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living under authority

future medical mission

fruit of the spirit

the Bible and the British Museum

ruccius

the student journal of the christian medical fellowship

plus: Malta; Revelation; God's sustaining love; speak up, do justice; reviews

nucleus



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CONTENTS

- 3 editorial
Laurence Crutchlow
- 4 Revelation
Conference Report
- 6 future medical mission
John Greenall
- 11 weekend away
Jennifer Rossiter
- 12 Malta - sun, sea and mission?
Jenny Thompson
- 14 God's sustaining love
Anonymous
- 18 our values:
respect the governing authorities
Laurence Crutchlow
- 22 exercising the fruit of the spirit
Pippa Peppiatt
- 25 book reviews
- 26 lessons not learnt in the lecture theatre
Lydia Akinola
- 28 take me to your leader
John Greenall and Sam Strain
- 29 God is sovereign
Tobi Adeagbo
- 32 the Bible and the British Museum
Alex Bunn
- 35 speak up, do justice
Rachael Pickering



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One fascinating conversation in heaven will be that between John and Jeremiah. Tim Chester's talks on Revelation at the CMF Student Conference reminded me of the contrast between Jeremiah's instructions to the Jews in Babylon (Jeremiah 29), and John's account of Babylon's fall (Revelation 18). When Babylon falls, a voice from heaven says "'Come out of her, my people", so that you will not share in her sins'; yet Jeremiah's instructions include 'seek the peace and prosperity of the city to which I have carried you to exile'.

Although the Babylon of Revelation 18 is clearly symbolic, representing the anti-Christian system of the world, it seems little different from the literal Babylon of Jeremiah 29 where the Jews had been taken in exile. So why are the instructions different? Contrasting trajectories in Scripture aren't unusual, and may explain things better than a list of rules; but I'd still be keen to hear how John and Jeremiah work it out!

What about us? Peter describes his readers as 'exiles' (1 Peter 1:1, 2:11). We do not yet live in our true heavenly home. As exiles on earth, both John's and Jeremiah's principles matter. How then should we act?

Both 'seek the peace of the city' and 'come out of her' are appropriate at different times. For UK students training in the NHS, Jeremiah's path often seems the more obvious. There are opportunities to strengthen the system in which we work and study, perhaps through the student union or local BMA committee. We should pray for those we work with and learn from, and study so we can care competently and compassionately for our patients.

Yet difficulties arise. The NHS is a fallen system. The current dispute over junior doctors' contracts, ethical problems, questions over funding and rationing, along with previous scandals, make clear that we contend with the problems of a fallen world. However laudable the principle of care provided free at the point of need, this does not mean that the NHS is free of problems, or guaranteed to be around for ever.

So sometimes 'come out of her' is the right response. We may avoid some parts of medical school culture; or exercise the rights that currently protect us from having to participate in abortion. Later in our careers, we may want to set up or work as part of a Christian organisation that provides healthcare.

As the population continues to age, and expectations continue to rise, pressures within UK healthcare are only likely to increase. The space for caring compassionately or talking about faith will continue to be squeezed, and 'come out of her' may become the only response for those who want to practise in a particular way.

The key now is to see the situation as it really is; acknowledge that we are exiles working in a fallen world, and pray for confidence that God's way really is the best way, even when it is hard to follow in our studies and work. Then we will be prepared to discern and follow his will, even if there is more challenge as the future unfolds. ■

revelation

Becky Horton, Grace Petrovic and others report on 2016 CMF Student Conference

CMF's Student Conference this year was a record breaker – 450 attendees meant every seat in the hall at Yarnfield Park was taken. Every bed was filled (with overspill in a local budget hotel), and the conference centre had to hire lots of extra chairs for the seminar rooms!

We were delighted to welcome Dr Tim Chester who spoke on the oft-neglected middle chapters of Revelation. A wide variety of seminars covered both beginning and end of life issues, overseas work, healing, sexuality, and the impact of the online world on Christian medical students.

BECKY SAYS

Appropriately for a conference focussed on Revelation, we began by singing 'no-one like Jesus' in four different languages. What a way to get us looking forward to that day when people from all nations will be before the throne!

The talks challenged us with a call to live by a different set of values, but massively encouraged me that, even when it feels like God is losing the battle; we can know that it has already been won by Christ.

It was really helpful to take some time out to reflect – I can't speak for everyone but my head was feeling quite full – and a joy to get alongside the others in our region in a new regional group session. Be excited for joint events coming up soon!

I'm so encouraged to live more wholeheartedly for Christ, both at medical school and in my future career. Overall, loads of fun; and we have left with 'Weep no more. Behold' (Revelation 5:5, ESV) stamped more firmly onto our hearts.

GRACE SAYS

Having some guidance through this challenging and poetic part of scripture was very helpful. It can often feel too intimidating to start! Tim explained the symbolism and imagery by using his own helpful analogy. Revelation is like a single beam of light from the sun in an otherwise darkened room. Focus on that beam and we seem to move beyond the room. He likened this to what happens when we focus on God, glimpsing something beyond ourselves and beyond this world.

The seminars were a great time to focus on more specific topics in smaller groups. I found the psychiatry seminar particularly helpful. A number of us Oxford medics had been struggling authentically to reconcile faith and psychiatry. Dr Nick Land, the session leader, was so helpful, clear and kind that I left wondering why I had ever found the reconciliation a struggle! Other topics covered this year included how to share your faith with patients, truth and relativism, abortion, dying with dignity and mission work abroad.

STUDENT FEEDBACK INCLUDED

'It gets better every year! I think as I get further on in my degree everything becomes much more relevant and important to me.'

'Great to tackle a really challenging book of the Bible together, one that otherwise might get neglected because we are confused by it.'

'Incredible, some of the best teaching I've heard in a long time. Very applicable and very encouraging.'

'A fantastic seminar delivered by people with first-hand experience of this issue. Very clear and relevant, Bible based teaching. This seminar definitely gave me a new perspective on 'Is the gospel good news for gay people?'

'As a first year, seeing so many Christian medics who have a common purpose to love and serve the Lord Jesus in every sphere of life was so refreshing and opened my eyes to the possibilities available and the boldness that is possible, as a Christian. I am in awe of how much God blessed me, built me up, encouraged me, and challenged me to live more wholeheartedly for him, under his Son's forgiveness and grace. Thank you God!'

If you missed out on conference this year, all of Tim Chester's talks on Revelation are on the CMF website at www.cmf.org.uk/media

2017

Preparations for 2017 are well underway. We're delighted that John Lennox has agreed to come and speak. John is Professor of Mathematics at the University of Oxford and Emeritus Fellow in Mathematics and the Philosophy of Science at Green Templeton College, Oxford. He is interested in the interface between science, philosophy and theology and his books on those topics include *God's Undertaker: Has Science Buried God?*, *God and Stephen Hawking*, *Seven Days that Divide the World* and *Gunning for God*. He is a great friend of CMF and we look forward to hearing him speak to us!

The dates are February 10-12, and the venue will once again be Yarnfield Park. This year we sold out well before the closing date - so why not put the dates in your diary now. Further details will be announced as we have them at www.cmf.org.uk/students/student-conference with booking usually open by the end of September. ■

what is the future of medical mission?

John Greenall considers dramatic changes

key points

- Medical missionaries have always been at the forefront of changes in medical science and practice.
- Medical mission continues to be costly, be it professionally, financially or in personal security.
- Students need to prepare for more varied contexts than ever, especially urban and preventative medicine.
- Students need to be prepared to be pioneers in a fast-changing world, to be adaptable and to serve the local church
- Are you ready to 'do something no-one has done before?'



What do you think when you hear the words 'medical mission'? Let me be clear from the outset – mission through medicine can, and should happen wherever we are. But here I want to consider the medical mission we might define as 'overseas cross-cultural missionary service through medical work'. You know, the kind that most people are referring to when they ask if you are planning to be a medical missionary.

Do Christian medics still have a role when the era of mission hospitals seems to be in decline, and when it seems to be harder than ever to step out of the system? Knowing the answer to this, and the range of possibilities now on offer means we will be better placed to prepare well.

'heavy artillery'

A brief survey of what has gone before can inform and inspire us as we think to the future.

Caring for the sick and dying has been a hallmark of the Christianity over the centuries.¹

However the first phase of medical missions as we know them today was that of the pioneers. They included Dr John Thomas (who preceded William Carey to India in 1773) and Clara Swain (first female medical missionary to India, 1870). In 1900 medical missions were described as 'the heavy artillery of the missionary army'² and



soon over 2000 doctors from the USA and Europe were serving worldwide.

