

ISSUE 45:3 : SEPTEMBER 2015

Urban medical mission

LOVE | HATE | RELATIONSHIP | PORN

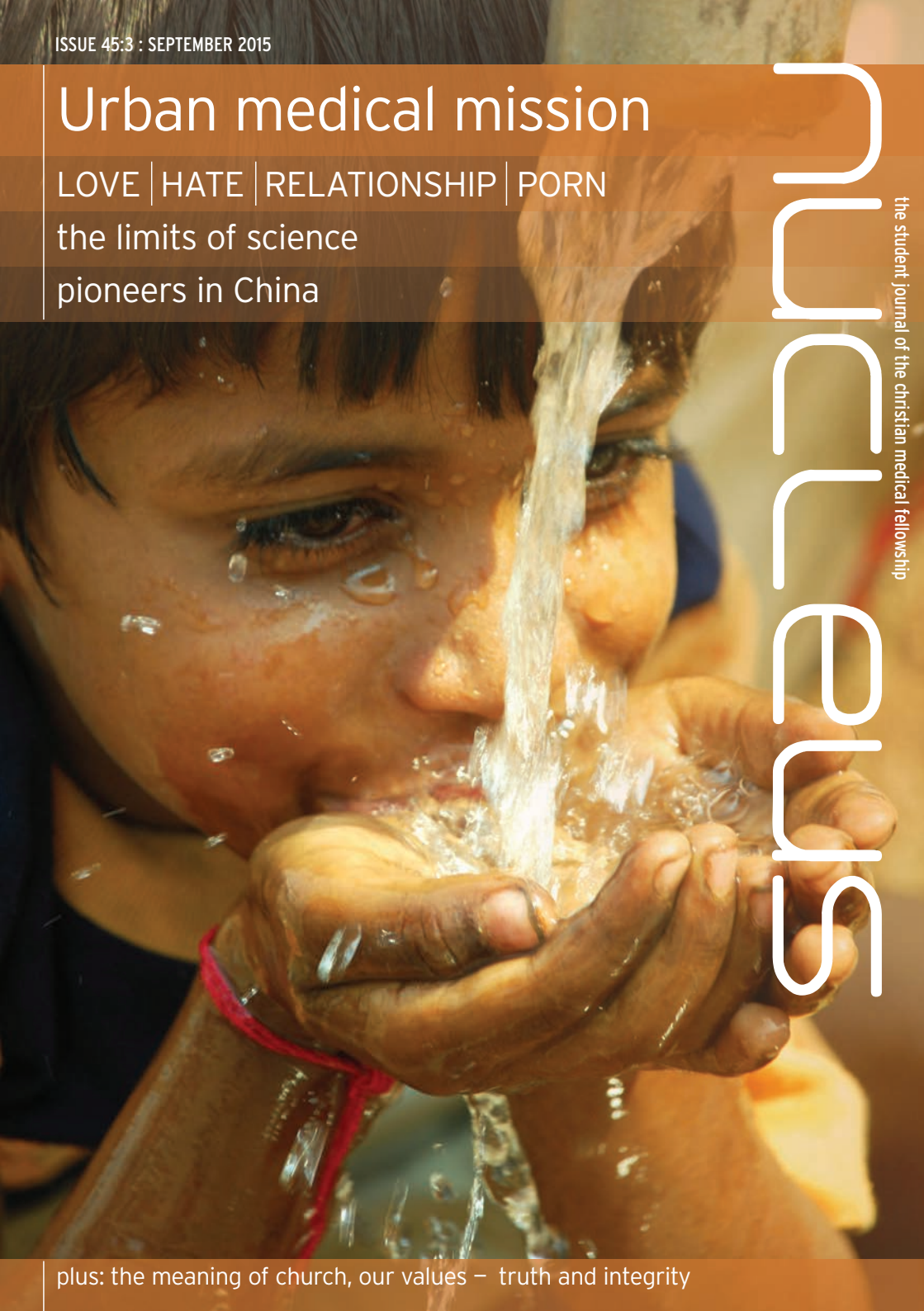
the limits of science

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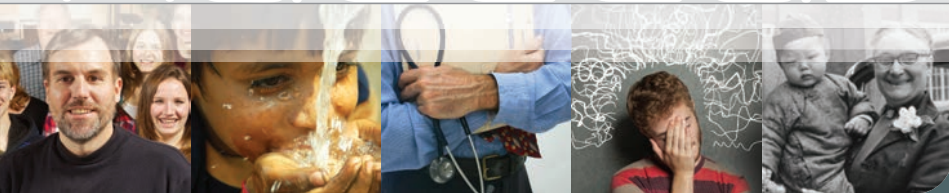
nucleus

the student journal of the christian medical fellowship

plus: the meaning of church, our values – truth and integrity



NUCLEUS



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

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Life in medicine is rarely quiet, and the summer has seen medics sitting exams, travelling on elective, beginning new jobs, or perhaps contributing to the ever growing #weneedtotalkaboutjeremy conversation on twitter.

A mixture of ethical discord over assisted suicide, an apparent workforce crisis, and growing controversy around the current health secretary have created a media storm, with Jeremy Hunt's comments about weekend working generating a backlash from doctors not seen since the problems with Modernising Medical Careers in the mid-2000s.

News headlines often pass medical students by. Christian students confident that they are following God's calling by studying medicine may feel they don't need to worry about politics and hope to just get on with treating patients.

But I don't believe we can stand by with such important issues at stake. Even the political hot potato of 'seven day working' has justice implications. With the country stacking up ever more national debt, can we really afford a large expansion of routine NHS work at weekends when many claim that the present weekday service is struggling? While such appointments may well be convenient for those who are working and commuting, such patients are *usually* relatively healthy. Should resources really be diverted towards convenience and by implication away from care of other, perhaps more vulnerable patients?

What about the medical workforce? If media reports are to be believed, an increasing number of British doctors are choosing to work overseas. To maintain current services, we are likely to need to 'import' more doctors. It may not be difficult to attract doctors from other parts of the world to work in the UK, but what might the effect be on the under-doctored countries from which they often come?

Assisted suicide is a more obvious issue for Christians to consider. Repeated attempts to legalise assisted suicide in recent years have thankfully been defeated following concerted action across a broad coalition of Christians, disability rights groups and politicians. Labour MP Rob Marris' bill which will receive its second reading as *Nucleus* arrives on your doorstep represents the latest in this series of threats. We hope and pray that it will be quickly defeated – but we can be almost certain that assisted suicide will not go away.

We cannot bury our heads in the sand. Issues in the news have a direct effect on patient care, disproportionately affecting the most vulnerable. Let's make it our business to understand and engage with the wider political world in which we learn and will eventually practise. If we take seriously Jesus' commands to minister to the poor and most vulnerable, we must look not only at the patients we meet day to day, but at the society in which we and they live and work, thinking how we can speak truth and love as debate rages around us. Let's pray that God will enable us to glimpse something of his vision for the society around us, and enable us to share that with those we meet. ■

how to see the church the way God sees it

Tim Sheppard explores the biblical meaning of 'church'





Tim Sheppard qualified as a doctor from Guy's Hospital in 2009 and following F2 has worked for a London church as part of their student team.

As Christians we go on and on about church, but why is it worth getting so excited about? When you could be spending more time on the wards saving lives, or conducting an extra research project that would make huge differences to cancer treatment (and your CV), why commit to getting involved with a church? With every new hospital placement it's a huge cost to try to get to know a new church family. Is it really worth all the effort? Surely being a Christian is about being 'saved by grace through faith',¹ not church attendance?

Others of us will have a more panicked approach, fearing that a weekend shift will prevent us from making it to church and therefore leave us further away from God. We find ourselves anxious that our passage through the pearly gates depends on having consistently taken up our spot in the pew.

The problem with these extremes is that neither leaves us with the right impression of church; and it's only by correctly understanding what the church is – and what it isn't – that we'll come to see how thrilling church really is.

retiring old definitions

Most of us use the word 'church' to refer to the building in which a group of Christians gathers on a Sunday – 'It's over there next to the church'. Indeed, the definition of 'church' in the Oxford English Dictionary starts with 'A building for public worship'.² 'Church' has become one of a collection of terms used to describe religious buildings, a bit like a temple.

Actually, the word that our Bibles translate as 'church' simply means 'gathering'. It's the same word that is translated 'assembly' in Acts 19 to describe a mob (v32), a court (v39) and a crowd (v41). A church – specifically a Christian church –

is a gathering of Christians.

The problem with understanding church as a temple in which Christians meet is that it gives the wrong impression. At best, it simply implies that church is necessary in order to get close to God. At worst, it leaves us thinking that we come to church in order to make sacrifices to God and secure our relationship with him.

