

nucleus

the student journal of the christian medical fellowship

christmas 2010



losing our focus

confidentiality

discipleship

constantine

NUCLEUS

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editorial...

Firstly, thank you for grabbing hold of this last edition for 2010. It is packed with interesting articles; first-hand testimonials of what some of the Christian medical students in the UK have been up to, an update on current affairs, fun crossword and the latest article in our exciting series, 'Heroes and Heretics'. So read through until the end, enjoy - and be encouraged to keep living and speaking for Jesus.

My name is Von and I am the new *Nucleus* editor. It is such an honour and pleasure for me to be volunteering for this role. Sometimes I wonder: how did I get here? In the last two years, I was part of the editorial committee and had greatly benefited from the journal since the time I joined CMF as a fresher. I have completed my 3rd year of medicine at St George's, University of London.

An example of how God used *Nucleus* was with an article, '*Who cared for Kerrie?*' written by former CMF student intern, Lizzie Groom, when she was doing her BSc in Medical Ethics and Law at King's College, London in April 2010. I remember reading on the tube, with intrigue, and stepping into my BSc interview to discuss the same subject on mental capacity and advance directives.

As a result, glory be to God, I got a place to do the same course, which is very competitive I have to add, and I am thoroughly enjoying it (albeit with intense philosophical and law case reading!)

I think it is very important for us as medical students to make time to read extensively, be informed on what is happening in the wider world and know the Word of God. We should endeavour to keep up with advances in science and ethics, the major drivers of medicine, and their impact on our practice as students and future doctors. In the battle to see God glorified in our society and abroad, such knowledge is priceless in equipping us to be effective ambassadors for Christ.¹

This is why I am very passionate about *Nucleus*. As the editorial team, we are looking forward to working together with and for you, the student, to make it a more interesting and relevant resource for our spiritual and professional development. I really encourage you to get involved by giving us your feedback on articles and ideas of how we can improve.

Vongai Madanire is the Editor of Nucleus

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painting an approach to politics & ethics

Tim Key encourages deeper thinking

I find painting fascinating. Search 'speed painting' on YouTube and you'll see what I mean! Typically, painters begin with an outline, and then fill in the details. I believe this is a good approach to many things, including ethics and politics.

In common with many UK medical schools, the course at Newcastle includes a number of 'Student Selected Components' (SSCs). I recently undertook one of these at the CMF office in London. After submitting my title *An SSC in Ethics and Politics* to the University, and giving some broad learning

outcomes to the course director, I was on my way. Everything slotted into place very smoothly, and having close family living in London made accommodation much simpler. I learnt a great deal during my attachment, and hope others will benefit from a summary of what I did and learnt.

ethics

You will often hear people say 'ethics is not black and white' - but this does not mean there cannot be absolutes. Many times at medical school I found ethics hard - especially big questions such as beginning of life issues - and sometimes I felt it was almost impossible to reach a conclusion. CS Lewis said that belief is often the

'psychological exclusion of doubt, though not a logical exclusion of dispute'¹ and I feel that to be true of ethics. A short introduction to the issues faced may help us to learn, thus reducing that doubt.

the big picture

At Newcastle we are taught the 'four principles of medical ethics' - autonomy, beneficence, non-maleficence, and justice.² These principles can be used to reach consequential answers, but perhaps we need to question why we believe these four principles are good in the first place? Ethics essentially boils down to philosophy: issues of beliefs and values, right or wrong, good or bad.

Moral epistemology explores the questions of 'how can we

know what we know?' William Lane Craig writes that objectively, if 'There is no God, (then) there is no immorality'.³ He adds that while Christians believe principles of right and wrong are verified by God, if there is no God, morality is always determined by the individual, so can never be objectively true. Some contend that morals are a result of natural selection - but evolution only suggests a possible origin of morality, not a reason for morals to be valued. Evolution as blind chance means that there is no 'good' or 'evil', in the same way as it is not possible to call arms 'good' or legs 'evil' as they are, by logical deduction, just ordered parts in a random universe. So an atheist can have subjective moral values, and indeed have a sense of right and wrong, but this sense cannot be objectively verified. Instead, atheists can use the four principles alluded to earlier, acknowledge that many people see the principles as 'good', and presume these to argue for or against the outcome, or 'consequence' of an action. This is consequentialism.

We need to understand other people's principles, beliefs and

values if we are to engage with them, otherwise we will never truly be able to understand their reasoning, and they will never be able to understand ours. Paul said he 'became all things to all men'⁴ and if we are to do that, we need to understand the basics of how they might think. Doing this practically is not always easy. There are many resources out there to start to get to grips with some of these philosophical principles; I have found sites such as *Wikipedia* incredibly useful, especially when on a budget. If when you have been studying all day you do not feel like reading, *YouTube* can be a goldmine, nevertheless be discerning in what you choose to listen to and take onboard. I have found books such as William Lane Craig's *Reasonable Faith*⁵ really useful for knowing how a Christian world view can be logically reasoned; do not be put off by the technical language, you soon pick it up!

your picture

As medics our own picture is of course principally medical ethics, although as Christians we might also be interested in other areas such as social justice and the environment. In medicine, the high profile

beginning and end of life issues often tend to dominate, so it is wise to know the ideas surrounding these in a bit more detail. As the people you are engaging with will often not place much value on Christian arguments, become accustomed to some of the strong consequential arguments that support Christian perspectives.

There are a number of resources to be had in helping to give colour to these subjects. Three I would recommend include: John Wyatt's *Matters of Life and Death*,⁶ the *CMF* website,⁷ and the *Faraday Institute* website.⁸ Talking to friends and other people you trust is invaluable, for even if the people you speak to do not know the answers, getting thoughts out in the open can help you to square ideas in your head.

politics – why is it important?

Medical curricula, tuition fees, job applications, pay, working hours and conditions are likely to interest most medics, along with ethics and prescribing. All of these have been altered by 'the powers that be' in the last five years, with the three main parties having differing stances on all of them.

Christians are likely to be just as interested in these issues as anyone else. Our concerns may also be broader. The Old Testament prophets were clearly aware of issues of justice, and Isaiah held those who made unjust laws responsible.⁹ Characters like Daniel, Joseph and Esther were deeply involved in the politics of their time.

the big picture

I have found it harder to summarise a big picture of politics because it covers such a large canvas, summarised wonderfully by the 'no vote no voice' adverts a few years ago illustrating how if you 'don't do politics' you cannot really 'do' anything. An approach I found helpful was to consider what the values and motives behind a statement of policy or item of legislation really were; a lesson I learnt after trying to summarise and compare the various parties' health policies during my placement at CMF. In case you cannot remember, they were quite dull! Publications highlighted issues that could deceive the reader by letting them be caught up considering emotive, single policy decisions, such as funding for cancer drugs.

Eventually, it was possible to gain an understanding of where the parties' principles really stood. For example the Conservative position¹⁰ tended to indicate a desire for more individual freedom and greater power dissolved locally, whereas Labour preferred a greater degree of centralised control.¹¹ We can then weigh up the pros and cons of both in relation

There is no set way to understand the big picture for ourselves, but do be aware there is much to be learnt from history

to our beliefs, and in so doing make a more informed decision! There is no set way to understand the big picture for ourselves, but do be aware there is much to be learnt from history. To keep up to date with current affairs, why not set your homepage to a news website and spend a couple of minutes whenever you log on skimming through the headlines? You will then already be ahead of many of your peers.

your picture

Some issues will affect you more than others, and it's sensible to

understand these in a bit more detail. Examples include laws on ethical issues and policy on health and social care.

Many issues are quantified for ease of understanding and with good reason. You don't need to know exact figures, but having some concept of order of magnitude is vital. For example; take money in the NHS. Before my stint at CMF, if you had asked me what the NHS budget was, I would probably have said 'a lot'. Currently it is just over £100 billion each year.¹² Putting this in the context of the UK government's annual revenue of less than £500 billion¹³ brings perspective on a whole range of other issues.

It was during my time at CMF that I began to appreciate the impact that a single person can have on policy decisions. MPs do not get a vast amount of letters from constituency members so when they do arrive, they are considered to be representative of many people, although keep in mind that emails do not carry quite the same weight.

The British Medical Association (BMA) is a strong political force which we have direct access to. Seriously consider standing to

be a BMA rep or else go to meetings so as to get your voice heard. William Wilberforce¹⁴ and Elizabeth Fry¹⁵ were Christians who did great things for our society, since they realised that values become law via the political system. If we wish Christian values to be acknowledged, we need to be politically active like they were.

In conclusion, in ethics and politics we must be 'as shrewd as snakes and as innocent as doves'¹⁶ and by approaching them by learning the big picture and the small, we can become better informed and start making an impact.

I would also like to encourage any of you interested to

consider spending some time at CMF on a short term placement such as an SSC. I learnt a great deal during my time there, not only understanding more about what CMF does, but also becoming better informed about the gallery of life we live in.

Tim Key is a clinical medical student

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conscientious objection under attack

Two years after the Council of Europe resolved to recognise abortion as a universal human right, the Council's British Socialist member and former Labour MP, Christine McCafferty, made a proposal to 'regulate' conscientious objection (a fundamental human right in international law). She argued, 'There is a need to balance the right of conscientious objection of an individual not to perform a certain medical procedure with the responsibility of the profession and the right of each patient to access lawful medical care in a timely manner'.

There are reported increases in the numbers of doctors objecting - in the Lazio region of Italy an estimated 86% of doctors refuse to deal with abortions. Backed by some politicians, she was concerned that 'unregulated use of conscientious objection disproportionately affects women, notably those having low incomes or living in rural areas'.

Her proposal was voted down in the Parliament Assembly of the Council of Europe with a vote of 56 to 51. An amended proposal was passed which affirmed the right of health professionals to object on conscientious grounds. The resolution finally passed states *'the Assembly invites Council of Europe member states to develop comprehensive and clear regulations that define and regulate conscientious objection with regard to health and medical services, which ... guarantee the right to conscientious objection'*.