The curative phase saw mission hospitals being built all over the world and they were used to reach large numbers of people,³ healing and preaching going hand in hand. By 1958 there were 786 mission hospitals globally.⁴ Missionary doctors tended to be jack of all trades, and patient contact was often the time at which local people encountered the gospel. Indeed in India, it has been reported that 80% of the Christians relate their conversion to a mission hospital experience.⁴



John Greenall
is CMF Head of Student Ministries



By the mid-1970s things were changing again, with Christians pioneering preventative health care. They saw that preventing disease (eg through basic hygiene, water sanitation and sex education) saved more lives than curative medicine alone.⁵ Indeed in 1978 the World



Health Organisation adopted primary healthcare as official policy.⁶ At the same time mission hospitals were becoming expensive to run, and many merged or were

taken over by government institutions. Governments started to take more responsibility for the health of their people and worldwide development projects (eg for HIV/AIDS) were rolled out one after the other in the late 1980s and early 1990s.

current trends in medical mission

As revealed in last year's *Lancet* papers,⁷ faith-based healthcare today is still much respected

and plays a big role in the developing world, providing, for example, up to 70% of healthcare in sub-Saharan Africa.⁸ However, the delivery of this healthcare is changing, as is the understanding of what a medical missionary is and does. Below I have compared surveys of medical missionaries ranging from 1969 to 2014,⁹⁻¹³ along with telephone discussions I have had with mission directors of five UK-based mission agencies, and made a number of observations.

place and type of work

In 1969, 70% doctors worked in a hospital and 30% in a clinic, which suggests there were few or no other contexts of work. In 2014 less than half of doctors worked in mission hospitals, with others working with NGOs and government hospitals. One mission agency sends doctors specifically to prisons. A number of faith-based programs now have preventative health as their main priority e.g. Community Health Evangelism¹⁴ and CHGN.¹⁵ Notably however, up to 70% of doctors plan to work in mission/church organisations in the future.¹¹

The remit of medical missionaries within their role has also changed. Mission directors expressed to me that doctors are ideally placed to lead, disciple, train and manage in a more integrated approach, one saying that any medicine they do is a 'bonus'.

2011 survey respondents spent on average 61% of their time on medical work and 39% time on administration, organisational leadership and church-related responsibilities.¹²

Are we being prepared for these diversifying responsibilities? It would seem not. For

instance, 20-40% respondents in one survey felt that they lacked the training necessary to carry on their work.¹² At present many doctors and nurses train, do a tropical medicine course and then travel, but in the future their preparation must be broader because of the growth of their role.

short term missions

Short term missions are a more recent phenomenon, most commonly focussed on teaching and training. For example the organisation PRIME¹⁶ was established 14 years ago and is now training medical educators to in turn train healthcare workers.

characteristics of medical missionaries

Whilst the number of medical missionaries going overseas has remained steady, doctors are now going later in their careers (the average age of responders in one survey was 48).¹²

There is now more emphasis than ever on bringing a particular skill to more developed healthcare systems compared to the old 'jack of all trades' generalist of yesteryear.

In 1969 29% doctors had a speciality⁹ compared to 90% in 2014.¹³

Furthermore, one agency said they no longer have clinical nursing roles available, only offering roles training national nurses.

Financially, in 1969 81% doctors were salaried by mission boards;⁹ today doctors are mostly self-supporting.

Why have there been so many dramatic changes? Space restricts the discussion here, but factors include the rise of technology and

improved communication. Nowadays governments provide much more healthcare¹⁷ and mission hospitals fall behind due to lack of comparable funding.¹⁸ For example, in Thailand one mission hospital used to serve a whole province as the only reliable healthcare source. Now there are 47 outlets serving the same province.¹⁹

future trends in medical mission

In the light of both the past and the present, what will medical mission look like in the next 20 years? And therefore how can students prepare? The answer to this question can be grouped under three main headings.

MEDICAL MISSION WILL BE...

VARIED

Whilst mission hospitals are less crucial, they are still viable in some pockets of need which are neglected by governments. However, medical missionaries are already becoming involved in every area of medicine from treating acutely ill patients to setting policy. They will increasingly come from (almost) anywhere in the world to work (almost) anywhere in the world.²⁰ As well as being medical they will also be managers, writers, church leaders or even theologians. They will work in a variety of settings, from universities to small clinics and from tertiary hospitals of more developed nations to health centres in countries with minimal healthcare. Urban ministry needs greater attention;²¹ the worldwide phenomenon of urbanisation means that five billion people are expected to live in cities by 2030.²² A recent *Nucleus* article illustrates this well.²³

STRATEGIC AND VISIONARY

Medical missionaries will not just go to places people have always gone, for example replacing an expatriate doctor to maintain a mission hospital. They will however continue to reach those who are neglected by the local or global community,²⁴ pioneering in areas such as HIV, famine, refugee medicine and disaster management. They will engage in politics and lead the agenda in global health, thinking outside the box, engaging through technology, writing TV programmes and becoming involved in the media. They will engage as a prophetic voice in a world where the traditional Christian ethic of medicine has been eroded,²⁵ speaking into contemporary issues such as abortion, transhumanism and eugenics.

HOLISTIC AND IN PARTNERSHIP WITH THE LOCAL CHURCH

Christian doctors are in a key position to lead in integral mission but must increasingly see themselves as members of a bigger team, partnering with other development professionals.

Furthermore, medical missionaries must be clear in their theology of medical mission; it is not 'bait' to catch fish, nor is it just treating people without pointing them to Christ. Instead, medical missionaries must couple evangelistic zeal with genuine compassion for humans, whether people respond to Christ or not.²⁶ Indeed holistic care through church-linked community health is seen by many as the best and perhaps the only way for true integral mission to take place.

so how can I prepare?

At CMF we want to help you prepare to engage in medical mission. Here are just some of the many ways you can do so

1. Attend a course

- a. 'Who Is My Neighbour'
- b. The Developing Health Course³⁰ (next running 26 June - 8 July 2016) including a mission fair 29 June, 7-9pm
- c. Migrant Health Course (25 June 2016, Leeds)

2. Devour some resources

- a. *Short-Term Medical Work*³¹ outlines practice guidelines for short visits and mission teams
- b. *Working Abroad Handbook*³² is a comprehensive guide to working overseas
- c. *The Electives Handbook*³³ is a terrific resource for medical students preparing their elective
- d. Watch this space - a new resource for junior doctors will be available soon

3. Connect with, pray and support CMF members overseas

- a. CMF has over 250 members serving overseas. Membership means you get to contact them and pray for them; check out our mission directory³⁴
- b. Perhaps your CMF group can consider linking with CMF members overseas and committing to pray for them

4. Go!

- a. On an elective to a developing world country - read, and if you can, contribute to elective reviews on our website³⁵
- b. On a short term mission team with CMF this and every summer - test the waters.

conclusion

History has shown that medical missionaries have always been at the forefront of changes in medical science and practice. The issues confronting medical missions today may be different, but are no less challenging. The challenge to students is the need to develop a godly character and to embody excellence and integrity.²⁷ Medical mission will continue to be costly, be it professionally, financially or in personal security.

Rather than looking back wistfully to the 'golden era' of medical missions, we can look forward to the glorious opportunities that lie

ahead. The world needs committed, God-honouring, well-trained medics and nurses who are prepared to live out transformed lives for the sake of the gospel. More than ten years ago, a CMF article finished with a challenge which I repeat: 'The original pioneers of medical mission were willing to do something no one had ever done before. Are we?'²⁸ ■

FOOTNOTE:

Do also read the recent panel discussion in *Triple Helix* 'The Changing Scene in Global Health' which offers helpful pointers from many actively involved in aspects of medical mission and very much complements the above.²⁹

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weekend away



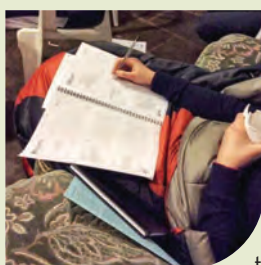
Jennifer Rossiter is a clinical medical student and NSC rep in the North West

Jennifer Rossiter reports on CMF's North West student weekend

On a cold November Friday evening, CMF members from across the North West (Manchester, Liverpool, Lancaster and Preston) made their way to a large farm house in Rochdale, owned by a couple of amazing GPs called Joan and Fred. We spent Friday evening getting to know one another; playing silly games, chatting and eating some great food, and by the end of the evening, anyone would have thought we'd known each other for years!

On Saturday, we were joined by a few more from locally and further afield to take part in a Saline Solution course. This is a fantastic course run by CMF which teaches why we should share our faith with patients (and colleagues) and also how we can do so. The course involves different styles of learning, such as talks, group discussions, personal reflection and prayer. One of the most significant aspects for me was learning how to discuss faith with patients in an appropriate way, and how this ties in with GMC regulations about sharing and discussing faith.