Yet the Bible makes it abundantly clear that our access to God has been fully, finally guaranteed by Christ's death on the cross. We no longer have a physical place that we have to go to in order to access God, but if we have put our faith in Jesus we can confidently approach him *wherever we are* because of what Jesus has done.³ Incredibly, you don't need to move in order to pray; Jesus has made it possible for you to draw near to God right now.⁴

And yet, in the very same passage of Hebrews where that point is made absolutely clear, the writer encourages Christians to gather – to 'not [give] up meeting together, as some are in the habit of doing' (Hebrews 10:25). Why?

redefining the church

To understand why the writer adds this, we need to understand more fully what the church is.

The Bible has many ways of describing the church, including the bride of Christ,⁵ a pillar that upholds the truth,⁶ and a body.⁷ Unfortunately there isn't space here to consider all of these in detail. However, one of the most useful places for understanding the church is Ephesians 4:1–16, where we find three complementary pictures of the church.

a) the church is one body

Ephesians 4:4–6 gives a wonderful sense of the

unity enjoyed by all Christians. It is impossible to read the verses and miss the repetition of the word 'one' and 'all'. Paul is absolutely clear that Christians find themselves incorporated into a single united whole; indeed, it forms the basis of his command to '[bear] with one another in love' (Ephesians 4:2).

It's easy to forget this when we gather as a church. We seem almost pre-programmed to concentrate on our differences, and it doesn't take long for our dissimilarities to become the focus of our attention. As medical students, our experience of university can involve a large group of like-minded people of the same age with similar academic abilities and interests. In comparison, church feels like a rag-tag bunch of misfits who couldn't find anything better to do on a Sunday morning.

But actually we share more in common with other Christians than anyone else in the world. The Bible persistently refers to Christians as 'brothers and sisters' because we are all part of one family. The pensioner at the front of church and the mother of five who you barely know share more in common with you than the non-Christian students in your year. As Ephesians 4 says, we are one 'body', each indwelt by the same Spirit, looking forward to the same hope, trusting in the same Lord ... the list goes on.⁸

b) the church is a gym

But Paul has yet more to say. He goes on to show that, in spite of our unity, we each have a contribution to make.

Ephesians 4:11–16 speaks of God giving the writers and teachers of the Bible 'to equip his people for works of service, so that the body of Christ may be built up' (Ephesians 4:12). Picking up on his 'body' metaphor for the church, Paul says that the body is built by 'works of service'.

But notice that it is the *people* who do the works of service, not just the Bible teachers.

So what are these works? The subsequent verses make clear that these works involve 'speaking the truth in love ... [so that] the whole body, joined and held together by every supporting ligament, grows and builds itself up in love, as each part does its work' (Ephesians 4:15–16).

Rather than a temple, the local church is much more like a gym – doing some body-building for the body of Christ. That doesn't mean we need to start installing weights and rowing machines into our church buildings. Rather, it means each taking on our responsibility to speak the truth in love. It's easy to think that as long as the church leader is there, and someone to lead the music, it doesn't really matter who else turns up, or what I do if I'm there. Ephesians 4 says that *each part* needs to do its work for the body to be built, and that the work is speaking the truth in love.

That certainly puts the brakes on when I'm tempted to leave during the last song! The church gathering has only just got into the swing of things when the meeting ends. But when I turn to my neighbour and share something that I was struck by from the sermon, I've started doing the kind of work that builds Christ's body.

c) the church is a masterpiece

Perhaps this 'body' doesn't seem all that worth investing in. We're probably all aware of weaknesses and failings in the churches we have visited. There will be no such thing as a perfect church until Jesus comes back. Whether it's the deep roots of past mistakes or the present battles that rage between Christians who still sin, church may seem like a terminal case that would be better treated as a dying patient.

But the Bible's view of the church is much more exciting. It may not look like much yet, but the end goal for the church is described in Ephesians 4:13 – 'we all reach unity in the faith and in the knowledge of the Son of God and become mature, attaining to the whole measure of the fullness of Christ.'

The dizzying height of maturity for which we long is not an impossible pipedream, but simply the masterpiece at the end of this road we call 'church'. Our local gatherings of believers are a foretaste of what we will enjoy in eternity when Jesus comes back – when the spots and blemishes will be washed away. Meeting with other Christians is the closest we get to seeing what it will be like in eternity – which might seem terrifying when you think about your local congregation, but helps me to see the value in investing in them. To serve the growth of the church is to invest in an incredible building project.

The alternative is devastating. Without the support of a truth-speaking church, Christians are 'tossed back and forth by the waves, and blown here and there by every wind of teaching and by the cunning and craftiness of people in their deceitful scheming' (Ephesians 4:14). Without the encouragement of other Christians, we are prone to listen to false teachers⁹ or our own cold hearts,¹⁰ and fall away from Christ.

Yet with the warmth of other Christians by our side, we are grown into mature disciples of Jesus. We, alongside other Christians, are kept until the last day. The body is built, we become increasingly united, and we come to know Jesus better. Indeed, that vision of perfect unity under Jesus is the very thing for which God has been working since before the creation of the world.¹¹ It's hard to think of something more worthwhile than joining the same project God has been working on since before creation!

I guess it's plain that we're not there yet. But that's why we desperately need church.



a health-check on our attitude to church

Being a medical student inevitably means a lot of moving around. Your next placement may be in a different county – or even a different country. With so much upheaval, it's easy to forget the importance of gathering with church family. But the more we understand what God has explained to us about church, the more we'll want to commit to serving in a local church family – to building up a body, and being built up with it.

Here are a few things you might want to ponder when considering church:

1. **find a church that loves Jesus and teaches the Bible.** With so much choice when we move house, it's easy to lose track of what's most important. It may be that we prefer a particular style or don't want to travel too far, but what's most important is that we find a church that will point us to Jesus, and give us the Bible teaching and fellowship that allows us to speak the truth in love to one another.
2. **don't give up meeting together.** There will always be times when it is impossible to join our brothers and sisters on a Sunday, but avoid making a habit of it. Make sure that

gathering with other Christians is a priority. If a weekend shift means I haven't been able to join the normal regular meeting, why not take another opportunity this week to meet up with some of them instead? Seeking out a church that offers regular midweek activities in addition to meeting at the weekend inevitably makes this a lot easier.

3. **commit to serving in the church.** Remember that the gathering is not just for your sake, but for the rest of the church family too. Each part needs to work for the body to grow, and that means they need you!
4. **stop looking for perfection.** Whenever we visit a church, we'll notice the things that are wrong with it – but how are they doing on the things that matter? And once we've found a church that is doing ok on those, we should stop shopping around and stick with it.
5. **remember that church is irreplaceable.** Lots of other things may look like church, but nothing can replace it. We may enjoy listening to a worship CD, or gathering with other medics in a CMF group, but neither of these replace the normal pattern of gathering with a range of believers to be fed from the Bible and pray together. Even another local church isn't a complete replacement for my own church family. It's not about getting my fix on a Sunday, but gathering together with other Christians to be encouraged and to encourage others, 'and all the more as you see the Day approaching' (Hebrews 10:25). ■

1. eg Ephesians 2:8
2. Church, n.1 and adj. *OED Online*. Oxford University Press, June 2015. www.oed.com/view/Entry/32760
3. Hebrews 10:19-20; See also John 4:21-23
4. Hebrews 10:22
5. Ephesians 5:26-27; 2 Corinthians 11:2; Revelation 19:7-8, 21:2
6. 1 Timothy 3:15
7. e.g. Ephesians 4:4, 4:12-16; 1 Corinthians 12:12-13
8. Ephesians 4:4-6
9. e.g. 2 Timothy 4:3-4; 2 Peter 2:1-3
10. Hebrews 3:12-13
11. Ephesians 1:3-10

how do church and CMF relate?

CMF's **John Greenall** considers the relationship between church and CMF, and suggests some application questions which you could use in a CMF group meeting or individually.

why CMF?

We are often asked at CMF: 'I'm at a church, why do I need to join CMF?', or people say 'If I get involved in CMF, I won't have time for church'. At CMF we love the church, and urge you to prioritise engaging in the local church. CMF is not a substitute for church, but being connected to CMF as well as church brings a number of benefits including:

- Connections with medical students and doctors you may not find in your local church. These give opportunities to share highs and lows with others in the same situation as you or who have walked the road before you.
- Chances to grow through specific resources relevant to your studies and future career that you won't find in church.
- On a week when you're unable to get to a Sunday gathering, being able to connect with Christians in the workplace and at times when others may not be available to meet.
- Opportunities to serve others, for example welcoming a student new to your area (and perhaps taking them to your church!), teaching others how to share faith with patients, writing for *Nucleus* or going overseas.
- Opportunities to reach people on campus with the gospel – the local church often can't get onto campus in the way you can



individually. Being united as a CMF group (an 'arm of the church on campus') means you can do this more effectively.

