

AUTUMN 2012

childhood dreams

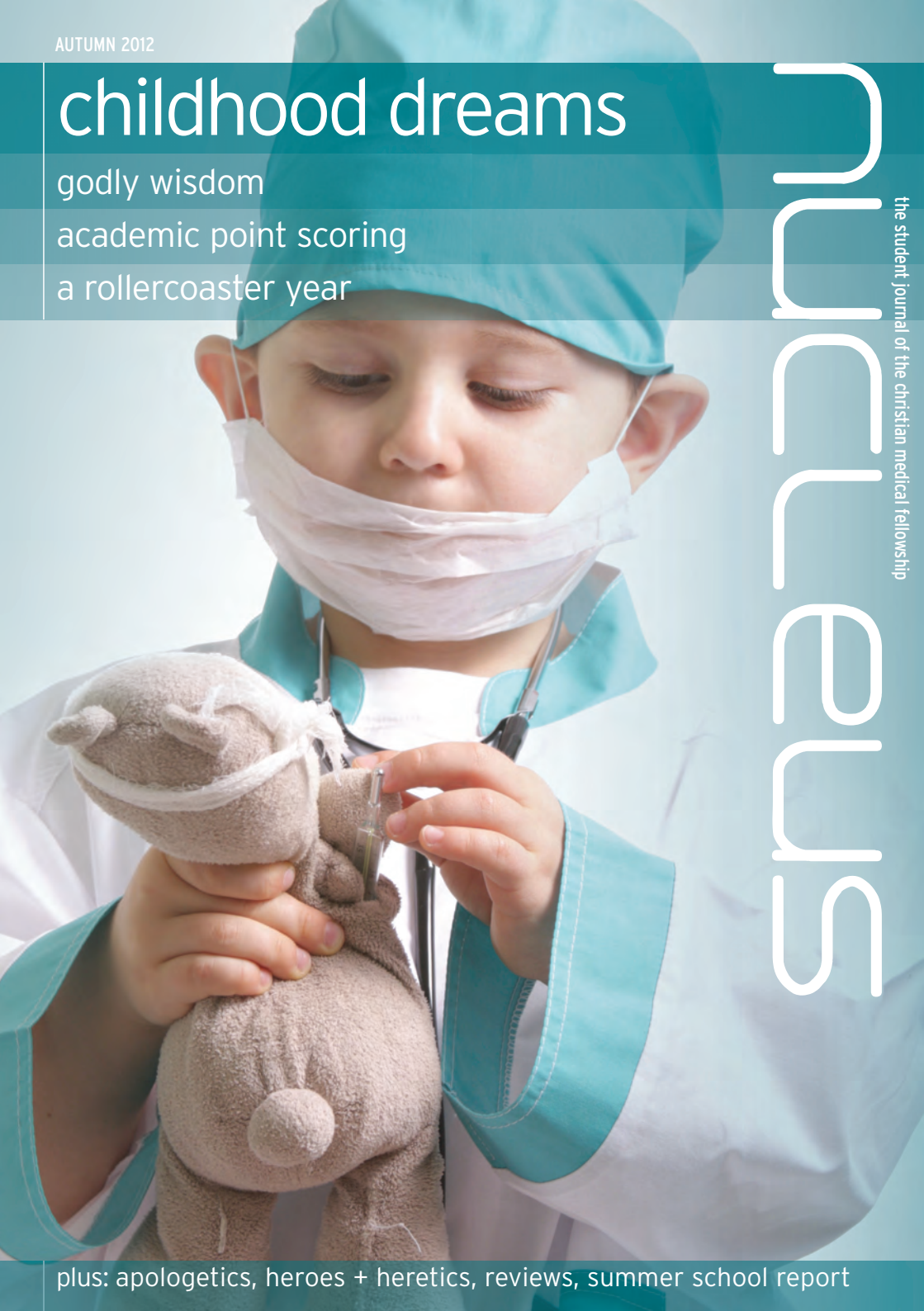
godly wisdom

academic point scoring

a rollercoaster year

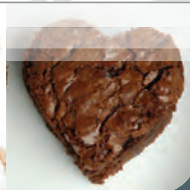
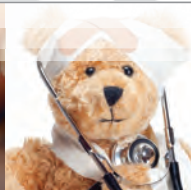
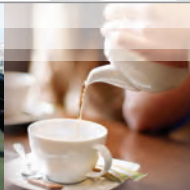
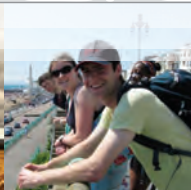
NUCLEAR

the student journal of the christian medical fellowship



plus: apologetics, heroes + heretics, reviews, summer school report

NUCLEUS



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

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Design: S2 Design & Advertising

Printers: Partridge & Print Ltd.

International distribution

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

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Subscription rates

Nucleus is sent to all student members of CMF as part of the benefits of membership, but individual subscriptions inclusive of postage are available to non-members at £2 a copy (UK) and £3 a copy (overseas).

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As *Nucleus* goes to press, the London Olympics have just ended. Our fears of travel chaos closing the CMF office have thankfully been unfounded – though our work rate might now speed up with less sport to talk about!

Nucleus is intentionally later than usual this summer; rather than arriving on your doorstep as the holidays begin, we hope this issue will reach you just before the term starts, to enthuse you for the weeks ahead.

For some, work has already begun. Do pray for friends who have recently graduated, now experiencing their first few weeks as a junior doctor. Rachel Hubbard, one of last year's cohort of graduates, describes her year (page 24). Though it is now ten years since I was a house officer (as we were then called), I still remember a number of patients I looked after, lessons learned, and conversations had. Isolation was a big problem early on, even though I was blessed to work with several Christian colleagues. So if you are expecting to graduate next summer, the preparation starts now!

At the same time as studying, and filling in FPAS forms, do remember to let CMF have some up-to-date contact details – particularly a non-university email address. We'd be delighted to support you over the next year, but do need to stay in touch with you to do that. Giles Cattermole's article on 'Academic Point Scoring' suggests some ways in which you might enhance that FPAS score – and at the same time advance God's kingdom (page 21).

For those returning to university, Freshers week is not far off. Never again in life do you meet so many new people in such a short space of time. Not everyone will be an 18 year old, fresh from A-Level studies. Alexandra Roche describes her very different experience as a graduate entry medic (page 18), and offers some tips on how you can welcome and engage with older students.

We begin a new series in this edition with Chris Knight of *bethinking.org* exploring apologetics (page 13). Defending our faith with gentleness and respect is not only a biblical command, but a vital part of being authentic witnesses in our universities. We hope this series will equip and enthuse you to share the good news of Jesus during your time on campus and beyond. Other series continue – Heroes and Heretics (page 30) considers the enlightenment, and the Cross-Word (page 27) makes another appearance. Reviews of the 12-12 books continue, with an extra review of a classic from former *Nucleus* editor Hugh Ip, now a junior doctor in London (pages 28-29).

We hope that these articles and others will not only challenge and enthuse, but also turn you back to God's Word. Do look back to the Bible references in these pages – not only to check that we at CMF are getting it right (!) – but also to broaden your own knowledge and understanding. ■

what? where? who?

Giles Cattermole considers guidance and God's will

PART 2: godly wisdom

This is the second of a three-part series on guidance. Part 1 (God guides, we follow) was published in the Spring issue of *Nucleus*,¹ and part 3 (godly decision-making) will be in the Winter issue.

In the first part of this series, we saw that because God is both loving and sovereign, we can trust his guidance: even when we don't understand what's happening, we know his plan is good, and it will be fulfilled. We also saw that God's plan for his people is that they live holy lives for his glory. Our role is to trust him, and obey him; to be faithful and loving. Guidance is obedience. When we're faced with the sort of questions that trouble us - who to marry, what job to do, where to live - we already know what God wants for those who are in Christ: to become more like him and to bring others to know him too. Living out everyday decisions according to God's overall plan, is what the Bible calls wisdom.





Giles Cattermole is CMF Head of Student Ministries

Godly wisdom is about understanding and decision-making: understanding God and his world, and living accordingly. To start off, Proverbs is a great place to learn more about wisdom.

Wisdom starts with knowing and obeying our God: 'The fear of the Lord is the beginning of wisdom, and knowledge of the Holy One is understanding' (Proverbs 9:10). Wisdom is given by God to guide us in righteousness and justice (Proverbs 2:6-10). And as we live wisely, we will know God more (Proverbs 2:1-5). As we know God, we become wise, so we know God better.

Many of the proverbs are observations of everyday living, seeing how the world works (eg Proverbs 25:17, 24). They're rules of thumb, not absolute rules for all circumstances (Proverbs 26:4-5). Generally, those who live in harmony with the way God designed things will succeed and those who reject God's order in creation will do badly (Proverbs 10:4-5).

Proverbs assumes that the godly person understands God's purposes in creation. God made everything good; creation works according to the maker's instructions. And humanity's role is to rule over creation as God's image-bearers (Genesis 1:27-28). Adam named the animals (Genesis 2:19-20), and Solomon's wisdom was exemplified by his knowledge of creation (1 Kings 4:29-34). This is true for us today in medicine. As we study anatomy and physiology, we are learning how God designed his masterpiece to work; as we learn pharmacology and surgery we gain a degree of control over nature.

But wisdom isn't just about studying and manipulating the creator's world - the pagans did that too and admired Solomon for it

(1 Kings 4:34). Wisdom is about obeying the creator's Word (Deuteronomy 4:5-6), being in right relationship with him, knowing who we are and what our role is.

Wisdom is living *responsibly* in God's world - making decisions as rulers over his creation, accountable to him. We are not meant to usurp God's rule, but to rule as his regent. Nor are we to abdicate this responsibility; we are to understand God's purpose for us as rulers over his creation under him. Wisdom is living *rightly* in God's world - according to his commands. We are to fulfil our proper relationships with the world, each other and God. Godly wisdom means right and responsible relationships in God's world, according to God's Word.

