SUMMER 2011

thriving as a junior

conscientious objection

working out a biblical ethic

autonomy

nucleus

the student journal of the christian medical fellowship

plus: Ukraine, Francis of Assisi, cross-word, why I came to medical school

nucleus

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editorial: a year gone by

Vongai Madanire
is the Editor
of *Nucleus*

On the evening of 29 May, I lay on my bed staring at the blank ceiling with relieved disbelief that it was all over! Having done three exams and handed in a dissertation on the controversial subject of conscientious objection in medical practice, I honestly felt like a massive weight had been lifted, literally out of my brain. As I reflected on how the 'year' had gone, I thought the BSc which I had been a bit nervous about last September had come to an end so quickly. Studying medical ethics and law while volunteering a day each week working as a CMF student intern had been a challenging but rewarding and enjoyable experience. It was a year filled with many lessons, especially in my walk with God.

In my interaction with others (especially non-Christians), I learnt not to speak 'Christianese' when talking about moral issues. I saw how discussion about ethics often opens great doors for us to share our faith and worldview. I also have a renewed appreciation of *Nucleus*; I have learnt the importance of reading and writing; knowing what is happening in the world and influencing our increasingly secular society. On the other hand, I learnt that arguments can be endless, and sometimes we will not win arguments about important issues in life. However, there is no defence, law or argument against love; being or manifesting Christ in all our conduct and relationships with people.

Showing love is something I have always been taught is important, but I've underestimated love's impact on those who see our lives. This calls us to depend on the Holy Spirit for all we do in our witnessing being spiritually vigilant and prayerful people[1] who speak and communicate with grace. About people in general, I learnt that in this dynamic pluralist culture, everyone (believers and non-believers alike) has standards, but often people just fail to uphold those standards. This has taught me respect for all people and a desire to hear their life story; knowing where they are in order to share the love of God. Jesus is the only one who has met God's standards. We have not; but through his sacrifice on the cross we can have confidence that one day, in his eternal Kingdom, all will be made new.[2]

After a long (hopefully lovely) summer holiday in Africa, I look forward to studying medicine again. For those who have one, I also wish you an enjoyable break. As we face the next academic year, I hope that you are encouraged by this *Nucleus* edition to seek God's guidance in all you do, to live and speak for Jesus Christ. Congratulations to the newly qualified doctors and welcome to freshers starting at medical school this autumn. ■

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1. Ephesians 6:10-18
2. Revelation 21:5

modern-day foot washing

Laura Guy reports on a new initiative at a London medical school

Christian medical students at Imperial College have been stewarding on sports nights in the medics' bar since October 2010. This has been an opportunity to serve the medical school, raise the profile of CMF and – most importantly – scatter the seed of the gospel in previously barren land. On 1 January 2011, the Daily Mail *published a full-page article about the drinking habits of Imperial medics,*[1] *causing embarrassment for the medical school. The CMF stewards were mentioned, and for a while there was (incorrect!) suspicion that we were behind the tip-off. Thankfully, the storm has passed, and we have been allowed to continue our ministry in the bar.*

The idea for sports night stewarding arose during a meal at the CMF National Students' Conference. A couple of us were discussing the tension between wanting to be more involved in medical school life, but also wanting to maintain our Christian integrity (which can be difficult in a drinking circle). We don't particularly like the 'holy huddle' culture many Christians can appear to live in, as it can be exclusive and cliquey, and puts people off Christians. After all, Jesus made a point of spending time with the non-religious, often more than with the religious people of his day. Sports night was a way to engage with an important part of medical school culture from a different perspective. We knew that there was a need that wasn't met and no one else particularly wanted to do it, and there's certainly a Christian call to serve, so we thought why not do so in this context?

The drinking culture seemed exclusive to those who weren't up for getting smashed. Not many of our group are teetotal, but in a drinking circle it's often not acceptable to say 'I've had enough thanks' – it's all-or-nothing. I remember thinking when I was a fresher that it seemed a shame that people didn't feel able to have fun without drinking – though maybe that sounds naïve. It seems to be a form of escapism – perhaps from our apparently liberal, but in reality quite judgemental society.

Laura Guy
is a clinical medical student
at Imperial College London

I doubt that Imperial medics drink any more excessively than medical students up and down the country. My biggest concern is for freshers who get sucked into it, sometimes against their will, for the sake of being part of the crowd. I know people who would rather not join in, but 'have to' to avoid being rejected for refusing to be a team player. There should always be the freedom to say no. On the other hand, the majority have a great time and most people recall medical school years as some of the best of their lives.

During a typical evening at the bar, we ensure that students stay away from no-access areas of the building (which is on a hospital site), arrange for students who are taken ill to get home safely, and clean up after the sports teams have left. We perform half-hourly building checks, which we use as an opportunity to pray for the building, the students, and the medical school. The team tries to meet at least 15 minutes before the event starts to pray together.

My favourite thing about sports night is that we get to do a bit of what Jesus did. He came into the world to clean up other people's mess – sin – knowing that we wouldn't all thank him for it. Clearly there's a huge difference between being crucified and cleaning up a bit of sick, but there's a parallel idea there. Maybe it's more akin to him washing the disciples' feet (then an unpleasant and culturally embarrassing thing to do). It's important to stress that we're not doing it because we're 'good people' – rather, we're forgiven people. The point of our faith is the recognition that we're not inherently 'good', and that we've chosen to accept forgiveness. When you know you're loved it's easier to love others. We hope and pray that our peers see some of that reflected in this ministry, and come to know God's love for themselves. Our presence in the bar has also been appreciated by Christians in sports teams, who are often under pressure to drink excessively. They tell us that it's reassuring to have other Christians in the bar holding them accountable and encouraging them in their witness to their team mates. The *Daily Mail* article made the Christians sound a bit flimsy, which probably represents popular opinion...but I don't think there's much flimsiness about cleaning up sick with a smile.

Apart from the suspicion that we were behind the *Daily Mail* article tip-off – which led to some minor hostility from some sports night regulars – the ministry has opened the door for more CMF presence in the bar. Having established a good working relationship with the bar managers, we were able to run a three-week *Christianity Explored* course in the bar, which was well-attended and will hopefully be repeated in October this year. ■

We would value readers' prayers for a continued good relationship with the Student Union, especially now that a new SU President has been elected; for wisdom and boldness in using these opportunities as fully as possible to get the good news out to our colleagues; for protection against attack or opposition; and most of all for our 'light to shine before others, that they may see [our] good deeds and glorify [our] Father in heaven'.[2]

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2. Matthew 5:16

churches sign up to Olympic outreach

With the London Olympics only a year away, many churches are drawing up plans for engagement and outreach during the games. This might involve hosting athletes' families, or erecting big screens to show events.

More than Gold is an organisation co-ordinating the Church's response to the Olympics. Chairman Lord Brian Mahwinney said 'It has even been suggested to me that *More Than Gold* could well turn out to be the largest venture of inter-church cooperation the United Kingdom has ever seen ... I have no doubt that they will seize the moment and rise to the challenge.'

More than 15,000 athletes and 500,000 spectators are expected to visit London for the games. In the past, *More than Gold* has provided more than three million cups of cold water to spectators at the Atlanta Olympics and organised sports clinics alongside the Sydney Olympics.

christianitytoday.com, 14 May 2011

cerebral palsy families call for better NHS treatment

Parents of children with cerebral palsy in the UK have started a campaign for the NHS to provide micro-neurosurgery called selective rhizotomy (SDR) and more physiotherapy to help these children walk. The Department of Health said this treatment could be considered by doctors if outcomes were monitored, and the campaign group *Support4SDR* is pushing for the less invasive form of SDR to be accessible to all who need it in the UK. Chair of *Support4SDR*, Kim Wakefield, is the parent of one of the 77 children who have travelled to the US to have this operation, at a total cost of about $40,000.

The treatment has not only been shown to improve walking, but it reduces general spasticity and pain. The quality of life for these children dramatically improves; more confidence, being happier and more comfortable. Twenty more children from the UK are booked to undergo the procedure at the St Louis Hospital in Missouri in the next two months. In light of this new evidence, the National Institute for Clinical Excellence (NICE) revised their guidelines in December 2010 to allow the procedure, though notes that the side effects and risks of the treatment can be serious. NICE advises that doctors can consider offering the treatment as long as its results are monitored and risks are explained to families and patients.

bbc.co.uk, 20 June 2011

cystic fibrosis drug offers fresh hope to suffers

Less than a year ago, leading scientists from Queen University Belfast were awarded about £1.7million to research and develop the new drug VX 770; research which also involved specialists from Europe, America and Australia. It is now believed to be a breakthrough that will have significant implications for Cystic Fibrosis (CF) sufferers in Ireland, the UK and the world at large. VX 770 has been called ground-breaking treatment

because it treats the basic defect caused by the gene mutation in affected patients; specifically targeting the 'Celtic gene' common in Ireland.

By improving protein function, the drug has been shown to improve lung function, quality of life, and also lead to a reduction in disease flare-ups in those receiving treatment. These effects have been shown even among people who have been living with CF for decades. The new drug will be submitted for licensing in the autumn of 2011 and is expected to be available to patients as early as 2012. As a result of the recent work, researchers from Queen's University, University of Ulster and clinicians from Belfast Health and Social Care Trust have been selected to join the European Cystic Fibrosis Society Clinical Trials Network, and are hence involved in the advancement of CF treatment on a global level.

bbc.co.uk, 20 June 2011

'the end of the world'

On Saturday 21 May 2011 at 6 am, the rapture was supposed to occur – mighty earthquakes and fiery rain sweeping through successive countries to mark the end of the world as Jesus returns. These were the biblical interpretations of the 89-year-old retired engineer and leader of California's Family Radio network, Harold Camping. He predicted a similar event in 1994, later putting its non-occurrence down to mathematical error. Along with his followers, Camping poured over $100 million into a worldwide campaign of street-preaching and giving out tracts; adverts on billboards and posters – largely financed by the sale and swap of radio stations. Advertising popped up across the globe from Iraq to Lebanon to Israel to Jordan, the Philippines to Vietnam, where thousands of the Hmong ethnic hill tribe gathered together on the Thai border in anticipation of the event. Friends in CMF Zimbabwe saw the billboards there and in other parts of Southern Africa. Also backing the campaign was Camping's radio show (heard worldwide) and a website that featured a countdown clock.