The course also gave us the chance to think about our own faith stories, and our own relationships with Jesus. We considered how to share our testimonies in short, concise ways which was not something many of us had seriously thought about before. Practising it and thinking about it carefully means that when



you are talking about your faith, you know that you're explaining why it's so important to you in a coherent way. This is particularly useful for people like me who tend to talk a lot, meaning my main message gets lost in all the chatter! After doing the course, there are email updates which help remind you of what was learnt, and also prompt you to continue thinking about them.

The rest of the weekend was spent getting to know one another better, eating yet more awesome food and, for some of the braver ones, going on a very rainy walk which apparently was great fun, though they did come back absolutely drenched! Building relationships across the region has been so valuable, both practically and socially. Most of the groups in the North West are

quite small, so collaborating means that we can run courses like Saline more effectively, and getting to know each other meant that we were more excited and motivated to do more events in the future. We created a Facebook page for the region shortly after the weekend and have been using it to invite one another to events that individual groups are running, as inspiration of future events, and to just keep in touch. If you're in the North West and aren't in the Facebook group yet, search for 'CMF North West' on Facebook and join! ■

Malta – sun, sea and mission?

Jenny Thompson on the challenges and encouragements of a non-mission hospital elective

During summer 2015, I spent four weeks of my final year elective based in Mater Dei Hospital on the beautiful island of Malta. Malta has a population of approximately 400,000, an average temperature of 27°C in the summer, and is renowned for its clear blue waters, rich history and cultural events. However, 98% of the population identify themselves as Roman Catholic, and Protestants are very much in the minority, with only a handful of evangelical churches on the island.



When asked where I was going on my elective, many friends were surprised that I had not done what they described as the ‘Christian thing’ and applied to go to a developing country or to a mission hospital. However, at this stage of my training, it did not seem like the right decision for me. I don’t regret my decision in choosing to go to Malta, and am thankful to God for the opportunities and experiences I had there.

I was based with a firm in acute medicine for the duration of my time in Mater Dei, and quickly felt integrated within the team. During our six-hour ward rounds (acute medicine being a misnomer, as most of the patients were in for several weeks or months!) we discussed topics as diverse as Northern Ireland’s turbulent political past, the migrant crisis, saints, festivals and the best places to visit on the island. Within days of starting my elective, I was struck by how central religion is to the Maltese.



There were regularly nuns or priests ministering to patients on the ward, and often I noticed crucifixes above beds, or icons of saints in alcoves throughout the wards. On my second day on the ward,



I observed a priest performing the last rites for an elderly patient. To say this was a culture shock would be putting it mildly!

My consultant quickly worked out that I was not Catholic, and we began talking about the differences between Catholicism and Protestantism. He asked me if I would consider myself religious, and I was able to explain to him that I was a Christian. I was grateful for the opportunity to talk freely, and to better understand their religious beliefs, as well as explaining my own. When the F1 asked me on a Monday morning what I did over the weekend, I was able to tell her where I had explored on the island, but also that I had attended church on Sunday. Again, she was interested and I had the opportunity to get to know Abigail well



Jenny Thompson is a final year medical student at Queen's University Belfast



during my four weeks there. My firm were friendly and understanding, and open to discussing church and religion on a daily basis over the hospital staples of coffee and toast.

I was hugely encouraged during my time in Malta by attending an evangelical Baptist church, which was just around the corner from my accommodation. There were 50-60 people at their services, the majority of whom were residents of Malta, but I also had the opportunity to meet other tourists. It was a real blessing to be able to worship with them on a Sunday morning, and to hear about their church planting efforts on Gozo and how God is working in Malta.

Despite the encouragements, I did find my elective a challenging experience too. The majority of staff spoke English, however many patients were elderly and therefore consultations were carried out in Maltese. Thankfully they tended to revert to English for much of the medical terminology, so I could understand most of what was going on, and my consultant translated when necessary. Malta is not a rich country, despite its bustling tourism industry, and many conditions are managed

using equipment or medications which have been superseded in the UK NHS. The hospital was understaffed, and I was frustrated that I could not do more to help during my time there. I was also frustrated that my discussions about religion and Christianity with my firm remained at a superficial level, and I was not able to explain the Gospel fully to them. However, I know that God was present in those conversations, and I know he can do immeasurably more than I ask or imagine.

I would encourage those who are planning their elective to consider a non-mission setting. The challenges are different, and it might not be an obvious choice in order to serve God on your elective, but it was a valuable experience for me. God encouraged me during my time there, providing me with Christian friends to go with, and a welcoming evangelical church. My faith was strengthened, and I learnt to rely on God more as I discussed my beliefs with my firm, and also as I adapted to a different healthcare setting. Mater Dei Hospital itself is modern, the staff are welcoming, and it offers a wide range of specialties. As Christian medical students, we have a unique opportunity and privilege to share the gospel during our electives, and residents of countries such as Malta need to hear about Jesus' ultimate sacrifice just as much as those in developing countries do.

'Therefore go and make disciples of all nations, baptising them in the name of the Father, and of the Son, and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age.'
(Matthew 28:19-20) ■

God's sustaining love

a medical student describes her experience of an eating disorder

Jesus promises 'you are made new in me'¹ - anorexia screams 'your identity is in how much you weigh.' Jesus says 'everything is under my feet'² - anorexia tells you 'if you control what you eat things will fall into place.' Scripture reassures 'inwardly we are being renewed day by day'³ - anorexia demands 'fix this yourself'. God opens our eyes to our slavery and sets us free - anorexia tells us that we are free and blinds us to our slavery.

A part from personal experience, I don't have much wisdom to offer. But, like most of you, I'm a medical student and I guess like some of you (as this isn't uncommon) I'm recovering from anorexia. Like all of you I'm a broken sinner whose greatest need is Jesus. But because I know this would have helped me, I'm going to share my story.

beginnings

I first developed an eating disorder when I was about 14. I'm still not sure of the triggers. It became a secret, a challenge to cut out food, to exercise more, to shave off the pounds. I never really did anything about it and although I got better, those thoughts always remained in the background.

For me, and indeed for many people I have spoken to, it never started with a desire to be thin, or a focus on appearance. I honestly don't think that seeing size zero models had anything to do with it. The reasons behind it are complex and will be different for everyone, but I think it stemmed from a need to gain back the control that I thought I'd lost.

We're told all the time that we can do whatever we want, be whoever we want, if we just have more self confidence, if we just try hard enough we can do anything - and our hearts know that these promises are empty. Anorexia admits that we're broken, the world is broken, we're not free. It promises that if we control our weight things will fall into place, just a few more pounds and it will be enough... and yes, it works, we do feel better. Suddenly there is something concrete to control and focus on.

During medical school, it all came back again.

The secrecy around eating. More and more foods becoming 'unsafe'. Feeling guilty when I was full. The need to be in charge of what was going in. Relishing that feeling of hunger. Fear. Shame. Inadequacy. Go over your calorie limit - you're a failure. Lose a kilo - you're on a winning streak. Life became so much simpler. Was I sick? Or was I sinning? I felt sorted, cleaner - but I was enslaved.

anorexia didn't just cloud
my vision of my outward
appearance - it stopped me
seeing my 'inward' identity
clearly too

broken

It wasn't pretty, and it wasn't glamorous. You're all medical so I don't need to tell you about the physical effects. It didn't start off this way but my eyes did change and distort the image I saw in the mirror. I was literally blinded by my sin. I didn't think that image was an idol for me; but maybe it was. It certainly became one. At a conference we were asked 'whom do you worship?' and although I was still trusting in my God, I was worshipping this god too. And my heavenly Father hated it. He is so jealous for our affection⁴ and loves us so much, yet I was running after false gods, things that *will* fade and spoil and perish.⁵

Anorexia didn't just cloud my vision of my outward appearance - it stopped me seeing my 'inward' identity clearly too. I still knew that I was freely forgiven in Christ but felt

condemned. I knew that I was made and loved - but felt worthless. I knew that I had been set free - but felt the bonds of slavery were too tight. Well-meant attempts to remind me that looks don't matter left me ashamed, frustrated and alone. 'I know!' my head screamed. But it didn't change how I felt. Actually, relationships with friends and family were the hardest thing. I was worried that I was a burden and I felt that they saw me differently. I was (and still am) proud, and hated that I needed help.

And then I looked to that ultimate broken relationship: our relationship with God. That relationship of first importance marred so badly that we *can't even stand* in his presence without being consumed.⁶ And then I looked to Jesus. In Revelation, we're inspired to stop weeping and behold the Lamb, slain for us.⁷ And now, incredibly, it's restored. That relationship is made perfect; 'it is *finished*',⁸ 'once for all'.⁹ We will be made perfect, *forever*. God's grace really is enough. His grace *really* is enough.

I don't think we can ever stop reminding ourselves of that. In a world where dependence is shunned we need to listen to the call to put our pride to death and depend fully on him who really can make us new.