We should see this wisdom in all our decision-making; when faced with ethical dilemmas as much as with those life-decisions we commonly seek guidance for. God has made us to be responsible decision-makers, understanding and thinking through our situations and coming to right and godly decisions, just as Solomon did with the baby claimed by two mothers (1 Kings 3:16-28). God doesn't promise to give us easy answers; he has made us to work them out in the light of his Word, according to his purposes in creation.

sin

But everyone, even the greatest scientist and scholar, has been a fool. No-one has obeyed God perfectly (Psalm 14); none of us on our own is, or can be, perfectly wise. Solomon, that great example of wisdom, became an idol-worshipper, adulterer and tyrant. Foolishness, failure to understand and obey, is sin. And because of sin, the order in God's creation has

become disordered. Our relationships with God, each other, and the world are broken. Bad things happen to good people (Job). Life without God is meaningless (Ecclesiastes). As medics, we see the corruption of God's good creation in the pathology department, on the wards, in every suffering patient and bereaved relative. We see it in our own lives, when our priorities and concerns so often are our own and not God's. We see it when we're taught that the primary ethical principle is autonomy, 'my choice', over and above our relationships with others or God. The Bible tells us that autonomy, the elevation of my own rule above all others, is the problem. The harmony of God's creation is seen in obeying God, loving each other, and ruling over creation. As we reject that, our world is scarred by disharmony and disorder. If we continue to reject God we face an eternal existence without him, without loving relationships, with no control over our environment.

Christ

But the good news is that God has rescued us from this mess. Real wisdom is in Christ (Colossians 2:2-3). Christ crucified is our wisdom (1 Corinthians 1:18-30). The world's wisdom is about my own cleverness and knowledge and self-actualisation; God's wisdom is Jesus, dying on the cross for us, taking the punishment we deserve for the foolishness of our sin. Jesus was the wisest man (Matthew 12:42), the only person to live perfectly in harmony with God's design in creation, under God's rule and blessing, loving others, in control of nature. And the supreme demonstration of his wisdom was to give himself for others. In his death and resurrection he brings forgiveness and new life for those who turn from their own wisdom and trust him.

- Wisdom understands the order and purpose of creation in Christ. He fulfils what it means to be a perfect human in God's image. In his death he shows what love is (1 John 3:16).
- Wisdom understands that our status is not in our intelligence or popularity or being a doctor. It's only in Christ (1 Corinthians 1:26-31).
- Wisdom lives day by day in the light of Christ. The wise build their lives on hearing Jesus' words and putting them into practice (Matthew 7:24-27).
- Wisdom seeks to tell others the good news of Jesus (1 Corinthians 2:1-5).

Wisdom is to be in Christ; to become more like him; to bring others to him. Wisdom is holiness and witness, to the glory of God. Wisdom is living and speaking for Jesus. How does this help me when I'm struggling with issues I need guidance for? Whether it's a thorny ethical dilemma or deciding who to marry - whatever it is, your decision must be guided by how it will bring God glory; how it will bring people to know Jesus; how you will be acting like Jesus (1 Corinthians 10:31-11:1).

Paul's prayer for the Colossians was 'that they may be encouraged in heart and united in love, so that they may have the full riches of complete understanding, in order that they may know the mystery of God, namely Christ, in whom are hidden all the treasures of wisdom and knowledge' (Colossians 2:2-3).

In the next and final article in this series, we'll see how this wisdom will shape our practical decision-making. In the meantime, read 1 Corinthians 1-3, and pray that God will give you the wisdom to understand it, and live it. ■

REFERENCES

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medical school news

Brighton and Southampton



Holly Shaw is a pre-clinical medical student in Southampton

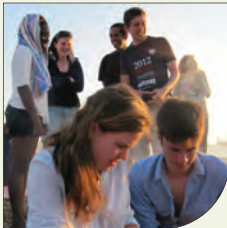
Holly Shaw reports on a new joint event

On 25 May 2012, a group from Southampton University CMF made the trip to Brighton for the first ever Brighton and Sussex Medical School (BSMS) and Southampton CMF house party. We arrived at our host's house to be met by the BSMS CMF group and joined them for our first meal together.

After dinner we had our first talk from the weekend's speaker, Professor Richard Vincent, a consultant cardiologist involved in founding BSMS. He spoke on some of Jesus' teaching, especially on humility, which is a quality sometimes too rarely applied in medicine.

After this we spent some time in games to get to know each other. The four storey house was perfect for a game of sardines in the dark which went on for hours (Southampton absolutely dominated), before we eventually stopped for cake then headed to bed.

The next morning's talk looked at 'Jesus the healer'. After this we split into small groups for a look at some medical case studies...from the



Bible! It was great to look at the stories of Jesus' healing in a slightly different way.

Later BSMS got Southampton back for the sardines win by annihilating them at volleyball - although Southampton explained this with the fact that they have far more time and opportunity to practice!

Eventually we met back at the house for even more games (our Games Master for the weekend really outdid himself) until we started falling asleep where we were sitting.

Sunday was our last day together. We attended the morning service at St Peter's Church Brighton, then enjoyed a picnic before Southampton sadly packed up the minibus and said goodbye.

We all felt incredibly blessed by the weekend. Southampton returned to their revision and exams feeling refreshed from the time away and happy to have met and spent time with such a great group from Brighton. ■

Want to get involved?

Only a few CMF groups are big enough to make a 'solo' group weekend away realistic. We were delighted in the office to hear about the success of Brighton and Southampton's weekend. Why not think about which medical schools near you could join together and do something like this?

Your National Student Committee reps should be able to help you link with other medical schools - contact the CMF office if you don't know who they are.

However much fun sardines and volleyball might be, the key part of running a weekend like this is getting the teaching right. Make the Bible teaching central; the other things will largely look after themselves (with a bit of organisation!). Your medical school link could help with speakers, and we also hold a list in the CMF office.

doctors' industrial action

2 1 June 2012 saw the first industrial action by UK doctors since the 1970s. A ballot undertaken during May had shown strong support for 'industrial action short of a strike' among British Medical Association (BMA) members. This followed a dispute over changes to the NHS pension scheme which have already seen higher contribution rates, and will see a fall in the value of pensions for most members.

There had never been plans for an all-out strike, and BMA members were urged to attend work as normal, but only to undertake emergency work during the day. Reports on the actual effects of the strike varied, with government sources claiming that only 8% of doctors took any action. However there were reports of cancelled operations and GP surgeries offering only emergency appointments.

Media reaction seemed mixed. Many newspapers gave hypothetical figures of the pensions achievable by the best-paid doctors, which still compare well with those available in many other schemes, and talked of patient anger. Others did note that the new plans would see NHS staff pay substantially more than civil servants and local government workers for very similar pension provision. A further concern of the BMA was that the NHS pension scheme had already been substantially reshaped in 2008.

At the time of going to press, no further industrial action is planned and the BMA is taking part in further negotiations. Whether to participate or not in such action is a difficult question for Christians. CMF's blog looked at the issue during the ballot process (cmf.li/MTwF4I). A number of informal verbal

discussions by the author amongst CMF members revealed considerable variation in planned responses to the action.

telegraph.co.uk 21 June 2012; bbc.co.uk 21 June 2012; bma.org.uk 23 July 2012

breaches of the Abortion Act

In a controversial move, the Care Quality Commission (CQC) was asked in March to investigate reported breaches of abortion law by a number of abortion providers. This followed allegations aired in February that abortions had been authorised for the purposes of sex-selection. The CQC reported in July that 14 NHS hospitals (including a number of prominent teaching hospitals) were 'pre-signing' the legal forms required by the Abortion Act. UK law states that all patients seeking an abortion should be seen by two doctors, who are both required to sign a form indicating that they believe the abortion to meet the criteria set down in law. Pre-signing of these forms prior to assessing at least the patient record clearly breaches the law, and the Health Secretary's statement at the time is explicit that the police as well as professional bodies will be involved in further investigation.

Both abortion providers and opposition politicians have attacked the investigation. Whatever your views on the exact workings of the current abortion law, this case is a stark reminder that absolute integrity in signing documentation is essential.

telegraph.co.uk 12 July 2012

Christian doctor reprimanded

Dr Richard Scott, an experienced Christian GP who practises in Kent, has been given a warning by the GMC. At the end of a protracted case, the GMC decided on 14 June 2012 to issue the warning, relating to a consultation in 2010 when Dr Scott had discussed matters of faith with a patient.

The GMC's adjudication notes that the patient and Dr Scott had differing perceptions of what had been said. The patient did not appear in person at the hearing to be cross-examined, instead giving evidence by telephone. The GMC report stated that their concerns in this case were over the manner in which religion had been discussed, and the distress said to be caused to the patient. The warning will remain on Dr Scott's record for five years.

The GMC does not ban discussion of faith with patients *per se*, and indeed the written judgment reminds readers of this. The report reads 'In considering the facts of this case, the Committee noted that the GMC's guidance confirms that discussing personal beliefs may, when approached sensitively, help to work in partnership with patients and allow doctors to address a patient's treatment needs. As such the discussion of religion within consultations is not prohibited...'

Paul Diamond of the Christian Legal Centre represented Dr Scott, and said that 'He does believe Christianity has been singled out for adverse treatment and believes this to be a wider trend in our society to marginalise the Christian faith. He does not believe any other religion would have been singled out.'

A number of concerns have been raised about the conduct of the case, not least that the National Secular Society supplied

transcripts to the GMC of two media interviews they considered relevant, that appeared to play a significant part in the hearing.

The sensitive matter of discussing faith with patients is covered by the GMC's guidance Personal Beliefs and Medical Practice, currently under review.

*bbc.co.uk 14 June 2012; gmc-uk.org
14 June 2012*

consultation on new GMC guidance

A consultation has recently closed on a new draft of Good Medical Practice - the GMC guidance against which the fitness to practise of UK doctors is measured. A number of documents were produced, including one on Personal Beliefs and Medical Practice. There is much in the new draft that is helpful - for example 'all doctors have personal values which affect their day to day medical practice', and 'doctors should be free to practise medicine in accordance with their beliefs, provided that in doing so they are not denying patients access to appropriate medical treatment'.

Many Christian doctors are concerned about the possible impact of two particular areas of the new guidance. A footnote to paragraph 13 suggests that discussions of faith are only appropriate if a doctor has reason to believe such a conversation would be welcome, and gives the example of a patient carrying a Bible or Qu'ran as reason to believe this. If brought into force, this would be significantly stricter than current guidance.

A second problem is the interpretation of the 2010 Equalities Act in the draft guidance.

The Act is called upon both to forbid differential contraceptive provision for married and unmarried women, and to suggest (again in a footnote) that a general provision for conscientious objection does not apply to gender reassignment procedures.

CMF Chief Executive Peter Saunders commented 'The problem is that 21st century British medicine now involves practices which many doctors regard as unethical.

'This latest guidance by the GMC will therefore be seen by many as a further attack on the right to practise independently in accordance with one's conscience which lies at the heart of being a true health professional.'

GMC Chief Executive Niall Dickson said 'We know that personal beliefs are central to the lives of many doctors and patients.

'Our draft guidance seeks to balance doctors' desire to practise medicine in line with their own personal beliefs, whilst ensuring that they are providing patients access to appropriate medical treatment and services.'