Currently in Britain, those who object to abortion can refuse to become involved, and simply inform patients of their right to see another doctor. Although members of the Council of Europe retain their sovereign power to decide their own

policies, passing of the original resolution would have put them under pressure to abolish in law and practice conscientious objection within medicine. CMF Head of Communications Andrew Fergusson commented that clamping down on conscientious objection would 'drive out of medicine the very people we want to see there'. (*telegraph.co.uk*, 5 October, *lifesitenews.com*, 7 October, *assembly.coe.int*, Resolution 1763)

increased spending on locums

The Royal College of Surgeons has estimated that in the last financial year, NHS hospitals spent just over £750 million on locum doctors - a figure that has almost doubled since 2007. The dramatic rise in annual spending is thought to be due to hospitals working toward complying with the European Working Time Directive (EWTd) for junior doctors.

The EWTd's 48 hour weekly working limit has led to more unfilled shifts, and hospitals have been forced to 'fill the gaps' with expensive locum doctors. The rules mean that doctors already working at the hospital have often reached their hours limit, and cannot work such shifts. This leads to reliance on agencies, meaning that their fees must be paid as well as paying the doctor.

John Black, president of the Royal College of Surgeons, said: 'It seems ridiculous that at a time of economic crisis, with wide-ranging cuts to services across the board, we are seeing astronomical sums of money being thrown at locum doctors in order to prop up services that are only falling apart because of an ill-conceived European Law'.

With locums often unfamiliar with the hospital, staff and patient concerns have been raised over

the impact on care. Health Secretary Andrew Lansley said: 'The scale of increase in the cost of agency staff in the NHS is unacceptable. There is also a practical concern about continuity of care for patients. It is clear that the [EWTD] is having an impact on the number of locum doctors. The Coalition Government is committed to achieving greater flexibility of the Working Time Directive...' (*telegraph.co.uk* 10th November, *bbc.co.uk* 10th November)

cancer survival increasing ...

Research data for adults in England and Wales have shown an encouraging increase in cancer survival figures in some of the most common malignancies. Most survival rates have doubled since the 1970s, while for cancers like leukaemia survival is now four times as high. The ten year survival rate for breast cancer increased from less than 40% to around 77% over the 40 year period.

Commenting on this progress, Cancer Research UK's chief clinician, Professor Peter Johnson said, 'There are many reasons for our continuing success in the fight against cancer, including faster diagnosis, better surgery, more effective radiotherapy and many new drugs, all developed using the knowledge that our laboratory research has given us'. He expected this trend to continue, though emphasised the need for more research. (*bbc.co.uk* 12 July 2010)

... but worries about late detection remain

A recent report by the National Cancer Intelligence Network (NCIN) found that 23% of cancer cases in England in 2007 had been detected at a late stage, when patients attended hospital in an emergency.

At this critical stage, patients were more likely to die within a year than those diagnosed earlier. Cancer Research chief executive Harpal Kumar described the figures as 'way too high', and suggested that they could explain why the UK has lower cancer survival rates than some other countries in Europe.

There was considerable variation between different types of cancer, with breast cancers largely diagnosed by GPs or through screening, but with more than half of brain tumours or acute leukaemias being diagnosed after presenting as emergencies. Emergency presentations were also more common in under-25s, the elderly, and those from poorer socio-economic backgrounds.

Sarah Hiom, director of health information at Cancer Research UK said: 'We know that spotting cancer early can make all the difference to the outcome. And we're working hard to raise public awareness of the early signs and symptoms of cancer and to ensure that GPs have clear guidance on who and when to refer. It's also important that people take up their screening invitations.'

A Department of Health spokesperson said: 'We are committed to improving cancer outcomes. Earlier diagnosis is crucial to match the best survival rates in Europe.' (*bbc.co.uk* 13 November 2010, *cancerresearchuk.org* 15 November 2010)

organ donation - the solution of an 'opt-out' system?

There has been concerted effort over the past few years to try and increase the rate of organ donation in the UK. The number of deceased donors reached 959 last year - some donating several organs - and there were 1,061 living

donations. In the same year, the number of people volunteering to join the UK donor register also reached 17 million for the first time. 3,706 transplants (a 5% annual increase) were carried out - but nearly 8,000 people are still on the waiting lists. NHS Blood and Transplant (NHSBT) estimate that about three people die each day because of lack of a suitable organ; clearly the supply of organs is simply not meeting the demand.

In 2008 the government said it wanted to see the number of donations increase 50% by 2013 and NHSBT says it is on course to reach that target but the big question is, how? During the last Parliament ministers rejected a system of presumed consent, but some organisations believe this is still the best way to increase donation rates. The British Medical Association have renewed their call to consider the 'opt-out' system, which would 'transform the number of available organs in one fell swoop'. Meanwhile public health minister Anne Milton encouraged the public to sign the donor register and be aware of the great difference it can make.

CMF had previously commented in a submission to the House of Lords in 2007 that: 'We have not yet been able to hold a full debate within our membership about this difficult question ... However, in a preliminary discussion we placed much emphasis on the theological basis for our support for donation - namely that of altruistic free gift in a context of fully informed consent. A national opting-out policy would mean that at death the body effectively became the property of the state, and for many Christians this would conflict with the respect owed in biblical and church tradition to the dead body ... We recognise though the low rates of organ transplantation in

the UK We understand why an opting-out system seems attractive and if the UK is to continue opposing it, we must all do more to increase rates of donation.' (*bbc.co.uk*, 4 November, *cmf.org.uk*, 8 October 2007)

What do you think about the UK switching to the 'Opt-out' system - or any other article in *news review*? Send in your comments to the *Nucleus* editor - vongai@cmf.org.uk. We will publish a selection in the next edition.

student protest over fees

On 10 November 2010, a crowd estimated at about 50,000 people by organisers marched through Westminster in response to the government proposals which would potentially treble tuition fees and cut university funding in England. Hundreds of coach loads of students and lecturers came from everywhere across England, with 2,000 students also travelling from Wales.

The protest was largely a peaceful demonstration which was tarnished by a small minority who sparked some violence; storming into a building housing Conservative Party office, setting placards and banners alight as well as throwing missiles!

Some accused the Liberal Democrats of hypocrisy, stating that they did not stick to their pre-election promise to oppose a rise in tuition fees. Some protesters were also cleared outside their headquarters where a car window was smashed. 32 people were arrested and 14 injured as a result of this 'despicable' behaviour which was universally condemned by various authority figures.

From 2012, fees could rise to £6,000, with a higher £9,000 cap in some circumstances. With the exception of science and mathematics, all teaching grants will be wiped out and higher education funding cut by 40%. Labour Deputy Leader Harriet Harman claimed in Parliament that teaching grants would be cut by around 80%. Universities Minister David Willetts said the new system would be fairer than the present one, offering more help to the poorest students. (*bbc.co.uk*, 10 November)

cross-party group rejects Scottish assisted dying bill

Margo MacDonald's attempt to legalise assisted suicide in Scotland has suffered another setback. A key committee of the Scottish Parliament has stated that it 'was not persuaded the case had been made to decriminalise the law of homicide as it applies to assisted suicide and voluntary euthanasia, termed "end-of-life assistance" in the Bill'.

If passed into law, the bill would allow anyone aged over 16 to request help to die, provided that they were diagnosed as terminally ill or permanently physically incapacitated, and finding life intolerable.

Commenting on a committee where she said five out of six members had previously voted against the bill, Dignity in Dying Chief Executive Sarah Wooton said 'This is almost a reverse proportion of support for assisted dying, compared to the general public'.

However, Dr Brian Keighley, chairman of the BMA in Scotland commented 'If doctors are authorised, by law, to kill or help kill, they are taking on an

additional role which we believe is alien to the one of care giver and healer'.

A day later, 47 GPs in Scotland wrote a letter to *The Scotsman* stating that 'Assisted suicide and euthanasia promote the idea that society should be given the power to end the lives of those who consider their own lives as worthless or meaningless.

But as healthcare professionals seeking to address the suffering of patients and their families, we will never accept that some human lives are unworthy of life.' (*news.scotsman.com*, 19 and 20 November)

murder appeal lost

As reported in *Nucleus* in the spring, Frances Inglis was jailed for life with a minimum term of nine years in January for the murder of her brain damaged son. She had injected him with heroin, and denied the charge of murder, stating that ending her son's life was an act of mercy. Since our initial report, she has appealed against her conviction.

The appeal ruling did not overturn the conviction, but did reduce her minimum jail term to five years. Delivering the verdict, Lord Judge commented that 'We must underline that the law of murder does not distinguish between murder committed for malevolent reasons and murder motivated by familial love. Subject to well-established partial defences, like provocation or diminished responsibility, mercy killing is murder.' (*pressassociation.com*, 12 November)

Vongai Madanire, Colleen McGregor, Laurence Crutchlow

CBM physio back from Haiti

David Young was the first CBM physiotherapist to arrive in Haiti after the January 2010 earthquake hit. He helped in Port-au-Prince as part of CBM's Emergency Team, providing essential rehabilitation to those who had received crush and limb injuries or amputations as a result of the quake, or those already disabled needing support. In the community, David was also involved in setting up seven satellite centres for physiotherapy follow up.

On average he treated 20-25 patients daily and describing his experience, David remarks, 'Despite working 12 hours a day, working for CBM has been rewarding both professionally and personally. It's been a privilege to work on the ground with people who need care...My professional highlight was diagnosing a man with a spinal fracture, previously missed. He was then referred for x-ray.'

David was inspired to help the people of Haiti using his gifts and abilities by his faith in God. He explains, 'I'd seen the Haiti situation on TV and felt powerless but felt compelled to go. It's been a bit of an adventure going into the "unknown"'. David was born in Cambridge and graduated from Birmingham University in 2007. Since, he has also spent an 'awesome' year volunteering for a CBM-supported project in Dar-es-Salaam, Tanzania.