Jesus says 'Yes, you're broken, yes you're sinful, yes you're enslaved and you're right, you can't fix this...but I have come to set you free.'

biblical truth

Jesus faced every temptation and when he was in the desert, he used God's word to fight the devil's lies.¹⁰ Early in the morning after a particularly bad night I wrote a list of lies that anorexia told me...and crossed them out with God's truth. Sounds obvious, but, unsurprisingly, Jesus had a good method:

- **You have to eat clean to be clean** - *You are a new creation* (2 Corinthians 5:17)
- **Your identity is in how much you weigh** - *I will give you a new heart* (Ezekiel 36:26). *They had his name and his Father's name written on their foreheads* (Revelation 14:1).
- **You're disgusting** - *'I am fearfully and wonderfully made!'* (Psalm 139:13), *'You are God's handiwork'* (Ephesians 2:10).
- **Nothing can ever be OK** - *'I will wipe every tear from their eyes'* (Revelation 21:4).
- **You have no purpose** - *'You are co-heirs with Christ'* (Romans 8:17).
- **You are trapped in this** - *'I broke the bars of your yoke and enabled you to walk with your heads held high'* (Leviticus 26:13).
- **If you just lose a few more kilos you will be happy** - *'I have come that you may have life and have it to the full'* (John 10:10).
- **You are guilty** - *'You have been set free from sin!'* (Romans 6:18)
- **Nobody wants you** - *'I will prepare a place for you'* (John 14:3), *'Nothing can separate us from the love of God'* (Romans 8:31), *'He anointed us, set his seal of ownership on us'* (2 Corinthians 1:22), *'Nobody can snatch them out of my hands'* (John 10:26), *'I have loved you with an everlasting love'* (Jeremiah 31:3).

Memorising scripture is not only a joy, but also a biblical exhortation. A wise older brother once told me that, aside from a love of the Lord Jesus Christ, discipline is the most important thing in the Christian life. In stamping God's word more firmly onto those flint-like hearts we become 'thoroughly equipped for every good work'¹¹ so we can be more ready when trials come. Although we definitely aren't promised to ever find out the reasons for our trials this side of heaven,¹² we certainly are promised that he

uses everything for our ultimate good, even if we may not always see this here on earth.¹³ We might never be OK this side of heaven! In God's grace he even uses what we intend for evil for our good.¹⁴ Having said this, when we are shown a snippet of how our trials are used we are richly blessed... and at the risk of sounding clichéd I honestly think that my Father has used this to draw me into a deeper, more satisfied relationship with him.

getting and giving help

Speaking practically, I'm not trying to say that anorexia is purely a spiritual problem, or that I know all (or in fact any) of the answers. If you're struggling, I would encourage you to see your GP; I've found the eating disorders service helpful in gradually getting eating patterns back to normal and in talking through why it is so tempting to relapse. Recovery is tough, and speaking to someone removed from you personally who understands what it is like can be really useful. Supporting a friend is tough too. All our relationships this side of heaven are broken, and we're going to need grace on *both* sides. Talking openly to my friend (who I love very much) about that was such a relief, and I pray that reminding her that she does not have to fix it was reassuring. Your friend who has anorexia is still your friend and will still really want to love and bless you! Therefore, if you're a friend then it is wise to just treat them normally, still share your pain with them - and make sure that you don't start to define them by their illness. Just as you wouldn't refer to a patient with diabetes as a 'diabetic', don't do this to your friend who has anorexia, even in your heart. I know that isn't easy. One friend came with me to my first few appointments and waited outside for me each time ... she never

lectured or tried to fix it and her constant friendship is such a blessing. I know that she prays for me when I can't pray, and she points me back to Jesus gently without making me feel condemned. The best thing is that she doesn't treat me any differently and still lets me share in her struggles as we walk alongside Jesus together. Jesus wept with Lazarus' sisters before he raised him from the dead, and this sister weeps with and for me before she tries to do anything. I thank my God for her every day.

I know that I should be able to put my name on this. And I'm sorry for leaving it anonymous. Because there really is now no condemnation¹⁵ and my Father has for me a white stone with a new name written on it.¹⁶ There is no shame! But my broken heart is yet to be perfected and I think adding my name would tempt me into glossing over my sin.

And this article isn't supposed to be about me. It's supposed to be about Jesus. Honestly, he says to all of us that 'my power is made perfect in weakness'¹⁷ and we can be completely assured that all his promises to us will stand true. I'm still a broken sinner. And I still forget God's goodness every day. But let's lift our eyes to the Lamb who was slain, and trust in that hope, firm and secure, our souls anchored to his word.¹⁸ ■

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our values: respect the governing authorities

Laurence Crutchlow on respectful interaction with colleagues and authorities

To deal honestly with our professional and administrative colleagues and to respect the governing authorities





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

Our recent discussion of honesty in our dealings with patients¹ set out principles that should extend to others with whom we deal professionally. CMF's ninth value² addresses integrity in professional relationships with not only those we work and study with, but also with the wider authorities who govern what we do.

Students work not only with the Professor of Anatomy or Consultant Cardiologist, but with junior doctors, nursing staff, and administrators both on the wards and on campus. Most of these will be authority figures, although the level of authority varies; the Dean has more influence over our future than the clerk on Ward B2, though the clerk may have far more personal contact with us.

Are we more likely to tell the truth to someone more senior? Do we (even subconsciously) differentiate between the faculty administrator, and the security man opening a teaching room? Surely all of them deserve that we deal honestly with them.

We can make a great difference simply by being courteous, friendly, and truthful. Of course being truthful may include being firm and standing our ground; it isn't unreasonable to ensure we get teaching that is scheduled, for example. It is quite OK (graciously) to point out administrative problems.

Student integrity challenges include the question of being signed in for sessions not actually attended, or the veracity of reasons given for requesting extensions on assignments. For junior doctors, telling the truth when referring patients or on request forms often present greater challenges.

governing authorities

'Let everyone be subject to the governing authorities, for there is no authority except that which God has established' (Romans 13:1). Though governing authorities aren't defined explicitly, the tone and context of this chapter (punishment for wrongdoing, payment of taxes) suggests the main thrust is about the government of the day.

we can make a great difference simply by being courteous, friendly, and truthful

The original recipients of this letter lived in Rome in the mid-50s AD. We don't know for certain whether the readers were subjects of emperors Claudius or Nero at the time, but neither were model democratic leaders. Claudius expelled the Jews from Rome, following problems with a figure that historian Suetonius called 'Chrestus' (whether this means Jesus or someone else we don't know for certain). Nero reigned from AD54 after Claudius died (having possibly been poisoned by his wife), and is famous for persecuting Christians. Although Rome did have a 'parliament' (the Senate), participation was based on a property qualification rather than an election as we know it, and the Emperor remained dominant.

So Paul commanded respect for a hostile government over which his readers had little or no influence. He went on to say: 'The authorities that exist have been established by God. Consequently, whoever rebels against the authority is rebelling against what God has

instituted, and those doing so will bring judgment on themselves.' (Romans 13:1b-2). God had clearly established even the anti-Christian Emperors.

more than the government?

How far Romans 13 can be applied to structures that are clearly not the government, but nonetheless are in authority? As the principles of submission seem to be more wide-ranging,³ it is not unreasonable to assume that we should usually submit to legitimately constituted authority over us, such as the medical school, or a hospital hierarchy.

Some read Romans 13 as meaning that we must not only obey the government without question, but should also not challenge it at all. It seems very unlikely in the context of the rest of Scripture that this is what Paul meant. Peter and the other apostles clearly declared that 'We must obey God rather than men!' in Acts 5:29 when in dispute with the religious authorities. In Acts 16 after Paul and Silas are released from prison, they are certainly not submissive in the way they treat the authorities, nor do they hide the injustice they had suffered (Acts 16:37). Daniel clearly disobeyed Darius' (admittedly corrupt) decree in Daniel 6, and had refused the King's food in Daniel 1.

How we are to engage with the government, or other governing authorities? Readers in the UK (although not in every country where *Nucleus* is read) are not dealing with the effective dictatorship of the Roman Empire. We are dealing with an elected government, for which anyone who has a vote bears some responsibility. Abraham Lincoln cited 'government of the people, by the people, for the people' at Gettysburg.⁴ Although we may not think our democracy reaches Lincoln's

ideal, his words encapsulate the responsibility that voters have when government is 'by the people'. In the UK the government can be engaged with most obviously through elections to parliament or referenda, but also in public consultations, or through the courts. Using these things is not a failure to submit to authority, but legitimate engagement, even a form of 'respect'.

is a strike is compatible with respecting the governing authorities?

what about the junior doctors' strike?

Are these verses relevant to the current dispute between government and junior doctors? Exactly what Christians should do has been controversial and raises many issues, and has already been covered in CMF publications.⁵ Narrowly here, is a strike is compatible with respecting the governing authorities?