A final version of the guidance is expected to be published before the end of 2012.

telegraph.co.uk 23 May 2012;

dailymail.co.uk 23 May 2012

BMA decisively rejects assisted suicide neutrality

A vote at June's British Medical Association (BMA) Annual Representative Meeting (ARM) rejected a change in BMA policy on assisted suicide. The issue had been discussed a number of times before, with the Association choosing to adopt

a neutral position in 2005, a decision reversed at the next possible opportunity in 2006. The motion to change position again was proposed by Professor Raymond Tallis, chairman of a group called 'Health Professionals for Assisted Dying'.

Speaking in opposition, Dr Dai Samuel said 'We must question what as doctors we stand for. I simply stand for looking after my patients and providing high quality care.

'I do not consider the killing of patients - whatever the reason is - justified. That is murder and I cannot commit that offence.'

Outgoing chairman of BMA Council Dr Hamish Meldrum also spoke against the move, saying 'I think adopting a neutral position is probably the worst of all options. Neutrality does tend to exclude us from the argument, an argument which would have a huge bearing on the working lives of doctors.'

In another vote on ethics at this year's ARM, a motion was passed supporting access to non-directive counselling for women considering abortion.

dailymail.co.uk 27 June 2012

circumcision controversy in Germany

In a controversial decision, a regional court ruling in Cologne, Germany, stated that circumcision amounted to 'bodily harm'. Subsequently, German medical bodies have told doctors not to perform circumcisions.

Circumcision of boys is common in both Jewish and Muslim communities. Both trace the history of circumcision back to Abraham's

covenant recorded in Genesis 17. Jonah Sievers, Chief Rabbi of Lower Saxony said: 'Circumcision as the expression of the Covenant between God and his people is such an ancient and entrenched ritual. It's more than just a ritual. It's performed by Orthodox and Liberal Jews alike. It's a core part of the religion.' British Chief Rabbi Jonathan Sacks was also reported to be against the ruling, though he suggested that the ruling had probably been aimed more at Muslims than at Jews.

The decision has been criticised by German Chancellor Angela Merkel, the main German political parties, and religious groups. A subsequent vote in the German parliament has called on the government to introduce a law in the autumn protecting the right of parents to circumcise male children. However the UK's Secular Medical Forum has written to Germany's Chancellor Merkel supporting the original court ruling.

Questions about circumcision are not confined to Germany. Norway's ombudsman for children's rights, Dr Anne Lindboe suggested that Jews and Muslims should instead choose a symbolic, non-surgical ritual. She said 'Muslim and Jewish children are entitled to the same protection as all other children.'

forward.com 6 August 2012;

bbc.co.uk 19 July 2012

further LCP controversy

The Liverpool Care Pathway (LCP), commonly used to guide care of terminally ill patients, has come under further attack. A letter, signed by six

geriatricians in conjunction with the Medical Ethics Alliance (MEA), implied that availability of resources might be playing a part in decisions to place patients on the Pathway.

The LCP aims to improve care in the last days and hours of life. It covers physical, psychological, social and spiritual care, and is intended to bring practice common in hospices into acute hospital and community settings. The Department of Health has recommended the LCP as a best practice model.

The number of patients being placed on the LCP at the end of life has gradually increased. The MEA is not the first body to be concerned - a recent *Daily Telegraph* headline read 'Hospitals letting patients die to save money'. The suggestion is that the withdrawal of certain treatments on the LCP may be hastening their death. However the LCP's latest version is clear that it should be expected neither to shorten nor to prolong life.

The charity Alert is promoting the carrying of simple printed cards, which state 'Please do not give me the Liverpool Care Pathway treatment without my informed consent or that of a relative.' Not everyone agrees that the Pathway is a source of problems. As well as Department of Health support, both the Care Not Killing Alliance and the Association for Palliative Medicine have been supportive of the LCP, citing a 2009 audit that repudiated many previous criticisms.

telegraph.co.uk 8 July 2012;

carenotkilling.org.uk 15 September 2009

cmf summer school



Naa Akushia Quaye
is a medical student
in Liverpool

Naa Akushia Quaye describes a great week

I am truly blessed and so are you! Each morning we wake up is opportunity to live the gospel. So are we doing the best we can? If not what do you intend to do about it?

My summer school experience was one of the best of my life!! Be it the writing workshop, the praise and worship, the fun activities, the Confident Christianity course, the Bible studies or the debate; each session was unique and there was always something to take away from it. I met some pretty amazing people too.

The week was a real eye-opener as it made me realise the endless possibilities a medical degree has to offer, with the combination of work and mission appealing to me the most. It was truly remarkable to see how the leaders were using their medical career to glorify God and as a service to mankind. Their love for God was evident in their actions and way of life. I could feel their enthusiasm and see the satisfaction they each had in the differing paths they had taken. Their humility was really inspiring and I yearn to have a bite of that humble pie. I hadn't thought before about issues like medicine for prisoners, or how



a medical degree could be used to glorify God. And now I can't help but think of all the various possibilities there are.

As medical students we need all the help, prayers and support that we can get, hence the need for an active CMF group in every university. Especially after having a really hard time in my first year at university, I have come to realise and value the need for fellowship with other Christians at all times. No amount of words can express my gratitude to God for being with me through it all. Even if we do not realise it, God is always working in us. Christian Union (CU) and church were a great source of support to me during this time, as was CMF.

This summer school in many ways has been a blessing to me. The people have really inspired me a lot and have challenged me to start thinking about the choices that I make in life. In all situations I ask myself 'What would Jesus do?' and I challenge you to start doing the same too. Always remember: stop worrying about how things are going to happen and put your trust in God, for he knows best! ■

CMF Summer School

is held annually. Watch the Student Events page on the CMF website at www.cmf.org.uk/students/events for details of 2013's event.

apologetics 1

what about evangelism?



former research scientist **Chris Knight** is content coordinator of bethinking.org

in the first of a new series, **Chris Knight** defines apologetics

the evangelism command

At the beginning of the book of Acts, Luke records the final words of Jesus to his disciples in his resurrection body: 'You will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth' (Acts 1:8). Matthew 28:19 clarifies exactly what this Great Commission is: the witness of all Christians is intended to 'make disciples of all nations'. Evangelism - sharing the good news with others - is therefore a key element of being a Christian. But, as we know, it's not always as straightforward as presenting the gospel to our friend and shortly afterwards leading them in a prayer of repentance. Evangelism can take many forms. It's certainly about sharing the good news, but it's not just about that. And we are not commanded just to 'convert' people, but given the rather more difficult task of making them disciples - a longer term goal of bringing Christians to a mature and lasting faith.

The goal of evangelism is to be a witness to the life-changing forgiveness that is available to each person through Jesus. Where we can share that directly, and people are open to hearing and receiving it, then we rejoice that God has so prepared their hearts. But sometimes we need to prepare the way before sharing the gospel directly.

'no' to evangelism

When people don't respond, or raise serious questions, or perhaps even show that they do not have the faintest interest in what we are saying, then we need to adjust our evangelism style. We have a message to proclaim. But if, for

whatever reason, people won't hear or won't believe that message, then we need to be prepared to defend it or prepare the way for them to hear it. We need to recognise what lies behind people's 'No' to the gospel. 'No' can mean many things, such as:

- 'No - I don't believe it's true'
- 'No - my religion is true, not yours'
- 'No - I've been hurt by the Church / Christians before and am not prepared to go through that again'
- 'No - I'm not prepared to change my lifestyle so I'm not prepared to consider whether Christianity is true or not'
- 'No - I hate God because he let my best friend die of cancer aged 15'
- 'No - I enjoy my life as it is. Why would I want to change?'

Our evangelism needs to be different depending on what sort of 'no' we hear.

In some cases, your friend may have some form of barrier to hearing and responding to the gospel. They may not be ready to hear the gospel directly - you need to take time to help them see the need in their life before doing so.

- Perhaps their life is comfortable and they see no need to think about God. **Christianity is irrelevant.**
- Perhaps they are a Muslim or Scientologist or hold some other religious or atheistic view of the world and confront you with arguments and questions. **Christianity is untrue.**
- Perhaps events in the past have deeply hurt or upset your friend. They blame God or the Church for the suffering they have experienced or seen close at hand.

apologetics 1

If Christianity is true, then they hate God and despise Christians. **Christianity is undesirable.**

Clearly there are as many individual situations as there are individuals. But these three categories cover many of the reasons people will not (or cannot) hear the gospel. So what do we do? Must we simply accept that they are not ready to hear the gospel, that they are the wrong type of soil, so we must move on to better soil and leave them to God's care?

I don't believe that the New Testament allows us to do that. We have been given a task: 'Go and make disciples of all nations' - but we are not specifically told how to do it. We cannot cop out by saying that the Holy Spirit is the one who convicts the sinner (John 16:8) and so once we have presented the gospel, we have played our part. There is no indication in the New Testament that our responsibility is merely to present the gospel and then give up if there is no response. In fact the opposite is true as we will see below.

the evangelism spectrum

If we do present the gospel and it is flatly rejected, I suggest we need to do two things. Firstly, we need to be certain that what we presented **was** the gospel - was it 'Mere Christianity' (as C S Lewis would have called it)? Have we instead been talking about the reliability of the Bible, or the date of creation or the problems with society? If we have been presenting the gospel, then we can move on, secondly, to **defend** the gospel message that has been rejected.

At this point we move onto a different form of evangelism. Sometimes (perhaps most of the time), this is where we need to start. Evangelism covers a spectrum of approaches, although these



really merge into each other (see diagram). At one end of the spectrum we **proclaim** the gospel to others as truth, in the centre we **persuade** others that the gospel is true and at the other end we need to show that everyone needs the gospel and to do this we need to **prepare** them to consider the gospel. The goal is always to remove any

preparing the ground

Seeking to **prepare** others to consider the gospel is important where the gospel is seen as **irrelevant**. If the gospel is true, then all other worldviews are not. They may have elements of truth, but there will also be elements of half-truths and falsehood. By exposing inconsistencies in other worldviews, and showing their inability to explain certain aspects of our human experiences or to satisfy human needs and longings, we clear the soil of anything that will prevent the seed from growth.