CBM has over 100 years of experience in working with people with disabilities and touches the lives of 16 million people annually. The Haiti *Centre d'Education Special* it supports was reduced to rubble during the earthquake, and sadly there were two casualties amongst its staff. This left a huge gap in the provision of essential education and rehabilitation for children and adults with



disabilities. Meanwhile, the partnership between CBM and other organisations (dating back to 1976) now aims to set up Day Care Centres to provide basic treatment and support. (cbmuk.org.uk)

write for Nucleus

Nucleus always needs writers. It only remains a student journal as long as students contribute! The submission deadline for the next issue (Easter 2011) will be **2 February 2011**. Content should normally have both a Christian and medical element. Authors have reasonable freedom of expression, but must be consistent with the Christian faith as expressed in the Bible. Overseas submissions are welcome, provided they fit the UK context of most of our readers. Submissions are reviewed by a student editorial team and the managing editor, who make the final decisions on publication. We're very happy to offer further guidance on writing for us. Please submit articles as MS Word documents. We don't consider paper submissions. For more information, or to submit articles contact the editor at vongai@cmf.org.uk.

losing our focus

Bernard Palmer warns of the greatest danger for doctors

My patient was the church warden of a local village church. After the medical part of her consultation was over I enquired how her church was progressing.

'It isn't easy nowadays. We are getting smaller and older, you know.'

'I am sorry', I replied, 'but, tell me, do people in the church talk about the Lord Jesus with others in the village?'

'Good gracious me, no. We don't even talk about him amongst ourselves.'

It is obvious that, humanly speaking, such churches must die if the Lord and his gospel mean so little to church members. Even in King Solomon's time the importance of sharing the gospel of forgiveness was seen as important.

The fruit of the righteous is a tree of life and he who wins souls is wise.¹

In the Old Testament the history of God's people was one of a cyclical drift away from a close walk with their Lord and Saviour. There are some wonderful exceptions such as the life of the young shepherd David and the godly relationship he had with the Crown Prince, Jonathan. Their secret was that they were both committed, absolutely committed, to living under the authority (and therefore protection) of their Lord, even when to do this was to go against what seemed expedient.

The New Testament portrays a Christ-centred early church which faced a variety of pressures

and also rapidly drifted away from this core focus - to live for their Lord and Saviour, Jesus Christ. The subsequent history of the church is just the same - a constant drift away from Jesus. Why does this happen? Instead of living to please our Lord, we major on organisational, political and ethical matters. The root cause is nearly always a drift away from biblical authority and the importance of a personal relationship with Jesus.

The church reached horrendous depths in the days of the Borgia Popes of the 15th and 16th centuries. Rodrigo Borgia had himself elected Pope in 1492, and became Pope Alexander VI, by the simple means of buying votes. He had several mistresses and numerous illegitimate children. His daughter Lucrezia was also notorious for her parties and the poison ring she wore. The Pope himself regularly organised orgies in the Vatican.

His successors were little better. Pope Julius II also had illegitimate children and the next in line, Leo X, who was ordained at the age of seven, was an agnostic. However their greatest sin was not their promiscuity or murder but the underlying problem of unbelief. This extreme example demonstrates how easy it is for both individuals and organisations to drift from their core values.

Luther reminded the world of this biblical way of thinking:

'This is the sin of the world: that it does not believe on Christ. Not that there is no sin against the law besides this; but this is the real chief sin, which condemns the whole world even if it could be charged with no other sin.'²

Perhaps the greatest problem that doctors face is that with the busyness of life, the desire for popularity and our self-importance, we can so easily drift from a close walk with Jesus.

Paul's letter to the Colossians

The main problem of the young church at Colosse was to take their eyes off Jesus, the centre of the Christian faith, and concentrate on experiences, philosophies, asceticism and 'worship techniques'. The relationship with Jesus was sidelined. The remedy in the whole book is to refocus Christian lives back on Jesus Christ. The book begins:

'Paul, an apostle of **Christ Jesus** ...'³

'... to the holy and faithful brothers **in Christ** at Colosse.'⁴

'We always thank God, the Father of our **Lord Jesus Christ**, when we pray for you, because we have heard of your faith **in Christ Jesus** ...'⁵

There can be no doubt what Paul sees as the core of the Christian faith - it is a living relationship with the Lord

Jesus. When we became Christians, that is become 'Christ's men', we did so when we heard the good news about the Lord Jesus. The news is not so much a doctrine as a person. Paul reminds the Colossians how they had become Christians.

'You learned it from Epaphras, our dear fellow-servant, who is a faithful minister **of Christ** ...'⁶

Just as we become Christians by accepting Jesus Christ as our Lord and Saviour so we should continue to live our Christian lives by allowing him control over every aspect. To drift from a close walk with Christ, however worthy the cause that takes his place, is to sin. Paul prayed that the young Christians at Colosse would remain faithful to Jesus himself.

'We pray this in order that you may live a life worthy of **the Lord** and may **please him** in every way: bearing fruit in every good work, growing in the knowledge of God ...'⁷

This last phrase is important. Paul clearly recognised that Christians could be absorbed in doing many good works but fail

to grow in their personal relationship with Jesus himself.

One way to stay on track is to keep remembering the very essence of the gospel, that although we are sinners, Christ came to take responsibility for our sin and so rescue us from the otherwise inevitable fate of an eternal separation from God. In Paul's epistles, he repeatedly calls his readers back to this.

'For he [the Father] has rescued us from the dominion of darkness and brought us into the kingdom of **the Son** he loves, in whom we have redemption, the forgiveness of sins.'⁸

For the apostles, the essence of the Christian faith was the recognition of who Jesus is. Paul goes on,

'He [Jesus] is the image of the invisible God, the firstborn over all creation. For **by him all things were created ... all things were created **by him** and **for him**. He is before all things, and in **him** all things hold together.'**⁹

No wonder Paul emphasises who Jesus really is. When we have a relationship with Jesus, God's Son, we have everything. We can lack nothing of real worth if the fullness of God is with us.

'For God was pleased to have all his fullness dwell in **him [Jesus], and through him to reconcile to himself all things . . . by making peace through his blood, shed on the cross.'**¹⁰

Today many so-called Christian organisations have a tendency to leave aside the centrality of Jesus. His importance is not stressed in their literature. Though this may attract finance or wider support, it undermines the gospel message. Christ

himself warned us that his message will not be popular. It is humbling to be told that we have all turned our backs on God, and the only remedy is Christ himself. We prefer to emphasise the good things we are doing. Yet to focus on good activities - however noble they are - at the expense of emphasising the Lord Jesus Christ, must be wrong for Christians as it is not bringing glory to Christ. Christ alone can bring unity to this world and he alone can forgive us for our rebellion against him. Of course we should work conscientiously and care for others, but our motive should be 'because this is what Christ wants'. So it is vital that we do not drift away from him. Paul continues,

'Once you were alienated from God and were enemies in your minds because of your evil behaviour. But now he has reconciled you by **Christ's physical body through death to present you holy in his sight, without blemish and free from accusation - if you continue in your faith, established and firm, **not moved from the hope** held out in the gospel.'**¹¹

To continue in the faith is to continue emphasising who

Jesus is and what he has done for all people. The gospel has not changed. Acceptance of this gospel will inevitably affect the way we live. So, for example, higher standards of medicine will inevitably come when health professionals wholeheartedly follow Jesus. When the cornerstone is in place - that original apostolic message about Jesus - the edifice will be very strong. However, to emphasise the effects but forget the effector is not Christian.

'This is the gospel that you heard and has been proclaimed to every creature under heaven, and of which I, Paul, have become a servant.'¹²

Such a message will not be as widely received. It is not a popular message to remind people that their sin of rebellion against God's son is a capital treasonous offence against God himself. Doors will sometimes be closed and the teachers will suffer. But to pass on the message about Christ as found in the Bible is the greatest priority for God's people. Paul could say,

'Now I rejoice in what was suffered for you . . . I have become its [the churches]

servant by the commission God gave me to present to you **the word of God in its fullness.**'¹³

Elsewhere Paul reminds us that this same commission has been given to Christ's church. We Christians are all new creations who have a job to do - to win people back to God.

'Therefore, if anyone [this means every Christian] is in Christ, he is a new creation; the old has gone, the new has come! All this is from God who reconciled us to himself through Christ and gave us the ministry of reconciliation: that God was reconciling the world to himself in Christ, not counting men's sins against them. And he has committed to us the message of reconciliation. We are therefore Christ's ambassadors, as though God were making his appeal through us.'¹⁴

What a disaster it is when the message they hear from us is a request to support some good cause, or a programme to improve standards, but leaves Christ out. Good causes and programmes are not wrong but they are not the church's priority. Our message must

include, just as Paul does,

'We implore you **on Christ's behalf:** Be reconciled to God. God made him who had no sin to be sin for us, so that in him we might become the righteousness of **God.**'¹⁵

This is the Christian message. To share less than this may be helpful and useful but it is not the Christian message. Much moral teaching, such as that from many religious leaders of other faiths, may contain much in common with the Bible's teaching on ethics; but we must ensure that everyone understands that the Christian message is not behavioural or ethical, but one of redemption that has been won for us all by Christ.

What is the core Christian message? Paul continues to stress that the Christian message is about Jesus Christ.

'To them [the Christians in all societies] God has chosen to make known among the Gentiles the glorious riches of this mystery which is **Christ in you,** the hope of glory.'¹⁶

Any message less than this is not the 'Christian' gospel. The

Christian message centres on Jesus Christ.

'We proclaim him ...'¹⁷

In the next chapter Paul again emphasises that our message centres on Jesus,

'... in order that they may know the mystery of God, **namely Christ, in whom** are hidden all the treasures of wisdom and of knowledge.'¹⁸

There were those who wanted to make the message more attractive and draw more adherents by diluting what was taught, or compromising with the religious thinking of the day. Perhaps they considered that being less confrontational was a way to be more acceptable. Such logic may sound attractive but it is in fact a betrayal of the gospel.

