

ISSUE 46:1 : JANUARY 2016

salary for the kingdom

introducing Deep:ER

deliberate self-harm and the Christian

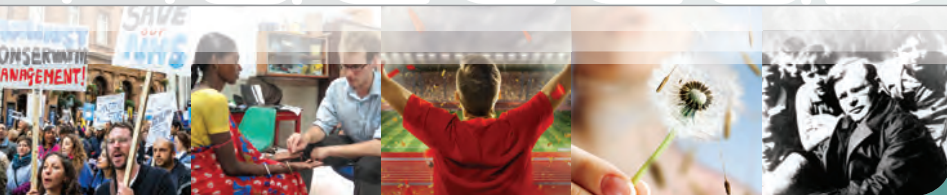
heroes: Dietrich Bonhoeffer

nucers

the student journal of the christian medical fellowship

plus: reviews, junior doctors' dispute, leprosy mission, our values, apologetics

nucleus



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Managing Editor

Laurence Crutchlow (CMF)

Editorial Team

John Greenall (CMF)

John Martin (CMF)

Tom Roberts (CMF)

Peter Saunders (CMF)

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Editorial address

The Editor, *Nucleus*
Christian Medical Fellowship
6 Marshalsea Road
London SE1 1HL
Tel 020 7234 9660

Email nucleus@cmf.org.uk

Web www.cmf.org.uk

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CONTENTS

- 3 editorial
Laurence Crutchlow
- 4 news review: junior doctors' dispute
- 6 I'd often shake the hands of patients...
Alasdair Menzies
- 8 what thrills me?
Bernard Palmer
- 11 using your salary for the kingdom
Ed Foster
- 14 introducing Deep:ER
John Greenall
- 16 our values: public health
Laurence Crutchlow
- 19 intermedicus 2015
Stephen Hogg
- 22 deliberate self-harm and the Christian
Anon
- 26 apologetics 9: one way to God?
Chris Knight
- 30 reviews
- 31 heroes + heretics: Dietrich Bonhoeffer
Alex Bunn



God is still present when we are outside our comfort zone. Perhaps many of us perceive his presence even more in times of challenge, or outside our normal environment.

Returning home from any length of time abroad reminds us that we are often most comfortable at home. Often it is the little things: British road signs; favourite food brands. Both Alasdair Menzies' (page 6) and Stephen Hogg's (page 19) articles show us how we might see God when working somewhere different, whether in a medical or evangelistic context. We hope these stories will inspire you to consider an elective in a less developed country, or serving as part of a CMF summer team. The CMF website gives information about both.¹

Medics often erroneously believe illness to be something that happens to our patients, but not to us. Yet the powerful personal story in *Deliberate self-harm and the Christian* (page 22) reminds us that healthcare students can become ill, and be taken well beyond our comfort zone. Even then, God was powerfully present in the author's illness and recovery.

We might also become pressured by events around us. How might we respond to ongoing debate about junior doctors' contracts (page 4)? I doubt that Dietrich Bonhoeffer (page 31) expected to find himself on the frontline of the fight against Hitler; yet God was with him there, and has powerfully used the testimony of Bonhoeffer's conduct in those times. I hope we will not have to fight such an evil regime; but can we be sure in such an unstable world?

Talking about Jesus with our friends often feels difficult; often we find it easier to focus on (peripheral) things like swearing, rather than the gospel message. Bernard Palmer tackles this tension in *What thrills me?* (page 8). Although it isn't all about being able to answer our friends' questions, thinking through the common ones can quell some of our fears, and indeed strengthen our own faith. *Apologetics: one way to God* (page 26) looks at how we handle different claims to truth.

The remaining two articles look at times when perhaps we don't feel under pressure. Are these actually more dangerous, as it is easy to work well within our comfort zone, not truly involving God? Yet our day to day work really matters to him. *Our values: public health* (page 16) explores the big difference that we can make when, having cared for the patient in front of us, we consider the wider picture.

Our cover story (page 11) looks at how we use our money. Ed Foster shows us how far money can go in training pastors for congregations overseas, and challenges us to consider how much we might be able to give to such important work, both now and in the future.

We hope that this issue will enable you to see God at work in your life whether this is a busy but stable period, a time of transition or even a time of crisis.

PS - we will be undertaking a survey of *Nucleus* readers in January 2016 as we look at future plans. Please do respond and share your ideas. ■

news review: junior doctors' dispute

FROM THE EDITOR

MATT:



'We need a different message'

In 1 Peter 2 we read of some Christian slaves who were suffering despite doing good. Peter speaks to them, not because he approved of their situation but because they needed to know how to live in it. Here's what he said:

Slaves, in reverent fear of God submit yourselves to your masters, not only to those who are good and considerate, but also to those who are harsh.

(1 Peter 2:18)

How can Peter expect these poor slaves to live like this? Here's his reason:

To this you were called, because Christ suffered for you, leaving you an example, that you should follow in his steps. (1 Peter 2:21)

These slaves had a different master. A master who enacted the supreme example of unjust suffering, offering no retaliation (1 Peter 2:23). Why? So that these slaves could be called to follow him. Jesus' unjust suffering on our behalf is the very reason he can call us to imitate him by enduring unjust suffering ourselves. And the real punch is in how he did it:

He entrusted himself to him who judges justly (1 Peter 2:23b)

He doesn't call harshly treated slaves - even unfairly treated employees - to simply endure, but to hope in the final vindication of Christian believers. This is the reason Christians can behave in this radical way, and Peter consistently calls us to point to it - 'the hope' that we have (1 Peter 3:15-16). At this moment of highly charged emotions the world around you needs, not your joining a strike, but your pointing to the Lord Jesus, your only possible source of hope amidst the pressures of medicine in 2015 and beyond.