Like real gardening, this can be hard work. The place to start, however, is with our friend. They are our very best resource on what they believe. Ask them questions; find out exactly what they believe and why. How did they come to believe it was true? Had they considered other beliefs before? Their beliefs may turn out not to be quite as straightforward as the books would suggest. As well as questions, we may need to find out more about our friend's beliefs by reading. Don't be afraid to read books supporting your friend's beliefs - ask them what they would recommend. They will probably be more than happy to lend you the book! Read Christian books on it too, so you can benefit from the hard work of other Christians, but ideally don't let these be the only books you read. Reading the books your friend recommends does two things - it shows your friend that you are serious about understanding what they believe and that you want to discuss it with them. It may also, later on, allow you to recommend a book for them to read!

If your friend is a Scientologist or a Muslim or a Mormon, this is relatively straightforward, but what if your friend believes 'nothing' - they

barriers that might prevent people arriving at the cross of Christ where they can properly hear and accept his claim to be Lord and Saviour of all. We are not seeking to win arguments, but to 'win souls' (Proverbs 11:30). If our friend gives nothing more than intellectual assent to Christian beliefs, they are not a Christian and evangelism is not yet over. Commitment to Jesus Christ as Lord and Saviour is the goal - a recognition of the truth of the gospel and what that demands of their life. Hence all our interaction with others needs to be covered in **prayer** - prayer that in our friendship, evangelism and apologetics we may be working alongside what the Holy Spirit is already doing in the lives of others.

apologetics 1

just want to enjoy life while they have it. This can be more difficult as there is seemingly nothing to investigate and engage with. But your friend is again your best information source. What are their values? What motivates them? What annoys them? What frustrates them? What TV programmes and films do they watch? What music do they listen to? Points of contact, points of agreement, points of disagreement - all these can lead to useful conversations to build up a picture of a worldview with its points of agreement with your own but also with its inconsistencies and drawbacks - which you can then highlight.

We might say that we are seeking to shake people out of their complacency - seeking to show them that their current beliefs are inconsistent or don't meet all their needs, preparing them for considering the claims of Christianity.

persuading others

Seeking to **persuade** others is important where Christianity is seen as **untrue** or **undesirable**. Later articles will address specific questions and issues that are commonly raised as barriers to belief. **Preparing** the ground is more about removing alternative belief systems and helping a person to realise unmet needs in their life; **persuading** is more about showing that Christianity can meet those needs **because it is true**. It may be providing positive reasons for believing in the resurrection of Jesus, for trusting the Bible, for belief in God, or it may be answering objections to Christian belief raised by suffering, the behaviour of the Church in the Crusades or the belief that 'faith' is necessarily blind. If **preparing** is about clearing the soil, **persuading** is about showing that the Christian seed is worth planting!

apologetics for all

What I have called preparing and persuading are, together, a 'defence' of the gospel. In both cases we seek to encourage others to be prepared to listen seriously to the proclamation of the good news of Christ. The technical term in English for this is 'apologetics' - a word that is derived from the Greek term '*apologia*', which was used to describe a lawyer's 'defence' of his client in court. Paul uses the word in this way in the New Testament. After he was arrested in Jerusalem, he says 'Brothers and fathers, listen now to my defence' (Acts 22:1). The Roman Governor of Judea, Festus, uses the term in the same way in Acts 25:16. In his letter to the Philippians, Paul twice talks of his work in defending the gospel (Philippians 1:7, 16 - in the first case he talks of 'defending and confirming' the gospel), where the Greek word is again '*apologia*'.

Thus Christian apologetics is the task of defending the Christian faith, by using arguments and evidence to show that it is true - just as you might in a court of law - and where necessary showing that other belief systems are false.

There is no hard and fast separation between preparing and persuading, or between these and proclaiming the gospel. Presenting the gospel passionately and effectively may well include various apologetics arguments within it. However, it is clearly preferable not to raise objections which are not already issues for your listeners. This may distract them by diverting consideration away from the gospel message.

Don't raise problems - respond to them!

Apologetics is also helpful, of course, for Christians - it can be a positive addition as we pastor and nurture the growth of new and old disciples. Apologetics can encourage, reassure

and prepare each of us to speak to others of why we believe what we do. Christians have doubts and questions as well - apologetics can help to dispel and answer these (see diagram on page 14).

apologetics in the New Testament

Paul's evangelism to the Jews and Gentiles differed. To the Jews, Paul went to the synagogues to persuade the Jews that Jesus was the Messiah (Acts 17:1-4). On three Sabbath days, Paul went to the synagogue to 'proclaim Jesus' by 'reasoning from the Scriptures', 'explaining' and 'proving' his message. Paul, however, was not preaching at the Jews; he was interacting with them, engaging in dialogue (the literal meaning of the word translated 'reasoning'), a two way exchange of ideas and arguments - a conversation. His message proved persuasive, as verse four shows.

To the Gentiles, Paul again 'was preaching the good news about Jesus and the resurrection' (Acts 17:18), but in this case was engaging with Epicurean and Stoic philosophers in the market place. He no longer starts with the Hebrew Scriptures. This common foundation with his Jewish listeners would mean nothing to the pagan philosophers. So Paul starts where they are - with their gods and their altars, even quoting their poets - preparing them to hear the gospel.

We are given little more than a summary of what Paul actually said, but it is clear that to the Jews he was declaring Jesus to be the Christ (Acts 17:3) but not using that Jewish concept for his Greek listeners, rather talking about judgment (Acts 17:31). The lesson for us is to know our friends. Who are we talking to? What do they believe? What can we agree with in their belief system? What do we need to challenge?

key points

- Apologetics is one aspect of evangelism
- Proclaim the gospel where appropriate; prepare friends to hear it and persuade them it is true where necessary
- Don't raise problems; respond to them
- Non-Christians may see Christianity as irrelevant, untrue or undesirable
- Your friend is the best source of information on what they believe and why. Ask them!
- Evangelism covers a spectrum of approaches: proclamation, persuasion and preparation
- Everyone can and should do evangelism including apologetics
- Cover all evangelism and apologetics with prayer

further resources:

- Peter May 'Dialogue in Evangelism' bit.ly/eNqSwl
- Tom Price 'Persuasive Evangelism - Apologetics' bit.ly/nOB3JA
- Nick Pollard 'Where do I Start?' bit.ly/M5VNS6

How can we best present the gospel to them? It is not our responsibility to ensure that our friend responds - but it is our responsibility to seek to present the gospel faithfully, avoiding jargon, so that it will be heard and understood.

apologetics for all

Apologetics, then, is a form of evangelism. Evangelism is something that all Christians are called to do - and can do. Apologetics is also something that all Christians can and should do, as we will see in the next article, where we will also think further about the way in which we should do apologetics. Later articles will then look in more detail at specific apologetics issues. ■

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childhood dreams

graduate medical student **Alexandra Roche** shares experiences and encouragements

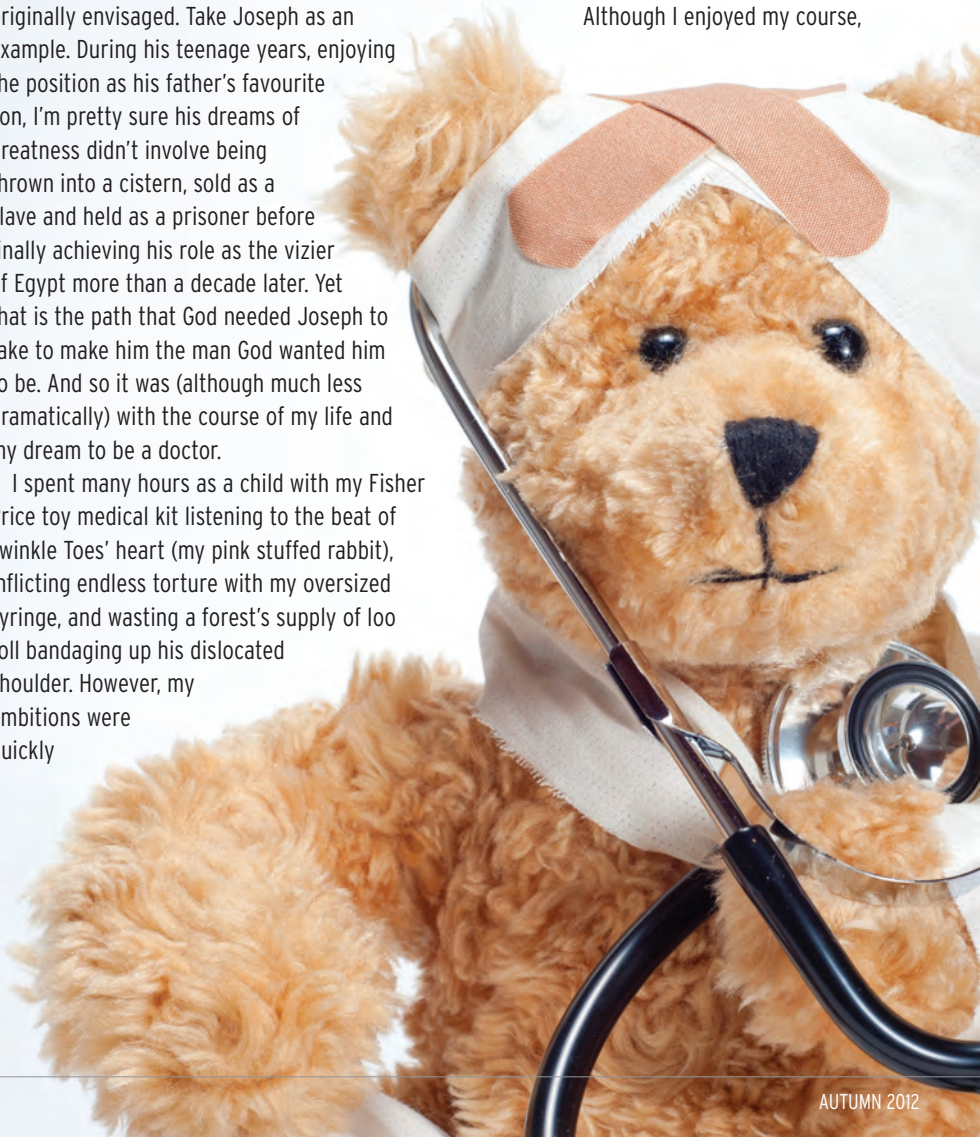
Many things in life do not turn out the way that we imagine they will. After all, God's ways are not our ways.¹ Reading the stories of any number of biblical characters I find it difficult to believe that the course of their lives turned out as they might have originally envisaged. Take Joseph as an example. During his teenage years, enjoying the position as his father's favourite son, I'm pretty sure his dreams of greatness didn't involve being thrown into a cistern, sold as a slave and held as a prisoner before finally achieving his role as the vizier of Egypt more than a decade later. Yet that is the path that God needed Joseph to take to make him the man God wanted him to be. And so it was (although much less dramatically) with the course of my life and my dream to be a doctor.