On the appointed day, the clock was at zero underneath the banner headline: 'Judgment Day: the Bible guarantees it'. Besides Mr Camping (who was nowhere to be found) and events like the eruption of the volcano Grimsvotn in south-east Iceland (hardly unusual!), life carried on as usual. Those who expected rapture were disappointed and some were offered counselling as their hope crumbled. Mockers filled the internet and news headlines with jokes whilst the American Atheists and Humanist Association held 'rapture parties' to celebrate Earth's survival across America, and even just a few miles from Family Radio itself. Less press coverage was given to the fact that the majority of Christians around the world were not moved by the prediction, or its eventual flop.

guardian.co.uk, 20 and 22 May 2011, dailymail.co.uk, 23 May 2011

late abortion statistics

The ProLife Alliance (PLA), a charity campaigning on abortion, was recently victorious in a bid to make statistics about late abortions available to the general

public. Data released in 2003 showed that some babies had been aborted after the usual legal limit of 24 weeks because of a cleft lip and palate. The 1967 Abortion Act permits abortion after 24 weeks only in cases where the mother's life is at risk, or the child will be born with severe physical handicap or mental disability.

At the time, the PLA were concerned that the cleft palate case was an abuse of the Act, weeding out the 'less than perfect' babies, and there was a high profile legal challenge involving the Reverend Joanna Jepson, who herself was born with a jaw deformity. After the name of a doctor involved was leaked, the Department of Health (DoH) announced that it would no longer release statistics on late abortions for medical conditions where the number of the abortions was less than ten. The stated aim was to avoid parents being easily identified. Previously the DoH had released statistics even when the number of abortions was just one or two.

In response to this, the PLA called on the Information Commissioner, maintaining that the Freedom of Information Act (2000) required release of this data. This was supported by the Commissioner as well as the Information Tribunal, which ruled in their favour, ordering a release of the data.

The DoH then appealed to the High Court to maintain non-disclosure of late abortion figures. The Court however supported the previous ruling by the Information Tribunal. Josephine Quintavalle of the PLA, stressing the importance of this decision, afterwards said: 'This is a great victory for freedom of information and accountability and most importantly for the rights of the disabled unborn child. There is no proper mechanism for the scrutiny of abortion provision other than the meagre information provided by statistics...'

Dr Evan Harris, a member of the BMA medical ethics committee and former Liberal Democrat MP, normally a pro-choice campaigner, said it was 'hard to see why successive governments' had fought the Information Tribunal decision. The missing data were finally released on 4 July.

bbc.co.uk/news, 20 April 2011, christianlegalcentre.com 21 April 2011

global birth rates fall

A significant decline in birth rates has been noted since 2008 in many developed countries, according to a recent study. Previously birth rates had been rising across 26 of 27 EU member states, for the first time since the 1960s.

England and Wales joined the USA and Latvia in seeing a marked fall in birth rates following the economic downturn of 2008. Study leader Tomas Sobotka of Vienna said 'The young and the childless, for example, are less likely to have children during recessions ... Highly educated women react to employment uncertainty by adopting a postponement strategy, especially if they are childless. In contrast, less-educated women often maintain or increase their fertility under economic uncertainty.' Previous recessions have been thought to be too short-lived to have much impact on birth rates.

independent.co.uk, 29 June 2011

Tosin Haastrup, Vongai Madanire, Laurence Crutchlow

medical school news - south-east

Sarah Montgomery-Taylor and **Jonathan Sunkersing** bring news from south-east England

God is doing great things in the south-east – renowned for its glorious sunshine, relaxed universities and intellectual prowess. Perhaps most encouraging was the tremendous turn out to the National Conference (over 40 students) and enthusiasm that many got from it. Students came back full of renewed passion for God and for reaching out to their friends. Oxford students were particularly grateful to local doctors who generously subsidised conference costs. Older students in Southampton also encouraged the freshers to attend.

■ **Southampton** have been praying for leaders to help continue the work of CMF locally. We've now been blessed with a few candidates who all promise much and we pray they will be used mightily by God in expanding his Kingdom. Although still in its infancy, a mentoring scheme to support these leaders is showing potential and fruit which will be evident for many generations.

■ **Brighton and Sussex** has seen some real passion and enthusiasm with recent meetings and events such as *Confident Christianity*. Please pray that these would continue and that the CMF and CU would, in their different roles, grow in unity for the gospel.

■ **Oxford** CMF had a good start to the year with a large number of students coming up from the pre-clinical school to join the clinical school group. At the freshers' fair, CMF students were on hand to answer a question about faith in exchange for a cake – some good conversations were had! 4th year students also ran a series of ethical talks with discussion at lunchtimes during a lecture course. These were well attended and received, so some of the CMF students are hoping to set up a regular group for debating such ethical dilemmas. We have also enjoyed making better links with local doctors through several breakfasts at local doctors' houses and a summer BBQ.

■ **Cambridge's** clinical group continues strongly, meeting weekly during term to pray and support one another. Please pray for leadership for next year; we have several who are willing, but who will spend most of the year away from Cambridge on placements. Pray that God will guide how best we organise ourselves.

The south-east also has a **strong juniors group** which we hope will provide inspiration and help to final year students as they face the reality of becoming a doctor. ■

Sarah Montgomery-Taylor and **Jonathan Sunkersing** are clinical medical students in Oxford and Southampton respectively

autonomy
is the ruining principle of medical ethics

Liz McClenaghan sounds a warning

Over the past 20 years there has been a shift in clinical decision making, impacted strongly by a change in thinking about respect for individual autonomy. This change, while seemingly benevolent, results in an unstable grounding for our ethical decisions.

autonomy killed Hippocrates

For centuries the ruling principle of medical ethics had been paternalism; the doctor deciding what is best for the patient. This was generally accepted as good practice, until relatively recently. In 1994 Beauchamp and Childress set out the 'four principles'. It could be claimed that Beauchamp and Childress have made the biggest impact on medical ethics since Hippocrates decided to live a radically moral life at the turn of the 3rd century BC.

Autonomy, beneficience, non-maleficence and justice. Beauchamp and Childress implore every health care professional to uphold these four principles while making a clinical decision, and therefore to promote a 'principlist' approach to ethics. According to principlism the doctor or health care provider should respect the patient's autonomy by allowing him or her to maintain their free will regarding whether to receive treatment. They should act to be beneficent and non-maleficent towards the patient by doing good and not harming, and finally to seek justice by considering the social distribution of resources and the wider benefits and burdens to society.[1]

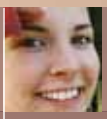
The Hippocratic Oath and the four principles are similar excepting one stark difference. Within principlism the first principle (autonomy), which has become the over-ruling principle, considers respect for the patient's will, while the Hippocratic Oath assumes a position of paternalism. The Hippocratic Oath is more concerned about doing what is best for the patient including making judgements that 'I consider for the benefit of my patients'.[2] Respecting a patient's wishes is not mentioned in the Oath, which is instead more focussed on the everyday character traits of a doctor, not just their decisions within working hours.

The Oath has fallen out of favour within the medical sphere as it does not have an emphasis on the personal autonomy of the patient. Irvine Loudon, a General Practitioner and Medical Historian, defends the Oath by reminding us that it is much broader, expanding its influence into the realms of the doctor's private life and imploring the Oath taker always to be moral and upstanding.[3] Beauchamp and Childress attempt to deal with this stance by suggesting that a fifth principle, veracity, should also be upheld to bind the four principles together, ensuring that truthfulness has a central role in the practitioner's life.

holding autonomy higher

Gauging and ensuring autonomy is difficult, and so it is a challenge to measure the positive or negative effect it has had upon medical ethics.

The word autonomy literally means 'self-rule' but is often used in the specific context of 'self-determination'. By having autonomy the patient has the right to make decisions regarding the refusal of treatment, whether that decision is deemed wise or not. Some of the most difficult deliberations come when a patient does not possess full autonomous ability, but the grade of deficiency is difficult to establish. Gillon



Liz McClenaghan
is a medical student in Brighton
and a CMF office intern

outlines four specific areas where a doctor may act without regard for the patient's autonomy:[4]

- Patients have given their prior consent that the doctor can make decisions as they see fit.
- Respect for one patient's autonomy directly conflicts with another patient's autonomy or safety, or where it would conflict with an aspect of justice.
- Where someone used to have autonomy but no longer does.
- In an emergency where a patient's life is at risk.

Gillon later concedes that patients will often make the autonomous decision to revoke their autonomy for their 'greater good'. An example of this might be where a heroin addict wants to be clean by going 'cold turkey'. They ask to be locked in a room until it is over and make someone promise that they won't give them heroin. The addict is relinquishing their future autonomy (for a short time) for the benefit of being clean. In this way they are working for the benefit of their future self by relinquishing their autonomy until the process has been completed. In the same way patients may lay down their autonomy and trust the doctor to make suitable decisions which would benefit their future selves, even though it might be uncomfortable in the meantime.

putting autonomy it its place

Autonomy is integrally inward looking. By this I mean that if I am being autonomous then I am being self-determining and therefore I am looking inwards to my feelings and my opinions and my rights. This, as with many things in life, has a correct time and place. It is important to be responsible for one's own decisions, and to consider thoughts and feelings on a matter. But doing this to the exclusion of all other considerations or overriding the considerations of others, is not beneficial to you or them. These ideas do not create scope for either community living nor hierarchy within society, and without those society would collapse. This area highlights the chasm between every person's legal rights and their moral duty to others.

The question of what should be the overruling principle in medical ethics comes down to what is in the best interests of the patient and, considering an emphasis on community, for society as a whole.

a Christian response to autonomy

Jesus did not hold his own autonomy higher than the Father's will. In the Garden of Gethsemane Jesus obeyed the Father's higher authority so that we might be saved. We get a glimpse of what this meant for him.

> 'Going a little farther, he fell to the ground and prayed that if possible the hour might pass from him. "*Abba*, Father," he said, "everything is possible for you. Take this cup from me. Yet not what I will, but what you will".'[5]

Here we see God in human form, the firstborn over all creation, who made everyone who has any authority, and who rules over all.[6] Even he revoked his own will, knowing that the Father's will was best, so that he would be taken to the cross, and made a sacrifice to enable us to have redemption and forgiveness through Jesus' blood and God's grace.[7]

Paul, in his letter to the Philippians wrote

> 'Your attitude should be the same as that of Christ Jesus:
> Who, being in very nature God,
> did not consider equality with God something to be grasped;
> but made himself nothing,
> taking the very nature of a servant,
> being made in human likeness.
> And being found in appearance as a man,
> he humbled himself
> and became obedient to death–
> even death on a cross!'[8]

A Christian worldview respects humans because they are made in the image of God, and reflect his glory. Not only that, Jesus became a human and sacrificed himself to take the punishment that we deserve so that we can have a right relationship with God,[9] and from that bestowed dignity upon us.