Read more: cmf.li/mattstrike

Following an acrimonious dispute between the UK government and junior doctors over a proposed new contract, the British Medical Association (BMA) balloted junior doctor members on strike action. 98% voted in favour of full strike action, on a turnout of more than 76%. At the last minute, the Health Secretary, Jeremy Hunt agreed to hold talks through ACAS (a mediation service). This led to the postponement of action in December 2015. Action is still possible in January 2016 if agreement is not reached.

Many Christian doctors have found it difficult to decide what to do. There was a wide-ranging discussion at the November 2015 CMF Junior Doctors' Conference.

Here we present several perspectives on the dispute from CMF members. **Matt Lillicrap** is a former CMF Staffworker and junior doctor in care of the elderly, now studying at Oak Hill Bible College.

Melody Redman is an FY2 doctor in northern England, who has been involved in the BMA since her student days. **John Greenall** is CMF's Head of Student Ministries and a paediatric junior doctor. Links to the full versions are available at the bottom of each column - John's blog in particular has attracted considerable comment. ■

MELODY:

'We need to stand up for the vulnerable'

It is a privilege to work in publicly-funded, publicly-provided healthcare. Does that mean it's not okay to strike? Hold that thought...

Safeguards to prevent junior doctors working dangerously long hours: gone. Compensation for unsociable hours: gone. More importantly, as a result, any incentive to stop employers making us work later evenings and more Saturdays: gone (which fits in nicely with the move to increase elective procedures over weekends – medics all know the NHS is already 24/7 for emergency care). This is the contract the government has threatened to impose.

With so much gone, what will be added? More exhaustion from too many hours beyond the rota, as the financial penalty for trusts has been removed. More mistakes. More weeknight meetings/fellowship missed, less time spent being parents, being friends, being there for those who need us, and less able to meet with those who support us. From an NHS user's perspective, do you want your mum being met in A&E by a dissatisfied, overworked and undervalued junior doctor? Junior doctors already have a high risk of burnout.¹

Having been involved with the BMA, I know that the battle has already been long. Every avenue has been pursued. Along with many other colleagues, I've kept up to date with the issues, written to my MP, written for the newspaper, spoken on the radio and TV, and taken part in protest marching. So, I ask you, can we afford not to strike?

Read more: cmf.li/melodystrike

JOHN:

'We need to think carefully'

Should Christian medics strike? I believe that we need to do all we can to persuade our employers (the government in our case) to see sense and be just. However, history tells us that employers can be unjust, and the Bible has a lot to say about injustice. But the Bible is not explicit about strike action and leaves it open for individuals to decide in good conscience where they stand, having considered the evidence and the potential pitfalls beforehand. Having said that, unlike the Tube drivers who seem to strike time and again, I believe there is a line at which we should stop 'fighting'. Where that line is will depend on our conscience before God after much prayer and having considered all the relevant issues.

We need to respond compassionately to our colleagues who may well be in turmoil about their futures. We have a tremendous opportunity to speak of the security we have in Christ, that even when all is stripped away we can still be supremely satisfied in Jesus.

Medical students, you have an increased opportunity to trust God for your future in uncertain times, knowing that he is in control of your futures. Juniors, pray for each other – especially if you're struggling with how to respond. Keep meeting together, praying that Christian doctors would stand at this difficult time and speak out for the vulnerable and the needy to preserve an NHS which can deliver high quality care to those who need it the most.

Read more: cmf.li/johnstrike

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Burnout in doctors. *BMJ Careers*, 2012 bit.ly/1OqIAJf

I'd often shake the hands of patients...

Alasdair Menzies describes his elective with The Leprosy Mission

My interest in tropical and infectious diseases made India my obvious choice for the medical elective so I applied to The Leprosy Mission England and Wales to work in the hospital and clinics it supports.

August, I have been told, is not the ideal time to visit Delhi - although it is the beginning of the nominal Monsoon season, it is still hot and humid.

I am usually fine living and traveling around the place by myself but I felt lonely at first, mainly because the hospital shut at 5pm and there was nowhere you could go. So you learn to pray a lot.

The training began with a ten day course on leprosy management and dermatology, which proved very useful. It was followed by placements at Shadhara Hospital, in a deprived area of Delhi and Purulia hospital, in West Bengal.

What I witnessed and experienced during the next three months shocked, surprised, touched and humbled me. The scale of suffering and poverty was beyond my imagination. Yet people's positive attitudes, resilience and generosity, despite owning very little, was humbling.

When you first enter the wards for leprosy patients, it doesn't take you by surprise, probably, because the patients are friendly and polite and smile. But once the enormity of what some of them are facing dawns on you, it is pretty shocking.

The extreme disability, psychological distress and social stigma are stark. Most had so few material possessions, yet they always seemed positive.

Patients I met may face disfigurement, disability, blindness, significant psychological and social issues, yet it's unlikely they would have a fraction of the support in place that we have in the UK.



leprosy still has huge stigma

Leprosy is completely curable but there is still huge stigma attached to it. Whole families can be thrown out of their village because of the ancient belief that it is a curse. The consequence is that many people hide the symptoms until it is too late and their hands and feet become deformed. In some cases their leg may need to be amputated.

In 2014 there were 213,899 new cases of leprosy diagnosed world wide - one every two minutes. More than half of these were in India.