'I tell you this so that no-one may deceive you by fine-sounding arguments ... I am present with you in spirit and delight to see how orderly you are and how **firm your faith in Christ is.**'¹⁹

It is 'faith in Christ' that is central to apostolic thinking and proclamation. Paul continues in this emphasis.

'So then, just as you received **Christ Jesus as Lord**, continue to live in **him**, rooted and built up in him, strengthened in the faith as you were taught.'²⁰

'See to it that no-one takes you captive through hollow and deceptive philosophy, which depends on human tradition and the basic principles of this world **rather than on Christ**.'²¹

'God made you alive with **Christ**. **He** forgave us all our sins . . . and having disarmed the power and authorities, **he** made a public spectacle of them, triumphing over them by the cross.'²³

'...the reality, however is found **in Christ**.'²⁴

Why is it then that contemporary Christians are ashamed of Christ? When Christians appear on television, why do they so often just give pragmatic arguments based on the same utilitarian principles of their opponents? It is not that these arguments are wrong, but to rely on them alone suggests that we are ashamed that Jesus has come from God and spoken. The usual response is that broadcasters are only interested in utilitarian pragmatic arguments. But surely if we insist that such arguments are valid, then in the end there must be some response.

In those days (as today) there were false teachers who wanted Christians to have different emphases. This may be because it is more comfortable to teach ideas that are close to contemporary thought. But again Paul insists that our message is Jesus Christ and all he can give us. We are all so easily seduced.

Christ *is* the Christian message because of who he is - God incarnate.

'For **in Christ** all the fullness of the deity lives in bodily form, and you have been given fullness in Christ...'²²

And so the letter continues. Everything centres on Christ.

Why do we advocate medical teaching programmes that talk about spirituality but use humanist definitions of it? All people have spiritual instincts telling them that life has a meaning; that conscience and guilt are valid, that love and

beauty are real and that right and wrong have an absolute basis. The Bible teaches that such spiritual values are present because we have been made in the image of God and that they will not be fully satisfied until we return to live in harmony with him through his Son.

There is a danger that we can all think of ourselves, and treat our own ideas as being more important than Christ and his good news. Too often Christian broadcasters and teachers talk more about their insights and reasoning based on pragmatic arguments than about God's teaching given us in Scripture. Have we lost our confidence that God has spoken through his Son? Of course we should use secular arguments to obtain a hearing - the problem comes when we fail to use these opportunities to promote Jesus Christ who alone is the light of the world.

'Such a person goes into great detail about what he has seen, and his unspiritual mind puffs him up with idle notions. He has lost connection with the Head.'²⁵

The Bible explains that God has given us these instincts of 'otherworldliness', 'purpose' and

a desire for 'integrity' to draw us back to God. The Bible teaches that we are made for another world where the Lord Jesus reigns supreme. Paul's conclusions are the same as his introduction,

'Since then you have been raised with Christ, set your hearts on things above, where Christ is seated at the right hand of God ... For you died, and your life is now hidden with Christ in God.'²⁶

Why should Christians be so different from other doctors in our society? Surely it is because we know that in the long run, when Christ returns, it will all be worthwhile.

'When **Christ**, who is your life, appears, then you also will appear with **him** in glory.'²⁷

So let us make it our ambition to be biblical Christians whose priority in thought and speech is the glory of Jesus. Let his confidence fill us - we are, after all, serving the living God. Everything we do should revolve around him.

'**Christ is all, and is in all.**'²⁸

'Let the **peace of Christ** rule in your hearts ...'²⁹

"Let the **word of Christ** dwell in you richly as you teach and admonish one another ..."³⁰

There is no other Christian position.

'And whatever you do, whether in word or deed, **do it all in the name of the Lord Jesus**, giving thanks to God the Father through **him**.'³¹

Our family and social interactions should be based on this personal relationship with Jesus.

'Wives, submit to your husbands, as is **fitting in the Lord**.'³²

'Children, obey your parents in everything, for this **pleases the Lord**.'³³

'Slaves, obey your earthly masters . . . with sincerity of heart and **reverence for the Lord**.'³⁴

'Whatever you do, work at it with all your heart, as **working for the Lord**, not for men, since you know that you will receive an inheritance from the lord as a reward. **It is the Lord Jesus you are serving**.'³⁵

So our priority in all we do must be to be Christ-centred. Paul then includes a short section on the importance and methods he wants seen in sharing the message about Jesus Christ with others.

would be 'education, education, education'. In this wonderful little letter to a small church that Paul had never met, we are all told clearly that our priority must be 'Jesus Christ, Jesus Christ, Jesus Christ'. What better description of a Christian could there be than this,

'Epaphras, who is one of you and a **servant of Christ Jesus**, sends greetings.'³⁷

As individuals there is a great danger that as we become busier in our working lives and with our families so we, like the church at Ephesus, 'lose our first love'.³⁸

This same problem affects so many Christian

organisations and even churches. Yet it is this close walk with our Lord that he wants, above all else, to see in us. He wants us to love our Lord Jesus with an undying love.³⁹

Let us never allow anything to distract us from this highest of all callings. Let us test ourselves to ensure that my first love is the Lord Jesus, that I read his Word daily, that I am regularly praying, that I love to speak about him and the purpose of my life is to please him. We will be failures in all this but what a joy it is to know that the Lord still loves and accepts those who are his. This is why we all need to daily remind ourselves about that cross.

Bernard Palmer
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'And pray for us, too, that God may open a door for our message, **so that we may proclaim the mystery of Christ**, for which I am in chains.'³⁶

Former Prime Minister Tony Blair repeatedly said that the passion of his government

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do you know what I did last summer?

Clare Bird describes a CMF summer team

This summer saw several teams of UK based doctors and medical students travelling throughout Europe to help local Christian medical groups with medical camps for local students. I joined a GP, two junior doctors and another medical student to travel to one such event in the former Soviet Union.

Christians do not necessarily have the same freedom to meet in this (and other) countries that we enjoy in the UK. Even so, about a dozen students and junior doctors attended the camp - welcomed by many as an opportunity to develop their English. There were case discussions, practical skills tutorials and holistic medicine and ethics sessions, as well as plenty of fun and games. The camp was run by a mixture of local believers, alongside some overseas missionaries working in the area.

After navigating a seemingly complex system in the immigration hall, we were met by our hosts. They treated us to an evening out in the spectacularly developing capital city (there was quite a flurry of building work despite it being



10.30pm on a Sunday!) before making our way towards the coast for the camp. Set in a sandy compound towards the end of a series of dusty, potholed tracks was the site - just a couple of hundred metres from the sea. The compound was perfectly equipped with everything we needed, as well as a volleyball court, table tennis and table football to keep us entertained (and to remind the locals of our lack of sporting prowess!)

The amount of English spoken by the local students varied, so

we were extremely grateful for the help of a fantastic translator (who has also translated for the French ambassador!) A noticeable cultural difference in the students was their willingness to interrupt a seminar when they disagreed. This created great fuel for discussion about the ethics of truth telling, worldview, life beyond death and much, much more! I was stunned by the willingness of students to engage in conversation about spiritual things and their interest in my personal faith. I've spent my student career looking for gospel opportunities with friends and struggling to have much success. In contrast, some of the questions asked at the camp gave me no option but to share my faith!

In the afternoons we embraced the scorching heat playing volleyball, football or baseball before relaxing and cooling off in the sea. There was certainly no lack of competition and our trips to the beach led to more games of volleyball - although surprisingly the Anglophiles performed much better in the water than on land. Perhaps it was down to the comfortable temperatures in contrast to the near-death experiences of the chilling North Sea we Brits are used to!

During the week, I learnt a lot about the practice of medicine locally. The students explained to us that the family is very involved in a patient's care - to the extent that bad news is normally broken to the family first, and then to the patient only at the family's discretion. This immediately rings confidentiality and patient autonomy alarm bells in the Western mind. However, it was a challenge for me to pick apart the cultural differences from the absolute rights and wrongs. There is minimal community care and few family doctors - hence chronic diseases such as asthma and hypertension are largely seen in the acute setting. There was exciting talk about the possibility of a family

practice being set up and also a residency programme for training new doctors.

I feel incredibly privileged to have been part of the camp. I made some good friends with whom I was able to have meaningful conversations about worldviews and the value of life. I saw clearly how medical infrastructure affected clinical practice, and was excited to be involved in discussions with students who hoped to make a real difference in this. I arrived home with more than just a tan and some holiday photos!

I was inspired by the passion of the local Christians and caught the infectious enthusiasm for change in the medical world. Travelling to such a camp was an experience that I would certainly recommend, and is possible even if you can only spare a week next summer. I was well supported financially by local doctors and friends, making the trip an ideal opportunity for a busy student to take some time away, while also serving our brothers and sisters overseas.

Such a camp was only possible due to the hard work and faithfulness of local believers. Please remember them in your

CMF has run summer teams to support growing Christian medical movements for many years now. Most have been in the former Soviet bloc, usually in July or August. Many students have travelled on such teams and been a great blessing to their hosts, as well as growing in their own faith. The nature of these camps means that arrangements are often made quite late in the day ... but if you are interested for next summer please let Giles in the CMF office know, and we'll update you with opportunities as we become aware of them.

prayers, thanking God for them and their willingness to serve. Please also be prayerful for the students who were guests at the camp. Several were interested to know more about Christianity and a few took away books to read. Please pray that they will remain in contact with the hosts and that God will soften hearts to respond to the gospel in the future.

Clare Bird is a clinical medical student in Leeds

medical school news - midlands

Each issue now contains an update from one of the eight regions represented on the CMF National Student Committee. **Naomi Bradley** brings news from the Midlands.

The **Birmingham** preclinical group meets weekly for food, fun and discussion. Speakers are often local Christian doctors, who willingly give of their time and are a blessing to the group. The clinical group has grown over the last year and meets monthly (along with large amounts of cake!) - topics discussed include surviving as an FY1, elective planning and ethical issues.