Protecting dignity doesn't make sense if we don't know where our dignity comes from. If we are not made in the image of God, or have an intrinsic dignity, why should there be an act to protect our rights? What rights do we really have? And why should our autonomy be given any respect at all?

conclusions

As our capacity to make an autonomous decision can be gained or lost, and may fluctuate within our lifetime, is it a good overarching principle for our ethical decisions to be based on? Something rigid and unchangeable would make it easier to approach our dilemmas. It is easily seen that 'working for the good of everyone' would be a good standard to follow, however this becomes challenging where 'doing what is in the patient's best interests' is under debate.

Yet we see that the one person who has the greatest right to autonomy, Jesus, still submitted to authority where necessary, able to trust in the character traits of the Father. Shouldn't we be striving to mimic those characteristics and instil the same kind of trust in our patients?

Autonomy has become the foundation of modern medical ethics yet holding unshakably to individual autonomy has led to the dangerous situation where what we want is more important than who we are. ■

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9. Romans 8:3-4

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I was recommended this app by my friends, and now I am sharing it with you. The best bit is that it is free!

Chanele Blackwood
is a medical student at Bart's and the London

rzim.org

How much? FREE

In the midst of learning about the philosophy of ethics, a friend suggested checking out the website of Ravi Zacharias International Ministries. As a Christian, I had been struggling to understand the secular worldviews that shape society's mindset in thinking through the ethical issues faced by healthcare professionals. How was I even going to share the gospel with my classmates - these 'deep' medics who were intercalating in medical ethics and law?

The site is loaded with numerous resources. An archive of free podcasts includes subheadings like 'just thinking' and 'let my people think' and you can also read articles on subjects such as 'emotion and impulse', or 'common questions'. Newsletters, essays and bibliographies also feature.

In addition, there are videos to watch and links to other organisations and websites which will equip you to engage in evangelism and apologetics; meeting people where they are culturally, intellectually and spiritually in order to bring them to the knowledge of truth. My favourite to read has been the 'slice of infinity' (which you can 'like' on facebook) – a section aimed at reaching into our pluralistic culture with words of challenge, words of truth, and words of hope. It has helped me talk about my faith with confidence and I believe it will be useful to readers as well.

Vongai Madanire
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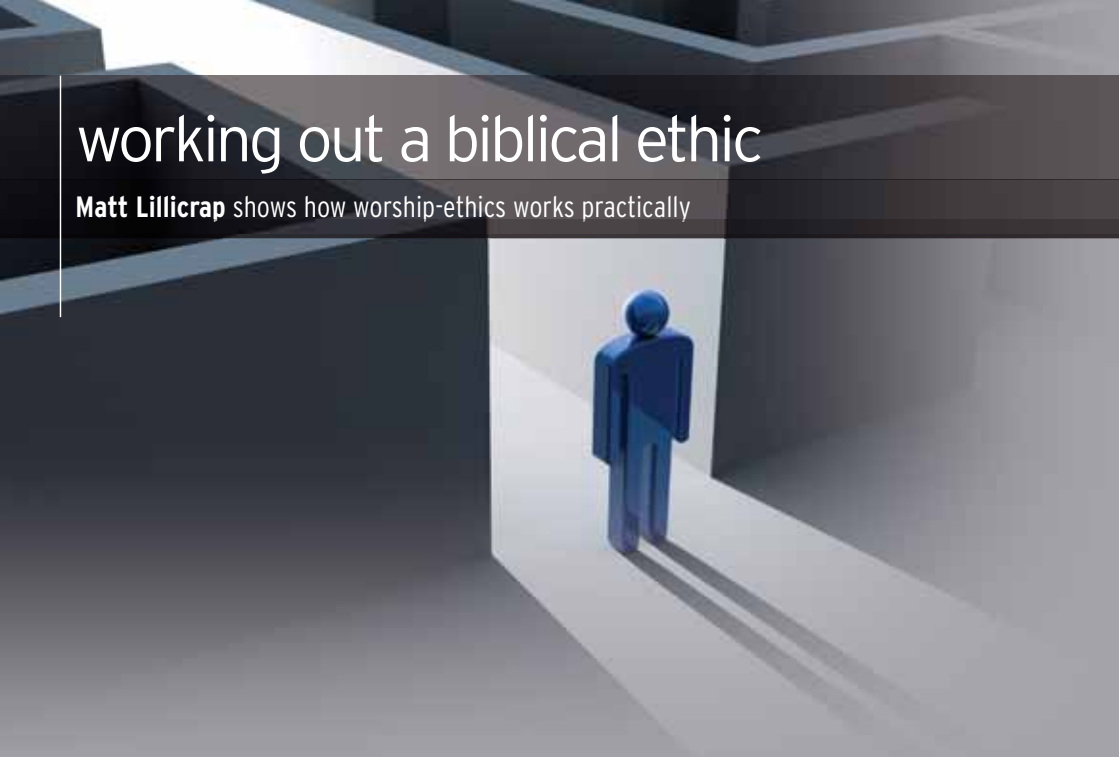
working out a biblical ethic

Matt Lillicrap shows how worship-ethics works practically



Love it or hate it, an understanding of ethics is essential to practising medicine effectively. Wherever you turn, there are decisions to make. How should we approach them? Christians want to do what God says is right. But how do we know what that is?

Many great thinkers, including Christians, have devised ethical principles, but there are so many differing opinions that it can be confusing!

where are we to go?

In summer 2010, I posed these questions and began answering them by looking to the Bible as God's revelation of himself and his will, and thus our final authority as Christians.[1]

We saw that the triune God, 'continually pours himself out between the persons of the Godhead, in unceasing communication, love, friendship, and joy'.[2] Being made in God's image, we are beings who 'ceaselessly pour ourselves out', centred on God. In the fall this 'all-of-life worship' became misdirected. We 'worship and serve created things',[3] and pour ourselves out to someone or something other than God.

As we looked at the four biblical 'episodes' of human history (creation, fall, redemption and restoration), we saw throughout that God reveals himself in promises of grace that provoke the restoration of 'all-of-life worship' in terms of total dependence on, trust in, and obedience to God.

Thus, we saw the 'worship-ethics' held in the teaching of the Bible, with its central principle that, **we are made to image God by centering our lives on him in all-of-life worship**.

But now for the really key question: when faced with decisions, what do we actually do with that?!

How does 'all-of-life worship' respond to a patient's request for contraception, or an abortion? Or any of the other questions we might face each day?

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A number of implications arise from the central principle of 'worship-ethics' which I hope will go some way to helping us answer these questions in practical terms.

we are made...

First, any application of the Bible to ethics has to recognise that we, our patients, their families, and anyone else involved are made by God, whether we, or they, accept it or not.

This has two implications:

1. *all* lives have been designed

Recently, I received a fruit-branded smart phone. It came with few instructions, but a key one was: 'not to be used under water'. I can't imagine needing to use my phone on the seabed, but was reassured to know someone was keen that I knew the 'best way' to use it! My phone is designed for use in non-marine situations, and it won't work right if I ignore that design.

Having a designer implies a 'best way' to live according to the designer's intentions. Our decisions, relationships, and use of time and money, will work better if God is our first priority. The Bible is God's revelation of both his original design and his plan to restore us to this design. These two threads unify in Jesus who is both the means of restoration,[4] and the perfect image of God[5] - a perfect revelation of what 'all-of-life worship' looks like.

When we *don't* live according to God's design, things often don't go so well. I'm not suggesting that the Bible teaches that 'bad things happen to bad people, good things to good people' in every situation. Even a superficial reading of Job would show that to be false! The first two chapters make clear Job's innocence in his suffering.[6]

But *generally speaking*, life works better when lived according to the designer's plan – and things go wrong when we ignore that design.[7] In Romans 1, Paul teaches that God has 'given us over' to sin and its effects. This reveals his anger, and our need for rescue.[8] In Luke 13 Jesus is asked about an example of suffering: was it a case of 'bad things happening to bad people?' No, but it is an example of *life in general* not being 'right' as a result of human rebellion against God's design. Rather than illustrating the victims' rebellion, it highlights our own as *part of the human race*. We are supposed to see our need for rescue and restoration.[9] Therefore, as we see the bad effects of not following God's design, we should understand that both the design, and more importantly the *designer*, are good and *worth* following. We are *supposed* to be driven to seek forgiveness.

For example, studies repeatedly show that children of married couples do better than children of co-habiting or unmarried couples – who are just over three times more likely to have 'self-esteem' problems, and on average perform worse academically.[10] Undoubtedly these statistics are a generalisation, and for many children this would not be the case, but that's the point: the statistics show that *in general* life works better when lived according to the designer's plan.

Gently pointing people to the fact that there is a good design to life, and a good designer is, to put it simply, caring.

Example: A 16 year old girl walks into her GP's surgery requesting contraception, having recently started sleeping with her boyfriend. How

would the implication that we are all made by God, and that he designed the best way to live influence the GPs actions here?

The GP would need to remember that this girl was made by God (whether she believes this or not). Sex *itself* is not bad, but sex outside of marriage is a good gift used out of right context, and elevated above the giver who stipulated its design. The patient is worshipping something other than God, whether that's the pleasure of sex itself, the approval of her boyfriend or friends, or something else.

She is also damaging herself, her boyfriend and (perhaps especially) possible future relationships she might have. The GP would be right to gently point this out, and counsel that abstinence until marriage is *better* for her, both physically and emotionally.

'Worship-ethics' demands that we point to the greatness of the original design for life, and beyond that to the greatness of the designer.

2. BUT...
we are accountable to God alone

People who do not live according to God's design, and do not centre their lives on him, will ultimately be held to account by **God alone**.

Too often as we try gently to point people towards God's design for life, we reduce Christianity to morality dressed in biblical language. We cannot set ourselves up as judge,[11] or suggest that God accepts us if we live by his rules. Instead we need to point people to the good designer who knows their failure to live according to his design, and calls them to respond to his offer of grace in Jesus.

As we see problems in society bringing suffering, and even hurts in our own lives, we are supposed to make the connection: things have broken down *because* humans have rejected God's good design. Though we can teach that living according to that design may well bring good things in this life, we must strictly avoid teaching 'salvation by morality'.

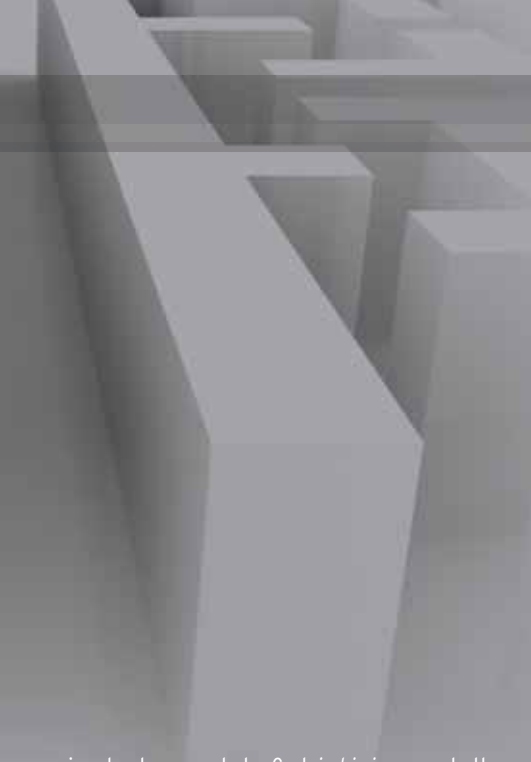
Example: Back to our consultation... How would the implication that we are all made by God, and so answerable to him alone, influence the GP's actions here?