Your faith and vocation are inextricably linked. Why not prayerfully consider how you can encourage Christian medics to get involved in church, and let them know that CMF is here to help connect and support them to grow to be those who practise truly Christian medicine.

application questions:

- What do you appreciate about your local church?
- How has your experience of church changed after moving to university?
- Has your love for Jesus been increasing over the last year, or growing cooler? What might be the reasons for this?
- What are the barriers that might prevent you from getting to church during your studies? Are these always real barriers, or could you actually work round them?
- What would you say to a Christian friend who says they're not getting to church regularly? How might you encourage them? What scriptures might you point them to?
- What might you do differently, or who might you speak to, after reading this article? Perhaps pray about it now. ■

preparing for a world that no longer exists?

Jonathan Fletcher explores inner-city mission overseas

'The twenty-first century will be the first urban century in history. This fact will affect every area of life, and mould the shape of Christian ministries in the future.'¹





Jonathan Fletcher trained as a GP and is now working with Urban Neighbours of Hope in Thailand.

Oorn* was six years old when he fell a foot or so from some monkey bars and broke his femur. His 13-year-old cousin carried him out through the winding lanes of the slum to the main road by the port where she flagged down a motorcycle taxi. Bangkok is not short of hospitals and Oorn was taken to our local. It is not a bad hospital, if you can pay. But it also takes part in the Thai government's 30 Baht card scheme whereby low income families can qualify to be seen by a doctor for the equivalent of 60 pence. Oorn's card is registered there. On arrival he waited in the emergency department for a couple of hours without any analgesia. When he arrived on the ward his leg was put in traction without any analgesia, and he was slapped by the nurses for crying too loudly. Then western money stepped in and his experience was transformed.

Oorn was transferred to a different hospital and given suitable analgesia. He could then talk and tell the story of his accident. He was investigated appropriately and his low-trauma femoral fracture managed with surgery and a hip spica cast. Being a child from the slum affected not only Oorn's risk of adverse health (his malnutrition contributed to his injury), but also his treatment when he needed it. The hospital would not pay for medicines or investigations for a child on the 30 Baht scheme – it would cost them too much. But this unequal treatment costs Oorn and thousands like him much more.

Pi Nat is a friend who told me the story of giving birth to her child at the local government hospital on the 30 Baht scheme. She thoroughly intended to breastfeed her child. Standard procedure at this hospital is

for the child to be removed from the mother at birth and kept separate from the mother for six to eight hours. Something about 'getting used to the air'. Despite all of her requests the staff would not give Pi Nat her new baby to feed. All the babies are bottle-fed before the mother can even see them. Mothers who have the money to access better hospitals perhaps have more likelihood of being heard.

Pi Pon drinks too much alcohol, as does his wife. In one drunken fight she managed to land a pair of pliers squarely on his head. On arrival at our local hospital the staff chose to completely ignore Pi Pon's 30 Baht card and quoted him 4000 Baht to suture his laceration closed. Pi Pon declined to pay and returned home where his wound was closed by his drunk friend on the street.

these stories offer a glimpse of how the urban poor find themselves marginalised and disadvantaged, just by being poor

Ong was about 18 months old when he had his second febrile convulsion, but this time the fitting wouldn't stop. His mum took him to our local hospital who admitted him but made no attempt to stop the seizures or reduce the temperature. Ong suffered brain damage and now lives with severe epilepsy.

These stories offer a glimpse of the health costs of being labelled a slum resident, a picture of how the urban poor find themselves marginalised and disadvantaged, just by being poor.



a harsh reality

From these stories it might sound like the 30 Baht scheme is terrible, but at least it is a step towards some of my neighbours getting seen by a doctor. Urban poverty is harsh and illness reveals some of its darkest facets. The system seems set up to discourage the poorest members of society from accessing it fully.

A visit to hospital will likely involve missing work to spend an average of four to six hours queuing to see a doctor. It may well involve missing a second day to go for a test, then a third day to get a diagnosis, then having to pay over-the-counter prices for any medicines. For some of the poorest, losing just a day's wage may mean not eating the next day, losing two or three day's wages may mean not paying the rent that month, and the informal economy of the slum is often enforced with violence or eviction. Some people borrow money, but not from any reliable bank. Consequently lots of people self-diagnose, self-treat, leave things alone and worry, present too late or stop caring about their health altogether without the hope that they could make any difference.

inspired and humbled

Ten months ago, I moved with my family into Bangkok's biggest and oldest slum, Klong Toey.



urban poverty is harsh...the health system seems set up to discourage the poorest from accessing it fully

It is really a conglomeration of 23 smaller slum communities huddled together in about two square kilometres of Port Authority land with an estimated 100,000 residents. The figures show that some residents are doing well for themselves here but others struggle to make ends meet each day. Material poverty is very visible here and is accentuated by its location alongside the world of high-rises, the flourishing business and commercial districts of modern Bangkok.

My wife Elise and I, along with our two boys,



in cities. In 1800, only 3% of humankind lived in cities. It is estimated that by 2100 the figure will be nearly 90%.⁴ In 2007, the urban slum population hit one billion,⁵ and has continued to rise since then. It is estimated that

right now more than one in

Elliot and Sam, have joined a small Missional Order called Urban Neighbours of Hope.² As Urban Neighbours of Hope, we 'immerse ourselves in the life of neighbourhoods facing urban poverty, joining the risen Jesus to seek transformation from the bottom up'. This mission statement both inspires and humbles us. Elise and I are currently putting most of our time into language learning and studying the culture. We want to use this time with our eyes and ears open to see what life is really like for our neighbours, even though there is little we can do to help. I strongly feel the frustration of not yet being able to use my communication skills or formal medical knowledge but we intend to be here for the long term and maybe the current powerlessness is helping me to better identify with my neighbours.

six people in the world live in an urban slum.⁶ Population growth and massive urbanisation doesn't seem to be slowing down. Some predictions put proportions of people living in urban slums as high as half of the world's population by 2050.⁷

it is estimated that right now more than one in six people in the world live in an urban slum

rethinking medical mission

UN-Habitat identifies slums using five characteristics:

1. Inadequate access to safe water
2. Inadequate access to sanitation and infrastructure
3. Poor structural quality of housing
4. Overcrowding
5. Insecure residential status

These five characteristics make it easy to see how health might be affected by living in a slum. Looking around through my GP eyes it sometimes seems like just about anywhere else on earth. People drink too much alcohol, smoke too many cigarettes, eat too much sugar and get all sorts of infectious diseases. We have a few characteristic twists like methamphetamine abuse, glue sniffing, gang violence and motorcycle trauma, but essentially there are the same problems that I became familiar with in general practice in the UK.

So why move to a slum? Well, the world is changing. In 2009 the world's population became majority urban,³ meaning that more than half of the people on this planet now live

Here, access is the problem. Here a neighbour is denied care for being poor, for having been born in the wrong part of town. Meanwhile, the rich and super-rich access some of the best plastic surgery in the world in 'five star' private hospitals.

In urban populations, the problem of access to healthcare is more than just physical distance, and this is where I think medical mission comes in. Yes, it is a great witness to go out to the ends of the earth, to the remote locations and build mission hospitals for the poor who have no healthcare. But isn't it also great kingdom work to apply the gospel to the issues which disadvantage our poor neighbours who live 500 metres from a multi-million pound health facility. The gospel speaks into the treading down of the poor by the rich, the unjust systems which advantage the already-privileged few. The gospel holds out the hope of a new way, a kingdom way of living, where inequality is lessened and the hope of real change becomes possible, where a new community can be formed and real care can happen.

the gospel holds out a kingdom way of living, where inequality is lessened and the hope of real change becomes possible

Jesus reminds us in the parable of the sheep and the goats that he will look on how we have responded to him in how we respond to 'the least of these my brothers' – the stranger, the naked, the sick, the prisoner.⁸

The world is changing, in fact the world has changed and the vast numbers of poor arriving in urban centres around the world need to both



access good healthcare and hear the good news of the one who 'does not look at the things people look at. People look at the outward appearance, but the LORD looks at the heart'.⁹ They need to meet him who 'a bruised reed he will not break, and a smouldering wick he will not snuff out. In faithfulness he will bring forth justice'.¹⁰

no easy answers

In terms of solutions – I have no easy answers. I'm not sure there are any. I know that presence with our neighbours is part of it, sharing place, walking alongside, cheering people on, knowing and being known. Perhaps training armies of community healthcare workers, or effecting change from within corrupt hospital systems, who knows? But treating our neighbours with dignity and offering the hope of a different future, a future made possible by the good news of the gospel, that is part of our work here in Klong Toey.