Technically the dispute is between an NHS Trust as employer, and a doctor as employee, rather than with the government. But as Trusts appear bound to implement government policy, it is reasonable to see the dispute as a direct challenge to the government. A strike is a particularly forceful way to challenge government authority; yet many junior doctors clearly feel that other less drastic means have already been tried and failed. Although a strong challenge, a strike is currently one that the law allows. There is a right to strike under current UK Law, and therefore I don't see that exercising that right fails to show respect for the governing authorities.

This would not be the case if the strike moves beyond the parameters of the law. The question is then whether we are in a situation of obeying God rather than men.

Such a challenge does arise if the governing authorities say we should do something that is against our conscience. Statue law in the UK still at least partially reflects the standards of scripture, and in some cases has specific conscience clauses where it does not. However, an increasing number of court judgments have not followed this, and there is constant pressure to change the law.

For British doctors, professional regulations or local guidelines may cause more difficulties than the law.

how should we deal with conflict?

We first need to be clear that the issue really is one of conscience. Is our stand really rooted in God's word, or in prejudices or culture? Are our facts right?

If we're sure of these things, we need to make sure that we've used the avenues we have to challenge where appropriate. Have we responded to GMC consultations? Have we discussed a local guideline with our consultant? Have they taken it further on our behalf?

Sometimes the answer is clear. We may well be very unimpressed with a new discharge summary template and rightly make our feelings known, but there comes a point when this is clearly not an issue of 'God versus Men', and we need to graciously stop fighting and get on with our work. There may even be ethical issues where a Christian response isn't absolutely clear cut, and not all Christians will conclude the same under Scripture. We need to be sure of our ground if we fight.

But sometimes there will still be conflict.

Then the overriding principle is to obey God rather than men. The right approach may be a compromise or a 'third-way', but occasionally conflict becomes inevitable. Such clashes may leave us isolated, and we may risk our jobs or even registration. That should not mean that such battles are not fought, but it is important that we consider them prayerfully, and with wise counsel.

sometimes there will still be conflict. Then the overriding principle is to obey God rather than men

the future

Governing authorities change. I've already lived under six British Prime Ministers. It may get harder to submit to the governing authorities in the future. Discerning the exact boundary where submission to the authorities turns into obeying men over God is not easy. Fortunately in the previous chapter of Romans, Paul has already given excellent advice with which we will end.

'Therefore, I urge you, brothers and sisters, in view of God's mercy, to offer your bodies as a living sacrifice, holy and pleasing to God—this is your true and proper worship. Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will.' (Romans 12:1-2)

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fruit of the Spirit as a medic or nurse

Pippa Peppiatt explores the effect of the Holy Spirit in our lives



What qualities would you like to see in a medic or nurse caring for a close member of your family in hospital?

You may be familiar with the fruit of the Spirit, written about by Paul in Galatians (5:22 NIV 1984): *'But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control.'*

As medical and nursing students, we already have standards to follow in our professional codes. In 2011, the GMC conducted a survey of all its members as to what makes a good doctor.¹ The top answers were competence and compassion, kindness, empathy and respect - similar to the Galatians list of love, kindness and gentleness.

Virtues that nurses are supposed to exhibit, according to the RCN, include the 6 'C's of care, compassion, competence, communication, courage and commitment.²

With this similarity of virtues and fruit of the Spirit, how then, as *Christian* medics and nurses, can we make Christian virtues an integral part of our professional development and be the best doctors and nurses we can be? Most of those we work with will try to act virtuously, which may not look much different on the surface. But when we're working as medics or nurses and midwives, we aren't just working. We're engaging in an opportunity to display the fruit of the Spirit and manifest something of the character of God through our work. Ultimately this is to bring glory to God - that he be glorified, that we grow, and others come to know Christ - this is the ultimate fruitfulness for a child of God.

what are the fruit?

It's no mistake that the first fruit mentioned is **love**, reminding us of 1 Corinthians 13 that tells



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us all we do only has meaning if it comes from a place of *love*. The English word love has very broad meaning, but the New Testament Greek word, *agape*, was very precise. This love is not a feeling, but a choice – the choice to be kind, to sacrifice, to consider another's needs greater than one's own. How we need this *agape* as we deal with demanding patients or unsympathetic seniors.

The Greek word for **joy** is *chara*, also meaning to delight, which again implies an element of choice. We choose whether to value God's presence, promises, and work in our lives. When we keep in step with his Spirit, he opens our eyes to God's grace around us and fills us with joy (Romans 15:13). By seeing our workplace, our patients and our fellow students through God's eyes, he can give us joy even in the hard places and we can truly know that 'the joy of the lord is our strength' (Nehemiah 8:10).

The fruit of **peace** is the peace of a harmonious relationship with God. Isaiah 26:3 says 'You will keep in perfect peace those whose minds are steadfast because they trust in you'. God's peace transcends earthly matters – so it is possible as Christian medics and nurses not to be frazzled, crazy people tossed about by the urgencies and the stresses of the day. Our peace ultimately comes through the Spirit, not our ability to organise ourselves or perform. What a relief!

The word for **patience** is *makrothumia*, literally meaning 'long temper', as in 'the ability to hold one's temper for a long time'. It is the fruit I most struggle with, especially when I'm tired or in need of food. The KJV translates it 'longsuffering'. A patient person can endure much pain and suffering without complaining,

and is slow to anger as he waits for God to provide comfort and punish wrongdoing. Patience allows us to endure a less than desirable situation like poor staff ratios on the ward, a difficult colleague or a bad management decision. Although some issues may need our active involvement, we can also rest in hope as patience helps us see the bigger picture. Patience leaves room for God to work in our hearts and in our relationships. We lay down our schedule and trust in God's.

The Greek word for **kindness** is *chrestotes*. It means 'tender concern'. It is kindness of heart and kindness of act. On multiple occasions, kindness induced Jesus to stop what he was doing and help others in need, even when extremely tired. To express kindness with constancy and to all people requires the work of the Spirit. It may be shown by not simply doing the minimum of work required of us, but seeking to go beyond and be excellent. Be proactive in doing good; be on the lookout to make things better for our patients, our colleagues and managers.

Goodness is holiness in action, the virtue that relates directly to morality. It results in a life characterised by a desire to be a blessing. The Greek word translated 'goodness', *agathosune*, is defined as 'uprightness of heart and life'. *Agathosune* is goodness for the benefit of others. This is a wonderful virtue for medics and nurses to aspire to – let's try to be a blessing in our universities and workplace!

Faithfulness is steadfastness, or allegiance; it is carefulness in keeping what we are entrusted with. Faithfulness is believing that God is who he says he is and continuing in that belief despite the ups and downs of life.

We trust he will work out everything for good. We trust he is in control, even in the face of illness and suffering.

Gentleness, also translated 'meekness', does not mean weakness. Rather, it involves humility and thankfulness toward God, and respectful, controlled behaviour toward others. This reminds me of the 'respect' and 'empathy' virtues the GMC survey highlighted as key characteristics for a good doctor. At times when we need to initiate, act, protest or be change agents for good, our actions should still be characterised by this gentleness.

When we are filled with gentleness, we will forgive readily, because any offence toward us is nothing compared to our (forgiven) offences against God.

The final fruit is **self-control**. One of the proofs of God's working in our lives is the ability to control our own thoughts, words, and actions. Believers need self-control because the outside world still entices us with the temptation of instant gratification, and there is a daily battle over our new nature versus our old sinful nature. Self-control protects us from indulging our foolish desires, and we find the freedom to live and work as we're meant to.

the need for God's enabling power

How do we grow and live in the fruit of the Spirit? On our own, it would be impossible. It's testing enough of the godliest character to be on the wards after a week on call in a pressured NHS environment. But 'of the Spirit' explains exactly who causes the fruit to grow in us. No amount of human effort or determination can produce spiritual fruit, but the Spirit's influence in a surrendered heart can work miracles. It's the Holy Spirit's job to conform us to the image of Christ, making us more like him.

cultivating fruit

Although given by his grace, it is also true that we have a part to play in cultivating this fruit in our lives. Trees and vines left alone will bear fruit poorly, if at all. Horticulturists have to work hard in order to get a good crop. In 2 Peter 1:5 we are told to 'make every effort' to add certain qualities to our faith so that we will not be unfruitful. Paul's passage on the fruit in Galatians is sandwiched between two exhortations; to 'live by the Spirit' (5:16) and to 'keep in step with the Spirit' (5:25).

Our job is to *keep close to Jesus*, the Vine - to keep in right relationship with him. To keep short accounts with him and with others.

Choose that we will love, will have joy, will have peace, will not take offence, and do everything we can to carry out those decisions.

Then see our trials as opportunities to grow in the fruit. For example, in order that we may learn love, he may bring into our lives patients or colleagues who are hard to love. In order to develop faith, he may place us in situations that seem hopeless, so that we have to depend on God.