The GP needs to remind himself that no-one will ever be declared right with God by practising biblical sexual ethics! His consultation with this patient needs to 'always be gracious, seasoned with salt'.[12]

'Worship ethics' demands that we recognise God's power and authority to both judge and save by grace alone.

to image God...

Secondly, we must recognise that we, our patients, their families, and anyone else



involved are made by God, *in his image*, whether we, or they, accept it or not. There is huge value invested in human life.

Value can be determined in two ways: either intrinsically, bound up with the very substance of the thing (such as the 24 carat gold making up a ring) or extrinsically, because of one feature or another (such as its beauty).

Imagine you wanted to create a valuable painting. You probably wouldn't start by randomly drizzling paint over a canvas. You'd probably find it to be about as valuable as a ruined canvas! It has no extrinsic value because it is not particularly beautiful, and no intrinsic value because at the end of the day it's just a mess! Yet, one of the most expensive paintings ever purchased is entitled 'No. 5' by Jackson Pollock, at $140 million, which he made by seemingly randomly drizzling paint onto a canvas!

Pollock's painting is extrinsically valuable because people think it beautiful. At first glance it has little intrinsic value until one recognises that, since Pollock is a famous artist, the fact that *his* hand drizzled the paint adds a deep level of intrinsic value.

Something *only* valuable for extrinsic reasons can lose its value easily, if someone disagrees about its beauty, or it loses one quality or another. Intrinsically valuable things can never lose their value because the value is bound up with their very existence.

This principle is important to the value of human life. In recent years ethicists have insisted on the *variability* of the value of human life. We are valued according to our 'ethically relevant characteristics' such as ability to relate to people, or reason, or the value ascribed to us by others in terms of their relationship with us (family, for example).[13] Loss of these characteristics produces a less valuable (and therefore expendable) life. This extrinsic view of life's value is alien to the Bible.

Genesis states that humans are made 'in God's image'.[14] As God created human life, he wove *intrinsic* value into its existence. This value cannot vary. We need to be careful to avoid defining the 'image of God' as simply human characteristics – like creating, or reasoning. It is possible to agree that these traits are 'like God' and therefore could be part of God's image in us. But they cannot be the full definition, otherwise it could be suggested that the Bible actually *teaches* 'ethically relevant characteristics' - that the image of God and value of life could be lost!

Rather, being made in the image of God means that we're like God in every way that we're like God(!) We pour ourselves out in every aspect of life, whatever our abilities. There is no possibility this likeness can be lost. Life is intrinsically, immensely valuable.

In our 'worship-ethic' we aim to be centred

on God in all-of-life worship, making him first in everything. When we see his image in humanity, a high view of God will lead to worship by treating his image with utmost respect, whatever the abilities or characteristics of the image-bearer(s) in front of us.

Example: The next patient in surgery is accompanied by his mother. He has a complex degenerative condition. He's in pain, and is becoming more frail. His mother is distraught: 'You wouldn't treat a dog like this. Why can't we just relieve his suffering?'

How would the fact that we are made in God's image influence the doctor's response?

An extrinsic view of this son's life might conclude that his value as a person has decreased. Many ethicists would advocate euthanasia in this circumstance, especially as his mother seems to support it.

Yet this patient, despite his frailty, is an immensely valuable image-bearer. He is worth far more than the 'dog' his mother mentions. Which is her point, but misdirected. Vets treat animals as they do *because* they are less valuable than humans. Time, money and compassion should be invested in caring for both him and his mother. The GP's view of God's image in his patient should lead to sadness that such a valuable being could be reduced to suffer in this way, but his 'worship ethic' will lead to practising costly, compassionate, medicine in caring for fellow image-bearers as far as he possibly can.

centering our lives on him in all-of-life worship

This is where 'the rubber really hits the road' in our actions as Christian medics. God designed our lives to be centred on him, and he is *supposed* to be first priority in all our decision making, ethical dilemma or not. But we have all 'exchanged the truth of God for a lie' and 'worship and serve created things rather than the creator'.[15]

Any Christian approach to ethics must be realistic about the reality of universal sin. 'Those controlled by the sinful nature cannot please God'.[16] We need to be realistic not just about the sin 'out there' in the lives of others, but also the sin in our hearts. We do not *want* to centre our lives on God. We do not want his approval above any other. Instead we are prone to put ourselves first, or seek approval in idols of popularity, or professional success, or whatever they may be.

To respond rightly to any situation, we must recognise, first, that the only reason we have any inkling of the sin in our hearts, and any desire to overcome it, is because of God's work in us by grace. We *were dead* in our sin.[17] Second, we must see that until we reach heaven (where God's work of restoring us to his original design will be complete), there will always be a part of us that worships other things.

So we must examine our hearts, and ask God to shine the light of Scripture on them by his Holy Spirit. We need to question our motives at every step: 'Who am I seeking to please? Who am I *fearing* first?' We need to ask: 'Who, or what, am I worshipping?'

This is never more important than when we are challenged in our understanding of the Bible and our approach to ethics. All-of-life worship means centering our lives around God. The *only* reason we know what God says, or thinks, is because of his self-revelation in the Bible. At times this revelation is hard to understand, but this shouldn't surprise us

- God is complex! It is not his revelation that is deficient; it is our understanding, blinded by sin as we are. So, we need to work hard to understand his revelation, and be humble to accept that we might not have the best understanding yet. All the while we need to ensure our first priority is God's opinion. Any other priority, even 'what my pastor or parents or CMF friends think' is idolatry; worshipping something other than God.

Example: After the GP's morning surgery, he discusses prescribing contraception to unmarried people with a Christian partner over lunch. They disagree on the right course of action...

How can these two GPs talk in a way that ensures they are centering their practice, their friendship and even this conversation on God?

These colleagues need humility. The only reason they have *any desire* to live according to God's design is because he has acted to change their desires. Remembering this will change the entire flavour of a conversation that could have been filled with self-righteousness. They will listen to one another's disagreement, while gently challenging each other to ensure God, and his word are central. How often we need other Christians to help us see where we are putting other things first!

This will also allow ongoing discussion and mutual hard work in understanding the Bible, which may even lead to resolution of the disagreement. The friends can allow themselves to be challenged by one another, knowing they are both seeking to honour God in work as part of their all-of-life worship.

conclusion

Sometimes ethics is hard. Christians can be guilty of pretending it's not. But find a Christian doctor who has been working for a few years, and they will tell you that sometimes doing what the Bible teaches *feels* difficult. In the face of a suffering patient asking for a quick death, or a suffering woman asking to be relieved of the further burden of a baby it can be tempting to agree to their wishes and see the problem 'go away'. At almost every turn, this is tempting because it's the 'easiest' option. 'Worship-ethics' above all, calls us to image God in all-of-life worship by practising costly medicine with compassion: 'suffering with' our patients just as God in Christ suffered with and for us.

In our ethics we need to start and finish with the gospel of grace: God made us to image him in all-of-life worship, and has acted to restore us to that image through the person and work of the Lord Jesus. It is the only remedy for the idolatry of *our* hearts, and the hearts of our patients and their families. We can point them to God's law, and design all we want. We can explain how valuable they are as his image-bearers. But underlying it all, we ***must*** be praying for them to meet the God this all points to for themselves. ■

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thriving as a junior

Andrew McArdle and **Clare Mason** offer practical and biblical hints

The three 'FY1 survival kit' seminars at CMF's 2011 National Student Conference raised broadly similar issues. In describing these and the advice given, we are mindful that we tread where many have gone before. We commend the articles written by Laurence Crutchlow[1] and Peter Saunders.[2] Their principles still apply, even if the environment in which you will practice has changed.

Advice such as this can create an illusion that the authors had it sorted from the first day, or at least have it sorted now. We would like to emphasise that this is not the case!

looking back

You face a time of transition and opportunity, as well as potential pitfalls. At such times, we often look back as well as forward, considering how we feel about where we are.

Humanly speaking, there may be many reasons why you are now a qualified doctor: you may have felt called, or simply followed a longstanding desire; you may have followed the advice of others, or even felt coerced; or maybe it was a logical decision, driven by matching your aptitudes with the career. Whatever the human reasons, we can be confident that God has us here for a purpose.

looking up

Paul's prayer in Colossians 1 is helpful,[3] reminding us who has given us our primary qualification. Why not make it your own prayer? Don't stop 'asking God to fill you with the knowledge of his will … joyfully giving thanks to the Father, *who has qualified you* to share in the inheritance of the saints in the kingdom of light.'


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challenges

New-found clinical responsibility is the most obvious challenge. At times the learning curve is steep. But this is not the main pitfall. Most juniors are reasonably well-supervised initially (and pointed in the right direction by helpful nurses). Clinical training should have given you the knowledge and skills to do the basics, even if it takes a while to get running. Retrospective surveys suggest that juniors feel increasingly prepared for practice.[4]

More significant challenges are the physical, mental, emotional and spiritual demands of the job, the high potential for loneliness, and the transience that can come from shifting rotas and frequent changes of post. You might find yourself tested in new ways, and discover new things about yourself.

Christians face specific challenges. Moving home and establishing new relationships can bring loss of established support, and temptations to compromise our behaviour or standards. Working hours are tightly regulated, but shift-work can be tiring and disruptive, impeding a regular devotional life and restricting fellowship. Although the 'big' ethical issues of abortion and euthanasia may be rarely encountered, everyday issues are paramount: dealing with conflict, honesty and our attitude to our work, patients and colleagues.

necessities for professional survival

We suggest that only three things are necessary to be a 'safe' doctor: core clinical knowledge and skills (eg recognising and managing bowel obstruction; placing an intravenous line) awareness of the limitations of your knowledge and skills; and an ability to seek help when necessary.

However, a good doctor is more than this. We cannot emphasise enough how important it is to have interest in and compassion for your patients as people, which could manifest in openness, honesty, listening to patients and being willing to identify and engage with the issues important to them. Jesus modelled such an approach in his healing of the blind man at Bethsaida, who he led out of the town to heal in quieter surroundings, and instructed 'don't even go into the village'.[5]

In our relationships we should try to be personable and approachable (even when we need to say that a third bleep about a non-urgent job was unnecessary), following Paul's advice, 'if it is possible, as far as it depends on you, live at peace with everyone'.[6]

The good doctor must also be diligent, 'as working for the Lord',[7] and organised, ensuring that 'yes' is 'yes'.[8] Find a way to keep track of tasks, and prioritise them. Look to your colleagues and seniors for ideas and advice on this.