For me, God began by opening my eyes to the reality of poverty, both in the UK and worldwide. Before moving across the world I moved with my family across town onto the council estate where most of my patients lived.



That was a wonderful year full of life and relationship and we wondered why it had taken us so long to give up our 'middle-class' lifestyle! God was calling us on to Klong Toey and that has meant, for the moment, laying down being able to practise as a doctor, laying down feeling useful,

needed, powerful. Urban Neighbours of Hope does not have a particular medical focus to its work, but being here I am trying to see how God is planning to use all that he has prepared in me. This downward journey has truly been where I have found myself transformed by God, where discipleship is hard but real. Jesus reminds us 'Whoever wants to save their life will lose it, but whoever loses their life for me will save it'.¹¹

a growing need

How can you respond? Move across town and share the place of the poor? Learn a language really well? Engage in medical politics to effect systems change? Apply for jobs in hospitals that serve slums in world cities? Move to join a group working in an urban slum? Pray and give to people or organisations working with the urban poor?

May we be part of a generation of Christian doctors who follow Jesus to these dark and forgotten margins and meet him there in serving the urban poor. It may be the case that some of us are preparing for medical mission – but are we preparing for a world that no longer exists? The rapid urbanisation of the world

compels us to consider medical mission in urban slums. As medical students with your whole career ahead of you, the next 40-50 years may be critical in the shaping of our new urban world. The numbers and the needs of the urban poor will only increase.

Back to Oorn, today his leg has healed well and he is back to his mischievous self. It is hard to imagine him in severe pain. The outcome has been good for him but the means is not sustainable. Cases like his go past unnoticed each day. Whilst using outside resources to step in and make a difference for one child holds value, it also raises many questions. Living here, sometimes all we can do is take comfort in imagining a different way – what would God's kingdom look like in this place, in this situation? How can we help develop a caring community? How can we stand up for the marginalised and effect change in an unjust system? We long to see God's kingdom come for our neighbours in this urban village we now call home. ■

If you would like to find out more about urban mission contact the CMF International Department, or contact Urban Neighbours of Hope: www.unoh.org

*All Thai names have been changed.

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our values: truth & integrity

Laurence Crutchlow on the challenges of being truthful in medicine

'to speak the truth, respect privacy and safeguard our patients' confidences'



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

What is truth?' Pilate asked Jesus during his trial. Jesus had already answered Pilate saying, 'for this reason I was born, and for this I came into the world, to testify to the truth. *Everyone on the side of truth listens to me.*' (John 18:37-38). Pilate could not see that he had the very embodiment of truth standing in front of him.

God cannot lie (Titus 1:2). Truth and integrity are a mark of his revelation throughout Scripture, whether in the ninth commandment, or in the Old Testament law. Jesus said 'All you need to say is simply "Yes," or "No"' in the context of talking about oaths (Matthew 5:37), affirmed by James 5:12.

A much fuller treatment of questions around truth in the Bible can be found in my previous article on Integrity in the Easter 2011 edition of *Nucleus*.¹ There I look at biblical basics, and at some of the trickier situations, such as the actions of the Hebrew midwives in Exodus 1. For this article, I have assumed that readers agree that truth and integrity are essential for the Christian and I will look at how this might work in practice.

At first sight it would appear that we are not out of step with most of the world on this subject. The General Medical Council's (GMC) *Good Medical Practice*² devotes one fifth of its clauses to 'honesty and integrity'. Although the profession clearly sets great store on integrity, perhaps the fact that so much explanation is needed for a subject that we might say ought to be obvious should give pause for thought.

is telling the truth always right?

Some years ago I travelled with a CMF summer team to Russia to help local CMF students run

an evangelistic camp. One extra lecture they arranged was from a Professor of Oncology, who among other things was very clear that patients should not be told about a terminal diagnosis, saying that it left them without hope. Although some students did challenge her, she clearly represented prevailing local opinion. Though such practice might seem out of place in the UK, there are times when I've seen similar things happen. I've never forgotten a patient I looked after as a house officer where her family were adamant that she shouldn't know how severe her metastatic cancer was. She did eventually find out, but not before several difficult discussions with her family. As is so often the case, she was much more aware of how ill she was than her family had realised.

These cases may seem clear cut, but there are times when a patient is very clear that they do not want to know something; which we must respect. We needn't lie to them to respect their wishes; but we should be open, discerning how much they want to know, and phrasing our answers accordingly.

Recent legal changes have introduced a 'duty of candour', enshrining in legislation a long-standing professional obligation to be open and honest with patients if things go wrong. Interestingly, the GMC guidance refers to incidents where harm has occurred to a patient, while the legal duty refers to a 'notifiable patient safety incident'. It is too early to know what effect this might have, but it leaves questions as to whether patients might suffer significant harm in anxiety and worry if staff caring for them feel obliged to tell them about near-misses that actually resulted in no harm.

Questions of truth-telling for students might

be much more mundane, but the principles aren't much different. Signing in someone for a lecture they didn't attend is clearly not upholding the truth. But what about the first time we insert a cannula? If we boldly go up to the patient saying 'this is the first time I've ever done this', the chances are that there may never be a first time! But we should say so if asked, ideally ensuring that when performing a procedure on a live patient for the first time, we have someone with us senior enough to ensure the patient is confident and can't come to any harm.

it has always been recognised that confidentiality isn't absolute

challenges to confidentiality

The world seems to value confidentiality even more than truth. Doctors are still widely trusted to keep private things private. Even as a first year student, I was amazed at some of the things that patients would tell me, often adding that no-one else knew, sometimes not even their spouse.

Several trends in society present challenges. A first is a trend towards **mandatory reporting** of certain phenomena by doctors. It has always been recognised that confidentiality isn't absolute. For example, doctors have always been expected to report child abuse to the police, but might have held their counsel about minor concerns over a family. Boundaries seem to have shifted. There is now strong pressure to report any suspicion at all about the welfare of a child. Reporting a child who may be at danger

of female genital mutilation is becoming mandatory in law. Society seems to assume that doctors will quickly spot and report all manner of problems.

But each such report means that a patient's confidentiality is broken. This is sometimes entirely reasonable and prevents harm. But what are the long term consequences? Will patients continue to share genuine information with doctors? Will a girl who has undergone FGM overseas dare present to her GP with a serious infection, or will her community ensure that she seeks help elsewhere, from someone who may not have the appropriate skills? There may be no easy answers, but a trend towards diluting confidentiality does have risks, however helpful it may be in specific cases.

Population medicine and the creation of large **databases** is another challenge. There is clearly much that can be learnt from collating large number of patient records. Such records are usually anonymised. But how much confidence do patients have that their data remains confidential? The media storms over the number of such projects, most recently 'care.data', show that public confidence is low. Since GPs are legally 'data controllers' they bear ultimate responsibility for what happens to patients records.

A less obvious problem is the use of medical records for **legal and insurance purposes**. I can recall several consultations in which patients have said that they will not answer a question or not discuss a particular aspect of their care because they were concerned that it will cause problems with insurance in future. Of course an insurance company cannot see a patient's record without their permission, but is within its rights to refuse insurance if records are not released.

The GMC states that records should be kept confidential even after a patient's death. But for example if a patient dies in prison, the ombudsman's report into their death will be released in due course. While it will not contain verbatim medical records, there is a surprising amount of detail. A culture of 'freedom of information' will only lead to more such requests.

who might be sitting behind you
in the hospital canteen when you
innocently discuss a patient?

There may be relatively little we can do about these trends on an individual level, but we can make our feelings known when there are consultations. We can ensure that when we do disclose information because we are required to, that we disclose the minimum necessary to comply with law, and ensure the safety of the patient.

The more mundane challenges to confidentiality are perhaps more applicable now. Who might be sitting behind you in the hospital canteen when you innocently discuss a patient? Does the entire Emergency Department team need to know about the patient with a foreign body in a certain orifice?

More challenging are situations when patients are known to us in some way. It is not that uncommon to end up looking after a colleague who has become unwell. Of course their rights to confidentiality are the same as any others, but we must take extra care to protect them.

Even away from work there may be difficulties. What about when a case that came

through the Emergency Department during your placement makes it into the local newspapers, and people ask you about it? Your duty to the patient remains the same.