I spent many hours as a child with my Fisher Price toy medical kit listening to the beat of Twinkle Toes' heart (my pink stuffed rabbit), inflicting endless torture with my oversized syringe, and wasting a forest's supply of loo roll bandaging up his dislocated shoulder. However, my ambitions were quickly

shattered as I was not met with support from my A-level teachers when I expressed my wish to study medicine. They refused to predict me the grades required for medical school and as a result I did not even apply.

Heartbroken, I studied pharmacology instead.

Although I enjoyed my course,





Alexandra Roche is a graduate entry medical student at St George's, University of London

I could do little but look on in envy at the medical students. After graduating, despite being armed with a 2:1 grade, I was still unable to apply for medical school. At that time, graduate courses were few and far between, funding for a second undergraduate course was impossible, and my parents could not support me financially.

Disappointed and unsure of what to do next, I joined up with a temp agency in the city. I ended up working for an investment bank doing some administration work. Although I knew nothing about stock markets, a few weeks in, my apparent curiosity and analytical skills won me a job as a stock broker. I stayed for eight years. On the surface at least, it was a glamorous role with many perks and was exceedingly well paid. I got to live in Hamburg, learned German, supported my family, funded my shopping addiction, had many wonderful holidays and owned a sports car.

However, despite the many material blessings that came with my job, I was never content. The work did not fulfil me and I was working 80 hours a week at the expense of my health.

To compensate I strived to accumulate more and more material gains with limited satisfaction. When the markets crashed in 2009 and bonuses were no longer, it forced me to reflect on what was keeping me in that career.

My heart kept coming back to my dream of becoming a doctor.

By now graduate-entry programmes were more popular, funding was available from the NHS and graduate students were eligible for a student loan. I also had some of my own savings that could help with my living expenses. Thus, after a lot of prayer, I applied and here I am today, about to enter my third year at medical school.

At medical school I've noticed a visible divide between the undergraduates and graduate students, especially those on the four-year graduate-entry programme (GEPs). Each group keeps largely to themselves and, to be brutally honest, neither seems to have a particularly high opinion of the other. I believe that it is a great shame the two groups do not mix more freely outside of the classroom, as they have a lot to offer each other, especially amongst the Christian medics.

Being a GEP student has its advantages. I am certain that this is the career path I want to take. I have more confidence in my own abilities and a better understanding of my strengths and weaknesses. Communication is easier and I am not so daunted talking to patients, lecturers, tutors and doctors. In addition to developing my communication skills in my previous career, being closer to the doctors and teachers in age makes me less 'star-struck' than I might once have been. As a result, I believe that my relationships with them are better. My life experience has also helped to keep things in perspective, maintain a healthy work-life balance and be more organised.

I believe that undergraduate students could make more use of the GEPs. We can help to support Christian students in their faith, lend a friendly and more experienced ear to any personal issues or give tips on study techniques.

We can also do more to establish better links with the doctors that teach us, such as asking questions or setting up tutorials, extra clinics or ward rounds.

However, GEPs do struggle with many issues and insecurities of their own. If I thought the life-changes I had to go through from a school-girl to university student were big, it was much harder the second time around. The main difference being that the first time I went to university, the experience was shared with all my school friends. The second time I was doing it alone. It was a daunting and confusing time that forced me to reflect harshly upon the drivers and motivators of my life.

I believe that this is a crucial time for CMF and the CUs to be more involved with the Christian graduate students, offering spiritual and moral support and giving them the valuable reminder that God is in control. I also think this is the time that CMF and CUs could do more to reach out to non-Christian GEPs to help them to think through some of these difficult issues. Given the massive life-changes that they have already had to go through, I believe that some of my fellow GEPs may be a little more open-minded to listen to the gospel message than they might have been as an undergraduate.

It has been difficult for me to maintain relationships with old friends, who are mainly well established in their careers, and find it hard to accept that I can't meet up as freely as I used to because I have to study and cannot afford it. Many of my fellow students who are married, and those with children, have an even harder struggle to maintain a good work-life-family balance. Church also suffers. Tragically I find getting to mid-week meetings, or going to more than one service on a Sunday, gets

pushed towards the bottom of my priority list below studying and socialising.

Friendships developed with Christian medics in the CU and CMF (both GEPs and undergraduates) have therefore become crucial to me. These are often people that I see on a daily basis, either because they are on my course or I might just bump into them in the canteen. They have more understanding of what I am going through and can support me spiritually in this way. Discussions with them have also been really helpful when it comes to contemplating the difficult ethical issues that we often encounter as medics. In addition, some of the undergraduates are ahead of me in terms of our studies, and have been wonderful in giving me lots of tips and advice about the course, or helping me practise my clinical skills, and there is much we can learn together.

Sometimes I have to say it out loud to believe that I'm going to be a doctor. It feels like it has been a long and difficult road to get here - certainly not the way that I would have planned it. However, looking back I can see how God has led me through my various experiences so that I can be the graduate medical student I am today. I am thankful to those in CMF, CU and my other Christian friends and church family who have constantly reminded me of who has led me thus far and who will continue leading me through my career in the future. My hope is that CMF and the CUs can do more to keep encouraging and supporting each other, especially graduate students who are still in the minority in most medical schools. Ultimately, in sharing a common faith and a common vocation, differences such as age and life-experience are often forgotten. ■

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academic point scoring...

or putting a Christian perspective in the literature?



Giles Cattermole
is CMF Head of
Student Ministries

Giles Cattermole offers some hints

*Of making many books there is no end,
and much study wears the body.*
(Ecclesiastes 12:12)

I suspect that many students think much the same of medical journals. And the writer of Ecclesiastes didn't have FPAS scores to worry about. FPAS is the Foundation Programme Application System, by which final year medical students are allocated to Foundation Programme posts. Students are scored, with a maximum of 50 points for the Situational Judgement Test (SJT - a two hour, 20 minute written test), and 50 points for the Educational Performance Measure (EPM). Up to 43 points of the EPM are awarded for 'medical school performance' according to the student's decile ranking; up to five for additional degrees; and a maximum of two points for publications, presentations and prizes.¹

It doesn't sound like it's worth much: one point for a peer-reviewed research article on Medline, one point for a national prize, one point for a presentation at a national conference. But of course, one point might change your ranking dramatically.

But should this be our only motivation for academic publication? The number of citations we have in journals with a high impact factor? Our personal H-index? Luke is probably the most cited medical author in history, but that wasn't his reason for writing his Gospel and Acts!

We shouldn't write stuff if we have nothing to say. Research papers, editorials, keynote speeches at international conferences - all of these can be really beneficial to the advance of medical practice. But unfortunately for

students, it's very unlikely you'll be at this stage yet! Consider instead whether you might be able to contribute something to the literature that might influence people to consider a Christian perspective on medicine. Or at the very least, let people realise that Christians have not disappeared and are not silent; that the secular consensus is not absolute; that there are Christian medics who value real spiritual care of patients, missionary medicine in the name of Christ, and Christian ethics; medics who value these things enough not just to practise them

secretly in the privacy of their own consciences, but enough to tell others about them. And where better to tell other medics about Christian medical practice than in the medical literature?

letters in journals

OK, but does anybody read the literature?

Probably few people read whole articles. We skim the abstracts, the letters page, the obituaries. But the great thing about a letter in a journal is that if someone finds the topic at all interesting, they'll often read the whole thing, because it's short. And the other thing is, it's so easy to write.

- Choose a journal – either one of the big 'general' journals that lots of people read (eg *BMJ*, *The Lancet*, *The Journal of the American Medical Association*, *New England Journal of Medicine*), or the 'house journal' of the specialty you're most interested in (eg *Emergency Medicine Journal (EMJ)*, *BJOG: the International Journal of Obstetrics and Gynaecology*, or the *British Journal of General Practice*).
- Skim through the contents to find an article that might be worth commenting on.
- Read the article.
- Write a short response to it that presents a Christian understanding of the issue.
- Get someone to check it over for you.
- Submit it to the journal.

Many journals now have an online, rapid response system for letters. If so, it's remarkably easy to submit. Unless defamatory or bizarre, most journals publish all e-responses online. They then select the best few for paper publication. For some journals, like the *BMJ*, about 10% of e-responses reach that stage. For other journals, the hit-rate is much higher. Even

if the letter isn't published, it will still have been good practice.

If the letter is published in a Medline-indexed journal, it will receive a 'PMID' (PubMed ID). But letters are not peer-reviewed research articles, and won't meet the criteria to merit a point for FPAS. However, as a student, you're more likely to write a letter that gets published, than complete a multi-centre randomised controlled trial. If it's all about getting FPAS points, letters won't help. But if you want to get a Christian perspective out there in the medical literature, a letter is almost certainly the easiest and quickest way to do it!

posters at conferences

Another thing that a student could realistically achieve is a poster presentation at a national or international conference. And as long as the conference is organised by a recognised medical professional or medical educational body (but not the BMA, and not student/trainee meetings), this can count as a point for FPAS. However, poster presentations are often the Cinderellas of conferences. Few people read them unless they know the author, but if the poster is attractive enough, some people might be persuaded to skim through it. Posters are also good training for writing up projects, and can be the basis for a subsequent peer-reviewed research article.

To do a poster, you first need to do a project.

- Choose a specialty and topic you're interested in, for which you think you could present a Christian perspective.
- Get advice from a Christian doctor in that specialty.
- Do the project.
- Discuss with your adviser about where to submit the abstract.

- Submit it.
- If accepted, discuss with your adviser how to write it up.
- Write up the poster.

The project itself can be relatively small. Many posters that are accepted even for international conferences are little more than case reports. They do not have to describe clinical trials! For example, you could write up an SSC, or your elective experience, or a survey of your colleagues' understanding of medical ethics, or a literature review.

'God talk' and 'faith flags'

Even if you're unlikely to produce ground-breaking medical research or get invited to speak at conferences, it's still very possible for students to write material which could help present a Christian understanding of healthcare. Why not counter the assumption that it is only acceptable to present work that ignores anything other than the secular? Hopefully, it will bring a Christian perspective to people who'd never considered it before. And by God's grace, an increased Christian voice in the medical literature might be a catalyst for change in our profession.