We must also work hard on our written and verbal communication with patients, families or colleagues. Failures in communication are implicated in a high proportion of medical errors.

Despite our best intentions occasional error is inevitable, and you must be prepared to deal with this. Be prepared to admit error to yourself, and then to colleagues and patients as necessary, without carrying overwhelming or unnecessary guilt. 'Facing our mistakes',[9] a harrowing and personal account of medical error by a rural doctor from the USA, should be required reading for all new doctors. We also

recommend recent articles from *Triple Helix*[10] and the Medical Protection Society.[11]

necessities for personal and spiritual survival

Maintaining your personal relationship with God is the cornerstone to surviving and thriving through all of life's challenges, and the foundation years are no exception. Jesus promises, 'if you remain in me and my words remain in you, ask whatever you wish, and it will be given you'.[12] Though each of us has different ways to maintain our relationship with God, we need to think how we can continue them while working.

Saunders emphasises the importance of making time with God a time to *be* rather than to do.[13] It's a time to be *you* and to remember who you are in God's grace. Regular quiet times can be difficult to maintain and you may need a more flexible approach. Quick 'arrow' prayers are a lifeline during busy days, for example while walking to another ward, chasing results or even while going to the loo! You can also use this time to read the Bible, even via your phone. You can pray through your patient list while travelling to work, which has the added advantage of helping you to remember who they are!

It is vital that you develop and maintain a network of Christian fellowship. The readers of Hebrews were encouraged not to give up meeting together.[14] If moving somewhere new, try to settle into a church quickly – but keep contact with your established Christian friends so you can support each other.

Our work offers many opportunities to witness for Christ in behaviour, attitude to work and through speaking to people about the hope that we have. This may be as simple as mentioning church to colleagues when asked about your plans for the weekend. We are encouraged by the GMC to provide holistic care, which includes spiritual beliefs, so we needn't be afraid of sensitively discussing spiritual issues with patients' consent (do read the GMC guidance).[15] Ultimately the most important thing is to pray for opportunities to speak to others about Christ – a prayer that God is longing to hear and very keen to answer!

The most obvious personal challenges are those of physical and mental exhaustion. Although juniors work fewer hours than previously, work can be higher intensity. In most jobs you will work a shift pattern. On call shifts provide good clinical experience, but can make maintaining a social life and fellowship more difficult. Flexibility is key to coping. You may need to reduce your commitments, but keeping up some hobbies is important in tackling both physical and mental stress.

Our physical needs are important to God. Jesus himself often withdrew to be alone to pray,[16] and God provided for Elijah's physical needs as a priority.[17] It's easy to forget to eat and drink enough, with a long list of jobs to do and people demanding attention. Learn to recognise the signs that you need a break, like irritability. Very few jobs can't wait for ten minutes, and you will work much more effectively when refreshed.

Starting work has the potential for a significant change in lifestyle. There is an opportunity or temptation to reinvent yourself; both positively, as we find new ways to witness to others, and negatively, with the potential to slip into bad habits. It can be easy to follow those around us who have very different world-views to our own, especially if we are tired, lonely or struggling spiritually. Our walk with God and Christian fellowship are important in encouraging us to continue to imitate Christ in our new role.

Doctors are known for working hard and playing hard. In the same way that you may have been challenged as you started medical school, issues such as sex and alcohol consumption might come up in your new peer group. Gossiping and cynicism are also common challenges in the work place. These situations provide the opportunity to stand out as 'children of light'.[18]

Your financial situation will change – with the challenge to use these resources for God's glory. We do not pretend to have all the answers, and not everyone will do the same thing. Plan early how you will manage your income. It is easier to develop good habits from the beginning than to try to change them later on. Pray for wisdom in the use of the resources God has given you and remember the Bible's emphasis on giving as a joyful act of freewill.[19]

Surprisingly, a busy ward can be very lonely. Although you will have a lot of personal contacts at work, interactions can be superficial. Coupled with changes in location and difficulty keeping up regular social activities, this can lead to isolation and loneliness. Do not fall into the trap of thinking you are the only one struggling with these feelings. Remember the promises of God that he will never leave us or forsake us,[20] and allow negative feelings to drive you closer to God, not further away. Also look out for isolated colleagues so that you can support each other.

Self-esteem is frequently an issue. The work environment can be very high-pressured and we have high expectations of ourselves. This can easily become a rod to beat ourselves up with over every mistake. We have found huge comfort and security in the knowledge that we are God's children and in basing our identity in him.

how CMF can help

Foundations, a junior doctors handbook, is soon to be printed. CMF meetings and 'open house' groups in your area can help – please let CMF know your new address, so that we can link you with these. CMF has a large number of experienced doctors throughout the country who offer to support new graduates – contact the office for details. The Junior Doctors' conference (28-30 October 2011) provides the ideal environment to share fellowship and support. Careers days are being held in both London and Edinburgh this year – highly recommended to Foundation doctors seeking guidance and support in making career decisions.

conclusions

We have a great God who promises not to forsake us. Let us not be 'anxious about anything, but in everything, by prayer and petition, with thanksgiving, present [our] requests to God'.[21] ■

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conscientious objection

Giles Cattermole considers the way of the cross

Conscientious objection (CO) in healthcare is the right for practitioners not to participate in legal clinical procedures to which they hold a moral objection. The most widely understood application relates to termination of pregnancy, but there are many other procedures that are already or could become relevant, for example: circumcision for other than medical indications; prescription of the morning-after pill; and if it should become legal, euthanasia. But this right is under attack.

'Conscience is but a word that cowards use, devised at first to keep the strong in awe' (Richard III, Act V, scene iii).

So began a polemical article in the *BMJ* by Julian Savulescu, a prominent Oxford medical ethicist.[1] He condemned CO by doctors as inefficient, unjust and inconsistent. Patients waste time 'shopping' for a doctor who will perform a procedure they are legally entitled to; doctors are employed to do things they refuse to do. CO is the refuge of the selfish and workshy. Such 'value-driven medicine' is paternalistic, idiosyncratic, bigoted, discriminatory, often immoral and should be illegal. Instead, provision of services to patients should be defined by law, constrained only by consideration of just distribution of limited resources and chosen freely by fully informed patients. Public servants should be aware of their state-defined duties, and if they have moral objections to those duties they should not become doctors. Those doctors whose consciences compromise the delivery of patient care should be punished.

These sentiments were echoed recently in the *Student BMJ*.[2] CO is a 'crisis of faith', and 'if you firmly believe abortion or contraception are murder, or homosexuality and adultery are sinful; if you can't suppress a religious perspective that distorts your medical judgment: don't be a doctor'.

Opposition to CO is not confined to academics and students; it's happening at a professional and

Kevin Spacey appears as Richard III, in this image made available by the Old Vic Theatre in London, Thursday June 30, 2011. Everybody loves a villain, and Richard III is one of the best, a scheming nobleman with a lust for power and an exuberant love of his own villainy.

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parliamentary level. When the GMC published its recent guidance[3] on this, the BMA complained that the doctor's right of CO went beyond what was acceptable, and called for its limitation to a list of clearly defined procedures.[4] At the Parliamentary Assembly of the Council of Europe (PACE) in July last year, former MP Christine McCafferty proposed regulation and restriction of the right of CO by healthcare workers, especially regarding reproductive health services.[5]

The first assumption behind these objections is that personally held 'values' are subjective, internal and private. It is accepted that doctors might have values, and even have a right to express them, but not that these values should have any impact on the delivery of healthcare that is legal, available and freely chosen by the patient. The second is that what constitutes 'healthcare' is defined by the state, and its practitioners are technicians directed by the state.

Why so much opposition recently? Perhaps it is encouraged by well publicised examples of students refusing to attend lectures about sexually-transmitted diseases, or to attend to patients of the opposite sex.[6] Perhaps there is a growing secularist confidence that religion should be marginalised. Perhaps there is increasing demand for procedures and new technologies, supply of which will be limited by the current practice of CO. So what is our response?

Firstly, there's the **legal** position. The 1967 Abortion Act states: 'no person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment authorised by this Act to which he has a conscientious objection.'[7] Similar protection was provided in the 1990 HFE Act.[8] There are still exceptions to the right to CO in the case of saving the life of or preventing 'grave permanent injury' to the pregnant woman, and there are no other UK statute laws guaranteeing CO. There is a case law example of a secretary who refused to type abortion referral letters, suggesting that CO is only legally valid for those 'actually taking part in treatment designed to terminate a pregnancy'.[9] This could mean that GPs would not, in law, have the right to object to signing such referrals.[10] More recently, Margo MacDonald's defeated assisted suicide bill in Scotland didn't make any provision for CO. However, in response to the McCafferty report, PACE affirmed the right and asked member states to guarantee it.[11] Resolutions by PACE are not binding on member states. In short, current UK legal protection of CO is actually quite limited.

Secondly, there's the **professional** position, which for doctors means GMC guidance especially as expressed in the document *Good Medical Practice*. The latest, 2006, edition was supplemented in 2008 by *Personal Beliefs and Medical Practice*.[3] This acknowledged that *all* doctors have personal beliefs which affect their practice, but must sometimes be prepared to set them aside. Regarding CO, the guidance is very clear: 'Patients may ask you to perform, advise on, or refer them for a treatment or procedure which is not prohibited by law... but to which you have a conscientious objection. In such cases you must tell patients of their right to see another doctor... and ensure they have sufficient information to exercise that right.' This is qualified by the requirement that the doctor may also have to *arrange* transfer of care if patients cannot do so themselves. Explicitly, it is not acceptable for doctors to withhold *information* about the existence of treatments to which they have a CO; nor to refuse other medical treatment to

someone who is awaiting or has undergone such a treatment; nor to delay, restrict or opt out of treatment of patients because of their views about them, their lifestyle or the aetiology of their problem. This guidance is remarkably open: doctors do not need to prove a reason for their CO (as was required, for example, for Quaker pacifists in previous wars), and there is no limitation of CO to certain designated procedures.