I've found it not uncommon to have conversations with friends who tell me more about medical problems than they would other friends because they know what work I do. Even though there is no formal professional relationship (and they are often not directly seeking advice), I have thought it wise to treat such conversations as if they had occurred at work, and keep them confidential.

conclusions

It is clear just from the few scenarios that I've suggested here, that neither integrity or confidentiality are quite as simple as they might first seem. The medical profession very widely recognises these things as important, so it is easy to fall into a culture of fitting in with what everyone around us is doing, as most of the time it appears acceptable. But we must remember that society changes; we can't be sure that there will always be respect for truth and confidentiality in the profession, nor that we won't come under pressure to conform when boundaries are pushed.

For the Christian, truth is not just GMC guidance, or even just a part of our value system. It is a reflection of the God we worship. Our commitment to integrity should show others something of God's character as we study and work with them. We need to pray for the Holy Spirit's work in us to enable this to happen. ■

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LOVE | HATE | RELATIONSHIP | PORN

John Greenall considers a better story





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When I was 18 my friend Dave turned to me one day and said 'I can't keep going on like this. I'm off'. And with that, he didn't set foot in church for the next five years.

The thing is, he loved porn. But he knew Jesus hated it. He told no one about it. He hated himself. He kept saying sorry to God, but he felt powerless to resist the urges. And so he gave up.

You have probably read lots about pornography. According to *covenanteyes.com*, one in five mobile searches are for pornography and 24% of smartphone users in the UK admit to having pornographic material on their phones.¹ Perhaps you watch it – in the US, 64% of Christian men and 15% of Christian women say they watch porn at least once a month.² Because porn use thrives in secrecy, many Christians are trapped in a cycle of sin and shame, thinking that they're the only ones facing this temptation, like Dave did.

Even if porn simply disgusts you, or isn't an issue for you, understanding its impact means we are better equipped to help those that we counsel in the church, as fellow medics and our patients. Porn is one of the defining matters of our age. As Christians and as medics we have a unique opportunity to understand and minister to those who struggle.

'I love porn'

Do you know non-Christians who say this? My colleague James does. He enjoys porn. He says it's an easy 'hit' after a hard day on the wards, offering intimacy without the risk of real relationships. Others might say they love it because it can be accessed for free

and in private where 'no-one can see me' and therefore there are 'no consequences'. Or that it's exciting when the world around can often be boring, offering escapism to distract them from the realities of work or revision.

And yet many Christians love porn as well; like Dave. Does that shock you? Well it shouldn't. If we believe that all human beings are capable of sin, then we must see that Christians are not immune. As a generalisation, males often choose to lust, to look at a woman as an object and desire to have sex with her. Women are perhaps more prone to want to be lusted after, perhaps wishing for a better body so that men desire them more.

Pornography is essentially an outlet for lust, hugely magnified. You don't need to look at a man or woman directly – you can look at your screen, at a magazine, at a film. We can all do it. But why? Your answer may be 'because we are fallen' – and we will deal with the fall shortly. But let me be provocative here – the main reason so many look at porn so regularly is because we were made to love porn. Let me unpack that a little before you stop reading!

Men and women are designed by God to be naturally wired to desire the opposite sex. When Adam and Eve were created, they were made perfect, with perfect bodies. God made them to enjoy one other's bodies and to be able to express this in lovemaking. In Proverbs we read: *'May your fountain be blessed, and may you rejoice in the wife of your youth. A loving doe, a graceful deer – may her breasts satisfy you always, may you ever be intoxicated with her love'* (5:18-19). The Song of Solomon outlines a man and a woman enjoying one other's bodies in explicit detail.³ He declares sex to be very

good! And so it doesn't mean you are dirty to have these desires.

But God's declaration is intended within the boundaries of marriage. '*...a man leaves his father and mother and is united to his wife, and they become one flesh. Adam and his wife were both naked, and they felt no shame.* (Genesis 2:24-25). Marriage is a safe space – where promises are made; where there is mutual safety and trust; where sex is an extension of a love relationship not simply a lust relationship. In this context, the lack of guilt and secrecy, amid myriad other benefits, leads to sex the way God intended – the very best.

We need to grasp God's good plan for humankind, otherwise we won't know what to do with the desires we have. Like my friend Dave, we can feel dirty, condemned and afraid; afraid that I can't surely be a Christian if I am tempted to look at porn; that I am the only one.

Some of you reading need to be honest – you love porn. And yet some of you may feel, at least some of the time, the opposite...

'I hate porn'

Perhaps you feel like another friend of mine, Anna. She hates porn. She rages about the damaging effects of porn on society and on an individual's health.

For example, a YouGov survey found that 27% of boys were accessing pornography every week, with 5% viewing it every day.⁴ Prolonged exposure to porn from a young age is thought to lead to an exaggerated perception of sexual activity in society, diminished trust between intimate couples, belief that abstinence and sexual inactivity are unhealthy and belief that marriage is sexually confining.⁵

Even a self-confessed atheist medic recently wrote 'Never mind the moral arguments about

porn, there is a sound neurological reason to do everything we can to limit teenagers' exposure to it'.⁶ And a former 'lads' mag' editor wrote 'Like many parents, I fear that my boy's childhood could be taken away by pornography'.⁷

many look at porn and yet simultaneously hate it. Why might that be?

As well as societal impact, porn impacts individuals who indulge in it. It's interesting to note that many look at porn and yet simultaneously hate it. Why might that be? A recent article offered the statistic that 'one in five people who regularly watch porn admitted to feeling controlled by their own sexual desires'.⁸ Recent data suggest that consistent exposure to pornographic images actually rewires the brain which can be trained and eventually subjected to addictive behaviors. By consistently pursuing pornography, men 'have unknowingly created a neurological circuit that imprisons their ability to see women rightly as created in God's image'.⁹

Porn is now thought to be 'more addictive than cocaine or heroin, usable in the privacy of one's own home and injected directly to the brain through the eyes'.¹⁰ Knowing we are being rewired and trapped by what we see, it's no wonder we can feel at the very least uncomfortable about it.

Watching porn also has profound implications for those being watched. Nowadays the typical performer is in her late teens or early twenties, was sexually abused or raped in childhood, addicted to drugs or alcohol, and desperate.

She likely first entered the industry while still a child.¹¹ The industry perpetuates the lie that this woman that I have just described likes you; that she wants to perform for you. The reality is that she is either paid or forced to engage in these acts, or even both, whether explicitly or implicitly through life circumstances. Furthermore, if we believe that God makes this woman as the pinnacle of his creation, of the highest value and dignity, then why do we watch her being violated and humiliated? God says, 'I hate it when her body and soul is stained' and you say, 'It turns me on'.¹²

We could go on and on – you don't have to look far or have a vivid imagination to consider the multiple effects of pornography on our children, women and men in our society.

The Bible describes the reason for this fallout way back in Genesis 3, just a few verses after God's good intention for sex is revealed to Adam and Eve. Something had happened between these two people – and they hadn't become ugly overnight! No, not only is their relationship broken with God, but shame has entered and fractured the relationship between one another.¹³ Eve realises that this man had disobeyed God and had been selfish. 'If he has been so selfish, how might he treat me? He might start to be unkind or cruel, criticise my wobbly bits; he'll put himself first and might put me down. So I can't trust him, because he might shame me.'

This fracturing of relationship between man and woman continues today – sex is misused. Lusting after someone other than your spouse is rife. The consequences on ourselves and in society are profound. So when we say we hate porn, we are saying we hate misplaced lust and we are recognising the tragic consequences and the shame of our position before God and one another.

Of course in a very real sense Adam and Eve's reaction was healthy. They were right to distrust each other. And God graciously clothed them that they might not walk in shame – and he continues to do so to this day. However, in our society we see a reversal of this – where clothing is increasingly designed to titillate, where sex between strangers is acceptable, and where porn becomes more mainstream. The apostle Paul's statement in Ephesians 4:19 was to society at that time, but it applies equally today: *'Having lost all sensitivity, they have given themselves over to sensuality so as to indulge in every kind of impurity'*.

this fracturing of relationship between man and woman continues today – sex is misused

As sensitivity is lost and conscience is dulled, we see a society going further and further away from God. And it is a warning for Christians that their hearts can be hardened and that continuing in sin will mean it becomes harder to repent the longer and further we go. The fall has had profound consequences for our relationship with God, but as we have seen also within ourselves and between each other.