Over the two months I had the opportunity to observe and assist physiotherapists, help with assessments and splinting, and shadow doctors in outpatients. I also accompanied medics to a community clinic where people who could not afford to travel or were too frightened to seek treatment were given care.

I'd often shake the hands of patients, which may not seem a big thing. But not too long ago the general belief was that leprosy was spread by touch (which we now know not to be the case). It is also not hereditary and is most common in places of poverty where there is overcrowding and poor nutrition.



Alasdair Menzies is a clinical medical student at Peninsula School of Medicine and Dentistry, Plymouth University. He arranged his elective through The Leprosy Mission: www.Leprosymission.org.uk



commitment of Christian staff

The commitment of the staff was touching. Many of them have chosen to work their whole careers in the service of The Leprosy Mission because of their Christian faith.

The language barrier was frustrating, though. I wanted to know more about the patients - what did they do? What was their favourite sport? I learned a few phrases, which went a long way.

The mental and physical challenges are many. In the early days I had lots of doubts particularly when I saw pictures on social media of course mates enjoying warm beaches during their electives, while my surroundings were the slums of Delhi.

But the great thing is you overcome all that. Soon I began to understand the culture, and a little of the language, and that made me confident of my surroundings. I began to see that there was a purpose to my being there.

Getting hands on experience of examining patients and talking to them is great. Even though I am just a medical student, the doctors would often ask for my opinion - 'what do you think this could be?' - or they'd ask me to show

them how to examine the posterior tibialis pulse. I felt integrated, wanted, and that I had some sort of purpose. I even had the opportunity to become involved in research into relapse of leprosy, and assisted other researchers with writing their papers.

Overall it has been edifying for my faith. I think because you really have to trust in God the whole time. It has also reaffirmed my vocation to become a doctor.

distributing medicine is a challenge

Leprosy can be treated easily with Multidrug Therapy (MDT) - a combination of a combination of rifampicin, clofazimine and dapsone. The drugs are provided free in all affected countries by the World Health Organisation. Before I went to India I naively thought 'surely then treating leprosy shouldn't be such an issue'?

I soon learned about the logistical nightmare of getting the medicine to the patient, and challenges for the patient to return for treatment if there is a reaction. Access to transport is extremely limited, and many patients will wait in the heat for hours, with little food or water. Their resilience and determination was humbling.

lucky to have the NHS

My experience has really made me grateful and thankful for the National Health Service. Seeing the stark difference has made me realise we are fortunate in comparison and we should not take it for granted. ■

The author and CMF hold written consent for the publication of patient pictures.

what thrills me?

Bernard Palmer asks what really motivates us





Bernard Palmer is minister at ChristChurch Baldock, formerly a senior consultant surgeon and author of *Cure for Life*

People get thrilled when battles are won. 'Arsenal won 3-0 yesterday - fantastic match.'

Christians can also get very excited when battles are won. A friend was troubled by the amount of swearing that was taking place at work. He decided to act. He confronted his supervisor and explained how offensive he found this. But the swearing continued. He wrote a letter to the senior management complaining about the practice. A notice was then put up on the notice board warning people to watch their language.

My friend was thrilled. But there was a cost. He was sidelined at work for being a 'snitch'. He was regarded as being narrow minded. A wall had been built separating him from others. Admittedly one or two acknowledged his stand for high ideals but what had been really won? Anything he says now about the Lord Jesus will be treated with ridicule. In a short time swearing will naturally return to that workplace because that is how many people naturally talk - because they don't care about Jesus. It is significant that often one of the first changes to occur when people become Christians is that they stop swearing, if this was a habit.

thrilled for the wrong reason?

Jesus sent out 72 of his followers to prepare the way for him - he sent out workers 'into his harvest field'. They were to heal the sick and then say to the people:

'The kingdom of God has come near to you.'
(Luke 10:9)

Where they were not welcomed they were still to say,

'The kingdom of God has come near.'

Jesus made it very clear that, as his emissaries, they were acting on God's behalf.

'Whoever listens to you listens to me; whoever rejects you rejects me; but whoever rejects me rejects him who sent me.' (Luke 10:16)

God expects his disciples to pass on the news of how they can become members of God's kingdom. This is a thrilling task. Yet when the 72 returned full of joy, the cause of this was not that they had seen others respond to their message. They exclaimed,

Lord, even the demons submit to us in your name. (Luke 10:17)

They were thrilled because they had experienced victories in spiritual battles.

Jesus however was clearly unhappy. His goal was that people should become members of his kingdom. Fulfilling that end should be enough to satisfy people. How easy it is to take our eyes off what satisfies Jesus onto what excites us. It is a matter of priorities. There was clearly nothing wrong in winning spiritual battles or in healing people. The problem comes when Christ's followers take their eyes off his prime goal, the bringing in of people into his eternal kingdom. Victories in individual battles are no substitute for winning the war.

what really matters

Jesus reminded his followers of the fact that although victories in spiritual battles are satisfying, having our names written in the Book of Life is what matters.