Thirdly, there's an **historical** argument. What are the dangers without CO? There are notorious examples of the moral corruption of a medical profession which fails to oppose state-sanctioned abuses of patients: forced sterilisations in many countries in the 20th century; euthanasia and horrific experimentation in Nazi Germany and Japan; the Tuskegee syphilis experiments on black people in the USA which only stopped in 1972; organ transplants from prisoners in China. This argument can be made more personal - many of those who oppose CO for reproductive healthcare procedures are likely to support it for doctors to refuse to be involved in capital punishment,[12] or in assessing prisoners as fit for 'enhanced interrogation'. Closer to home, many would want the right to opt out of performing non-medically indicated circumcisions. Presumably those secularists who think people should only become doctors if they're prepared to perform any function that the state decrees, must draw the line somewhere?

Lastly and most importantly is the **moral** position, which for Christians begins with a biblical understanding of medicine and humanity. Healthcare is not mending machines, but 'restoring the masterpiece'.[13] People were made wonderfully in God's image, but the image is broken. Sin and suffering have been the human condition since the fall; but in Christ there is hope. He brings healing in all its fullness; restoration of relationship with God; growth in that relationship as we become more like the image we were made to reflect; and a sure promise of an end to all disease and death when we will have new bodies in a new creation. If we're at all unsure as to the value of human beings, remember Jesus lived and suffered as a real man; he died *as* a human and *for* humans. As he preached the coming Kingdom, there was an explosion of physical healing that demonstrated the presence of the King and his compassion and power, the need for forgiveness, and the future hope of a world without sickness. Christian medicine today is born from the intrinsic worth of and our love for individual people, and points towards that hope of perfect restoration. But it reminds us too of our underlying sin and our fundamental need for relationship with God through Jesus. Medicine cannot therefore be anything but 'value-driven'. It is shot through with the value of humanity and the value of Christ's atoning death!

And so our Christian conscience is vital; we must practise medicine according to God's revealed will. Everyone has a conscience (Romans 2:14-15), which both guides our future actions, and approves or rebukes us for acts committed. It would be wrong to perform an act that goes against one's conscience and it would be wrong to force someone to do so (Romans 14). John Wyatt has written that 'when a person is coerced by... the state to act in a way which transgresses these core ethical values then their internal moral integrity is damaged'.[14] It would be worth asking those who oppose CO, whether they would prefer to be treated by a doctor with integrity, or without?

But sin corrupts conscience (Titus 1:15, 1 Timothy 4:2); we can deliberately deny what we know to be truth (Romans 1:32), as Christians we know what we should do, but often don't do it

(Romans 7:19). Conscience alone is unreliable; we need a conscience that is steeped in Scripture, shaped by God's Word in the power of his Spirit. Conscience is subjective, God's truth is objective (1 Corinthians 4:4). If CO were merely the pleading of a subjective conscience, then I could have sympathy with Savulescu. But for a Christian, CO is not based solely on my conscience. It's based on God's Word. It is not an internal objection that I think gives me the right to refuse the command of the state; it is the external truth of God. It is not a lower law that allows me to disobey the law of the land, it is a higher law. CO is not 'self-interest' or 'personal upset', but concern to be holy as God is holy (1 Peter 1:15-16).

And so although we are to *submit* to the authorities, who are placed there by God to commend good and punish wrong-doing (Romans 13, 1 Peter 2:13-17), sometimes Christians have to refuse to *obey* them. Daniel refused to stop praying to God (Daniel 6), his three friends refused to bow before the statue of the king (Daniel 3). Peter and John refused to stop speaking about Jesus (Acts 4:19-20, 5:29). God's law is higher than man's law. But in all those cases, and in countless examples through history, such refusal resulted in punishment. To submit to the state in those cases meant not to obey, but to face the consequences of standing for God's truth in a godless world.

And so it may be for Christians in medicine. Beware of arguments that appear to accept that CO is just about our 'personal values'; it isn't. Beware of relying on our fallen consciences rather than on God's Word. Beware of resorting to the safety of guidelines and laws which may be changed. By God's grace, we have the right to CO made explicit in our professional guidance, given concrete examples in the law, supported by a European assembly. We can argue from history or personal example in favour of it. But in the end, we need to be prepared to stand for Christ, and the experience of those before us suggests that this will be costly.

It was Shakespeare's Richard III himself, who spoke those words quoted so approvingly by Savulescu. In full, it reads:

'Let not our babbling dreams affright our souls:
conscience is but a word that cowards use,
devised at first to keep the strong in awe: our
strong arms be our conscience, swords our law.
March on, join bravely, let us to't pell-mell. If not to
heaven, then hand in hand to hell.'

A murderer, a tyrant, a man who ridicules conscience, a man for whom there is no higher law than his own strength. Such a man leads his followers to hell. Let us not follow him, but Christ. It means the way of the cross, but its destination is glory.

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why I came to medical school!

Rele Ologunde tells his story

In front of me are the interview panel; my final hurdle, my gateway, my greatest obstacle. The interview has gone well so far, and then comes the dreaded question: 'So why do you want to study medicine?'

how the journey began

I didn't always know I wanted to be a doctor. Though interested in medicine, I had never aspired to it as a career. From an early age my passion had been for acting. I enrolled in drama school at the age of eleven, and rehearsed weekly after school. Television and film work gave a unique opportunity to meet and work with people from all over the world and in hindsight, it was time well spent developing communication skills.

> I drew strength from his words reminding me: 'Trust in the Lord with all your heart and lean not on your own understanding

Approaching the end of secondary school, I considered what to do as a career. I was enjoying acting, but medicine had begun to weigh more heavily on my heart. God spoke to me about following a career in medicine through various events; from words of inspiration from members of my local church to my grandfather's death from cancer. Each event had its own message. The turning point came during a two-week work experience placement at my local hospital. Everyone I met genuinely seemed to enjoy what they were doing, and I could see how they were making a positive impact on people's lives, beyond just treating them medically.

crunch time

Having failed to secure a single offer on my first application for medicine, I wondered 'God, can this really be your will for me?' I drew strength from his words reminding me: 'Trust in the Lord with all your heart and lean not on your own understanding'.[1] A-level results day came and despite passing all exams at first sitting and meeting the entry requirements of all the universities I had applied for, I was faced with the reality of not being accepted to study medicine. I had to consider either a post-graduate route into medicine or take a gap year, the latter being an idea I had always resisted. However, God had other plans.

the gap year

Looking back on my year out, I have no regrets. Among other places in Europe, I spent a month in Chisinau, Moldova, volunteering in a maternity hospital. As well as getting exposure to surgery, the time spent in Chisinau also made me reflect on how often I take things for granted. It is easy to forget that the level of healthcare we are accustomed to in the UK is far from the norm even in other parts of Europe. I also had the opportunity to go on a short-term mission trip to Hungary, run by Operation Mobilisation,[2]

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which also involved some time in Rivne, Ukraine, taking part in discipleship and evangelism training. This served to prepare and spiritually equip the volunteers on the mission to serve and to lead in the upcoming camps. Groups were dispatched to Moldova, Hungary, Romania, and other parts of Ukraine.

we can take comfort in the knowledge that God is greater than any obstacle we will ever face

My group was dispatched to Litér, Hungary, where we helped organise and run a children's summer sports camp. During my time there, I experienced God's love and presence in ways that I had never before. The night before I left Litér, I was in van heading back to camp, with some of the other volunteers, making our way down an unlit country road when a friend filled with complete amazement and awe told us to look out of the window at the sky. We got out of the van and looked up and were all consumed with absolute veneration at the sheer beauty of what we saw. We lay down in the middle of this quiet country road cloaked in the pitch black of night with our gaze fixed above. On this night in the clear sky above it looked as if every star in the universe was shining as brightly and as clearly as never before. The words of the Psalmist 'When I consider your heavens, the work of your fingers, the moon and the stars, which you have set in place, what is man that you are mindful of him, the son of man that you care for him?'[3] truly came alive. This encounter with nature reminded me how great our God is. At times it feels as if we are swimming upstream whilst the torrents of life are drowning us but at these moments we can take comfort in the knowledge that God is greater than *any* obstacle we will ever face.

why medicine?

So why do I want to study medicine? Ultimately it is where God has led me. I feel medicine is one of the few professions where altruism is in the job specification and I find such satisfaction in that.

Our paths to studying medicine are varied, but as future doctors we must remember our first call is to serve the Lord; first we are Christians, second we are doctors. In the modern secular culture of medical school, one can so easily be led astray from the path of calling. We must endeavour to be true to our calling and as disciples of Christ, strive to uphold his image in all we do.

So to those just embarking on their career in medicine; enjoy it, work hard and be encouraged to shine for Jesus Christ. ■

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Ukrainian student conference

Liz McClenaghan and **Ben Saunders** report on a novel alternative for a bank holiday weekend

On the 29 April 2011, while the whole world stood still to watch the Royal wedding, two CMF students were on their way to a new adventure in Ukraine.

Ben Saunders and Liz McClenaghan attended the third Ukrainian Medical Youth Conference. They were involved in encouraging the leadership of the Christian Medical Association of Ukraine (CMAU) and getting to know the local students, as well as seeing how medical ministries are growing in Ukraine. Two of the organisers, Alexandr and Vitalina had attended the International Student Preconference in February 2011 which gave them essential skills in leadership and evangelism.

LIZ: Earlier this year I had the privilege of organising the International Student Preconference (ISP) as part of my internship for CMF. While running that I got to know Alex and Vitalina, so when they invited me to attend their national conference I jumped at the chance.

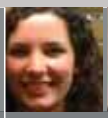
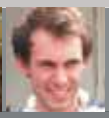
To be honest before I went I barely knew anything about Ukraine, let alone anything about the Christians there or how the gospel is spreading, but when we arrived I was amazed at how God had used the ISP over the years – Rostyslav attended it a number of years ago and now is heading the medical student ministries there.

The ministry among medical students in Ukraine has been growing exponentially over the last few years – from just 15 christian students in 2008 to 350 now. It is set to continue as the team of people involved grows in number and in love for the Lord.

Ukraine (for those who don't know!) is located just north of the Black Sea, bordering Russia to the north-east, Belarus to the north, and several eastern European countries to the west. The capital is Kyiv, and the population is about 46 million, slightly less than that of England, but in a land area more than four times the size. Ukraine may appear rather more in the news in 2012 as it hosts the European Football Championship finals along with neighbouring Poland.

BEN: The students at the conference were mainly from Ukraine, but there was also a large international contingent, from countries as diverse as Ghana, Nigeria, Syria and India. We listened to lectures from both Ukrainian healthcare workers and expatriate medical missionaries, on a range of subjects.

The conference was titled 'Biblical principles for preventative medicine'. While CMF conferences in the UK have Christian topics with a medical perspective, this conference had mainly medical topics with a Christian perspective.

Liz McClenaghan is a medical student in Brighton, currently intercalating in Bioethics and Medical Law and working as CMF office intern in London.
Ben Saunders is a medical student in Cardiff, currently intercalating in International Health in Bristol.