Finally we must *pray*. 'If any of you lacks wisdom, he should ask God, who gives to all generously without finding fault, and it will be given to you' (James 1:5-8). The same principle applies to each of the aspects of the fruit of the Spirit. If we lack love, pray that God will give us love. Do the same with joy, peace, and all the other aspects.

And pray expectantly! ■

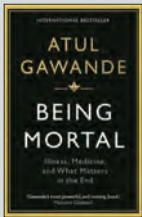
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Being Mortal - Illness, Medicine and What Matters in the End

Atul Gawande

Profile Books, 2015, ISBN 978-1846685828



The inevitability of old age and death is rarely spoken; yet is of utmost importance in modern medicine. Death has become a medicalised, clinical experience; no longer black and white. Medicine often falls short when providing care for the frail and dying. Secular American surgeon Gawande begins 'I learned a lot of things in medical school, but mortality wasn't one of them'. He gives insight into non-Christian perspectives of mortality.

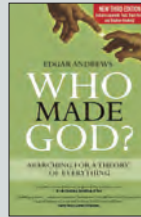
Using personal clinical encounters along with his own family and friends, Gawande illustrates changes in attitudes to old age and dying. Early chapters explore the aging process and its end in dependence on others. Idealistic aims of assisted living and nursing homes are challenged, and alternative models of ensuring elderly people live autonomous, fulfilled lives suggested. The second half of the book begins with the shocking story of Sara, aged 34, pregnant, and with metastatic lung cancer. Her example highlights clinical striving to prolong lives at any cost, avoiding difficult end-of-life conversations. He concludes medicine should strive for 'well-being', described as 'what people live for'. Even as Christians, mortality and dying are difficult subjects. *Being Mortal* identifies issues to consider, but does not give many answers to these questions. Would this be different from a Christian perspective?

Rebecca Parsonson is a clinical medical student in Cardiff

Who made God?

Edgar Andrews

EP Books 2009 ISBN 978-0-85234-763-8



Using both logic and scientific expertise, Edgar Andrews reveals the fallacies underlying some of the most famous claims made by atheists. Writing as a scientist, but with the humour of an artist, he makes even the most complex theories digestible. With exquisite clarity and insight, Andrews uncovers some of the major problems with the theory of evolution.

It's a great encouragement in our secular and increasingly hostile society that there are eminent scientists like Edgar Andrews who think the God of the Bible is more probable than not. As he reminds us, many past and contemporary scientists faithfully testify to the living God. He does not stand alone, and neither do we.

Hearing the logical and scientific arguments for the existence of God was helpful, it's important to note that arguments alone rarely bring people to God. Love and grace freely flowing through us will ultimately bring us and our friends to the reconciliation with the creator God, as the author beautifully reminds us.

I greatly enjoyed the book, even though at times it felt a bit technical and difficult. I would recommend it to both questioners and believers of Christian faith. Not only does it fortify existing faith but it also offers an opportunity to examine the atheistic claims more closely, which Christians might find surprisingly faith-affirming!

Esther Park is a clinical medical student in Edinburgh



lessons not learnt in the lecture theatre

Lydia Akinola shares some unexpected learning

I used to think getting into medical school was the hard bit. Once in, the next five years would zip past like a suitably thrilling rollercoaster ride; the obligatory ups and downs all merging into one exhilarating race to the end. I mean, once I'd slaved away at revision, conquered those exams and charmed profs at interviews – everything else would be a piece of cake. Evidently, we were amongst the brightest pupils in school, excelling academically thus far, so medical school would be just the next stepping stone to what would hopefully be a long and successful career in caring.

humility

Things were going exactly to plan until I became seriously unwell in second year, had to take an extended leave of absence and ended up failing my OSCE exam in third year. The 'medical school adventure' came to a crashing halt. Here, I learnt my first lesson: humility. You see, up until that point, I thought I'd got where I was based on my own merit. I believed that my hard work could and would carry me through to that coveted end point: life as a doctor. Failure

was foreign and simply for those who didn't try hard enough. 'God opposes the proud but shows favour to the humble' (James 4:6). I had failed to recognise God's grace in helping me thus far.

After that, I went from one extreme to another, and medical school became physically, emotionally and mentally exhausting. The reality was that studying medicine meant sleepless nights spent cramming for exams while my friends relaxed and socialised. After a long day of placement this left me feeling drained. To make matters worse, I'd compare myself to others, feeling that no one else was struggling, everyone else was better than me. Maybe God had made a mistake and I should have studied something entirely different, as I clearly wasn't cut out for this degree.

Throughout God's word, we see God's people struggle at various points in their lives. Instead of doing *exactly* what God asked and speaking to the rock for water, Moses decided to do as he had done before and strike the rock, and was therefore unable to enter the Promised Land.¹ David should have kept his hands off Bathsheba,² and despite his assurances to the



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contrary, Peter denied Jesus three times.³

Often these problems were a result of pride and man's sinful nature, but occasionally even those apparently faithfully following God's instruction ended up in difficult situations; Paul and Silas were preaching the gospel, but found themselves imprisoned and flogged.⁴

faith

My second lesson was faith. Just as often as we see God's people in sticky situations, we see God faithfully restoring them to himself. The situations that they faced could have been matters of life or death, but those that trusted in God were able to see his glorious plan unfold. The Israelites did reach the Promised Land,⁵ David was still a man after God's own heart,⁶ and Jesus restored Peter.⁷ A magnificent earthquake set Paul and Silas free⁸ and brought many to salvation. In my own life, fear and failure lead me to a stronger faith in Almighty God. I have seen that my own efforts can and do fail but through this I can appreciate that God's plans never fail. I mess up and go wrong, but God never makes mistakes;⁹ I may not know what to do next but I can trust that God holds the future.¹⁰

God requires that we trust him. 'Be still and know that I am God' (Psalm 46:10) reminds us to let God be God; without faith, we cannot please him.¹¹ But this does not mean that life will be easy sailing. With job allocations and F1(!) now looming I have had to continually surrender my fears and worries to God and remind myself to trust in him. But the priceless lesson I have learnt from medical school is that my help comes from God. He strengthens, helps and upholds and transforms.¹²

peace

My latest lesson has been peace. I used to worry about whether I would get my top-ranked location in foundation job applications or end up somewhere completely unexpected. But when I surrendered it to God, peace filled my heart. Neither outcome occurred, and I am happy to announce that I will be continuing my stay in South Yorkshire. When we trust in Christ, we are kept in perfect peace.¹³ I'm safe in the knowledge that my identity is not primarily that of successful doctor or brilliant academic (not that these are bad qualifications), but as a child of Christ.

I used to think getting into medical school was the hard bit, now I realise that nothing about a career in medicine is necessarily easy. I mean, you slave away at revision, conquer those exams and charm consultants at interviews... but undoubtedly you will run into difficult post-graduate exams, grumpy managers and challenging patients who test and try you. As well as, hopefully, countless opportunities to be glad and rejoice in the amazing gift a career in medicine is.

Evidently, I am not the best student; having struggled academically thus far. But medical school was not just the next stepping-stone to rest of my life but where I learnt some of life's most valuable lessons, albeit mainly outside the lecture theatre. ■

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- | | |
|-----------------------------|-------------------------|
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| John 18:15-27 | 10. Psalm 139:4 |
| 4. Acts 16:16-40 | 11. Hebrews 11:6 |
| 5. Joshua 1:3 | 12. Isaiah 41:10, 18-20 |
| 6. Acts 13:22 | 13. Isaiah 26:3 |

take me to your leader

five minutes with Sam Strain

Sam Strain, a fourth year at Southampton, is the new chair of the National Student Committee (NSC). We caught up with him to find out what the NSC is all about.

tell us something interesting about yourself

Aged 14 I accidentally took a shotgun cartridge from clay pigeon shooting through airport security in Germany. There was a distinct lack of humour from the guards but I was let through!

what is the NSC?

Forty medical schools across the UK and Ireland are divided into nine regions, each with one or two representatives, who get feedback, support leaders and groups through prayer, organise events and encourage groups in what they're doing. It's not too intense - we meet three times a year, have time for prayer, training, discussion and obviously food. It's also a lot of fun, and you get to know people from a great variety of medical schools and backgrounds.

how do you grow as a member of the NSC?

It's a great way to serve CMF and a great opportunity to grow as a Christian - to learn and develop skills of listening to and representing students, to grow as a leader. It challenges you to really pray, to learn to communicate and organise, and to get opportunities to speak and write. CMF relies on student leaders to come up with ideas, to shape content, to plan events - and NSC is a great forum for this to happen!



what does being 'Chair' involve?

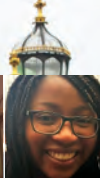
Setting the agenda for NSC meetings; being on the board of CMF, so being involved in making decisions and the direction of the organisation. Supporting NSC members, encouraging and praying for them; liaising with the office on a regular basis.

what do you want to see in the coming year?