'However do not rejoice that the spirits submit to you, but rejoice that your names are written in heaven.' (Luke 10:20)

According to Jesus, the purpose of life is for me to recognise who he is and then to make him the purpose of my life. Jesus goes on to say,

'All things have been committed to me by my Father. No-one knows who the Son is except the

Father, and no-one knows who the Father is except the Son and those to whom the Son chooses to reveal him.' (Luke 10:22)

Jesus is saying here that nothing matters so much as knowing who he is and entering into a personal relationship with him. All of life's activities, however good they are, shrink into insignificance if we have not come to recognise the Lord Jesus and serve him by making him known through what we do and say. Questions should be asked if what I am doing does not lead to Christ being recognised and honoured.

substitutes for the real thing

Luke makes this point abundantly clear by the story that follows. An expert in the Law asked Jesus,

'What must I do to inherit eternal life?' (Luke 10:25)

What thrills me most? Getting a good score for a round of golf, winning a battle of some sort against an adversary, enjoying a hobby, enjoying the garden, helping the family, progressing in my career - all these can become substitutes for the real thing. The God of the Bible wants us all to know Jesus and then make him known. He is the key to enjoying the good life both now and also, essentially, in eternity. The apostle John put this clearly,

'Whoever believes in the Son has eternal life, but whoever rejects the Son will not see life, for God's wrath remains on them.' (John 3:36)

the purpose of the church

The priority of making Jesus known so that others may be saved was clearly one that Jesus wanted all his disciples to understand. A few chapters further on Luke records the following account.

'Now the tax collectors and sinners were all gathering around to hear Jesus. But the Pharisees and the teachers of the law muttered, 'This man welcomes sinners and eats with them.'

Then Jesus told them this parable: 'Suppose one of you has a hundred sheep and loses one of them. Doesn't he leave the ninety-nine in the open country and go after the lost sheep until he finds it? And when he finds it, he joyfully puts it on his shoulders and goes home. Then he calls his friends and neighbours together and says, 'Rejoice with me; I have found my lost sheep.' I tell you that in the same way there will be more rejoicing in heaven over one sinner who repents than over ninety-nine righteous persons who do not need to repent.' (Luke 15:1-7, author's emphasis)

We can so easily rejoice over victories in this world, but in God's kingdom salvation is what matters. This is the purpose of the church. Jesus was talking to his disciples after his resurrection when he again made it clear that God's priority was seeking the spiritually lost.

'Then he opened their minds so they could understand the scriptures. He told them, 'This is what is written: The Messiah will suffer and rise from the dead on the third day, and repentance for the forgiveness of sins will be preached in his name to all nations, beginning at Jerusalem. You are witnesses of these things.' (Luke 24:45-48, author's emphasis)

What is happening to God's Church in the west? Why do so many not share this priority? Too often we find our joys and satisfactions in other forms of victory and not in helping others recognise their Lord and Saviour. Evangelism cannot be done in isolation; we must care for those in need so that others can see the love of God in action. However for the Church to embark on missions that exclude the Lord Jesus from the centre would go against the whole thrust of Scripture. ■

salary for the kingdom

Ed Foster calls us to use our salary to build the kingdom



Ed foster is a year 4 clinical student and co-leads the charity '500k churches'

Money. As medics, most of us are going to be earning quite a lot of it. Yet it's also something we don't really like thinking about. It feels a bit like there's something unspiritual about it. After all, chasing after money is something people of the world do. Most of us went into medicine because we're passionate about people's health - and passionate about using our skills as doctors to serve the Lord. We certainly didn't go into it for the money. But what if God's a whole lot more interested in our salaries than we are? The purpose of this article is to convince you that

our salaries, rather than be a mere by-product of our calling from the Lord, are one of the greatest gifts given us for the building of Jesus' kingdom.

a greater goal

Let me start with some background. I have always believed that the Christian medic is fundamentally at odds with his secular colleague. For the secular medic, there is nothing greater than fixing the human body. Not so for the Christian. We all know that this life is transitory and but a prelude to an eternity that will endure for centuries unfathomable. Our greatest need is

not the repair of our bodies, but the healing of our souls. It is commonly believed that doctors save lives. We don't. None of us will be able to stop even a single one of our patients from dying. Our greatest cures are only ever postponing the inevitable. And yet the gospel of Jesus Christ brings life. Life in all its glorious fullness - and life everlasting. Every Christian medic knows, for the very reason that they love medicine, that their first priority must be seeing the Father's prodigal children brought home. What good is it if our patients gain the whole world - and yet forfeit their own souls?

Well I want to suggest that medics' salaries, more than their practice per se, are their greatest asset for helping people be saved. And focusing in more, I'm going to suggest in particular that we can make our salaries have this impact by using them to empower and enable native missionary movements.

the era of native missionaries

A word on native missions. Many of us were raised on, and inspired by, stories of nineteenth and twentieth century missionary doctors who lead pioneering missions to nations that had never before heard of Jesus. Knowing they could never reach entire countries and continents by themselves, these men and women planted churches with the hope that these churches would expand and multiply and take over the work of evangelising their countries themselves. And that's exactly what happened. The fire being lit, local people began spreading the news of Jesus amongst their own people. This process is still happening today - and its spearhead is native missionary movements.

We are emerging into the era of the native missionary.

While the gospel falters in the Western world

and doctors lose their jobs for preaching Jesus, the Church is witnessing explosive growth in the developing world. As a keen evangelist, I have again and again been frustrated by the striking lack of inclination of my friends to give their lives to Christ - despite having brought many to church and CU events. But, for whatever reason, among my young-adult peers in India, there appears to be a completely different set of rules - for out there, people hear the gospel and are, again and again, brought to tears by it. Maybe in the developing world Christians possess more courage. Perhaps non-believers in resource-poor countries have more need than Europeans. Maybe Christianity has a special power among 'gospel-naïve' communities. Whatever the reason, the fruit of native missionaries is nothing short of remarkable. On multiple occasions I have personally witnessed people younger than myself planting churches in several villages where they have never heard the gospel - and that in less time than it's taken me to complete my medical degree!