We are called to hate porn – we are called to seriously consider what it cost Jesus on the cross, what it cost the father to give his only son, to bring us back into right relationship with him and others – images of God. Hating ourselves for not loathing porn, or condemning those who struggle with porn misses the point. We are all fallen; we must warn and teach God's truth, and yet we must also stand alongside, help to rescue and then restore the broken in and through God's word.

a love-hate thing

I suspect, however, that many of us are like another close friend of mine, Ola, who feels caught between the above statements. At times he loves porn – the escapism, the release, the ease of it. And yet at other times he hates what it is doing to himself, to others and to his relationship with God. If that is how you feel, let me encourage you – it is an indicator of someone who is saved, who is sensitive to truth, and who has the possibility of knowing full and lasting freedom. Unregenerate people will not feel this battle. As long as you are fighting – even feebly – be encouraged; be reassured.

idolatry promises more and more and delivers less and less until it has everything and you have nothing

But battle we must – we are called to ‘flee the evil desires of youth’ (2 Timothy 2:22a); to believe that there is more joy in God’s presence than in sin;¹⁴ to believe that sexual relations are not essential to fulfilment and happiness;¹⁵ to avoid tempting situations even if it inconveniences us;¹⁶ to meditate on what Christ has done for us on the cross;¹⁷ and to not be a lone ranger but to be accountable and encourage one another.¹⁸ So be encouraged – keep fighting!

believe the better story

The narrative in our society, acted out by attractive, funny actors, that we see on every sitcom and YouTube channel is incredibly persuasive and powerful. It’s the story of the sexual revolution – sexual freedom, no constraints, do-as-you-please.

but is it delivering?

I believe, as we began to only scratch the surface above, that the resounding answer is no! It is simply idolatry – and as Tim Keller says, ‘idolatry promises more and more and delivers less and less until it has everything and you have nothing’;¹⁹ does this ring a bell with any porn addicts reading this?

Let me ask you – what’s your story? Is it the story of creation, fall and redemption? Creation of sex, fall of sex and redemption of sex? We need to understand, believe and then tell the better story of a God who made us in his image, who made us to enjoy sex in the context of marriage, and to live truly free and joyful lives. The story that will stand for eternity whilst all other stories come to an (often slow and painful) end.

Are you living knowing the power of the cross having victorious in your life?

Do you believe that God can hijack back the neural pathways of pornography and transform them into pathways that transmit the joys of knowing Jesus?

Let’s point ourselves and others to the better story of the gospel – relationship with Jesus himself. Because it’s true – and it works! That is the best story we can tell.

let’s get real

We also need to be intensely practical about this. There are numerous articles and books you can read on this subject, for example *Captured by a Better Vision* by Tim Chester, who is speaking at the CMF Student Conference in 2016.²⁰ Covenant eyes have a terrific resources on their site as well as accountability software.²¹ Personally I have found the following helpful: accountability software; accountability with another in the context of whole-life

(not limiting our chats to confession of sin!); recognising the triggers (eg boredom, late nights, tiredness, self-pity, anger...) and memorising Scripture.

satisfaction in Jesus

However, let's not get the impression we can do this in our own strength. Accountability software, rules and warnings can't do the job on their own. We need help. Because you can run from porn, but still love it more than Jesus. You can be losing that love-hate battle because you are not treasuring Christ more than porn.

This is the battleground – the affections of our hearts – to believe with our whole hearts that Jesus is of supreme worth. That he's more fulfilling and exciting than porn, indeed above all temporary satisfactions of this world. That we are made and redeemed for a completely satisfying relationship with God. And that we can live in this victory now and share that news with others – accepting the grace he extends to us in our time of need. We need to be soaked in the word of God to believe his better story, and to ask his help in seeking satisfaction in Christ above all else.

My friend Dave had a brutal and damaging five years – but I'm glad to say that he discovered this liberating truth – that Jesus is more satisfying than porn. God has restored him and now by his Spirit daily helps him fight to be satisfied in Jesus, free from porn. ■

*note all names have been changed

Questions to consider:

1. Who do you most identify with out of Dave, James, Anna and Ola? Why?
2. Is there something here that has really convicted you? Talk to God about it now.
3. If you need to make a practical step, why don't you chat to someone as soon as you can – grasp the mettle!
4. How can we as medics minister to others who struggle with porn?
5. Can you think of other Bible passages that help us be satisfied in Christ more than porn? Why not list some and meditate on them this coming week

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apologetics & science & miracles

Chris Knight on the limits of science

In the previous two articles, we considered the evidence for the Gospels and the resurrection of Jesus. Suppose our friends respond that with our knowledge of science today we simply cannot believe in miracles. And in any case, surely science has shown us a better way of coming to our beliefs than religion – basing our beliefs on objective knowledge rather than subjective opinions.

In response, we'll first take a look at possible limits to science – and then see what that tells us about miracles.

Background collage of mathematical and scientific diagrams:

- Trigonometry:** A right-angled triangle with sides 1, 1, and $\sqrt{2}$. Angles are labeled θ and ϕ . Trigonometric functions \cos , \sin , and \tan are indicated.
- Algebra:** Equations like $x^2 + y^2 = z^2$, $x^2 + y^2 = z^2$, and $x^2 + y^2 = z^2$.
- Logic:** A flowchart showing relationships between propositions: $P \rightarrow Q$, $Q \rightarrow P$, $P \leftrightarrow Q$, $P \rightarrow \neg Q$, $\neg P \rightarrow Q$, $P \rightarrow \text{FALSE}$, and TRUE .
- Calculus:** A graph of a function $y=f(x)$ on a coordinate plane. The x-axis is labeled 'Domain' with points a and b . The y-axis has points 0 , c , and d . A vertical line is drawn at $x=c$. The intersection of the curve and the vertical line is labeled $(c, f(c))$.
- Chemistry:** Chemical structures including a benzene ring, a carboxylic acid, and a complex organic molecule with various functional groups.
- Mathematical Symbols:** \sum (sum), ∇ (gradient), Δ (difference), \in (element of), $\{ \}$ (set), \cup (union), \cap (intersection).



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the limits to science

Science has limits, beyond which it doesn't work. 'Scientism' maintains that the scientific method is the only way to know anything about the world we live in. Scientism can take a number of forms. What they tend to have in common is that questions about God, religion and morality are treated as if they were purely scientific issues. If science cannot give a response on such matters, then any statements in these areas are either meaningless or must be viewed as speculative and uncertain. So scientism would maintain that if science does have limits, they are the limits of human knowledge.

Biologist Richard Dawkins states that 'truth means scientific truth'.¹ Philosopher Alex Rosenberg writes:

*The methods of science are the only reliable ways to secure knowledge of anything... Science provides all the significant truths about reality, and knowing such truths is what real understanding is all about.*²

Now if this is the case, then we will need to reject belief in God, because God is not some 'thing' within the universe – an 'object' that we can investigate scientifically, like a protein. Of course, if science does disprove God, then it also negates other disciplines such as history, literature and philosophy. Our universities should close down all departments apart from the sciences.

We could make a number of responses, apart from the obvious request for a description of the scientific procedures by which Dawkins and Rosenberg came to their conclusions given above. As their conclusions are actually not

scientific conclusions, then if their overall conclusions are right, surely their statements are either false or it cannot be known with any certainty that they are true. Either way, these statements show that their authors do not adhere strictly to scientific procedure when thinking about what we can and cannot know.

Apart from this internal contradiction within scientism itself, there are a number of other reasons to believe that science has limits in its application. We will consider three.

1. use the right tool for the job

Science is a tool. It's a very fruitful tool, as the prevalence of modern technology demonstrates. But if we try to use the wrong tool for a job, the results can be misleading. Consider a scientific analysis of a book. It could be very revealing, identifying the composition and source of the paper, the pages' dimensions, the ink composition and so on. If I was then to ask you what you have found out about the author, you would probably tell me that your scientific investigation found no evidence of an author. That's hardly surprising – the author is not a 'thing' in the book to be investigated scientifically. Science is the wrong tool to find the author, who is outside the book. A different type of investigation is needed to understand anything about the author.

In the same way, of course, God is not a 'thing' in the universe. If God exists, he is 'outside' the universe in the same way that the author is outside his book. So analysing the universe scientifically, however thorough it is, will never find God in the way that it might find a new type of star.

apologetics 8

2. description and explanation

A scientific view also fails to distinguish between two types of knowledge: description and explanation. Science principally describes the universe – producing scientific laws and theories that make sense of the data obtained through our scientific investigation of the world. If we ask, however, why those particular laws apply rather than any others, we come to a point where we simply have to acknowledge that that is how the world is. The description of the laws of nature does not explain those laws. The philosopher Ludwig Wittgenstein wrote:³

The great delusion of modernity is that the laws of nature explain the universe for us. The laws of nature describe the universe, they describe the regularities. But they explain nothing.

Thus there are complementary ways of talking about the universe. Asking for an explanation of the universe, rather than purely a description of it, cannot be ruled out as meaningless by the scientific method. We need to investigate the matter to determine whether an answer can be found.