The Australian evangelist John Dickson wrote: 'I want to suggest that from time to time we consciously allow our faith-vocabulary to rise to the surface. This is not to be done in a forced manner. It is simply allowing what is real within us to find verbal expression without, regardless of who's listening. We could call this 'God-talk'² - brief, casual, passing references to your faith in everyday conversation... It encourages you to throw off the 'corporate inferiority complex' and allows those around you to see that you have a confident faith, one that is worth looking into. In the Saline Solution

CMF RESOURCES

- CMF's writing workshop, usually run as part of CMF Summer School
- Office staff will be able to advise you of local CMF doctors in the specialty concerned

course, a 'faith flag' is a similar idea: 'A brief statement in the course of natural conversation in which you identify yourself as someone to whom the Bible or prayer is important.'³

We can do this in letters to journals, and posters at conferences. I've had a letter published in the *Saudi Medical Journal* which I wrote so I could quote Jesus! (John 15:13). Just little comments, little bits of God-talk and faith flags, which just might make someone ask, seek, knock; which remind people that Christians aren't ashamed to mention their faith in their professional life too.

conclusion

I know we often worry about our CVs and our job applications. I know we want our work to 'count'. And it can be a good thing to want to get those points for FPAS - it may help get the job that will help you serve Christ and his kingdom most effectively. It may help you get the training you need to be the doctor God wants you to be, in the place he wants you. But what 'counts' is not our careers for their own sakes. We shouldn't be doing this for ourselves; whatever you do, do it all for the glory of God (1 Corinthians 10:31). ■

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a rollercoaster year

Rachel Hubbard describes her first year as a doctor

It was no surprise that I was not prepared for being an F1. After all, I am still surprised every time I turn up to A&E that there aren't doctors who look like Carter or Kovac from ER!

Medical school was a rollercoaster of pure love for the course, coupled with questioning whether I should even be there - and a lot of fun memories made! I was an active student, playing squash for the university, helping with pre-clinical CMF and having a busy social life. I thought it would be easy to continue that into FY1 - with the European working hours limit, I'd surely have plenty of free time?

The reality was very different, as the effects of friends moving away, long anti-social hours and working Sundays took effect. Evenings once taken up with friendly banter (both on and off the squash court) were full of blood taking, reviewing patients and getting home wondering if I'd actually done what I'd written in the notes.

My support network as I'd known it had vanished; catch-up phone calls weren't the same as a coffee face-to-face. Friends nearby had different shifts. I was stuck in a pattern of 13-hour shifts, seeing only work colleagues daily, and missing the interaction which had filled my five years of being a student. I felt lonely. No-one else seemed to understand what I was going through. I was seeing patients die in front of me, forever petrified of making a mistake, and having to smile and take abuse from senior doctors. This wasn't what I applied to do and definitely wasn't part of my final exams.

The last year has been a rollercoaster, one of pure highs and all-time lows. Such feelings are not isolated to medics though. Adjusting to working life brings challenges in other jobs too. I've had days when I've wanted to quit; days after

witnessing a mid-brain bleed where I would cry in the toilet, wondering if I'm ever actually making a difference or whether it would be safer for the patients for me to stay in bed! Yet after one of the worst night shifts ever, with aspirations, obstructions and a status epilepticus, a registrar pointed out that even the most rubbish nights come to an end! Do remember that when on call, struggling at 4am.

God does not leave you to go through this alone. Even if your SHO isn't answering their bleep, God never switches off to your prayers. I was hugely encouraged by attending CMF's junior doctors' conference in the autumn, if only to be reassured that other doctors found it hard too. It reminded me that I was not alone; that I wasn't a failure.

I struggle to switch off from work. Fear of making mistakes often blighted my tea-times as I wondered if I did what I was meant to do, and wondered if my patients would be alive to greet





Rachel Hubbard is a junior doctor in Newcastle



I know that patients have appreciated me when they view me as 'normal'; they would regularly laugh at me as I walked backwards into doors, or wore smart dresses without realising the price tag was still on them!

God brings certain patients at certain times for a reason. Corrie Ten Boom once said: 'Every experience God gives us, every person he puts into our lives, is the perfect preparation for a future only he can see.'

A great way to serve colleagues is by home baking. Cakes, cookies and the big winner - marbled heart-shaped chocolates - not only ensure the jobs you ask nurses to do get done with a smile, but bring teams together. God is relational - not distant. He didn't design us to be in this world alone. By spending time getting to know people, and practically showing them God's love, you serve God - trusting and praying he'll work his glory through it.

FY1 is not all doom and gloom. I had some great moments, saw the benefits of investing in good working relationships with colleagues, and had opportunities to serve God by working with students both with CMF and through Newcastle Christian Union. I even had time to plug books at CMF National Student Conference!

If I had to summarise FY1 I think I'd steal a lyric from my good friend Chris Martin: 'Nobody said it was easy, nobody said it would be so hard'. Yet even though it's hard, we serve a God who is bigger than any of the mountains that stand before us. A verse that rings in my head as I have a tough, long day before me is Judges 4:14 'Go! This is the day...Has not the LORD gone ahead of you?' ■

me the next day (in elderly care that was never guaranteed!).

We all make mistakes, but being part of a team means others can spot and rectify problems. I'm immensely grateful that God accepts me both as a doctor and as his daughter, just as I am. Not perfect, often clumsy and often saying the wrong things, yet he works through me despite this; he doesn't give up and is patient with me, something I often lack in my life.

Just *being there* shows practical love. Jesus often paused with people (like the woman at the well in John 4) which was life-changing for them. My biggest impact has not been via medical knowledge, but by stopping and chatting to patients. Hospitals can be lonely, intimidating places, which we often forget when spending hundreds of hours there. Listening to patients talking about families, being shown photos or sharing valuable advice (like what games to download for your phone!) is really appreciated.

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editor

Having experienced many mostly charismatic churches and practices, I read with interest Bernard Palmer's article *Praying for the Sick*.¹ Healing is something that we pray for a lot, but don't properly understand.

who calls the shots

We understand from Scripture that God in Trinity loves us (Romans 8:38-39), wants the best for us (Jeremiah 29:11, Romans 8:28), encourages us to pray for anything (Mark 11:24), hears our prayers (1 John 5:15), and heals (Mark 16:18, James 5:14). I believe these facts are beyond dispute.

Ultimately, everyone who is in Christ will outlive every physical problem. Some are healed immediately, some in the following days, some by treatment, some by extraordinary supernatural intervention, and some have to wait until they reach eternity.

My concern with many apparent failures of healing ministries is that they limit God to healing within seconds of prayer, and limit faith to one adrenaline-rushed, goose-pimpling second.

the miracle of longevity

We sometimes see miraculous healing only as a visible, instantaneous reversal of pathology, and ignore what happens over time. We recognise what God does in a moment, but reject what he does over the course of twelve months. The Bible does recount instantaneous healings, but also progressive healings in Job, Naaman (2 Kings 5) and the blind man (Mark 8:22-25). A non-healing example of Jesus working over time is the change in Simon - the fragile, crushable, short-tempered, fickle reed, into Peter - the rocky foundation of the Church of Christ; a miracle no less miraculous for not happening in an instant.

Faith is best illustrated by sustained sacrifice. Noah worked for 400 years on the Ark before rain started falling; Abraham didn't just go on holiday to Canaan but spent 100 years there; Hebrews 11 gives many more examples of faith tested over time.

the miracle in front of us

The UK has less than 1% of the world's population, but is one of few countries that currently offers free healthcare for everyone. It's a miracle that we have a generous NHS that has stood firm, withstanding many challenges, under several governments and through recessions, as well as a well-equipped private sector. Not to use this healthcare surely neglects a gift from God. His healing through ten years of faithful adherence to drug therapy is still miraculous and still requires faith.

There seem to be more credible reports of supernatural healings in the developing world. One theory is that abundant resources in the West can mask the need for divine intervention here. In some places, extraordinary divine intervention seems the only option. One characteristic of God's power is that it usually (though not exclusively) comes when we've reached the end of ourselves.

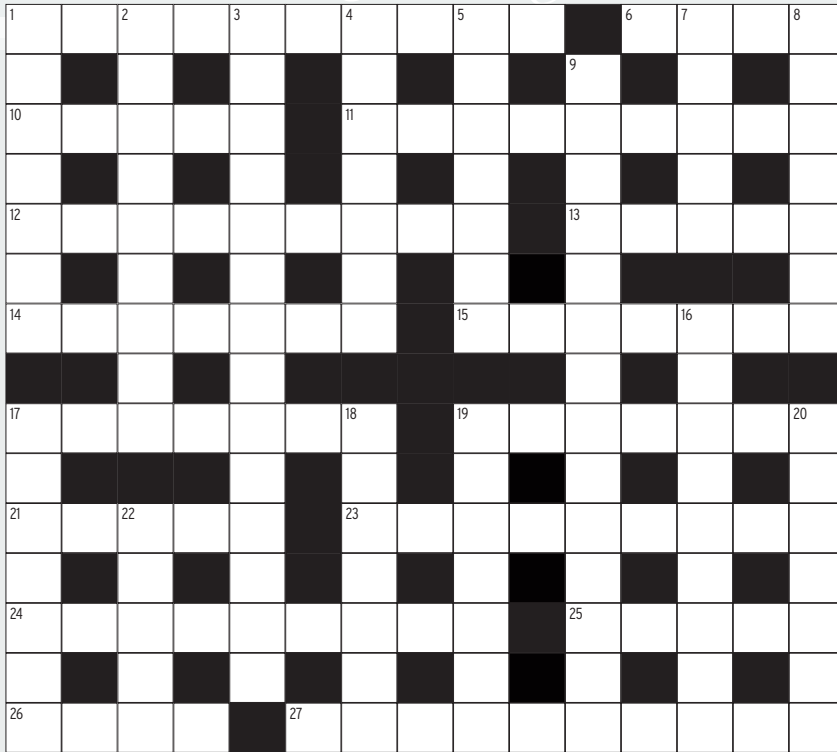
We can all learn much about the way that God works, particularly in healing, but if we lower our expectations, lose faith or stop praying for healing, we will almost certainly not see the power of God fully displayed.

Christian Alcock is a clinical medical student in Manchester

1. Palmer B. Praying for the sick. *Nucleus*. Spring 2012. 24-29

cross-word 7 - word

by LACTOMETER (1 Peter 2:2)



The winner for cross-word 6 was **Hannah Leather** from Birmingham.