And this brings me neatly back to medics and the incredible gift which is our salary. For at present, the great power of the native missionary is not being fully tapped. It isn't even close to reaching its potential. The workers are there, sure - but they're not being sent. New churches in the developing world are poor, and struggle even to support their own pastors - sending out armies of church-planters simply isn't on the cards. It's a strange situation, but the workers are plentiful - and it's the support of the workers that is few!

it's in our hands

But now get this - God's provision for sending these workers is in our hands. The power of our doctor's salary to send native missionaries is

incredible. If Jesus were here, he might say it was comparable to yeast working through a batch of dough or the explosive growth of a mustard seed. Native missionaries require as little as £50 a month to provide for their basic needs – food, rent, clothes – which means £600 a year. A full-time UK GP or consultant might expect to earn around £80,000 per annum (though many in staff grade posts earn less). Tax and pension contributions leave just under £50,000 to take home. Let's say we take our giving seriously and decide to live simply – as our missionary brethren across the world are living. For those of us with few family commitments and in cheaper parts of the country, we could live off as little as £20,000. This means we could give away nigh on £30,000 annually, worth £36,000 with Gift Aid. And with native missionaries requiring £600 a year, we could thus salary 60 *native missionaries*. Even an F1 on 2015 levels of basic pay will take home around £17,000 (with most earning more through banding). Consider how many missionaries that wage could fund if you lived off your student budget for just one year longer... Some pretty hefty food for thought, hey?

It's almost too ludicrous to be true. But it is true. Charities supporting these native missionary movements exist already, as do Christians committed to this radical giving. As a medic I have frequently been frustrated with how difficult it is to share the gospel with my patients. What a blessing it is to know that the money earned from treating these patients can be used to enable hundreds of others to hear the gospel – and these people living in communities being reached for the first time in history.

a call to radical giving

Well, if this article has in any way succeeded, you

'500,000 Churches' is a charity raising money to send native missionaries to every one of India's 500,000 churchless villages. Launched in October 2014, the charity (called '500k' for short) presently sends 131 native missionaries in India, reaching several times this number of villages. The 500k team believes India is the outstanding need of our time. According to the Joshua Project, there are more unreached people in the Indian subcontinent than in the rest of the world combined.¹ To find out more, get involved spreading the message, or to give and start supporting a native missionary yourself, visit www.500000churches.com or email ed@500000churches.com



will be seeing your life and vocation with a new-found significance and responsibility. Our Church today has a blind-spot – that of encouraging en-masse giving for empowering native missionaries – and the impact we can make through this for the evangelisation of the world is staggering. As Jesus put it, 'those to whom much has been given, much will be expected'. Or if you prefer a quote from a modern day super-hero 'with great power comes great responsibility'. God has positioned us as Christian medics for a reason, and we have a duty to use our salaries for the building of his kingdom. So please consider this seriously. Make it a target of your life to be a radical giver and send tens or hundreds of native missionaries. Don't wait until you're earning mega bucks. Start giving today. I know medical students who already make the sacrifice of £50 a month to single-handedly send a native missionary. Let's invite Jesus to be Lord of both our medicine and our money! ■

Introducing Deep:ER

John Greenall introduces CMF's new training programme

This edition marks the launch of our new one year training programme for students!

Who's it for? Primarily for intercalating students.

What's the purpose? Develop roots for a life of faith in medicine, being equipped to lead and disciple others. Make the most of CMF's wealth of resources and opportunities to help you grow in your faith and to partner in the gospel while still a student.

Don't just take it from us. Here's what students have got up to in the recent past and what they have to say about it:

'I really enjoyed organising and participating in the Sydenham Conference, and meeting students from all over the world. I felt I grew in my knowledge and appreciation of all that CMF is involved in. I could go on and on, I really loved my time as a volunteer!'

Emma, foundation doctor in London,
Deep:ER Student Trainee 2014-15

'Volunteering for CMF has been really exciting! I was welcomed as a member of the team from day one and have had fantastic opportunities to explore the future vision for CMF and learn to serve Jesus more. I highly recommend Deep:ER. I assure you that you will learn a lot and grow in your faith. What a wonderful way to spend your extra time!'

Rachel, intercalating medical student;
Deep:ER Student Trainee 2015-16

So we're not reinventing the wheel. Instead we want to take what has been good about previous years, but make it even better.





John Greenall is CMF Head of Student Ministries

So what is new about Deep:ER?

1. Essentially a more structured programme covering the key areas in combining faith and medicine. Get a handle on these and you will be well placed as you start your medical career.
2. More opportunities to develop your gifts and serve others with an expanded range of projects you can get involved in.

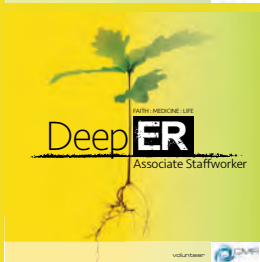
What might the year look like?

One day a week. *Core elements* including teaching every other Wednesday morning; leading Bible studies; attending at least two day conferences and two larger conferences; working on a *project* for example organising the SYD conference, helping with a publication, *Nucleus* editorial input, or developing podcasts. *Core topics* including end of life, beginning of life, global mission and many more. *Core skills* including giving an evangelistic talk, writing an article...altogether a year to really grow in your faith and explore your gifts.

What if I've only got holidays? Don't panic! You can be a Deep:ER Impact Volunteer, working with us for a shorter period, usually between a week and two months (eg in summer holidays).

