our values:
sacrificial care for all

Laurence Crutchlow on serving those in need

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'To care sacrificially for the poor, vulnerable and marginalised.'

who are the 'poor, vulnerable and marginalised'?

Sometimes it is obvious enough. A patient with severe learning difficulties is likely to be vulnerable and probably marginalised as well. A homeless patient in the emergency department is probably all three.

Yet it isn't always so simple. How are we to define poverty? A lack of certain necessities would be one definition, but if these are things like electricity and running water, then there is precious little poverty in the UK. Politicians often use relative definitions of poverty, where people below a certain proportion of median income are defined as poor.

These may give more idea of inequalities, but of course mean that people defined as 'poor' in the UK may seem very rich to those in other parts of the world.

Even with a clear definition, many elderly people who, on paper, appear very rich because of rising property values may be cash poor, as they struggle with the cost of running large homes. Even if financially well off, they may be vulnerable because of their frailty and poor health (particularly to those who might be trying to obtain their money), and marginalised by society. Age UK suggest that a million older people regularly go for a month without speaking to anyone.[1]

The word 'vulnerable' often conjures up images of abused children, sex industry workers, or those with severe psychiatric problems. But surely anyone who is seriously ill is vulnerable to an extent; any hospital inpatient is vulnerable just by virtue of being away from their home environment.

So although we might feel we should focus on these groups, we might well miss vulnerabilities not obvious to us, and should aim to care sacrificially for all those who we see.

what is 'caring sacrificially'?

To give any care at all, we give something of ourselves, whether it is our time, energy, or emotions. Most healthcare professionals do this, probably without realising it, every time we see a patient. Of course lots of healthcare professionals of any faith and none do this, so it cannot be said to be distinctively Christian. There are of course limits to this for everyone; we can become tired and burnt out if we overwork.

Our tolerance for more difficult patients can become frayed; particularly patients who we think may have caused their own illness in some way, or who repeatedly present to hospital with needs that are really social rather than medical. This is when caring sacrificially can become a challenge. Such care may not always result in giving the patient what they want, but the right (rather than easy) answer often needs a considerable sacrifice of time – for example it is a lot more effort to contact an emergency social worker than it is to admit a patient for the night in some settings.

In Jesus, Christians see the ultimate example of sacrificial care; he gave not just his emotions or energy but his life for us. It is only as we reflect Jesus, and grow more like him, that we understand the full nature of caring sacrificially.

why the 'poor, vulnerable and marginalised'?

Isn't everyone entitled to equal care, as the fourth CMF value suggests? Don't these fourth and fifth values conflict? The point is that sometimes we will need to do more for the poor, vulnerable or marginalised to ensure that they receive the same care as others. For example, even if someone with no fixed address uses a temporary hostel address to register with a GP, they may have moved on from there by the time a hospital appointment arrives. They may not have a mobile phone to enable the surgery to find them. More time is needed to ensure that they get the same care as others – which is given sacrificially as there is rarely specific funding for this work.

We see the same emphasis throughout the Gospels. The way of salvation is the same for everyone, but Jesus spends a large amount of time talking about the poor, and the concern that his followers should have for them.

Much of this is obviously about the materially poor, but the poor in spirit are also said to be blessed (Matthew 5:3). It may well be that some of our materially rich patients are poor in spirit.

how does this look today?

A lot of the working out of this value is in our attitudes, wherever we are studying or working. How do we feel and act towards the malodourous and intoxicated patient who appears in the emergency department, or the patient in bed 23 marginalised on the ward because he speaks no English? Are we demonstrating Jesus' love to them in the same way that we do to that delightful old lady in bed 19 who tells such good stories, and whose relatives brought really good chocolates to the ward yesterday?

Sometimes students can do more than anyone else on the ward for lonely and vulnerable patients; many need someone to listen and show an interest far more than they need physical medicine.

Later on in our careers, we can ensure that the services we run really are accessible to everyone, and think about how we might ensure everyone can use them. Do we need a system for getting interpreters? Can we put an outpatient clinic in a room at a GP surgery, saving patients the expense of travelling to a hospital?

Of course we can all care for the poor, vulnerable and marginalised in our church lives as well. It doesn't have to just be in the medical part of our life. Can we make time to talk to those who come to church alone? What does our congregation do for members in financial difficulty? Do we (however unintentionally) exclude certain types of people from our meetings?

what else might change?

We've so far applied this value to our current study and work setting. But we might also be led to think about where we work later in our careers. With 2.7 doctors per 1000 people according to the World Health Organisation, the UK has more than twenty times as many doctors per head as some African countries. Although relative poverty exists between different groups within the UK, there are clearly places in the world where people have much less.

Some specialist areas of work also lend themselves particularly to working with marginalised groups. GPs might develop a special interest in drug and alcohol patients, or undertake surgeries in prisons.[2] Paediatricians might choose to work in the increasingly difficult area of child protection; and of course caring for the elderly is a much neglected thing in Western society.

But whatever our location or specialism, there are opportunities to protect the poor, vulnerable and marginalised. My own practice area is comparatively affluent, but we still look after a number of lonely and vulnerable elderly patients, a significant number who are very short of money given the high costs of housing locally, and many patients with learning difficulties.

The reality is that we don't have a lot of choice over our placements as students, or over the exact location of our early jobs. So as we discern God's will for our careers and where we will live and work later on, we should also remember that wherever we are, we can live out this value today, among the people God has called us to serve now. ▪

REFERENCES

1. Befriending services. *Age UK bit.ly/1xvyJpc*
2. As described in a number of CMF publications: *cmf.li/clinicsintheclink cmf.li/medicinebehindbars cmf.li/sawyouinprison cmf.li/prisondocday*