BEN: Of the seminars I went to, particular highlights were a guide to spiritual history taking as part of holistic medical care from a Christian perspective, and a lecture from a US missionary on her ministry with HIV victims about beating stigma and Christ-centred counselling.

Due to the medical focus of the conference, about 10% of the attendees were not yet believers resulting in amazing gospel sharing opportunities.

LIZ: We had many valuable conversations with a wide range of people from all over the world and were able to share our faith with non-believers. I particularly enjoyed being able to encourage new Christians by reading the Bible with them over dinner.

The CMF office worked with some American missionaries to get some of the CMF literature translated into Ukrainian (no walk in the park!) 400 copies of Bernard Palmer's *Cure for Life* arrived with just three days to spare and each person attending was given a DVD with all the copies of *CMF Files* available in Russian and English. This is a massive blessing for the recipients as previously these resources have not been available in the Ukrainian language, and their message has not been easily accessible until now.

LIZ: I was impressed at the wide network of American missionaries in Ukraine, many of whom have been there for over a decade and are faithfully preaching the Word of God in their everyday lives. It was great to see how ordinary people are making an impact for the gospel in a place away from home. I am considering working abroad in the future and this has been a great inspiration to see how God leads ordinary people to do extraordinary things.

Ukraine is an ex-Soviet state and independence from the USSR was established 1991. 20 years later the country is obviously still recovering. A major issue within Ukraine is the massive influence of corruption within medicine and the government, meaning that a high proportion of people who study medicine

will not go on to practise it. The ability to buy a medical degree without passing exams has lead to a general mistrust of doctors, leading to poor health of the general public. Life expectancy is 68, tuberculosis rate per 100,000 population is 113.7 (compared with UK 11.9) and 1.6% of the population aged 15-49 is living with HIV (compared with UK 0.2%).[1]

BEN: Ukrainian medical students work in a deeply corrupt medical system where being an active Christian who stands up for their faith is both counter-cultural and detrimental to their progress up the career ladder. It was certainly a contrast to the comparatively easy ride we have in the UK.

To combat the poor health and corrupt medical system many Christian doctors who are members of CMAU are seeking to meet the medical needs of communities.

LIZ: I chatted to a woman called Lena over dinner who was working at a refuge for women and their children, many of whom are HIV positive. I was really amazed about how the refuge cares for the women where society and the health service have failed. Along with this nearly every CMAU student group is involved in some kind of medical outreach service at weekends. I was actually a little bit gutted that I've organised my elective already!

CMF is in gospel partnership with Christian medics in many countries around the world and gives opportunities to their student members to get involved in running summer teams, camps and conferences in a wide range of cultures.

LIZ: This weekend was an excellent experience for me. Not only was I deeply challenged, encouraged and inspired, I also felt honoured to be able to be part of the work God is doing in Ukraine.

BEN: This trip was a great motivation for me – to stand up for Jesus as a student here in the UK, and in whatever setting he leads me to in the future. I hope to maintain my links with Ukraine and possibly visit again in the future.

The work is not over. On 29-30 October 2011 there will be a Christian medical conference for international students studying in Ukraine. The main language spoken there will be English and it is hoped there will be 350-400 people in attendance, both believers and non-believers.

The organisers have asked for prayers for the preparation of this conference and also that some people from English speaking countries will be able to get involved. They want students to go over to be an encouraging presence, particularly if anyone is able to prepare and give a talk on a topic to do with Christianity or medicine, even better would be Christian medicine. If that could be you please get in touch (students@cmf.org.uk) – you won't regret it!

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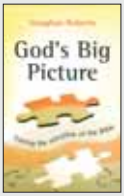
God's Big Picture – Vaughan Roberts

IVP 2009

RRP £8.99 (but £4 on 12-12 scheme!)



This book falls short of its objectives if it leaves us no better off than the Pharisees – diligently studying the Scriptures but not seeking the life that Jesus is offering us through the Word. In this Bible overview, Vaughan Roberts takes us on a journey through eight different kingdoms: from patterns of a kingdom; to partial and prophesied kingdoms; to proclaimed and perfected kingdoms; with the aim of tying together its diverse stories as we uncover God's kingdom purposes. But don't expect to get away with just a brief glimpse into God's Word – each chapter ends with a Bible study, an excellent prompt for personal study and reflection.

Reading the Bible in its entirety is a daunting prospect for many. This book is not a substitute for seeking God's purposes and discovering more about his character in the Bible for yourself, but it is a useful tool. 2 Timothy 3:16 tells us that 'All Scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness' – all Scripture. *God's Big Picture* encourages us to seek Christ throughout the Scriptures by opening up previously closed passages, thus enabling us to point others to Christ from any Bible passage.

Vaughan Roberts wants to help us to understand the Bible better in its entirety, but above all to help us fall deeper in love with Christ.

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Hard Questions About Health and Healing – Andrew Fergusson

CMF 2005

RRP £8.00 (but £4 on 12-12 scheme!)

The book begins by looking at the foundations of what we believe as Christians, as a basis to approach the issues of health and healing. It discusses the need for a balance between the physical view on healing that most doctors have, and the spiritual view on healing that Christians might have, and how this gap could be bridged by the Church. The issue of cure versus healing is a key topic in the book. Healing includes aspects that are physical, social, psychological and spiritual and is therefore a much more holistic approach. A brief look at the issue of suffering is important in investigating the tension between the promise of a future free from all suffering and the broken world we live in now. Fergusson talks very practically about why and how we should pray for healing and how we can deal with the outcome – God always answers prayer but not always in the way we want. Many personal and clinical examples help to illustrate his points, and make this an extremely engaging and insightful read. I strongly recommend it!

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HEROES + HERETICS

Alex Bunn considers the legacy of monks and nuns

HERO 6: FRANCIS OF ASSISI (1181 - 1226)

the dangers of establishment and corruption

How did an obscure Jewish sect transform into medieval monasticism in Europe and beyond? We have traced the rise of Christianity in the West, especially following Constantine's conversion, which was in some ways a disaster for the church. While Constantine allowed the church liberty, he also showered her with Rome's resources and favour. This church became institutionalised and attractive for worldly advancement. 75% of the clergy were nobles with mixed motives for taking orders. Church politics became ludicrous, and the behaviour of clergy scandalous:

'In 897, Pope Formosus stood trial for perjury, covetousness and unlawful promotion. The unusual aspect of the proceedings was not so much his innocence as the fact that he was nine months dead. Taking to uncommon lengths the idea that revenge is best served cold, his successor and bitter enemy Stephen VI had him dug up and enthroned in full regalia, then screamed at him to answer the charges. When Formosus exercised his right to silence, he was condemned, stripped, deprived of his fingers of blessing, and thrown into the River Tiber... Stephen was strangled later that year, after Formosus' corpse resurfaced and started performing miracles.'[1]

Another infamous pope, Benedict IX, hadn't bothered to take ordination, and later sold his office to his godfather, receiving a massive

payment which was a welcome bribe to dislodge an embarrassing pontiff. Even then he returned to take back his job with an army. He was famous for orgies in the Lateran Palace, and accused of rape and murder.[2]

Protestants have had fewer centuries to rack up such stories, but we would do well to remember characters like 'faith healer' Peter Popoff, who claimed to receive divine revelation about people at his rallies. He was exposed as a fake when radio messages from his wife to a hidden earpiece were intercepted. It was a professional illusionist who exposed him: it takes one to know one! Devotees had filled in personal details on registration forms before the rally, and the Popoffs were pretending that these were divinely revealed. He was reported to receive $4.3 million each month on the back of his fraudulent ministry. Then there was Jim Bakker, who gave all televangelists a bad name.

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His prosperity teaching promised rewards for those who would send them money. But only after accusations of rape and imprisonment for fraud and conspiracy did he get round to reading the Bible all the way through. Then he recognised the distorted faith he had preached and the damage done.

The great monks of the past protested against the corruption of a corrupted and self-serving church:

'I did not know we were supposed to rival consuls, governors and illustrious generals, or that our bellies were supposed to hunger for the food of the poor, spending their necessities on luxuries and belching over the altar…Give me my desert, my country life, my God.' [3]

two churches: power and piety

Following Constantine, where could Christians now go to be 'not of this world' when the whole world seemed to be in the church? Deserts and wild places. Anthony was one of the first to head into the wilderness. When he had just received a substantial inheritance, he heard a sermon on Matthew 19:21: 'If you want to be perfect, go, sell your possessions and give to the poor, and you will have treasure in heaven. Then come, follow me.' Rather than reduce Jesus' words to 'hyperbole', a rhetorical trick to grab our attention, Anthony took Jesus' words literally, and at great personal cost. Another sacrifice was family. Monks were impressed by Paul's personal testimony on marriage in 1 Corinthians 7: 'Now to the unmarried and the widows I say: it is good for them to stay unmarried, as I am.' So many monks were the radicals of their day, living lives of personal sacrifice and devotion, and shunning the gods of gut and groin, gold and glory that they saw in the institutional church. There were two churches then, the church of power and the church of piety. At their best, monks were early reformers, protesting against corruption and worldliness and leading the faithful by example.

the dangers of asceticism

You may remember Silas, the deranged albino monk in *The Da Vinci Code*. He practised self-flagellation and 'mortification of the flesh' using a spiked metal cilice around his thigh. [4] An ascetic is someone who practises extreme self-denial for religious reasons, and is often associated with a suspicion (if not unbiblical contempt) for the body and material world. The early church produced quite a few ascetics, some of whom actively sought affliction and even martyrdom, which had become a fast track to paradise. Without persecution from pagan Roman authorities, the religious martyred themselves. Athanasius said of Antony that he was a daily martyr to his conscience. But many took this to extremes. One monk walked eight miles a day to water a dry stick as an exercise in fruitless obedience.

Macarius, after swatting a gnat instead of accepting its bite, spent six months in a gnat-infested swamp. A superstar of the hermit tradition was Simon Stylites. Constantly besieged in his cave by fans he escaped upwards, living for 36 years on a column which eventually reached 60 feet, and became Syria's first tourist attraction. His fans built an entire building complex around him, making him the first hermit to achieve solitary confinement in public!

So whilst the official church had become worldly, the lone ascetics who rejected it were often extremists trying to escape the world.

hero: Giovanni Francesco di Bernardone (Francis of Assisi) 1181-1226

Welcome then to our hero St Francis. He tried to live a life that was within the authority of the church, yet lived a mission of example in the world, by embracing poverty, chastity and obedience. The son of a wealthy cloth merchant, he gave away large amounts of his family's cloth in order to support a local church or the poor. His father beat him, locked him up and finally took the clothes off his back and disowned him. When asked who he would marry, he replied typically that he was betrothed to a fairer bride than any other, his Lady Poverty. But rather than retreat to a monastery, he was a missionary. Famously he said 'preach the gospel at all times and when necessary use words', meaning that our words need to be backed up by living witness. Like Paul, he endured many hardships including shipwreck off Slavonia, and finally crossed the enemy lines of a Crusade, and risked his life preaching to the sultan at the siege of Damietta.