But I'm graduating soon! Again, don't panic! We have a graduate Deep:ER Trainee programme running alongside the student option.

We'd love to hear from you and discuss possibilities. To find out more go to www.cmf.org.uk/students/volunteer, check out the videos and if interested, contact us for more detail or even go for it and fill out the application form. ■



our values: public health

Laurence Crutchlow encourages us to see the bigger picture

'To put our patients first whilst fully accepting our duty to promote preventive medicine and public health.'

Make the care of the patient your first concern'. If there is only one line of the GMC's *Good Medical Practice* that you have memorised, it is probably this one. Everything seems to be about the patient in front of you, in the here and now. When a patient arrives in resus after a cycle accident, your first thought is to resuscitate them, to determine what trauma they've suffered, and to get the appropriate help from orthopaedic, surgical and intensivist colleagues. All this will help them. But better cycle paths might have reduced their injuries; if they weren't a heavy smoker they might not have suffered so badly from the chest infection they will later develop on ITU.

Yes, the patient in front of us is our *main* concern. But to really care for that patient, we must have wider concerns. For this cyclist, their helmet probably saved their life; without it there would have been little chance of resuscitating them. To really care holistically, we have to look at factors beyond the immediate clinical world. This is why public health and preventive medicine are important parts of our practice as Christian doctors.

All our patients, Christian or not, are created in God's image (Genesis 1:27). Even though they are not the perfect representation of God's being we see in Jesus (Hebrews 1:1-4), they show something of God. Humans are made 'a little lower than the

angels' (Psalm 8:5), and are 'fearfully and wonderfully made' (Psalm 139:14). Treating them as we would want to be treated (Matthew 7:12) should be central to our medical work, as we restore their broken minds, bodies and spirits to be as God created them.

When there are a limited number of doctors and many patients, there will always be tension between caring for one over another. Jesus certainly saw the value of individuals (Luke 15:7); one of my friends says that the pivotal thing that brought him to faith was realising that Jesus would have died on the cross *just for him*, even if there had been no-one else in the world needing to be saved. It is reasonable for us to *primarily* focus on the patient in front of us.

prevention better than cure

But there is more to medicine than immediate and necessary clinical care. Much illness can be prevented, with vaccination the most obvious example. Many diseases are increasingly thought to have at least some link to lifestyle. A lot of general practice work involves 'primary prevention', aiming to reduce the risk of cerebrovascular events or myocardial damage by modifying blood pressure or lipid levels.

Christians need to take a properly considered view of preventive medicine. There can be two traps. We can 'overuse' the Bible to guilt trip



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

people over their lifestyle, or make the opposite error and overestimate what prevention can ultimately do.

Firstly, it is often said that 'the body is a temple of the Holy Spirit' (derived from 1 Corinthians 6:19). This is widely used in some circles to explain why Christians should not engage in behaviours obviously damaging to health, such as smoking. Some take this much further, using this verse as a motivation for weight loss,¹ or even 'organic mothering'.² While we can certainly learn from this verse that we should respect the human body as a temple of the Holy Spirit, we need to take care not to make the verse say more than it really does. The context of 1 Corinthians 6:12-20 is quite narrow, dealing with sexual immorality among believers. Only sexual sin is specified as a sin against the body. This needn't stop us thinking about whether the principle may apply more widely (which it might well do), but does mean we shouldn't be dogmatic. As Paul clearly addresses believers here, we also can't use this justification to persuade our non-Christian patients to take care of themselves.

At the other extreme, the Christian doctor must also be aware of the ultimate limits of preventive medicine. We can and do prevent various diseases. But we cannot prevent physical death. Our work postpones death; it does not stop it. The cyclist we resuscitate may live for fifty more years, but will eventually die. When Jesus raised Lazarus, he promised only that *this illness* would not lead to his death (John 11:4). We have no evidence that Lazarus didn't die in the normal way later in life. Before Lazarus is raised, Martha tells Jesus 'I know he will rise again in the resurrection at the last day' (John 11:24). Although

in this case she sets the scene for Jesus to perform a dramatic miracle, her comments should be a reminder to us; it is *only* in resurrection at the last day that our patients will ultimately avoid death. Purely medical care cannot do this – after all Jesus came to empty the graveyards, not the hospitals!

the wider picture

Public health is 'the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society'.³ Good public health work is effectively preventive medicine on a mass scale. Perhaps one of the best examples is that of John Snow. He is commemorated not only with a blue plaque over his home on Frith Street, but also with a pub on Broadwick Street, Soho. During a cholera outbreak in 1854 Snow produced a map⁴ detailing the location of cases. Prevailing opinion suggested that cholera was spread via the air, but Snow believed that water spread the disease. His map clearly linked cases to a particular public well that had become contaminated. Interestingly a workhouse nearby was unaffected – it drew from its own well. Not everyone agreed with Snow at the time; indeed in 2013 the *Lancet* published a correction to its 1858 obituary, which failed to even mention cholera.⁵

It might seem a distraction from the patient in front of us to do this kind of work; but going back to our cyclist, how many accidents might we prevent if we realise that in the last year, 80% of cycle crashes on a particular road have been at the same junction? Most colleagues will agree with road improvements, but seeing the bigger picture may lead to more controversial concerns.

A one night stand may be safer if a condom is

used. But does broad promotion of 'safe-sex' ignore the emotional harm that might result if people believe that any sex that uses a condom is 'safe'?

