitary in families'.⁷

His support for unmarried mothers was also unusual for its time. He devised a scheme to give them employment and keep the family intact. So great was his passion for the children's work that when he got engaged, his supporters could think of no better wedding present than a national whip-round to buy buildings for his first home for girls. He was delighted!

controversy

Like most heroes, Barnardo was not above reproach. He was taken to court for arranging the



adoption of a child to Canada, after his mother had given permission but later regretted it. The transaction protected the adopting family from contact, and there were accusations of anti-Catholic bias. He could be autocratic, representing himself in court and claiming that 'philanthropic abduction' was sometimes necessary in the interests of the child. Today the pendulum has swung in the other direction, as services aim to keep children with their natural parents wherever safe to do so. He also admitted that some of the photographs used in appeals had been doctored to maximise their impact. Today you might say that he was good at marketing!

More recent campaigns by the charity that bears his name have been hard hitting even by modern standards. Would Barnardo have approved, in order to provoke the viewer's conscience?

Despite these troubles, Barnardo weathered the storms and emerged as a popular public figure. Once he was robbed of his coat, watch, pen and all his money before being recognised. His robbers then apologised: "ad we know'd you was Dr Barnardo, we would never ha' touched you!"

legacy

Barnardo's legal disputes revealed the horrors many children had to endure without protection, and led to the Enquiry into the Destitute Child Problem, for which he was a chief witness. This led to the Act for the Prevention of Cruelty to Children 1889, transferring all rights from 'vicious parents'

to suitable guardians. Another 'Barnardo Act' empowered courts to take custody of neglected children. But it was a full hundred years after his birth that the Curtiss report of 1946 finally resolved that the state would be the default guardian of vulnerable children, even the homeless ones, and paved the way for the Children's Act of 1948.

However, is the state a good parent? Today, children in care are at high risk of falling into the criminal justice system: 27% of the adult prison population have once been in care.⁸ But figures show that convictions amongst Barnardo's protégés relocated to Canada was 1.36/1000, one fifth that of Canadian citizens, and even comparing favourably with contemporary MPs! By this measure, Barnardo's children were well adjusted: 'If they had not been caught early, how many of these poor children might have fallen into a life of crime because there was nobody to help them? As Home Secretary, I thank God for Dr Barnardo's homes.'⁹

One example of reformed character was James Page, a 'street urchin' who was caught robbing a drunk Frenchman, when he was taken in by Barnardo. He went on to become Chief Whip to the Australian Parliament. A cabinet minister who chaired a Royal Commission on the Poor Law Schools declared that 'much as the government owed Barnardo for what he has done, it owed more for *what he has taught the state to do*'.¹⁰ Rev Benjamin Waugh, founder of the NSPCC remarked: 'In protecting the young from the evils to which they are exposed, Lord Shaftesbury and Dr Barnardo were our pioneers'.

By the time of his death in 1905, Barnardo's homes cared for over 8,500 children in 96 locations, and had rescued 60,000 children from the direst circumstances. It became the UK biggest children's charity.

reflection on the life of Barnardo

- What issues have you noticed that older doctors, Christians and the state are neglecting?
- What stops you speaking about Jesus as boldly as Barnardo?
- What is the place of appeals and prayer in causes you support?
- Barnardo was heading for China, but followed the missionary principle: 'plan to go, be prepared to stay'. Where can God use you best?
- Barnardo regularly spent the hours between midnight and 3am not on Facebook, but with his face in a book! Leaders are readers - how can you make the most of your time?

Sadly, since his death, the Barnardo charity reflected that its institutions became more focused on the moral and physical wellbeing over the emotional, and staff could be cold and aloof.¹¹ Concerns were also raised about sending so many children abroad to the colonies, where conditions could be harsh and guardianship less closely monitored. The charity's work has since evolved into diverse areas of advocacy for 200,000 vulnerable children in a range of settings today. It begs the question of what the church should leave the state to do, and what we can and should do better. ■

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being a Christian medic in Spain

Megan-Alicia Berry reports after attending CMF's student conference

In February, my friend Eli and I had the opportunity to attend CMF's Student Conference for the first time. We are both third year medical students at the University of Granada, in the south of Spain. While we were there, quite a few people asked us what it was that had made us decide to come to the conference. Now we've had time to think, here are some answers.

What is your CMF group like?

We are our group. As far as we know, Eli and I and one other girl we have contact with every so often are the only Christian students in our medical school. The ICMDA movement in Spain, the *Unión de Médicos Evangélicos* (UME), is a much younger and smaller movement than CMF UK. At the moment there is only really one group as such in Madrid.

What is there for Christian medical students, then? Where we are, in Granada, there isn't anything specifically for Christian medical students. Committed Christian students generally get involved with the local Christian Union at their University. Thankfully, in Granada we have a great group in which we are involved. However, there are still quite a few universities in Spain without a Christian student movement on campus.

So, why did you decide to travel all the way to England to go to a medical student conference? There is nothing quite like it in



our country. Of course we have student conferences and summer camps, but they're not aimed only at medical students. Even if there were, there might only 10-20 medical students in all of Spain interested. In a country where most Christians either know each other or have at least one friend in common, I only know seven other Christian medical students. So that wouldn't make much of a conference.

The UK is blessed with a strong CMF movement, great speakers, amazing and seemingly unlimited literature and other resources and we wanted a taste of that. It was an amazing experience which we both enjoyed very much and would be happy to go again. Spending a weekend surrounded by over 300 other Christian medical and nursing students was great. The teaching was very useful and inspiring. And the seminars...there was so much choice it was hard to choose! We enjoyed the ones we went to, but are sure all of them were good.

Hopefully this is a better answer than I was able to give to those who spoke to us at the conference and to those who wonder why international students travel such a long way to be there. I hope it helps you understand a little of what it's like to be a medical student in a different country. Thank you for welcoming us with open arms. ■

Megan-Alicia Berry is a medical student in Granada, Spain

join us this
summer for

CMF SUMMER EVENTS 2015

Developing Health Course 21 June – 3 July

Coming to one of the study days on the Developing Health Course is an excellent way to gear up for your elective and learn about some of the things you're likely to see. Check out the details on the CMF website and look out for the special student rate. For more information visit: cmf.li/DHC15

Mission Fair 24 June, 7–9pm

If you're planning your elective, come along to the CMF Mission Fair to meet some of the mission agencies that run electives. It's at Oak Hill College in London N14 4PS. For more information email international@cmf.org.uk

Summer Camp: 'I was sick and in prison'

10–14 August, Moor Monkton, near York

In association with Petros Training, this camp will explore how we can demonstrate Christ's love to vulnerable patient groups. For more information email students@cmf.org.uk

UCCF Forum 1–5 September

Quinta Conference Centre, Shropshire

Open to all CMF students leading CU or CMF groups. Worship and learn how to lead well with hundreds of student leaders from across Britain.

Book online at uccf.org.uk/students/forum

CMF Summer Teams

Eastern Europe & further afield

Summer camps run by local Christian medical students for their Christian colleagues or as evangelistic events – a great way to serve, learn and experience mission overseas.

For more information email students@cmf.org.uk