An annual day away is a highlight of the year, this year involving talks on Romans, perfectionism and dealing with stress, and an afternoon of canoeing. There was plenty of wetness, laughter, food and good fellowship together; as well as a good opportunity for pre-clinical and clinical students to meet and encourage one another. Events planned include an ethical evening looking at 'end of life issues' in the medical school, and putting on a Christmas meal for friends with a chance to share what Christmas means to Christians.

Leicester has been blessed with enthusiastic new freshers and



dedicated pre-clinical reps (Tobi and Nathan). They have seen remarkable provision on God's part in giving them strength, focus and energy to keep ticking over with ideas for each weekly meeting, even when they think they have run dry!

Meetings often involve sharing with one another, and the opportunity to pray and encourage each other in being a beacon for Jesus in the medical school. A 'buddy' scheme has paired one or two freshers with an older student, in the hope of growing friendships which might be a source of support and encouragement to Christian freshers in the new and often overwhelming experience of being a first year medical student.

In **Nottingham**, regular meetings include all Christian

medics, nurses, midwives, physios and pharmacists - a fantastic way of building a true sense of the unity of Christ as one body across the university. About once a month local CMF doctors speak on healthcare topics.

Keele have had an action-packed term of exciting events that got off to a really good start in Freshers' Week, with many attending the pizza evening prior to the university's 'pyjama pub crawl'. Later in term, a debate was held on palliative care, led by a consultant in the field, which had an encouraging turn out. There are weekly meetings for both pre-clinical and clinical groups. Planned events include a *Saline Solution* course, seminars on alcohol and addiction, and a Christianity and Islam debate. The leaders at Keele ask for prayer for the new students - that that they will be safe and protected in the light of living amongst many temptations, and that their trust and belief will grow stronger.

Naomi Bradley is a clinical medical student in Leicester

stewards of words

Andrew Flatt explores confidentiality

The call to love our neighbour is a broad one, and encompasses use of information - whether to comfort, guide or advise. Knowledge is indeed power, and the facts we know as doctors - both in terms of therapeutic processes and specific patient stories - demands good stewardship.

An Old Testament example of breach of interpersonal trust is the case of Jacob - impersonating his brother Esau to steal his father's blessing.¹ God's faithfulness to Jacob continued despite Jacob's dishonesty, yet the action of stealing from Esau cost him years of labour under the also treacherous Laban.² Another example was the fate that befell Samson³ - seduced into divulging the nature of his strength to the Philistine enemy. It cost him his eyes and ultimately his life.

Biblical examples of confidence breaches in a medical context are few. Elisha's servant Gehazi witnessed the healing of the Syrian commander Naaman's leprosy by God's guidance of Elisha.⁴ Naaman had offered to give a gift to Elisha in thanks - a fortune in silver - and Elisha had

refused it. Gehazi, presuming this a waste, followed Naaman and asked for it, claiming Elisha had changed his mind. Gehazi was discovered, and cursed with the leprosy that had been Naaman's.

The examples are imperfect parallels to our day-to-day dealings of confidentiality. The information we handle is unlikely to become a matter of national security, as it did for Samson. The danger is not that we fall victim to overt attempts to steal data, but that in quiet times we neglect the importance of our words.

Herod Antipas, the puppet-king of Judea, had had John the Baptist imprisoned, as John had openly criticised Herod for marrying his brother's wife. Yet Herod had not intended to kill John. It was on his birthday that Herod, so impressed by his daughter's dancing, promised her anything - up to half his kingdom. Tragically Herod's wife, who wanted John executed, made this request through her daughter. Herod, enjoying a good time at his party, had underestimated the power of his words of promise. In front of all his officials, he was unable to refuse, and John was beheaded.⁵

Even the generally praiseworthy Hezekiah had a lapse of judgment. Enamoured by gifts sent to him by Babylonian messengers while he was ill, he showed the messengers everything in the Judean kingdom, including the royal armoury and treasury.⁶ Such things might have been better remaining secret. A prophecy was then given by Isaiah that one day everything in the kingdom would be taken to Babylon.⁷ The actual fall of Judea to Babylon occurs long after Hezekiah's time, and it is unclear whether his act, undeniably foolish, had any direct effects.

On a positive note, we have one example of God specifically warning against disclosure of vital information to certain parties in his grace. The wise men, on their journey home, were warned in a dream that information of the Christ-child's birth place was not for Herod the Great.⁸

how do we respond?

If the main danger to us lies in underestimating the nature of information, how may we guard it well? Scripture informs us of both our nature and the nature of God. Proverbs 25 extols the

virtue of trust and sound advice, and warns of perils of gossip.

*A word aptly spoken is like apples of gold in settings of silver. Like an earring of gold or an ornament of fine gold is a wise man's rebuke to a listening ear. Like the coolness of snow at harvest time is a trustworthy messenger to those who send him; he refreshes the spirit of his masters.*⁹

The letter of James describes the potential evil of the tongue, with power disproportionate to its size.¹⁰ Paul's exhorts the Thessalonians to 'lead a quiet life, to mind your own business and to work with your hands, just as we told you, so that your daily life may win the respect of outsiders and so that you will not be dependent on anybody.'¹¹

Furthermore we are called to 'do as God does'.¹² In Christ we have the reality of a saviour carrying the weight of truth through pain and death, despite betrayal by those closest to him.

Just as we each reflect a measure of the love of Christ to those around us, so should we reflect and inspire the trust which is of God. Indeed, as a characteristic, God's faithfulness is echoed across the Scriptures and is secondary only to his love.

The psalmist says 'You are the Lord God-All-powerful! No-one is as loving and faithful as you are'.¹³ Ecclesiastes states pithily 'For with much wisdom comes much sorrow; the more knowledge, the more grief'.¹⁴ This is sobering for us who swallow detail after detail of case histories or medical guidelines. Doubtless we suffer in turn from the frustration of missed diagnoses, rushed situations and exam burnout. We have solace in our omniscient, suffering God.

We know that we can come before his throne of grace with our worries, confident in his faithfulness.¹⁵ This should be our inspiration for those who would come to us with theirs. Revelation reminds us of God's care for us in the future - 'To him who overcomes ... I will also give him a white stone with a new name written on it, known only to him who receives it.'¹⁶ We own nothing so personal as our names; surely this is acknowledgment of what great worth each has in God's sight, and in turn the value we should put into their care; in thought, word and deed.

conclusion

We should nurture attitudes of great respect and love for our patients, such that their

treatment doesn't stop with the discharge papers, but continues with the way in which we hold their information. When respecting patients is hard we must ask God to see him in them; when we feel burdened by what we know we must ask to see him in ourselves.

Whether we are people of few words or many words, we must acknowledge their power, and be alert to specific weaknesses and potentially compromising



The greater danger to most of us will come from situations where we do not perceive data protection to be an issue. In one hospital trust I know, the lift announcer system, in between warning of imminently closing doors, states: 'Please refrain from discussing confidential information in the lift'(!) On-call scenarios tend to generate their own issues, such as patient details written on post-stick notes and scrap paper. I know I am not alone on wearing a jacket unworn for a few weeks and finding random evidence of referral dialogue.

When we find ourselves speaking with neighbours, church members or friends we need special alertness. As medics, and especially as those observed to be trustworthy, we may well find that others come to us for counsel over both physical and psychological issues.

'Who are our patients?' is a good question. To say 'everyone!' is laudable. It is a great witness to help those in spontaneity, yet we must be careful. We must be alert and quick to realise where others' problems are beyond our reasonable means, and clarify early on how it is we may help, whether by our action or referral; we must be alert to our own

resources. Moses was advised to delegate by his father-in-law Jethro.¹⁷ For those who will naturally take on all thrown at them, the danger of burnout is real. In prayer we should ask God where our effort should be focused. Throughout we must be aware of our identity as a 'people', and not feel uncomfortable about asking others for advice or prayer. Whoever we attend to, we must hold in the same high care.

In prayer as with all things we must dedicate our words to God, and joyfully do our best.

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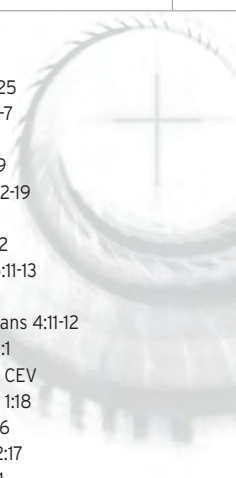
situations.

While we may not be involved in pressure through warfare espionage, as was Samson, the possibility of overt bribery remains. Our practice has multiple financial ramifications, whether through insurance or inheritance as a result of disease.

We should pray in advance that should we be offered significant funds for deception, we would resist without thought, allowing the love of God to dwarf any material power.

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our God...the hope of ALL nations!

Vongai Madanire updates us on Zimbabwe

*Have you not known?
Have you not heard?*

As I stood in sheer amazement the Lord reminded me of the portion of Scripture above, which is completed '...The everlasting God, the Lord, The Creator of the ends of the earth, neither faints nor is weary. His understanding is unsearchable. He gives power to the weak and to those who have no might He increases strength.'¹ In front of me stood scores of children and ministers of the Word of God, most of whom were under 16, and a few in their late teens and early 20s.

The sparkle in their eyes, the joy of the Lord beaming on their faces, the praise in their dancing and voices reminded me of the words of the psalmist when he said, 'from the lips of children and infants you have ordained praise or strength'.² Tears welled up as I saw this multitude, most of whom were orphans, most of whom didn't have fancy clothing, most of whom were malnourished or looked very hungry and all of whom were HIV positive. Now these tears turned into those of joy as thoughts of hopeless pity faded away.



Myself with another London student on elective



Champions listening to the gospel of Jesus Christ

Identifying with the suffering of the people of Zimbabwe was not foreign to me, being Zimbabwean myself

At the beginning of 2009, I felt strongly urged to serve the Lord in a short mission trip. I had received good pre-clinical teaching from St George's and worked for almost two years as a healthcare assistant in an acute surgical ward, High Dependency Unit and in theatres at various hospitals in the UK.