Public health can offer particular opportunities to speak for those who cannot speak for themselves; it may be very difficult for a single injured rider to argue for road changes, but a set of accident statistics over several years may well get changes made. It is statistical analysis that proves poor physical health outcomes in those with mental health problems – an often voiceless group who need our advocacy.

Public health measures may be controversial. Some currently support a 'sugar tax', thinking it will reduce obesity; but is price the only factor in what we eat? What other measures can we take? Or we may be convinced that there is good evidence for recommending statins in primary prevention of cardiovascular disease,⁶ but if numbers needed to treat are very high, we might be exposing large numbers to the risk of side-effects to prevent a single adverse event.

It is interesting that parts of the Old Testament (Leviticus 12-15 particularly) focus on apparently health related issues, around skin diseases and discharge. Some have used these to suggest that the Bible gave clear public health instructions to Israel. Although there are some very sensible measures suggested (for example clearing mouldy houses in Leviticus 14:39-41), it is important to remember that the overarching message of these passages is to emphasise the purity of God's people, rather than to give prescriptive public health guidance. However we can surely assume that God gave laws that were ultimately beneficial, so it shouldn't surprise us his law contains measures that should improve the health of the community, even if that wasn't their main purpose. A previous CMF File looks at

Key points

- The patient in front of us is our first concern, but not our only concern
- Preventive medicine is helpful but ultimately limited
- Public health is part of real whole-person medicine
- The 'wider picture' can be seen in any medical specialism

links between Christian faith and health.⁷

The main message is that we must think about wider issues when we see patients. Of course we must understand and treat the complaints they present with. But we may be able to make a lasting difference to their health by helping to prevent illness, whether through prevention at an individual level, or public health measures which reduce disease in the population.

It is not only Christians who will share these aims. But in an over-individualised society, the Christian may need to hold fast to these things under pressure. In those situations we need to remember that public health is not just about reducing disease, but is about giving the best possible chance to the vulnerable. Prevention is not given another lecture about smoking cessation, but a genuine attempt to care for the whole person.

If we keep Jesus' wider perspective on health, we will be well-equipped to strike the delicate balance between dealing with the patient at hand, and the wider context. ■

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Intermedicus 2015

Stephen Hogg reports



Stephen Hogg is a clinical medical student in Cambridge.

Stephen Hogg & Anbesan Hoole (Cambridge) and Jack Strain (Bart's) went to Ukraine along with around 100 Christian medical students, doctors and other healthcare workers from Ukraine, Belarus, Estonia, Moldova and USA.

Intermedicus camp was arranged jointly by the Christian Youth Medical Association of Ukraine and the Belarusian Christian Medical Society. It took place during August 2015 in the stunning rural village of Dubechne, north of Kovel, in north-western Ukraine. We went to encourage and edify our Christian brothers and sisters serving in healthcare, and were hungry for what God would show and teach us there.

a typical day

A typical day on camp involved morning exercise(!) at 8am. Breakfast was at 9am followed by the morning meeting, during which there would be a time of praise and a Bible talk on the supremacy of Christ and the importance of submitting to him in every area of life. Following this, at 11am we would have small group time before lunch and afternoon activities. Afternoons also frequently involved a trip to the gorgeous lake 15 minutes' walk away.

The free time was a great chance to get to know more people on the camp. It was so encouraging, humbling and enriching to hear about what it's like as a Christian medical student in Ukraine, and to hear of how their relationship with Jesus permeates their lives in their respective medical schools. The evenings involved testimonies, a short Bible talk, praise and some entertainment followed by supper and time around the campfire. The timetable had a great balance - there were lots of great



things going on, but also plenty of time to relax and enjoy fellowship with one another.

In the afternoons, a range of seminars covered topics such as mission in healthcare, staying fresh and growing as a Christian, relationships, and a biblical approach to medical ethics. Artsiom Adamenka (CEO of the Belarusian Christian Medical Society) tasked each of us with preparing and leading one seminar.

Anbesan shared some reflections on a Christian approach to global health, particularly focusing on 'the Nazareth manifesto' as laid out in Luke 4. Jack opened up Colossians and provided a helpful, practical overview on how its contents can enable us to stand firm and grow as Christians serving in healthcare. I led a seminar exploring the biblical perspective on medical ethics at the start of life, particularly looking at abortion, a little at new technologies, and at contraception. We were particularly indebted to our translators who laboured over

our English scripts in order to interpret for us, and who enabled us to receive and respond to questions from the floor.

In addition to preparing our seminars, Jack, Anbesan and I were asked to construct a national presentation for 'international evening.' We shared some reflections on CMF in the UK before Anbesan gave a whistle-stop tour of the entirety of British history, I played some quintessentially British music in the form of Oasis' 'Wonderwall' and Jack taught people about cricket using a video of Freddie Flintoff's greatest over and a cricket dance based on umpire gesticulations...it was quite the scene!

It felt like a glimpse of the multitude from every tribe, tongue and nation uniting to ascribe glory to the Lamb

glimpsing the new creation

A particular highlight was the opportunity to sing songs of praise around the campfire. After the evening meeting on the Tuesday, Jack and I picked up the guitars and were singing 'Amazing Grace' when a few of the girls wandered in and started singing along in Ukrainian! This was at around 11pm - at 1.30am there were still 20 of us sitting around, uttering songs of praise simultaneously in English, Ukrainian and Russian! It felt like a glimpse of the multitude from every tribe, tongue and nation uniting to ascribe glory to the Lamb (Revelation 7).