All Bible references are to the NIV UK edition, 2011

ACROSS

- 1 People Paul wrote to (10)
- 6 'You, Lord, are my ...' [2 Samuel 22:29] (4)
- 10 What a hard-working medical student might do before an exam (3,2)
- 11 Someone with a strong antipathy to homosexuals (9)
- 12 Foramen between ischium and pubis (9)
- 13 One of the patriarchs (5)
- 14 An ENT treatment (7)
- 15 Type of tapeworm (7)
- 17 Quantities of pharmaceuticals (7)
- 19 Each of Phinehas and Hophni was this (4,3)
- 21 'Reuben, you are my firstborn, my ...' [Genesis 49:3] (5)
- 23 Painkiller (9)
- 24 'I listened to your
- 25 'So in Christ all will be made ...' [1 Corinthians 15:22] (5)
- 26 NaCl (4)
- 27 A clumping antibody (10)

DOWN

- 1 Portable toilet on the ward (7)
- 2 Threads to tie off blood vessels (9)
- 3 Ethical term for 'doing more than is required' (14)
- 4 Famous ancient Egyptian doctor (7)
- 5 Expressed in Numbers (7)
- 7 Greek word for where Paul preached at first in Athens (5)
- 8 '... for our transgressions' [Isaiah 53:5] (7)
- 9 A plastic surgical procedure (5,4,5)
- 16 Neurotic, fixed idea (9)
- 17 A woman in Acts (7)
- 18 Telling others your testimony (7)
- 19 Gospel (7)
- 20 From the place where an early Christian creed was adopted in 325AD (7)
- 22 Legendary cup of Christ (5)

Entries can be submitted by post to the office, or by email to giles@cmf.org.uk. The deadline is 1 December 2012. The winning correct entry will receive a voucher worth £15 for books from the CMF website. If no entry is correct, the closest will receive a voucher worth £5. Runners up will receive a CMF pen-torch.

the cost of discipleship

Dietrich Bonhoeffer

SCM Press; new edition (Nov 2001)

£14.99 RRP

Medical students are overwhelmed by opinions - from professors, consultants, peers, family and the media. These voices may be valuable and well meaning, but they threaten to drown out Christ's call to discipleship. Dietrich Bonhoeffer recognised that Christians through all generations have been tempted to compromise.

Disturbed by how the German Church turned a blind eye to Hitler's atrocities, he spoke out courageously and was martyred for his faith.

In the introduction to his book, Bonhoeffer explains the difference between cheap and costly grace. Cheap grace is forgiveness without repentance, hardening hearts against obedience and depriving churches of true salvation. Costly grace demands we leave everything to follow Jesus.

It is Jesus who calls us to discipleship, practical obedience and faith. So we must not excuse ourselves with cheap grace, from simple single-minded obedience to God's Word. Discipleship involves sharing Christ's suffering and rejection on the cross, whether dying to self in fighting temptation or even martyrdom. Christ demands our complete and exclusive allegiance; a willingness to separate ourselves from everyone for him and to relate to everything through him as our mediator. In his mercy, Jesus gives us strength to follow him.

In the second section of the book, Bonhoeffer expounds the Sermon on the Mount, helping us to understand what Jesus teaches about practical Christian living. The Christian community should stand out from the world because of its extraordinary values. At the same time this righteousness is hidden, as disciples aim to please God rather than man. It is Jesus who will judge all in the end, believers and unbelievers; our duty is to love our neighbour as ourselves.

The third section, based on Matthew 9:35-10:42, describes Jesus' instructions to his disciples on preaching the gospel. Bonhoeffer explains how these apply to us as Christ's messengers today. Those commissioned by Jesus must preach faithfully, relying on God in the face of hostility, for the cross is divisive. Men must choose in this life to trust or reject Jesus. Salvation of men is the reward for God's messengers, while those who receive these messengers will be blessed.

In the final section, Bonhoeffer explains how Paul's teachings (of living by faith in Christ) are consistent with the *call* to follow Jesus (in the synoptic Gospels). The equivalent of this *call* is baptism: justification from sin through sharing Christ's death in a public act of obedience. Jesus' presence is manifest today through the Body of Christ, the Church, which suffers for him. The Church witnesses to the world by living in stark contrast to it. It comprises sinners who are justified and sanctified by Jesus, reflecting Christ's image through grace and discipleship.

Hugh Ip is an academic core medical trainee in London

Dig Deeper

Nigel Beynon & Andrew Sach

IVP 2005

£9.00 RRP (but £4.00 on 12-12 scheme)



Reading the Bible is at the centre of Christian living, and this set of tools to help dig up its gems is something that will benefit every Christian. *Dig Deeper* is written both for personal and group study. Filled with activities and Bible passages, this book highlights different depths of the Bible that are not obvious at first glance.

Various tools are suggested to help with reading - with examples of when they are (and are not) useful.

Sometimes, because of the way the modern Bible is sectioned, it becomes relatively harder to see the Bible themes. *Dig Deeper* shows us how to identify the themes running not only through a particular chapter, but also throughout the whole Bible, and encourages us to be Bible students in a way that isn't academic, but personal.

This book encourages structured Bible reading and highlights resources that can be used to aid study. After reading it once, I realised it's a book you need to buy instead of borrow; use it as a reference that you can access any time!

(There is now a sequel, Dig Even Deeper that looks specifically at the Old Testament.)

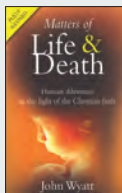
Nyasha Mudondo is a clinical medical student in Birmingham

Matters of Life and Death (2nd Edition)

John Wyatt

CMF / IVP 2009

£10.00 RRP (but £4.00 on 12-12 scheme)



Informative, insightful and personally challenging, this book will cause you to reflect on your own beliefs and the reasoning behind them. It will make you question the values society has placed on life, and how that has affected current medical ethics and practice.

John Wyatt is Emeritus Professor of Ethics and Perinatology at University College London. He writes from a wealth of clinical experience and research, and discusses very complex issues with utmost sensitivity and delicacy, reflecting on biblical concepts and drawing examples from his personal experience. His approach is systematic and easy to follow.

He brings a fresh perspective to the domain, combining his strong Christian values and his experience as a practising doctor. During his deep exploration of each issue, he reflects on biblical concepts and applies them to each situation.

Reading this book has increased my knowledge of medical ethics and strengthened my personal convictions regarding issues such as euthanasia and embryonic stem cell research. It is without doubt a must-read for any Christian medical student and I could not recommend it enough.

Christi Brasted is a medical student at UEA

HEROES + HERETICS

Alex Bunn contrasts enlightenment thinkers

HEROES 9: PASCAL AND SYDENHAM

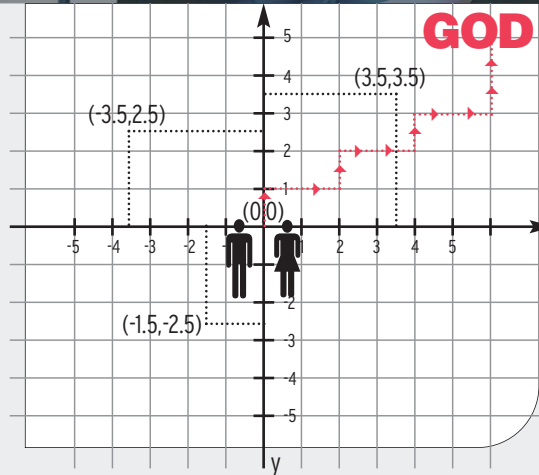
rationalism, doubt and a head in an oven: Descartes (1596-1650)



Faith and rationality are often seen to be incompatible. Religion is seen as irrational, or at least unconnected to reason. God botherers must hang up their brains with their coats at the church door. Intellectual suicide is necessary for membership.

Where did this idea come from? Strangely, it started when well-meaning Christians tried to prove that God existed using mere logic alone in 'the Enlightenment'. There was a desire to find a neutral method to reach consensus after the long and bloody religious wars that had ravaged and divided Europe for more than a century. Rather than start with God's revelation to man, they started with man, which has been the Western tradition ever since. Enter a Frenchman who had dabbled in medicine and then invented co-ordinate geometry in his early 20s.

To a man with a hammer every problem is a nail. Descartes' hammer was the mathematical method which he thought the best tool for everything, resolving 'never to accept for true what I did not clearly know to be such'.¹ Cartesian doubt means excluding anything about which doubt is even possible. Which includes pretty much everything. After all, don't our senses deceive us regularly? A stick looks like it is bent in water, and dreams feel real



(Descartes would have loved the films *The Matrix* and *Inception*!). But it is hard to doubt that you are doubting, so doubt becomes the only fixed point for all reason. In 1690 he entered a stove (or stove-heated room) with half-baked ideas (a philosopher's little pun), and came out with the most famous conclusions of Western thought: *cogito ergo sum* (I think therefore I am). Many others followed Descartes' radical quest for mathematical certainty about everything. These 'rationalists' had great faith in the power of unaided reason to map reality using logical deductions. But as a result they drove a wedge between the subjective and objective, the internal world of mind and the external world that can never be known in itself. Medics will recognise this habit of splitting body and soul, brain and mind into parallel realities, called dualism. And despite Descartes' intentions, God is reduced to a



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necessary idea, merely there to solve the philosophical problem of how finite man can know anything; God just gives us reliable minds.

Rationalism: the view that reason, rather than experience, authority, or spiritual revelation, provides the primary basis for knowledge.

Others followed Descartes' inward journey to its logical conclusion: despair. Radical scepticism was born, rejecting any authority or reality outside the individual. It led to a downward spiral into subjectivism and existential angst. It has caused many to put their heads in ovens metaphorically and literally.