I sensed that there was something the Lord wanted me to see and learn, having heard testimonies from students and doctors who had been on mission trips as well as listening to the mission talk given at the 2009 National Student Conference (I really encourage everyone to come in 2011!) A few months later I read the inspirational but at the same time concerning article by John Greenall³ who had just visited Zimbabwe. I got in touch with both John and Dr Reid (whom John had worked with in Zimbabwe) to make arrangements for this spiritual adventure.

Identifying with the suffering of the people of Zimbabwe was not foreign to me, being Zimbabwean myself. I lived in the country until 2003 - the point at which the political and socio-economic downfall was gathering pace. An account by a CMF student in Zimbabwe⁴ gives background to the political situation. To contemplate a significantly large proportion of any country's population today needing treatment for cholera, with many dying, was unimaginable!

I had only been to a major hospital in Zimbabwe once when a relative was unwell. Occasionally, I visited a government clinic to see my mother who worked as a nurse. Now I had the opportunity to join ward rounds and attend bedside tutorials and clinics. The contrast between these and the equivalent I knew in the NHS in the UK was remarkable. The doctors and students were very intelligent and knowledgeable but had few resources to support them. Costs were always questioned before any drug was prescribed.

A daily dose of heparin prophylaxis, for example, cost US\$60-70 (half average monthly earnings), and an MRI cost up to \$1,000! This exorbitance is in part because resources are so limited; drugs have to be imported and diagnostic machines are expensive to maintain. The government cannot currently afford to provide most healthcare services for free. I do not remember seeing a single computer in the seminar rooms I went into, a luxury that I take for granted in London. The range of patients on a general ward was also quite different. I saw lots of younger patients who were fighting for their lives



Illustration of how God has consumed their fears like fire



Posing with some champion princesses



Dr Reid giving out 'God's blankets of love'

**'we treat, Jesus heals'
- what freedom of
worship and an open
door to talk about
our Saviour and King!**

mainly from preventable illnesses such as infections (commonly tuberculosis and HIV). It suddenly clicked that getting to old age *is not* a basic human right or a guarantee!

We should learn to number our days that we may gain a heart of wisdom⁵ and serve the Lord while we can.

On meeting my consultant, he told me that 'God is going to do great and mighty things in and through you'. Such an introduction was not something I had experienced before! It is certainly not the norm when we meet our UK consultants. The richness of the spirit that I encountered was to be admired and emulated (though discretion is needed given our different societal context). With the consent of patients it was standard to conclude the consultation with prayer. The wards had bedside posters stating 'we treat, Jesus heals' - what freedom of worship and an open door to talk about our Saviour and King!

The cholera outbreak is under control with sporadic cases still being noted around the country. Though cases may rise with the coming rainy season, the public is now well informed and educated about preventing infection and seeking medical attention. The use of the multi-currency system has also helped to stabilise the economy, having an impact on health; most people have access to

our God...the hope of ALL nations!

clean water and can afford to feed their families.

Christian Medical Fellowship Zimbabwe (CMFZ): vessels of hope

Some of the people to be given credit for this community education were students in CMFZ that I had the honour to meet. Norbertta Washaya and her medical student team, as an example, reached 25,000 people through their community health programme and about a fifth of them consequently received Christ through their outreach. Together with doctors and many other unsung heroes they also mobilised teams and resources that helped in the cholera clinics. God really provided through 'Operation Outstretched Hand',⁶ CMF UK, as well as volunteers and donors from within the country and overseas. On behalf of the whole team and people of Zimbabwe, I say a very big thank you to everyone who responded to the appeal and gave generously.

About 15,000 people were directly treated by Celebration Health⁷ (headed by Dr Kuda Katurura). This team still conducts medical outreaches in remote parts of the country,



Hearing testimonies from some champions



Holiday at Mazvikadei dam

It always takes more time and effort to build than to destroy; Zimbabwe's journey will not be an exception

treating around 2,500 patients on each mission. Together with the rest of the body of Christ, they are indeed the touch and hope that Jesus brings to the people of Zimbabwe as well as a testimony of how the Lord is good to those who hope in and seek him.⁸

champions for life

Although HIV incidence and prevalence is falling⁹, 2007 estimates showed that over one

million people are still living with HIV¹⁰ which includes about 120,000 children. Advances in HIV treatment and increased survival raise the issue of what to do with these children, most of whom were born HIV positive. They still want to live a normal life; have a career, get married or have intimate relationships. Celebration Health is rising to the challenge by being in contact with 3,000 of these children through a programme called 'Champions for Life'.¹¹

The programme provides a safe and godly platform to build friendships, peer-to-peer and champion-mentor encouragement, counselling as well as holistic education in all matters of life. I was deeply moved with how God is bringing hope to a 'dying' generation and using Celebration Health to advance his kingdom. Negative attitudes, labelling and stigma are dissipating, and the dawn is beginning to break for the people of Zimbabwe.

conclusion

It always takes more time and effort to build than to destroy; Zimbabwe's journey will not be an exception. There is a lot of work to be done to ensure the survival of the next generation of a whole nation, who will not

only build the country but who will also be ambassadors of the kingdom of God both in their country and to the ends of the earth.

You and I are in a privileged position to facilitate this process in a number of ways. We can pray for this nation as the Bible exhorts us to,¹² and encourage the people of Zimbabwe, possibly also by visiting. It is a great country to spend an elective in, which would always come with a bonus of seeing some of the finest tourist spots in Africa such as Mazvikakei Dam and resort, the famous Victoria Falls and the extraordinary monuments of Great Zimbabwe.¹³

The Zimbabwean Embassy¹⁴ can easily be contacted for visas and more travel information. You can also support the Champions through *HopeZimbabwe*¹⁵ with donations for school fees, camps and seminars. CMFZ also supports younger students with scholarships to fund their studies. To encourage or help them, you could contact Dr Reid or the CMFZ students through the CMF office.

Though weeping may endure for a night, we know that joy comes



Lunch with Dr Andrew Reid and Dr Nyari at 'Kwamambo'



Norberta Washaya and Ron Madhovi at CMFZ



Observing echoes with the final year students

One student recorded a word of prophesy for Zimbabwe given in 1997 that the country would suffer terribly for a long time (like the children of Israel 17) but would rise again

in the morning.¹⁶ One student recorded a word of prophesy for Zimbabwe given in 1997 that the country would suffer terribly for

a long time (like the children of Israel¹⁷) but would rise again. In as much as it was once the bread-basket of Africa, it would, in due season be the 'Switzerland of Africa'.¹⁸ We can all hope and pray that this might one day be fulfilled.

Vongai Madanire is an intercalating medical student in London, and editor of Nucleus

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- 8 Lamentations 3: 21-33
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- 10 UNICEF. Zimbabwe statistics: tinyurl.com/2c358gf
- 11 Champions for Life. tinyurl.com/38zxquw
- 12 1 Timothy 2:1-4
- 13 Zimbabwe, A world of wonders. www.zimbabwe tourism.net
- 14 London Zimbabwean Embassy. zimbabwe.embassy-uk.co.uk/index.htm
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- 18 Shuro T. *Loc Cit*

one to one

Giles Cattermole encourages personal discipleship

As a new fresher at medical school, Sam felt a bit lost. Church and CU were great - really good Bible teaching, and very lively - but big. There were occasional CMF lunch time meetings, and CU hall groups were also a good way to begin to get to know other students. But there were so many things Sam wanted to talk through in more depth, more personally, than was possible in a small group.

Chris had been CMF rep for a few months, and was finding it hard going. Clinical work was pretty full-on, and there was a lot to organise for CMF, as well as needing to spend time with the CU exec and church student workers. It was only another year or so till finals, and then an F1. How do you keep going as a Christian medic, with all these ministry responsibilities? With all that clinical work to do?!

Sam and Chris are in very different places, but both would really benefit from meeting up with someone 1-1: someone a bit older and wiser, who could help them apply their faith in their own specific situations. Someone to mentor them, to disciple them, to invest time in them.

why?

We learn in different contexts. In large groups, we can all be taught the same message in a sermon, for example. We can discuss the Bible and pray for each other in small groups. But 1-1 we can work through what the Bible means to me, here, now. As we develop the relationship we can be far more open about ourselves and our needs and our failings than is likely in a group. And of course, it's a lot easier to arrange to meet one other person than it is to meet in a group. But most importantly, it's a model that Jesus gave us, as he spent time not just with the crowds, or even the twelve, but in personal work with individuals. It's a model reflected in the relationship between Paul and Timothy. The benefit of role models is explicit in Paul's letters: 'we need both to learn from, and set, examples of Godly living.'

who?

This isn't something that only church workers can do - every Christian can help disciple younger Christians! For the new medical student, perhaps the issues that need tackling are the same as for any student - idols like sex, alcohol, work, sport.

And so probably the person you meet with 1-1 doesn't need to be a medic. Maybe someone from church, maybe an older student. For the clinical student wrestling with the issues raised at work, the person you meet with could be a local doctor. Whoever it is, make sure it's someone of the same gender, and someone with more experience of living for Christ.

what?

Arrange a time to meet - perhaps for coffee, or a meal. Study a book of the Bible, a chapter a week. Paul's letters are often a good place to start. See how God's Word speaks to you both as you read it together. Work on the application specifically to you - your work, your relationships, your life. You might want to try reading a good Christian book together too. Whatever you do, make sure you pray together. You'll be amazed how much your relationship with each other and with God can grow, and how sharing time allows you to see how an older Christian integrates their faith and work.

When I was a student, I met regularly with someone to read the Bible.

It was the making of me; church and CU were awesome: but having someone there to whom I could be accountable, someone to pick me up on my pride or priorities - that was priceless.

how?

We'd like to see a culture of personal discipleship throughout CMF, as older doctors meet with juniors, juniors with students.² Maybe older students with younger. If you've ever had someone invest time in you, you'll see how valuable it is, and want to invest in others. As this begins to happen, we hope to see a cascade of people looking after other people; equipping them for works of service, building up the body of Christ, maturing to the whole measure of the fullness of Christ; speaking the truth and growing in love as each person does their work.³

We'd hope that churches would already be active in discipling younger students, and we'd hope that doctors would look out for students in their churches and take the initiative.