I'd love to hear from students about ways CMF can be more supportive, provide better resources, and help each group to grow in the impact they are having both within their own group and on campus. We'd like to arrange more regional events. We want to get alongside CMF leaders and reach out to campuses (with CUs), with the gospel through great events and personal evangelism. We'd love to provide quality resources from guys at the top of their game to allow students to learn about issues at the heart of being a Christian medic.

do you have anything you want to say to CMF students?

You are CMF. CMF is its members, not the guys in the office or us at NSC. It's you in your universities, your weekly prayer meetings, your monthly get-togethers. Our desire is to see you grow in your walk with Christ, disciple each other, come to grips with his word and to spread the gospel where you are. It's a privilege for us to serve; if you have any ideas about how CMF could do things better, resources you'd like, events you'd like to run, let your NSC rep know. You can find out who your regional NSC rep is on the website under 'contacts in your area'. ■



Tobii Adeagbo is an FY2 in Southampton and a member of CMF's Junior Doctors' Committee

God is sovereign

Tobii Adeagbo considers the junior doctors' dispute



I first read about the dispute over the new junior doctors' contract six months ago.

Although I wouldn't have predicted all that followed, doctors' reactions to the government's proposals certainly didn't surprise anyone. We are taught in medical school to analyse ethical scenarios involving consent, confidentiality, or autonomy, but very little prepared us for the dilemmas that that most doctors have had to face recently: to strike or not to strike? To stay in England or apply for jobs in Wales, Scotland or maybe even abroad? To even continue with medicine at all? Needless to say, there is a lot of anger and mistrust directed towards the government at present and with the outcome seeming to be in such a state of flux, it's no wonder many feel disillusioned.

God is greater

I'm sure we've all been told that problems can seem overwhelming until we lift our gaze and see just how limitless and astounding God is:

Shout for joy to the LORD, all the earth. Worship the LORD with gladness; come before him with joyful songs. Know that the LORD is God. It is he who made us, and we are his; we are his people, the sheep of his pasture. (Psalm 100:1-3)

There is great wisdom in realising that the only way to clearly make sense of any situation is to first start with knowing who God is and who we are in him. The Bible tells us of God's power and wisdom. Proverbs says that the heart of the king is like a stream of water in God's hand and that he is able to direct it wherever he chooses (Proverbs 21:1). Not even a

sparrow falls to the ground without our Father's knowledge, and we are worth much more to God than any sparrow! (Matthew 10:29-31) It's so easy to be disheartened by all that has been going on and by controversies that cast a shadow over day-to-day practice, however, the truth remains that God is sovereign. If we are able to remember that it's God (not the government and not us) who has the final say, then we have every reason to be encouraged.

With this in mind, we can confidently say that our present troubles are small and won't last very long. Yet they produce for us a glory that vastly outweighs them and will last forever (2 Corinthians 4:17). Knowing this can often take away much, if not all, of the distress that comes with the present uncertainty, and allows us to more clearly think through some of the issues at stake. However, this isn't always the case. We may know these truths in our heads but it's not as easy for them to sink into our hearts. When this happens for me, I find the encouragement of other Christians invaluable. Faith is often built up through fellowship and at a time like this, the support and input of others is vital. Whether it's through prayer or simply through having an opportunity to air my doubts and concerns, I have often found my anxieties lessened by God's ministry to me through others.

to stay or not to stay?

When considering the current issues, some decide that leaving the UK is the most appropriate option; but for others this is neither feasible, nor right. Those who stay then have to decide if they continue to practise medicine. Most of us have asked this question at some point during medical school, and are feeling the need to do so once more. It is

extremely difficult to leave a career that you have dedicated so many years of your life to, though for some this is the only real barrier. However, I feel that there is a stronger argument for continuing with medicine. It is a great privilege to work as doctors. We combine scientific and interpersonal skills in a way that most other jobs don't offer. We also look after and work with interesting and inspiring people, who challenge us and spur us on. We also appreciate the trust that patients place upon us and work hard to guard it. As Christians, it goes even further - we know that despite the difficulties we often face, this is the path God has called us to. Even for those who, like me, aren't necessarily certain of their calling to medicine, it is where we find ourselves placed. Therefore, we do, and ought to continue, walking along this path unless or until he draws us elsewhere.

I don't mean to imply that we should allow ourselves to become doormats, trodden upon by anyone who chances to cross the threshold of the NHS; but I do think the Bible gives guidance on deciding which battles to fight. Philippians 2:3-4 tells us that none of what we do should be driven by selfish ambition but that our actions should be marked with humility. We need to be looking out for the interests of others as well as our own.

should we strike?

Earlier, I mentioned some of the new dilemmas that doctors have had to tackle; deciding whether or not to support the proposed strike action was, for me, the most difficult of these. It was a much more straightforward choice for many other Christian doctors I knew. They felt that the contract was not only unfair for doctors, but that it would be unsafe for

patients. Additionally, they argued that it was another mechanism of undermining the NHS and would take us one step closer to privatisation of the healthcare system; and in light of this, they felt that strike action was more than justified. While I don't think it's possible to say that there is a blanket answer to whether striking was the right or wrong course of action to take, I do think that there is a right answer for each and every single one of us. As is the case with many things, it's a question of the heart. Whose cause am I championing - mine, my patients' or my colleagues? Whichever of those groups we speak for we must examine ourselves to make sure that above all, our fight is for Christ and his glory.

It is almost impossible to read comments from junior doctors about the current controversy without sensing the anger and outrage that is behind them. Is this anger justified? My feeling is that it is, and it is certainly understandable. But the anger of man doesn't accomplish the righteousness of God (James 1:20). Christians can't let that anger be the fuel behind our actions. There is a lot of anger directed towards individuals - but it is incredibly difficult to speak God's grace with a heart full of bitterness (as we see from Jonah's story). Rather than conforming to the world's pattern, this provides us with an incredible opportunity to be markedly distinct in our attitudes as believers. Every argument against the contract that is clearly stated, but without insult directed against the government or individual ministers, gives us the chance stand out. If we stand out, people will ask questions, and with our responses, we can give an answer for the hope that we have.

'What, then, shall we say in response to these things? If God is for us, who can be against us?'

(Romans 8:31). Though we are subject to government policy we are not helpless victims. Christians have tools more effective than anything the world can offer: we have access to the very ear of God whose kingdom reigns over all others. Jeremiah tells the Israelites in captivity to pray for the good of Babylon because 'if it prospers, you too will prosper' (Jeremiah 29:7). The same applies to us. The NHS, the government, patients and those we work with need our prayers. They always have; but perhaps we feel the urgency now more than ever.

focussing on Jesus

Despite all the anxiety, these are exciting times! Doctors are engaged, and are starting to use the voice that we have always had (even though our words seem to be falling on deaf ears at present). The spotlight is directed toward us. How amazing would it be if, through our actions at this time, Christian doctors could instead turn the focus to Christ? Conversations will be happening all around us - people will want to know what the debate is all about and what our stand is. Take these opportunities to speak about how your faith helped shape your convictions. Meet with other Christians to pray! There will be many non-Christian medics who will also be feeling anxious about what's going on - offer to pray with them, and if you feel led to, invite them along to prayer meetings or church gatherings. Times of trouble often cause us to seek answers - let's make ourselves available to point others towards the one who has all the answers, Christ. ■

the Bible and the British Museum

Alex Bunn shares some highlights



Have you ever been in a conversation where the Bible is treated as a fairy tale? Have you ever wanted to justify your conviction that the Bible is trustworthy? Thanks to our colonial history of 'safeguarding' international treasures, the British Museum (BM) in London hosts a whole range of artefacts that corroborate the biblical account. As one archaeologist summarised:

*'Scores of archaeological findings have been made which confirm in clear outline or exact detail historical statements in the Bible. And, by the same token, proper evaluation of Biblical descriptions has often led to amazing discoveries.'*¹

Each year international students attending the SYD conference² take a tour of the BM led by a guide from Pfander (details below). This article recounts some of the highlights.

Genesis



Sceptical scholars say that Genesis was written in the sixth century BC, and redacted back to the time of Moses (c1400BC). But many details of Genesis in Abraham's time (c1900BC), including places, customs and peoples are historically correct.

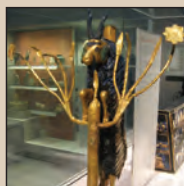
For instance, the existence of Ur, Sodom and Gomorrah, was not known outside of the Bible, and

judged mythical. The best evidence for this period comes from four sets of clay tablets including the Ebla tablets (pictured - c2300BC). One mentions five cities: Sodom, Gomorrah, Admah, Zeboyim and Zoar, the exact same cities that Abraham defended in Genesis 14:8. The order of the names is the same, suggesting they were on a trade route. This has led to speculation on the locations of Sodom and Gomorrah, based on the probable location of Zoar, the most recently inhabited city. Could they be under the Dead Sea?