My favourite example of these complementary levels of talking concerns a kiss. If my wife is upset, I might approach her and say: 'Let me give you a kiss'. However, the response would be very different if I used the scientific description: 'Would you like to engage in a mutual juxtaposition of our orbicular muscles in a state of contraction along with a reciprocal transmission of carbon dioxide, bacteria and viruses?'. That may well be a very 'scientific' way of describing a kiss, but in this context (and probably almost all others) it is not a very helpful way.

The explanation of an event cannot simply be broken down into a more basic 'scientific'

description, because the two are not directly equivalent. Attempts to 'reduce' every phenomenon to basic scientific descriptions (called 'reductionism') inevitably omits significant levels of meaning in the attempt.

The atheist scientist and Nobel Prize winner, Sir Peter Medawar, wrote in his book *The Limits of Science*:⁴

That there is indeed a limit upon science is made very likely by the existence of questions that science cannot answer and that no conceivable advance of science would empower it to answer. These are the questions that children ask... How did everything begin? What are we all here for? What is the point of living?

Thus science cannot answer every question that we might have about the world. It can answer many. But some types of question are simply not susceptible to the scientific method. We must look elsewhere to answer them.

3. why trust science?

Science is also limited because doing science fundamentally depends on a number of assumptions, none of which can be proven (by science or any other method). For example, science requires that there is:

- Regularity in nature
- Reality of the external world
- Reality of other minds
- Reliability of our senses
- Reliability of our reasoning

We cannot prove these assumptions and yet science cannot proceed without them. Cosmology assumes that the laws of physics on earth also operate at the furthest reaches of the universe. Observing a falling apple requires that we assume the reliability of our senses and that there is a real external world. And so on. Of course, if we were to try to prove these

assumptions scientifically, we would first need to assume them in order to prove them, which is not allowed! We cannot even argue that they are all reasonable assumptions to make, because the validity of our reasoning processes is itself one of the assumptions we are trying to prove.

In asking the question, 'Why trust science?', we can go even further. C.S. Lewis argued that 'Men became scientific because they expected Law in Nature, and they expected Law in Nature because they believed in a Legislator'.⁵ Indeed, only such an intelligent, powerful lawgiver, the creator of our universe, gives us justification for thinking that these assumptions are true and that they will continue to hold in our future experience. Thus without God, we could say, science cannot be justified.

counter-argument

So we have three reasons to doubt that science is the sole and final arbiter of all 'truth'. This allows us to reject any notion that science has dispensed with the possibility of belief in God. But someone may object that what they really meant was not that we should always use the formal scientific approach to gain knowledge we can trust, but that we should always use our reason and judgment in assessing evidence before coming to our considered beliefs – which we can then honour with the term 'knowledge'.

There is much to be said for such an approach, but we need to notice the concessions that have already been made from the view of 'scientism'. Firstly, however, we should note that all of the bullet point assumptions in point three above apply equally to advocates of the use of 'reason' rather than 'science'. Again, these assumptions can only be justified if God exists to give order and

regularity to the world.

Secondly, the suggested rational process no longer limits human knowledge to what science can obtain nor to physical (or 'naturalistic') descriptions of the universe in which we live. It leaves entirely open the nature and content of the knowledge that we can obtain. Therefore the existence of God or the truth of the resurrection (and hence of Christianity itself) becomes an open, and quite valid, question, which we can discuss and debate, reaching conclusions based only on the strength of the appropriate evidence and arguments on each side.

miracles

If we are prepared to base beliefs on the strength of the appropriate evidence, rather than any assumption about what might or might not exist within reality, then looking for the best explanation of the evidence requires us to be open to the best hypothesis – whether that suggests the existence of a God or not. Similarly, the existence of miracles needs to be based on the appropriate evidence. Is the world we live in the type of world in which miracles happen – or not? We can only decide this by investigating that world.

Much of modern science, including Einstein's relativity, requires a careful investigation of the world to formulate its theories, particularly as they go against our common sense view of how the world works based on everyday experience. Common sense does not indicate that there is an upper speed limit, as relativity indicates. Only investigation reveals this truth to us. Reality must determine our scientific beliefs. It must also be allowed to determine our religious or theological beliefs, just as much as it determines our historical (and all other) beliefs.

The question of miracles depends largely on our worldview. Naturalism states (broadly) that only matter and energy exist – so miracles cannot exist. They may indicate an unknown law of nature or a misinterpretation of the evidence, but nothing more. However, if God is indeed the Lawgiver responsible for the laws by which the universe works, then it is reasonable to suggest that he can, if he so desires, continue to operate within such a world. Whether he does or not needs to be determined by the evidence, but not by an arbitrary assumption that miracles cannot happen or are always less likely than some naturalistic explanation.

In talks, I have sometimes asked people what will happen if I release an apple which I am holding in my hand. The answer is, of course, that it will fall to the ground. I then throw it towards one of the more sceptical looking members of the audience – who instinctively catches it (no-one has dropped it so far!). I then ask why it didn't fall to the ground. The reply is usually 'Because I caught it'. 'Ah!', I reply, 'Because of your personal intervention in the way the world works, you 'broke' the law of gravitation!'

God can 'amend' his own laws, by an external application of power which does not really 'break' any of the laws of nature, but adjusts and diverts how those laws operate by introducing an external action – just as catching an apple does not really 'break' the law of gravitation.

conclusion

Science is powerful at what it does. But it has limits. There are questions it cannot answer and types of knowledge for which its methods are not relevant. In arguing that there are limits to

science, we are not proposing adopting irrational or arbitrary beliefs, but the proper and humble use of reason, applied to God's world and to God's word. Miracles are best viewed, not as impossible breaks in established laws of nature, but as evidence-based conclusions based on the best interpretation of the available evidence about reality.

key points

- science is limited to certain types of knowledge
- science describes but does not explain
- science needs to make assumptions, which are unfounded without belief in God
- if we call God's action in his world 'miracles', they do not break the laws of nature any more than catching an apple breaks the law of gravitation

further resources

- Are miracles possible? bit.ly/1gtffjgV
- Did Jesus do miracles? bit.ly/1DCldXO
- John Lennox, *God's undertaker: Has science buried God?* Oxford: Lion, 2009
- John Lennox, *Gunning for God: Why the new atheists are missing the target.* Oxford: Lion, 2011, especially chapter 7
- Peter S. Williams, *Is science the only way to know anything about anything?* bit.ly/1lz5zvi

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HEROES + HERETICS

Alex Bunn examines pioneering missionaries to China



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HEROES 16: Hudson Taylor and Gladys Aylward

Hudson Taylor
1832-1905
*'nothing too much
for Christ'*

In our last edition, we remembered Thomas Barnardo, who though inspired by Hudson Taylor to become a missionary to China was eventually called to stay in London. Now we consider Hudson himself, whose legacy in China has transformed the ethnic mix of the global church. Soon China will send more missionaries than the West ever sent at its peak!

Hudson's father was a pharmacist in Barnsley, Yorkshire. He devoted his first son to God, reassuring his wife 'you cannot love this child more than God already does'.¹ But Hudson grew up a weakly child, frequently contracting infections. He would take long baths and imagine his knees to be islands populated by Chinese men wearing long robes, and asked his mother if he could grow pigtails like them.

When he was 17, his mother felt a burden to pray for her son when she was away on business. Feeling a deep peace, she wrote in her diary 'I am so sure my prayers have been



answered, even though I am 80 miles away, I can now change that to the past tense'. On return, she learned that Hudson had read a tract stating that 'Christianity did not mean struggling away, year after year, in the hope of being good enough to get to heaven. Jesus simply asked me to fall down on my knees and accept him as saviour, accept his free gift of salvation, and to praise his name forever!'

medical school economics

Hudson gained valuable medical training in Hull, but the physician he apprenticed with often forgot to pay him.

Hudson wanted to live by faith in God's provision to prepare for China, so did not remind his boss, and risked going hungry. On one occasion, he gave his last coin to a poor family with a sick mother and a newborn baby. He later felt that had he not had the courage to trust at that moment, his whole spiritual life would have been wrecked. He had a bowl of thin porridge that night, which he 'wouldn't have swapped for a prince's feast'. The woman lived, and the next morning a stranger gave him a gift

five times the amount he had given away. He remembered George Mueller's saying that 'the kingdom of God is the "bank that will not break"', and reflected: 'If we are faithful in the little things we shall gain experience and strength that will be helpful to us in the more serious trials of life'.