It's especially important for students who are in leadership positions in CU or CMF, and those who are about to graduate. So if no-one's asked you to read with them - go and ask them! Or ask your pastor or student worker, your CU staff worker or medical school secretary - if they can't meet with you themselves, perhaps they could find someone who could!

Giles Cattermole is CMF Head of Student Ministries

RESOURCES

- The Bible
- Good Bible study notes (eg, Good Book Company www.thegoodbook.co.uk/Bible-Study)
- An older Christian willing to share time with you
- One-to-One: a discipleship handbook. Sophie de Witt. 2003. Authentic
- 1-2-1 Discipleship: helping one another grow spiritually. Christine Dillon. 2009. Christian Focus
- One to One: the effective way to nurture Christians. Stephen Gaukroger, David Warren. 1997. Crossway

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a summer adventure

Carmen Leung reports on a CMF summer team

This summer, two doctors and two medical students embarked on an adventure in a distant Eastern European country where they were involved with helping out at a Christian medical camp. We did not know what to expect; one doctor was pleasantly surprised that there were 'normal' toilets! We arrived after a long journey in the middle of the night, with the camp commencing the same day. As was tradition, soup was the lunch menu for the week, while bread was also present at every meal (including breakfast!) None of the team spoke the local language and we were most grateful to our two translators who were our 'Aaron' for the week. It was amazing that although we spoke a different language and were practically mute, we were still able to worship and praise the same God with overflowing praise! Our God is not bound by human limitations!

It was also encouraging that more than two-thirds of the attendees were not Christians. Great discussions about grace, pain and suffering happened in our small groups. We led seminars on diverse topics -



artificial insemination, organ transplants, clinical examination, basic life support, suturing, along with devotion and prayer. As a student, I recognised my own limitations, but used the opportunity to improve my medical knowledge. There were many things that we were able to help with, such as teaching other students how to do clinical examinations and tie surgical hand knots. After my return, I was taught how to tie hand knots at my own medical school in the UK in ten minutes, but because I had learnt how to do it effectively during the

summer, I was able to help out my colleagues who were finding it difficult!

Midweek, we were asked to lead a British night which involved a pub quiz and some silly games, which were welcomed with much enthusiasm. Overall, the trip was extremely encouraging both to the locals who attended the camp and also to the British team.

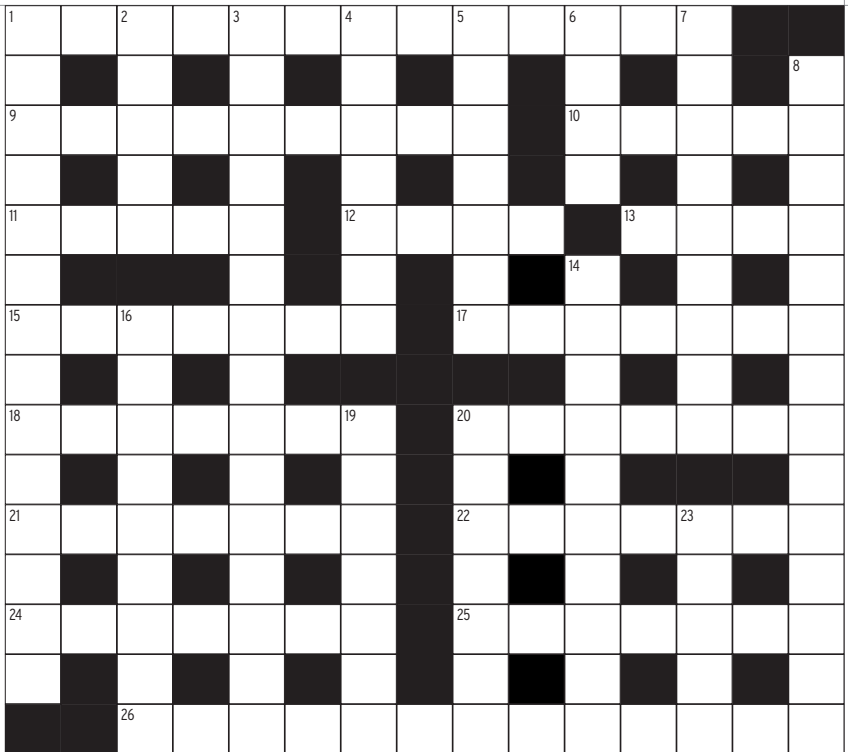
God provided in all circumstances - in the crazy weather we experienced, and when the customs officer denied entry at midnight to the only person in the queue. Through the trip, I learnt that there is always an opportunity to serve God if you make yourself open to his calling. I was also reminded that even as a young person, I could still be useful.¹ It was a very productive way to spend the summer - guaranteed fun while being able to explore another country!

Carmen Leung is a clinical medical student at HYMS

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- 1 1 Timothy 4:12

cross-word 2 by Lactometer (1Peter 2:2)



There are two sets of clues, leading to different answers. Cryptic clues are below. Non-cryptic clues (online only - via www.cmf.org.uk/students) lead to the same answers as the cryptic crossword in the previous edition of *Nucleus*.

ACROSS

- 1 Misunderstanding reconciliation and redemption (5,8)
- 9 God will demand an accounting for this twisted old foible (9)
- 10 Common uniform American gangster wore (4)
- 11 Tragic tiler burned again (5)
- 12 Notice contents of the ear (4)
- 13 Wyclef came before Cauvin (4)
- 15 Physician is told this selflessly well (7)
- 17 Marcion was here initially to isolate Christians (7)
- 18 Stupidly, none try only exit (2,5)
- 20 Word-for-word in Paulite rallying cry (7)
- 21 Game Jonah at sea in Mediterranean gale initially (3,4)
- 22 Little bone loss can be treated with ice (7)
- 24 Unjust, stern, back in black (3,4)
- 25 Muscles climb Ulster (7)
- 26 Payment for rubbish you saw atrophy (3,2,3,5)

DOWN

- 1 Piriton for chairmen irritated with phenol (14)
- 2 Of endless autumn food (5)
- 3 Such atonement was needed, but out I stray - sin's depravity! (15)
- 4 Losing direction, medical specialty becomes surgical (7)
- 5 Grandson of Jehoiakim's grandad (7)
- 6 Shilling and pound cover gold sovereign (4)
- 7 We go round east of France in acid-rain protection (9)
- 8 *BMJ* article: 'Fractured wire in clavicle' (8,6)
- 14 Reformed expert on trial over a New Testament (10)
- 16 Upset mate? Phone Pharaoh! (9)
- 19 Dairy products go off in tents (7)
- 20 Depends on being all right in missing nothing (5,2)
- 23 Hugging Christian, sheer encouragement (5)

Entries can be submitted by post to the office, or email to giles@cmf.org.uk. The deadline is 1 April 2011. The best entry for the cryptic crossword will receive a copy of *Matters of Life and Death*; runner up *Code Red*. The best entry for the non-cryptic crossword will receive a copy of *Code Red*. All winners will be sent a CMF pen-torch.

how to read the Bible for all its worth

Laurence Crutchlow considers how to apply Acts today

*'The Holy Bible, as originally given, is the inspired and infallible Word of God...'
CMF doctrinal basis.*

Acts: the question of historical precedent

This series is summarised from Fee G, Stuart D. *How to Read the Bible for all its Worth* (3rd ed). Grand Rapids: Zondervan, 2003

Almost everything previously written about Old Testament narratives¹ applies to Acts. But we often approach Acts in a different way to Exodus or 2 Kings. We don't often see Old Testament stories as models for Christian behaviour or church life - yet we often use Acts as the model for church today, taking the first century church as an ideal to be copied. Acts *describes* the early church. But does it *set a model* for the church at all times and in all places? What role does scriptural historical precedent play in Christian doctrine and experience?

exegesis

We commonly see Acts as being mainly about mission and church life. Considering Luke's purpose may broaden our view. Of course Luke's writing was inspired by the Holy Spirit. But he also wrote

an overview

Five brief summary statements² divide the book into six sections - each describing a forward movement of the early church, and marking a change of direction in the story.

- Acts 1:1-6:7 - The primitive (mostly Jewish) church in Jerusalem
- Acts 6:8-9:31 - Greek speaking Jewish Christians expand the church, mostly to other Greek speaking Jews
- Acts 9:32-12:24 - The first conversions of Gentiles
- Acts 12:15-16:5 - Geographical expansion into the Gentile world, via Paul - but Jews now often reject the gospel
- Acts 16:6-19:20 - Expansion westward into Europe - largely Gentiles accept the gospel while Jews reject it
- Acts 19:21-28:30 - Paul and the gospel move to Rome - effectively the centre of the known world at the time

as a first century Gentile. His style of writing aims not simply to chronicle the past - but also to encourage and engage. Luke would also have known the Old Testament, which may have influenced him. We need to ask 'why did Luke include that, and put it that way?'

Luke's purpose

The main theme is the spread of the gospel from Jerusalem (and a largely Jewish church), to Rome (and a largely Gentile church). What *doesn't* Luke say? There is little biographical detail; Peter is hardly mentioned once the church spreads outside the Jewish world. Not much is said about church organisation - nor about the eastwards and southwards expansion of the church. The communal life of the Jewish church is recorded,³ but there is nothing to imply that the Gentile churches followed this model. It seems that Acts should serve as a model in terms of the growth of the church; but does not lay down specific rules for every aspect of church life.

hermeneutics: general principles

A widely shared assumption is that unless Scripture explicitly tells us we must do something,

a simple description of an event does *not* oblige us always to do the same thing - unless there are clear grounds to believe the author intended it to do so.

Do the specific details of the narrative in Acts have the same teaching value as the main theme of the growth of the church? As the details are largely incidental to the main thrust of the story, and often vary in different parts of the story, they may not.