The Nuzi tablets (c1400BC) describe laws and customs regarding surrogacy, dowries, cult gods, oral wills or a man calling his wife his sister³ that appear in Genesis, but quickly became obsolete. How could Moses have written so accurately 700 years later? Especially about Sodom which had been erased from history?

Similarly, archaeology caught up with the Bible when it finally uncovered whole civilisations of 'legendary' peoples like Hittites, Horites, and the people of Ur, with large sections now dedicated to them at the BM. The most famous citizen of Ur was of course Abraham. The city he left was certainly

no primitive dust bowl, as this art collection demonstrates. Here is a spectacular ram caught in a thicket. What an appropriate symbol for Abraham's home city!





Alex Bunn is CMF Associate Head of Student Ministries (Field) and a GP in London

the conquest of Palestine

The Armana tablets were written from the governor of Jerusalem to the pharaohs appealing for help during Joshua's conquest. They refer to the invading people as *Hapiru*, which the British Museum believe were the Hebrews, the Israelites.

the kings of Israel



Here is the oldest depiction anywhere in the world of an Israelite king; King Jehu,⁴ paying homage to

Shalmaneser III. Jehu had been an Israelite military captain, instructed by Elisha to oust the rebellious King Ahab, and end idolatry in Israel.

parts of history are illuminated by the Biblical record

In 701BC King Sennacherib came from Assyria and attacked the fortified cities of Judah, including Lachish as described in 2 Kings 13-15.⁵ There is a whole room dedicated to these campaigns with some quite grizzly reliefs, and the Taylor Prism, a clay tablet that corroborates the biblical account in seven areas. But the secular account does not explain why the king left. The Bible fills in the gap by telling us that he returned home to defend Nineveh from Tarharqa, king of Cush.⁶ He was another character previously thought to be fictional, but the museum now has a statue to show just how real he was. On his second campaign, Sennacherib returned with an army 200,000 strong. The Hezekiah mural from Nineveh describes his advance to Jerusalem, and his subsequent return home without firing an arrow. He was assassinated by his sons as a result. But

why would he get so far and retreat? Perhaps the Bible can provide the missing detail.⁷ Here we learn that the Lord killed 185,000 of the fighting force overnight. It's not the kind of detail that found its way onto murals and tablets, the social media of the day!

parts of the Bible are illuminated by other historical documents

Do you remember the 'writing on the wall' of Belshazzar's feast in Daniel 5? He was a king who



would not humble himself before God, and as a result his kingdom would be given over to the Medes and Persians. For interpreting the signs, Daniel was proclaimed third highest



ruler in the kingdom. Previously, Belshazzar was thought to be fictional; even the

great historian Herodotus 100 years later didn't mention him. But only 90 years ago the Nabonidus Cylinder was unearthed, which confirms that Belshazzar was real. He was co-ruler with his early retiring father Nabonidus, the last known king of Babylon. It also explains why Belshazzar rewarded Daniel by promoting him to *third* in the kingdom,⁸ as there were already two kings! Once again, the Bible is shown to be reliable, where it can be compared with other sources.

prophecy

The historicity of Daniel is contested, with sceptics proposing a late date after the events it prophesied: the fall of Babylon, and rise of Persia,

Greece, Rome, and most importantly the king whose kingdom would never end.⁹ But artefacts like the Ebla tablets, Taylor Prism, Hezekiah Mural



and Nabonidus cylinders give us confidence that the Bible was written earlier than the sceptics demand, are reliable when compared with secular sources, and could therefore

be a source of prophecy. You can even see physical evidence of prophecy fulfilled in the Ninevah murals, which are badly damaged by the fire and water predicted by Nahum.¹⁰ In 612BC the Babylonians set the city on fire, then flooded it with waters from the Khoser river.

On a lighter note, you also have the opportunity to see the silver plates that Esther may have eaten off in the court of Ataxerxes in Persia.

early church



Here is one of the oldest depictions of Christ anywhere in the world, from a Roman villa in Dorset AD 350. The Roman Empire had only been Christian for 40 years, but

there were already Christians in Britain. Behind a fair haired and clean shaven Jesus are the first two letters of the Latin title Christos, Chi and Rho, mixed with some more pagan symbols of fruit.

take a walk of faith

So, as we have good reason to accept the historical claims of the Bible where it can be tested, we can walk around the BM to reflect on a key theme of the Bible: idolatry and its alternative, faith in a gracious God. Consider how Sodom was destroyed for its idolatry, despite God's gracious offer to spare the city for the sake of just ten righteous people. God promised to make a fresh

start through Abraham's family,¹¹ who trusted God and left the comfort of the prosperous city Ur for the Promised Land. He would later see a real ram in a thicket that would substitute for his own son Isaac,¹² foreshadowing Jesus' final work on the cross.¹³ The Hebrews did finally enter Canaan. The kings and people of Israel were warned not to follow other gods. Sadly there is a sample from a collection of 400 idols from Jerusalem on display at the BM, and whole cities like Lachish and kings like Ahab were judged for it. But faithful kings like Jehu and Hezekiah who sought God's mercy saw God's saving power. Israel was eventually exiled for idolatry, but God was still faithful to his promise to Abraham. The book of Daniel predicted that God would come himself as the king whose new international kingdom would never end. There were attempts to wipe out the Jewish people and the bloodline of the Messiah in the time of Esther in Persia. But the 'kingdom' of the church that Jesus finally launched spread quickly even to the British Isles, and continues to grow.

If you want more on the New Testament, you should walk up to the British Library at King's Cross. There you will find the oldest surviving copy of the complete NT, the Codex Sinaiticus dating from c350AD, which has not changed in any significant way from the Bibles we have today.

If you have enjoyed this taster, why not book yourself onto a tour? Contact info@pfander.uk for more information. ■

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Speak up, do justice

Rachael Pickering explains CMF's Summer School



Rachael Pickering is a GP working in prisons & medical politics

After the success of last year's summer camp, this year's summer school will once again be a collaboration between CMF and Petros Training, the training arm of the non-profit healthcare company I work for. We deliver medical services to vulnerable patient groups, especially the mentally ill and prisoners, and use the surplus from this UK work to provide free prison healthcare in Resource Poor Countries as well as to subsidise educational events such as this exciting learning opportunity...

why bother?

We should speak up and do justice because we serve a God of justice! And he mandates us to promote social justice through our words and actions: 'Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy' (Proverbs 31:8-9). The Bible overflows with evidence of God's social conscience. Jesus showed special concern for vulnerable people, eating with 'sinners' and saying, 'It is not the healthy who need a doctor, but the sick' (Matthew 9:9-13). The parable of the sheep and goats reminds us that God regards ignoring the plight of the world's poor, sick and imprisoned as akin to shunning him (Matthew 25:31-46). And King David sang of the value God places on that most vulnerable patient group of all, the unborn (Psalm 139:13).

should I attend?

Medical schools are usually light on teaching the skills required to speak up for vulnerable patient groups. And career opportunities in

medical politics are discussed but rarely. So this summer school has been designed to fill that gap! We're looking for student and junior Christian healthcare professionals (HCPs) who want to learn more about social action and public policy work. Senior HCPs and non-HCPs are welcome too! So, if this is you then yes, you should attend!

who will teach me?

All of our speakers are friendly and possess expertise in social action and public policy work. CMF student staff Dr John Greenall and Dr Alex Bunn will be leading the Bible talks and I'll be showing you how to craft speeches and debate with confidence!

how will I be taught?

You will benefit from a variety of interactive learning styles ranging from Bible talks, seminars and workshops, role plays with professional actors, a film club and even a BMA-style debate! We will support you individually so don't worry: whilst we will encourage you to stretch yourself, we won't force you to do anything that you're uncomfortable with! There'll be plenty of time for rest and relaxation, prayer and praise, wall climbing & other activities and forming new friendships.

where? when?

Summer School is from July 18-22 at Knock Christian Centre in Cumbria, which is easily accessed by road and rail. Book at www.cmf.org.uk – early bird rates end 1 June.

join us this
summer for

CMF SUMMER EVENTS 2016

summer school 2016

In an exciting collaboration, Petros Training and CMF are hosting 'Speak up, do justice' at Knock Christian Centre, Cumbria, from 18-22 July 2016. More details on page 35

forum

CMF student leaders are welcome at UCCF's Forum conference for CU leaders, 5-9 September in Shropshire. More details and booking at uccf.org.uk/forum

summer teams 2016

CMF Summer teams are travelling both Lithuania and Belarus. Closing date for applications is 1 June 2016. More information on the CMF website www.cmf.org.uk

Deep:ER

Why not sign up as an Impact Volunteer this summer? More details on your cover sheet or at www.cmf.org.uk/students/volunteer