Christian sceptic: Blaise Pascal (1623-62)



But not everyone relegated God to a thought experiment. Pascal was another multi-talented scientist whose work you remember every time you quote an arterial blood gas in units of kilopascals. Despite being a mathematician who developed probability theory and anticipated calculus, he was appropriately sceptical about a chain of reason that leads from man to God. It is a mistake to put ourselves at the centre of the universe:

'Whenever we think we have a fixed point to which we can cling and make fast, it shifts and leaves us behind; if we follow it, it eludes our grasp, it slips away and flees eternally before us. This is our natural state and yet the state most contrary to our inclinations. We burn with desire

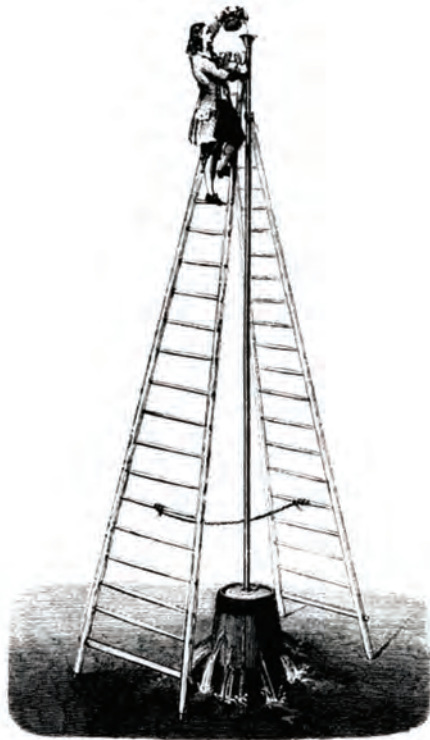
*to find a firm footing, an ultimate, lasting base on which to build a tower rising up to infinity,² but our whole foundation cracks and the earth opens up into the depth of the abyss.'*³

Pascal saw that man is not merely a 'thing that thinks' like Dr Spock, and God is more than a necessary idea:

*'The God of Christians is not a God who is simply the author of mathematical truths ...But the God of Abraham, the God of Isaac, the God of Jacob, the God of Christians, is a God of love and of comfort, a God who fills the soul and heart of those whom he possesses, a God who makes them conscious of their inward wretchedness, and his infinite mercy, who unites himself to their inmost soul, who fills it with humility and joy, with confidence and love, who renders them incapable of any other end than himself.'*⁴

Appropriately for the leading researcher on gas pressure, he talked about a vacuum or void in the human heart that can be filled only by God.⁵ If man is our starting point, let's start with something else that is beyond doubt: man's wretchedness, our sense that we are 'dispossessed kings', dislocated from our true home in God. Pascal challenged the rationalists on their naïvety about the human heart, which distorts reason: 'The heart has reasons that reason cannot know.'⁶

Ask a sceptic this: 'If I answered all of your questions to your satisfaction, would you become a Christian today?' They may well say no, because faith is not simply a philosophical conundrum, and doubt is often used as a defence. 'The heart is deceitful above all things and beyond cure. Who can understand it?' (Jeremiah 17:9). To become a Christian is not



Pascal experimenting with gas pressure

merely to believe true things, but to surrender our souls.

Pascal saw that rationalists had too great a faith in human reason; in fact their faith was unreasonable:

*'We know the truth not only through our reason but also through our heart ...We know that we are not dreaming, but however unable we may be to prove it rationally, our inability proves nothing but the weakness of our reason.'*⁷

Many Christians today fall into one of two camps: one believing that conversion is a matter of the heart divorced from reason (fideism); the other that reason and persuasion defeat ignorance (evidentialism). Pascal was unusual in appealing to both head and heart. He was a towering intellect who was humble

enough to admit the limitations of reason. Much like Paul, he spoke to intellectuals at the highest level, but challenged us all to look honestly into our hearts.⁸ He was one of the first modern apologists, using science to commend Christ. Famously, as a founding statistician, he proposed a wager, that if faith were a bet, we have everything to gain and nothing to lose from choosing Christ.

	God exists	God does not exist
I trust Christ	Gain eternal happiness	Gain nothing
	God exists	God does not exist
I reject Christ	Lose nothing Gain nothing Lose eternal happiness	Lose nothing Gain nothing Lose nothing

the heart of the problem is the problem of the human heart

Yet Pascal was not naïve enough to believe that argument alone would win others to Christ. Philosophical arguments leave our hearts unmoved even when we recognise truth in them.⁹ The God of the Bible sometimes hides,¹⁰ giving enough light to draw out the true seeker, but enough obscurity to leave the hardened to their own devices. He is also a God who wants us to find him, but we must do so on his terms. Christ is the key:

*'Scripture says that God is a hidden God and that since nature was corrupted he has left men to their blindness, from which they can escape only through Jesus Christ, without whom any communication with God is broken off. "No one knows the Son except the Father, and no one knows the Father except the Son and those to whom the Son chooses to reveal him."'*¹¹

empiricism: seeing is believing. Or is it?

Back in Britain, a different philosophy arose called empiricism. A key leader was the Scottish philosopher, historian and librarian David Hume (1711-76). Unlike the rationalists who valued self-evident truths and logic, empiricists doubted the power of reason alone. They asserted that no ideas come to us except by experience and observation in the lab. Whereas rationalists distrusted experience, empiricists trusted only in experience.

Empiricism: the view that experience, especially of the senses, is the only source of knowledge.

Again, man was the reference point, and God would have to prove himself on man's terms. Hume took doubt to another extreme. He doubted whether reason could ever penetrate the true nature of reality, and he denied such a thing as immutable laws of nature, which are never directly observable. Yet such was his prejudice against revealed religion (based on God's revealing himself to man), Hume used these laws he couldn't defend to deny the possibility of miracles:

*'A firm and unalterable experience has established these laws, the proof against a miracle is as entire as any argument from experience can possibly be imagined.'*¹²

Having contradicted himself, the architect of empiricism discounted the most important observation of a miracle in history. The resurrection is the test case on which Christianity rests, but Hume was not empirical enough to assess it. He made his mind up before examining the evidence, writing that no testimony could ever establish that a miracle has occurred unless 'its falsehood would be

more miraculous than the fact which it endeavours to establish'.¹³

Hume's legacy is scientism: the assumption that only sense, data and scientific method can establish truth. But this assertion is self-defeating. After all, which experiment could possibly establish this statement? It is an article of faith unsupported by science itself.

Sydenham (1624-1689): Christian empiricist



One man who did not waste too much time in an oven or a library was the puritan Thomas Sydenham, the 'English Hippocrates'. At a time of scientific speculation and

dogma in medicine, he was a keen observer: 'You must go to the bedside. There alone you can learn disease.' He had plenty to observe when he journeyed to London to treat victims of the Great Plague in 1689. His descriptions of scarlet fever, measles, malaria and of course Sydenham's chorea were written up in *Opera Universa*, the standard textbook of the day.

But his rise to fame was a hard one. Caught up in the Civil War, he was once left for dead, and imprisoned for nine months by Royalists. So low were the standards of the day, Sydenham was awarded a bachelor of medicine on the say-so of an earl. Thankfully his lack of formal education protected him from inheriting ancient errors. Rather than ascribing illness to imbalance of humours, he carefully observed the natural history of each, saying 'every merely philosophical hypothesis should be set aside, and the manifest and natural phenomena, however minute, should be noted with utmost exactness'.¹⁴ He refused to lump all



fevers together as one entity, and distinguished between several of them on the basis of 'peculiar and constant phenomena'. But he was more concerned with the welfare of patients than theory. He avoided blood letting, purges and complex remedies, and introduced quinine and opiates into English medicine. His approach dominated the next century and became standard across Europe.

And his advice to medical students is perhaps more relevant today than ever before:

'It becomes every man who purposes to give himself to the care of others, seriously to consider the four following things:

'First, that he must one day give an account to the Supreme Judge of all the lives entrusted to his care.

'Secondly, that all his skill, and knowledge, and energy as they have been given him by God, should be exercised for his glory, and the good of mankind, and not for mere gain or ambition.

'Thirdly, and not more beautifully than truly, let him reflect that he has undertaken the care of no mean creature, for, in order that he may estimate the value, the greatness of the human race, the only begotten Son of God became himself a man, and thus ennobled it with his divine dignity, and far more than this, died to redeem it.

*'And fourthly, that the doctor being himself a mortal man, should be diligent and tender in relieving his suffering patients, inasmuch as he himself must one day be a like sufferer.'*¹⁵ ■

Rationalists

- Started with doubt
- Elevated human reason unreasonably
- Were naïve about the human condition and the motivations of the heart
- Encouraged subjectivity, scepticism and despair

Pascal

- Started with the bigger story of God and man, which makes sense of the human condition
- Refused to reduce man to a brain or God to an idea
- Used contemporary science to challenge agnostics
- Risked his reputation to preach Christ

Empiricists

- Took doubt to its logical conclusion: nihilism
- Elevated science unscientifically
- Rejected miracles from prejudice
- Did not assess Christianity empirically

Sydenham

- Treated reason and talent as a gift of God to serve others
- Observed patients closely to improve medical practice, not theory
- Recognised that his patients had dignity and value because of Christ

further reading

- To read more on Pascal, read *Christianity for Modern Pagans: Pascal's Pensees Edited, Outlined, and Explained* by Peter Kreeft, Ignatius 1993
- For an excellent history of faith and philosophy: *Philosophy and the Christian Faith*, Colin Brown, IVP 1969

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| <p>1. Descartes R. <i>Discourses</i>. New York: Everyman 1912, Part 2:15</p> <p>2. Genesis 11</p> <p>3. Pascal B. (Trans Krailsheimer). <i>Pensees</i>. London: Penguin 1995:199</p> <p>4. Pascal B. <i>Op Cit</i>:449</p> <p>5. Although he didn't coin the phrase 'God shaped hole', he is often misquoted!</p> <p>6. Pascal B. <i>Op Cit</i>: 277</p> <p>7. Pascal B. <i>Op Cit</i>:110</p> | <p>8. Where is the philosopher of this age? Has not God made foolish the wisdom of the world?...Greeks look for wisdom but we preach Christ crucified: a stumbling block to Jews and foolishness to Gentiles (1 Corinthians 1:20-23)</p> <p>9. Pascal B. <i>Op Cit</i>: 190</p> <p>10. Isaiah 45:15</p> <p>11. Pascal B. <i>Op Cit</i>: 781</p> <p>12. Hume D. <i>Of Miracles</i> in Hendel CW. <i>An Inquiry Concerning Human Understanding</i>. Indianapolis: Bobbs-Merrill 1955:122</p> | <p>13. Hume D. <i>Op Cit</i>. 122-23</p> <p>14. Graves D. <i>Doctors who followed Christ</i>. Grand Rapids: Kregel 1999:37</p> <p>15. Sydenham T. <i>Medical observations concerning the history and cure of acute diseases</i>. (Latham RG, Trans). Birmingham, Alabama: Classics of Medicine Library; 1979</p> |
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2012

October

- 5-7 Northern Conference, Scarborough
- 6 Confident Christianity, Glasgow
- 13 Saline Solution, Nottingham
- 20 Confident Christianity, London

November

- 2-4 Irish Conference, Co. Westmeath
- 3 London & SE Day Conference, London
- 3 Confident Christianity, Oxford
- 9-11 Scotland Conference, Stirlingshire
- 10 Ethics Day Conference, Cardiff
- 17 Oxford Day Conference, Oxford
- 17 Confident Christianity, Bristol
- 24 Who is my neighbour?, Cardiff

December

- 19 CMF Carol Service, London

2013

January

- 26 Confident Christianity, Southampton

February

- 8-10 National Student Conference, Derbyshire

April

- 26-28 National Conference
(Student Leaders track), Derbyshire

Summer

- Summer School, TBC




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