The general principles are:

1. What we draw from Acts relates to what the narrative was *intended* to teach.
2. Things *incidental* to the main intent of the narrative are useful, but don't have the same teaching value as the things the narrative intended to teach.
3. If the *purpose* of a given narrative is clearly to establish a precedent for all time, then we apply it for all time. But if this isn't the intent of a narrative, we don't.

Reading Acts this way doesn't give rules on some issues which divide believers. Yet people often baldly argue that 'this is what the earliest believers did,

therefore so should we'. Problems then ensue. Scripture implies that most baptisms in the early church were by immersion.⁴ But there is no direct command. How would immersion practically work in arid Samaria? It would be hard to be immersed in this mountainous and dry region! An early church manual (the *Didache*) suggested pouring water over someone in this situation. Not everyone immersed. Though we might imply that immersion was usual practice, it doesn't mean that to do otherwise disobeys the Bible.

specific principles

1. We cannot use analogy based *solely* on biblical narratives to give 'authority' to present day actions. The common misuse of Gideon's fleece⁵ to support testing God is a classic example. Gideon himself recognised it wasn't a right action.
2. Biblical narrative has illustrative value. Paul sometimes used Old Testament examples to teach directly,⁶ but we don't necessarily have God's authority to use the Old Testament this way. We might not be inspired, as Paul was. Precedent can only justify an action taught elsewhere - for

example present day speaking in tongues can't be justified solely from descriptions in Acts, but could be from the 'direct' teaching on the matter in 1 Corinthians 12 -14, which Acts backs up.


3. Patterns in Biblical narrative may be helpful, even if not binding on all Christians. If only a single way of doing things is recorded, and repeatedly, a strong case can be made. This case is less strong if patterns are ambiguous, or only occur once - but can still be made if consistent with other teachings in scripture.

Such issues are controversial, and a single article cannot solve all the problems. However, care over use of Acts, with clear thinking, should certainly help!

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

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- 6 1 Corinthians 10:1-13



HEROES + HERETICS

Alex Bunn considers the centrality of doctrine

HERO 4: CONSTANTINE, ARIUS & ATHANASIOUS

This series looks at great characters from Christian history. This time we will look at three giants of the fourth century, starting with the first Christian Roman Emperor, Constantine. Famously, it all started with a vision of a flaming cross in the sky and a voice telling him to 'conquer by this sign'. There is a curious ambiguity here, because in one sense the cross is a sign that we all need to have our sinful natures conquered. But Christ conquered by self-giving sacrifice, not the sword. Constantine was a military general on the rise, and probably saw the sign more as a lucky talisman, as he ordered his soldiers daub crosses on their shields. He governed with all the brutality of a pagan warlord, and his coins bore pagan images of Mars (the god of war) and the sun god. 'The unconquered Sun' was a deity whose birth fell on December 25th, a date he chose to fix for Christmas. In one sense, then, he was a heretic,

treating the God of the cross merely as an official sponsor of his worldly ambition.

However, he made some heroic changes too. To honour the God of the cross that gave him victory, he outlawed crucifixion, infanticide, the abuse of slaves and gladiatorial games. He banned facial branding, because 'man is made in God's image'. He also legalised Christianity, eventually merging church and state, a very mixed blessing. Enter two clerics from Alexandria in Egypt, Athanasius and Arius. Whereas Constantine embodied (like most of us) traits of hero and heretic, these two fought over basic Christian truths. Constantine convened the first 'world church council', to decide how we should describe Jesus' relationship with God the Father and the Holy Spirit.

Heretic: Arius (AD 250-336)

Maybe you have heard the

trinity explained like this: just as it is possible to be a doctor, a husband, a landlord and a father all at the same time, so God takes on different roles or modes as he works inside and outside of creation. This is the idea that gave rise to the term 'modalism'. The analogy is tempting, as it is simple, and emphasises the biblical idea of God's oneness. It's a crucial biblical truth that there are not multiple competing gods (a pagan teaching). However, the analogy doesn't do justice to what the Bible says about Christ, who was God made man. And it begs the question of who was ruling the universe when Jesus was in the form of a finite human being, or even dying on a cross?

Worse still is the analogy of water, which can exist in three states; solid ice, liquid water and gaseous steam, 'just like the trinity'. It is not only dangerous to liken the God of Israel to anything created,¹ but

HOW DO WE EXPLAIN THE TRINITY?

View of God	God's oneness <---->	Both one and three<----->	God's diversity
Advocates	Modalism and Arianism	Athanasius and the Nicene creed	Pagans and polytheists
Problem	Denies the uniqueness and divinity of Christ	A mystery that is difficult to explain, and tempting to over simplify, but faithful to God's self disclosure	Denies the sovereignty of one God

such thinking again overstates the unity of God at the expense of three distinct persons² revealed in history and the Bible.

Arius tried to solve this mystery of three-in-oneness: it wouldn't be a problem if Christ was not the eternal equal of the Father. Christ he said, had a beginning, like the rest of us.³ Arius was dangerous because he used the Bible persuasively to demean Christ. You may have met people like that on campus, dangerous because of their knowledge of what the Bible says, while rejecting what it means. Arius' creed said of Jesus that 'there was (a time) when he was not', thus denying the Bible's clear teaching on the divinity of Christ.⁴ To reinforce his ideas he wrote song lyrics such as 'the essence of the father is foreign to the son'. Catchy stuff. But it's a reminder that songs can teach ideas better than books, because his views spread like wild fire.



Hero: Athanasius (AD 296-373)

But the god of Arius was simply not up to the job. If Jesus was not God incarnate but just a human being (however special), how could he free us from sin and death? How could he bestow eternal life? No, only if God became man could man be caught up into God and renewed in his image. Athanasius also saw the danger of trying to make the facts of divine revelation more 'reasonable'. After all, why should eternal reality be easy to grasp by finite creatures?

Yet there is always a need to teach to God's revelation faithfully, while finding new forms of words to bring clarity and freshness to each language and culture. Words to equip the seeker for saving faith and unify the believer in the essentials. The debates between clergy resulted in numerous synods, leading one pagan observer to comment sarcastically: 'The highways were covered with galloping bishops!'⁵ Constantine saw the importance of unity, and called the council of Nicea (in modern day Turkey), in 325 AD.

It's easy to imagine that Athanasius had many allies in the newly established Christendom, but the reality is that faithful Christians always face enormous challenge. He was exiled five times. Troops interrupted his services in order to kidnap and silence him. On one occasion hostile bishops arrested him on a bizarre charge. They accused him of murdering another cleric and performing magic with his

the Nicene Creed

'We believe in one God, the Father Almighty, Maker of all things visible and invisible. And in one Lord Jesus Christ, the Son of God, begotten of the Father, Light of Light, very God of very God, begotten, not made, being of one substance with the Father; By whom all things were made; Who for us men, and for our salvation, came down and was incarnate and was made man.'

severed hand. But Athanasius produced the unharmed victim in court and asked 'when do you suppose I cut off his third hand?!' Thankfully, despite an attempt by Arius to win over the council in song, he was defeated by a document, which became the Nicene Creed. See if you can spot how Athanasius rejected Arianism.

aren't creeds a bit dull and unnecessary?

Creeds are written for a specific debate and context. This one mainly deals with the nature of Christ, in opposition to the Arian heresy. They contain a tension between what Scripture says in its context and words we can understand in ours. Sometimes they stretch language beyond its usual limits. For instance, what does 'light of light' mean? Or

'begotten' for that matter? The writers are trying to communicate a truth from Scripture in new words. The sun generates or 'begets' the sun's rays, and we cannot have one without the other. Likewise we cannot not entirely separate the persons of the trinity. They are three-in-one, at the same time diverse and inseparable! The father and son are 'of one substance' (a phrase you won't find in the Bible) yet also distinct. The creed is so faithfully constructed and appropriately mysterious that it has remained a test of orthodoxy for 17 centuries.

But no-one can accuse Athanasius of being dull or obsessed with petty correctness. Rather, he said that we should out-rejoice heretics, because our God is a greater and more glorious God. He would have grieved over Christians today who dismiss doctrine when they say 'It is Christ who unites us; it is doctrine that divides'. This was the very tactic used by the Arian bishops to make 'Christ' mean anything. They think they have done something profound and fresh, when in fact they have done something very old and stale and very deadly.⁶

Alex Bunn is CMF Southern Team Leader

SUMMARY

ATHANASIUS' GREAT EXAMPLE:

- Tirelessly worked to defend God's revelation of himself in Scripture
- Resisted simplistic explanations of the trinity
- Helped create new forms of words to explain key truths
- Out-rejoiced his enemies who worshipped an inferior god

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- 2 Matthew 28:19
- 3 Arius used some New Testament passages that talk of Christ being firstborn over creation, or firstborn amongst creation, such as Romans 8:29, Colossians 1:15, Hebrews 1:6. But these passages actually use the title of firstborn to show Christ's pre-eminence over creation, not his inferiority within it. In biblical times, the firstborn son had the highest status in the family while submitting to a father's will.
- 4 This is directly stated in at least eight passages of the NT. (John 1:1,2,18; 20:28, Acts 20:28, Romans 9:5, Titus 2:13, Hebrews 1:8, 2 Peter 1:1) and strongly implied in others (Matthews 1:23, John 17:3,5, Colossians 2:2, 2 Thessalonians 1:12, 1 Timothy 1:17, James 1:1, 1 John 5:20).
- 5 Tomkin S. A short history of Christianity. Oxford, Lion Hudson, 2005
- 6 I highly recommend John Piper's excellent MP3 biography on Athanasius and many others at www.desiringgod.org/resource-library/resources/contending-for-our-all

student services

These include literature, conferences, elective advice, international links and Christian Union support.

Reps can supply joining forms, literature, extra copies of *Nucleus* and information about conferences and activities. Further information is on the CMF website: www.cmf.org.uk or from students@cmf.org.uk.

Ideas or feedback can be sent to the National Students' Committee through its chair, Siôn Glaze, on sion@cmf.org.uk

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