'if we are faithful in the little things we shall gain experience and strength that will be helpful to us in the more serious trials of life'

He also believed in tithing his whole income, even as a medical student, which he could not afford while renting with his aunt. He therefore risked offending her by moving to cheaper lodgings. He also economised by living on brown biscuits, herring and pickled cabbage – a useful tip for today's medical students!

He moved to the Royal London for further medical training, but caught 'malignant fever' from dissection as a result of an open cut on his finger, before the invention of latex gloves. 'There is nothing to worry about. Unless I am greatly mistaken I have work to do in China and shall not die. But if I do not recover then I will look forward to going to be with my master.' CMF still recommends the use of gloves for exposure-prone procedures!

life jackets and pigtails

When he left for China, he almost died within sight of Wales. The ship was driven within two lengths of rocks near Caernarfon, so Hudson wrote his name in his pocket book to aid identification of his body. His mother had given him a life jacket, but he had already given it away!

Though continuing to suffer dangerous illnesses, Hudson's bout of smallpox had one benefit. He awoke to find Maria Dyer nursing him to health, and despite pock marks, they soon married. However, missionary life had a high mortality; Hudson lost several children and Maria, perhaps to cholera, and had to return home with TB himself. But he made good use of his time, gaining membership of the Royal College of Surgeons, taking midwifery exams, and updating a Chinese New Testament.

He persevered, speaking and distributing 3,000 Bibles and tracts in the provinces, negotiating violent mobs and wary magistrates, not dissimilar to Peter and Paul in Acts. Early on he had decided to remove one barrier that marked him out as a 'foreign devil'. He decided to dye his fair hair and grow a long pigtail. It didn't go well at first, as the ammonia bottle exploded in his face, giving him a chemical burn. But his desire to affirm whatever he could of the local culture as Paul did in Acts 17, drew scorn and mockery from other Westerners, who called it 'unseemly', 'disgraceful', and 'very bad taste'. But it allowed him to mingle and have a far longer lasting impact on China. 'Let us in everything not sinful become like the Chinese, that by all means we may save some'.² His opposition to the opium (heroin) trade, which Britain forced on China, also won him local respect.

'let us in everything not sinful become like the Chinese, that by all means we may save some'

Even the communists, despite their atheism, conceded that this missionary had done immeasurable good for China; they erected

a monument in his honour after his grave was lost. Missionaries had founded 6,000 schools, 19 universities and 900 hospitals.³

The mission agency he founded, the China Inland Mission (CIM), became the first interdenominational agency, and the first to employ unmarried women. CIM baptised 50,000 Chinese in Hudson's lifetime through its 1000 missionaries, and it eventually grew to be the largest Protestant mission organisation in the world. Sadly though, they were not protected during the terrible Boxer Rebellion in 1900, an uprising against Western powers. CIM suffered more than any other mission in China – 58 missionaries and 21 children were killed. But Taylor refused to accept payment for loss of property or life, to show the 'meekness and gentleness of Christ', and said:

'If I had a thousand lives, China should have them. No! Not China, but Christ. Can we do enough for such a precious saviour?'

Hudson's impact was so great it led one historian to say that 'no other missionary in the nineteenth centuries since the apostle Paul has had a wider vision and has carried out a more systematised plan of evangelising a broad geographical area than Hudson Taylor'.⁴



Gladys Aylward
1902-1970
*the 'little' woman
with the big heart*

Gladys Aylward hoped to join CIM, but failed their exams. Though not a great start to a career, this 'little woman' was made of sterner stuff and so set out independently. She saved up her maid's wages each week and deposited them with the travel agent. Her mother sewed secret pockets in her coat for her Bible, passport and cash. Like many British travellers today, she packed all the travel essentials she couldn't live without: corned beef, baked beans and tea, even a kettle, and headed off on the Trans-Siberian train. She was forced off near the Manchurian border due to an unreported war. She saw gangs chained together being

dragged off to Siberian labour camps. She reached Vladivostok, and thanks to a transcription error, her passport had been marked 'machinist' not missionary, which gave her some status and protection. But she had to pretend to be a prisoner aboard a Japanese ship to escape.

Eventually she arrived in Yangcheng, rural China, to live with Mrs Lawson, an elderly missionary. She advised her to sleep with her clothes and valuables on. The reason became

apparent in the morning, as there were no curtains, and many locals had filled the windows to spectate!

Together they ran a lodging house for muleteers, and within a year she had conversational Chinese and a growing stock of Bible and folk stories to relate. She would need to be independent as her only Western companion died soon after.

she had never expected to be paid to share the gospel with state sanction, whilst banishing a disabling custom!

how beautiful are the feet...

Her remit expanded when the local mandarin visited her and tasked her to become the foot inspector. Foot binding had become illegal, and Gladys was the only woman in the region with unbound feet, who would be fit to inspect and enforce. The mandarin was happy for her to share the gospel as she went house to house on state business, as he knew that Christians no longer bound their feet. She had never expected to be paid to share the gospel with state sanction, whilst banishing a disabling custom!

When a riot broke out in the local men's prison, she arrived and found the convicts were rampaging in the prison courtyard. Several of them had been killed, with soldiers were afraid to intervene. The warden said to Gladys, 'Go into the yard and stop the rioting'. She said, 'How can I do that?' The warden said, 'You have been preaching that those who trust in Christ have nothing to fear'.

She discerned that the conflicts were due to lack of food and work. She found looms and

grindstones to gain income and grain, and people began to call her 'Ai-weh-deh,' meaning 'Virtuous One.' Later during the war, the traditional policy favoured beheading all prisoners to prevent escape. The Mandarin asked Ai-weh-deh for advice, and a plan was made for relatives and friends of the convicts to post a bond guaranteeing their good behaviour. The Mandarin was so impressed he later came to Christ.

virtuous one

But Gladys is mostly remembered for protecting children. One day she came across a sickly looking child in the sun. She scolded the girl's guardian who replied 'if she dies, I can get another one', and offered to sell her. Exasperated, she gave her all the money she had. 'Ninepence' became the name of the first of many adopted children, with colourfully names such as Precious Bundle, Glorious Ruby and Jade Lily.

On one occasion, she paid for the release of a maid whose master bought and sold girls for market after footbinding. 'My heart was bound up tight with sin, like I bound the feet of the little girls' she said, 'now I am free and my heart can grow big with happiness'.

wanted dead or alive

From 1938, Yangcheng became the middle of a battle zone, and their territory changed hands four times. Word reached Gladys that there were posters offering a large reward for her capture, so she decided to take the 100 orphans under her care on a 27-day journey over mountains to safety in Shensi. Crossing the Yellow River felt as impossible as parting the Red Sea, especially as the Chinese had removed all boats that might aid the Japanese. The

children recalled how they crossed:

'We prayed for the river to be opened so that we could walk across like the children of Israel, but God knew we were tired of walking, so he sent a boat, and that was far better.'

When they got to Tungkwang they faced a different problem. The Japanese would shoot at the trains if they thought there were Chinese aboard. Keeping toddlers quiet in a warzone was no easy task. Gladys loaded the babies between large lumps of coal at dawn, and miraculously, not a shot was fired, until they awoke laughing, covered in coal dust. She may have failed her missionary exams, but she brought 100% of her orphans to safety, which was a greater achievement.

Arriving in Sian, she immediately set out to preach and collapsed in a nearby village. She was picked up and returned by cow cart, still singing hymns, deliriously preaching on the prodigal son as she was admitted to hospital for a month, for relapsing fever, typhus and pneumonia, exhausted and malnourished, and barely conscious. But who was she? One of the orphans showed the staff a book she owned. An inscription in the cover read 'to Gladys from Aunt Bessie'. Was she not Chinese as they imagined?

Eventually she was convicted to return home to the UK, after a Chinese student showed her an English newspaper:

'The England that sent you with the gospel must be worshipping other gods'

'How do you know?'

'Your papers are full of sportsmen, film stars, and gossip, there is no mention of Jesus. What happened?'

It is a question that we might still ask today. ■

Reflections

Inspiration from the life of Hudson Taylor:

- undeterred by poor health
- was generous financially even as a student
- became a Chinaman to win many Chinamen
- valued the faithful in other denominations and unmarried women

Inspiration from the life of Gladys Aylward:

- undeterred by academic failure
- courageous advocate of prisoners and orphans

Further reading

- Hudson Taylor's *Spiritual Secret* is currently available as a free e-book at: bit.ly/1LhBBNg
- *Gladys Aylward: the Little Woman*, (Moody Paperback, 1974) is a classic, very readable and short.
- *The Cross: Jesus in China*. A superb documentary about the gospel's impact on China: bit.ly/1JorWXI
- David Aikman. *Jesus in Beijing, how Christianity is transforming China and changing the global balance of power* (Monarch, 2006)

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