Francis was Giovanni's nickname for his love of all things French. He was no world-hating ascetic who despised the material world. He delighted in all of creation. His love of animals is legendary, and he frequently preached to the birds of the field (even if some of the stories do sound fantastic!) He was deeply impressed by the incarnation, which he reasoned gave the material world a new dignity. He was the first person to re-enact the nativity scene, daringly using real animals. He wanted to bring the relevance of the biblical story home to people who may not have appreciated from formal religion that God is Immanuel, 'with us' in Christ, surprisingly close by. His psalm-like poetry remembers that the creation is a gift to be cherished:

> 'Be praised, my Lord, through all your creatures, especially through my lord Brother Sun, who brings the day; and you give light through him.
> And he is beautiful and radiant in all his splendour!
> Of you, Most High, he bears the likeness.
> Be praised, my Lord, through Sister Moon and the stars; in the heavens you have made them bright, precious and beautiful.' [5]

As medics, we can appreciate Francis' approach to the body, which he called 'brother ass'. The body is a wonderful gift from a generous God, just as an ass was a serious asset before we had cars. So the body is

incredibly valuable, but anyone who worships an ass needs help! Francis was a pioneer in care for lepers, founding a hospital for them in Assisi. There he demonstrated God's compassion by eating with and even embracing lepers. That was profoundly shocking in an age which feared nothing more than leprosy.

Medical schools like London's St Bartholomew's and St Thomas' were likewise founded as monastic hospitals at this time, deriving their names from the kind of hospitality that Jesus commended in Matthew 25. When you call a senior nurse 'sister' you are recalling the monastic origin of healthcare in medieval Europe.

the legacy of monks and nuns

The importance of monks in the history of Christianity cannot be overestimated. Whilst Protestants typically criticise monasticism for its tendency to denigrate ordinary life, work, marriage and the material world, Protestantism itself was started by an Augustinian monk, Martin Luther. And for a thousand years it was monks that preserved what was noble and Christ-centred in Christendom. If we read the Bible in our native language, we benefit from a tradition of translation inspired by the monk Jerome. Much of the preaching in the Middle Ages was done by monks in the market places and in the local language, when the churches only offered obscure ritual. If we sing the praises of Father, Son and Holy Spirit, we follow Gregory and Bernard of Clairvaux. If we pursue theology we are indebted to Augustine and Aquinas. If we pray for mission, we thank God for the work of Patrick in Ireland and Raymond Lull amongst Muslims. It is even said that the Devonian monk Boniface was the most influential Englishman ever for European history, when he took the gospel to Germany.[6] If we study Christian history, we defer to the venerable Bede.

Even today, a nun like Mother Theresa can command great moral authority. Ironically, she became the most famous citizen and Nobel Prize winner from the world's first atheist state, Albania. She once berated Bill Clinton on his stance on abortion. When asked why he didn't fight back, he replied 'I cannot argue with a life that had been so well lived'.

So let's remember the best monks and nuns as examples of radical followers of Christ. Would our friends be challenged by our lifestyles? By our genuine devotion to Christ whatever the cost? To the poor, the sick and marginalised? Would they be equally impressed by our delight and joy in a God who gives us all good things? ■

The example of St. Francis

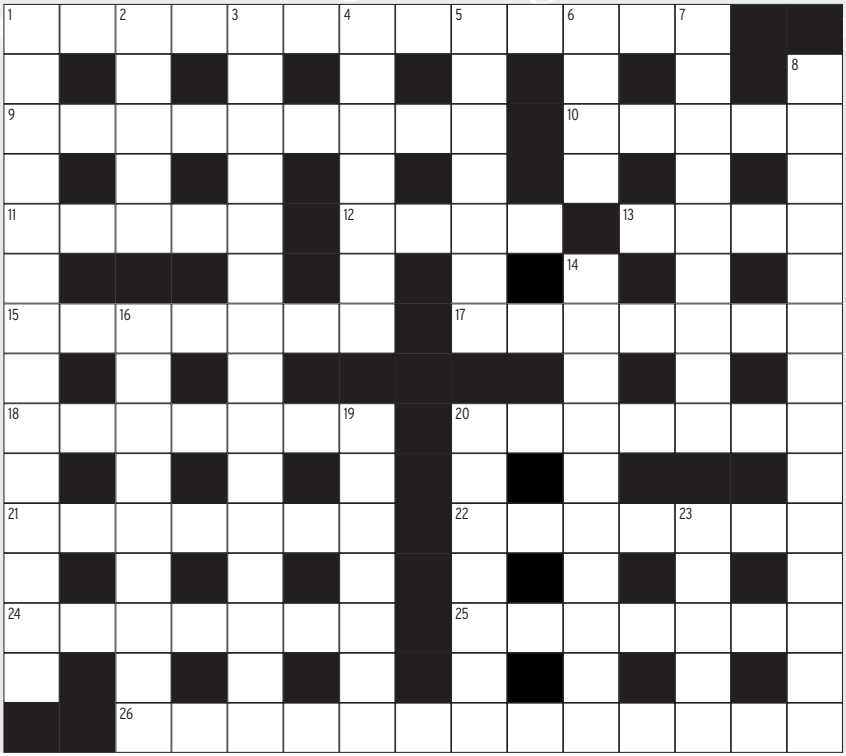
- Tried to reform the church from within by his example of godly devotion, and care for the poor and marginalised
- Taught that God is close to his creation, which should not be despised but celebrated
- Did not retreat from the world, but tried to win it for Christ

REFERENCES

1. Tomkin S. *A short history of Christianity*. Oxford; Lion Hudson, 2005: 90
2. *en.wikipedia.org/wiki/Pope_Benedict_IX*
3. Gregory of Nazianus in Tomkin S. *A short history of Christianity*. Oxford; Lion Hudson, 2005: 54
4. The term 'mortification of the flesh' comes from a misunderstanding of Saint Paul : 'For if you live according to the flesh you will die, but if by the Spirit you put to death the misdeeds of the body you will live' (Romans 8:13). Note that it is the Spirit who brings change, not a whip. Or Galatians 5:24: 'Those who belong to Christ Jesus have crucified the sinful nature with its passions and desires'. Note that even metaphorically, the deed was done 2000 years ago!
5. *en.wikipedia.org/wiki/Canticle_of_the_Sun*
6. Noll MA. Turning points: Decisive Moments in the History of Christianity. Nottingham; IVP, 1998: 85

cross-word 4

by LACTOMETER (1 Peter 2:2)



Answers to Crossword 3 (Easter 2011)
Across: 1 Infraspinatus. 9 Tittivate. 10 Rarer. 11 Ensue. 12 Maid. 13 Twin. 15 Elastin. 17 Riphath. 18 Imigran. 20 Galilee. 21 Nuanced. 22 Lock out. 24 No hands. 25 Tremors. 26. All is darkness.
Down: 1 In the beginning. 2 Fetus. 3 Alimentary canal. 4 Plasmin. 5 Needier. 6 Tyre. 7 Screwball. 8 Bronchiectasis. 14 Spell check. 16 Arimathea. 19 Nudists. 20 Galatia. 23 Ozone.
The appropriately placed 'cross-word' was found at the end of 15A and beginning of 17A: INRI.
The winner was Lucia Chaplin (Nottingham).

ACROSS

1 Contrary aims (5,8)
9 God will demand an accounting for this, Genesis 9:5 (9)
10 Common (5)
11 Burned again (5)
12 Of the ear (4)
13 Calvin's Christian name, in French (4)
15 Well (7)
17 Dangerously unorthodox (7)
18 Exit only (2,5)
20 Word-for-word (7)
21 Game (7)
22 Little bone (7)
24 Unjust (3,4)
25 Neck muscles (7)
26 Payment for rubbish (3,2,3,5)

DOWN

1 Piriton (14)
2 Heart, liver, tongue (5)
3 The atonement is this (15)
4 Surgical speciality (7)
5 Jehoiakim's granddad, 2 Kings 23:36 (7)
6 King of Israel (4)
7 Rain-hat (9)
8 Monthly BMJ article (8,6)
14 Reformed (9)
16 Pharaoh (9)
19 Dairy products (7)
20 The violent son .... the idols, Ezekiel 18:12 (5,2)
23 Encouragement (5)

Entries can be submitted by post to the office, or email to *giles@cmf.org.uk*. The deadline is 1 November 2011.
The winning entry will receive a copy of *Code Red* and a CMF pen-torch, runners-up will receive pen-torches.
A cryptic crossword will be posted online.

a day in the life....

Thomas Parkers describes a day in the lab

Thomas Parkes
is an intercalating medical student in Manchester

It's 9.15 am; this is an early morning. At least when compared to the rest of my timetable, which features only one other pre-midday start. No this isn't a dream consultant placement, it's intercalation.

I'm sitting across from my project supervisor, using my medical communication skills to give the appearance that I know what I'm talking about as I attempt to pick apart the latest in a string of failed experiments. I'm assured that this isn't (just) because the only time I've spent in a lab before involved playing with salbutamol and lignocaine, but because all science is about 95% failure. Eventually he suggests some improvements to the model I'm using and I can withdraw to the lab to prep for another week of staring at bottles of liquid, praying that *Staph. aureus* is growing somewhere in there. Fortunately I'm well supported by lab technicians who compensate for my ignorance in basic lab technique.

The quiet of the lab gives time to indulge in some podcasts in various categories: theological (RC Sproul or John Frame maybe); scientific (Dr Phil + Naked Scientist is a classic...no real nudity involved) and comedy (*The Now Show*...or does that make me seem middle aged and middle class?) Then with a check of the watch I realise I should probably cycle home for some food before embarking on two hours of 'Bacterial infections of man'.....one tough subject to wrap my medic brain around. Then maybe some light reading of science journals, before combining sweating and trying not to embarrass myself in a room full of guys at the university Boxing Club (don't be fooled, a five year old could probably take me in a fight).

It's been a great year. Not only can I sleep in (ie wake up at 8am not 7am), but with the right balance evenings and weekends are free zones, except when the intense stress of finals' revision hits. This has freed me up to study a few of the meatier theological topics, let me help out at CU and church, dabble in new sports (parkour and boxing anyone?) and binge on conferences, of which the CMF National Students' Conference was a highlight. Can a medic jump into the final year of a BSc, pick up all the basic science and have a good crack at research? Results will soon tell. It's not been a walk in the park, but it has been fun. ■

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- **support doctors and other healthcare professionals**
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uniting + equipping Christian doctors

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