It was really quite special that, despite the language barrier, we could still encourage and build one another up through psalms, hymns



and spiritual songs! One of our prayers before the camp and in the first day or two was that God would enable us to build good relationships with the other campers despite the language barrier. This prayer was wonderfully answered - praise God!

lessons and challenges

God taught me a whole lot more than I expected as I reflected (what a med student word!) on my time in Ukraine. It was an incredibly enriching and eye-opening time. We met people who told us what being a Christian in healthcare in Ukraine was like, we learned about the church in Ukraine, were hugely encouraged by its growth since the collapse of the Soviet Union, and saw something of the challenges Christians face there.

In the UK we've been blessed by generations of wonderful Bible teachers and relentless evangelists, by a rich tradition of detailed, careful exegesis and continued commitment to the discipleship of the next generation. This is something I have often taken for granted. During the Soviet era, there were no opportunities for formal theological education. As the church emerged afterwards, it took time and gentle, loving persuasion, largely through a



significant influx of missionaries from America and Germany, for those who had led the underground church through this era to see the need for formal education in study of the scriptures. In the UK, we stand on the shoulders of giants, and it is important that we play our part in seeing to it that the gospel reaches the ends of earth, generation after generation.

In the UK, we probably don't spend much time praying for those leading our country and are largely apathetic rather than patriotic. Ukrainians adore their country and continually give thanks to God for it. They are gentle, kind, loving, genuine, humble, hard-working people. They were a challenge to our often dry, ungrateful, cynical hearts. In addition to this, we witnessed global health inequality, hearing a story of a young boy critically ill with TB meningitis, a disease that is both preventable and treatable in the UK. We met people who work in situations of potent persecution yet are unwavering in their commitment to the cause of the gospel. One example we saw of this wholehearted devotion to the king's service was a man with degrees in law and theology, who gave up a lucrative career to work in Donetsk with orphaned children.

We also met some phenomenal medical

missionaries who have served for over 20 years in Ukraine. Through them, I now have a much clearer idea of what a life of medical mission would look like. I can now pray about this and consider it with greater clarity. We will all be called to respond to the Great Commission in unique ways, just as we are all unique parts within the body of Christ. But it is my hope and prayer that God would grant each of us, throughout CMF, wisdom and discernment to enable us to be most useful in the construction of his kingdom.

how we can pray

Please pray for our brothers and sisters in Ukraine and Belarus. Pray for those in positions of influence within these countries in these uncertain times. Pray that Christian people would find strength in their eternal, certain hope of Christ's return and their subsequent reconciliation to him in heaven. Pray for CMF groups meeting and growing together, particularly in Kyiv and Dnepropetrovsk. We have given a set of resources for the Human Journey course to a final year medic studying in Kiev; pray that this would be helpful in facilitating the growth of Christian medics there. Pray that God would tear down our idols of prosperity, of earthly treasure, and that responding to the Great Commission would be our primary aim and that his glory, majesty and splendour would truly captivate our hearts.

'For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord.' (Romans 8:38-39) ■



deliberate self-harm and the Christian

A student shares her story

Confused and distressed during a traumatic period aged nine, one evening I accidentally injured my foot. As I felt physical pain, I realised that I hadn't been focusing on my emotional pain. And so I started to self-injure. Naively, I thought I was the only person to think like this.

This cycle of behaviour would entrap and ensnare me in shame for the next 17 years. It would hurt those around me as well as myself, and hold me captive (2 Timothy 2:26), preventing me from accepting Christ's forgiveness.

As I tried desperately to hide these shameful acts, the adversary enticed me into a hideous tangle of secrets and lies, as I tried to justify my behaviour to myself. I pretended it was something God could overlook. I refused to ask people for forgiveness when my behaviours affected them too.

I didn't fully own up to the issues, so never felt truly forgiven. I thought they (God or others) can forgive me so much, but if they knew exactly how far I'd gone, they wouldn't be able to really forgive me. So I continued

trapped by thoughts and behaviours, never knowing how freeing it is to feel fully forgiven.

how and why I self-harmed

What I did depended on what I had access to (or could hide). Cutting, burning, scalding, biting, rubbing bleach into wounds, and overdoses. I did it predominantly for release when I felt overwhelmed by emotions; it was a means to an end to get me out of that. Sometimes it was an escape from hallucinations, or sleeplessness. I knew if I overdosed, I would not think or feel much. I was so exhausted by my emotional turmoil (to the point of feeling suicidal) that an overdose was a final effort to try to stave off a suicide attempt by giving me some release.

I didn't care whether I did permanent harm to myself - it was a desperate survival technique.

my background

I have had (and continue to have) complex and enduring mental health problems from a young age. Sometimes I've been well enough to work with children with special needs, or as a physio assistant, and to do nurse training; at other times I've been consumed with depression and hallucinations with extended periods in psychiatric hospitals.

My primary diagnosis is bipolar affective disorder with post-traumatic stress disorder. I used to be upset when doctors disagreed on my diagnosis and how best to treat me. But now I take a more rounded view; I am a person who struggles with mental health issues, not just a label. Recovery is about changing negative attitudes and behaviours, accepting what I can't change at the moment, and functioning as best I can, as I try to put Christ at the centre of all I do.

I'm learning to put God's attitudes towards my thoughts and behaviours higher in my mind than those others, which vary widely. Some nurses, doctors and therapists have gone 'above and beyond the call of duty' to care for me. Others have been hostile and cynical - particularly when I have had to attend A&E with more severe self-harm, and have been called a liar because they can't appreciate that I don't always remember what has happened, and frequently been referred to as a 'time waster'.

on the other side of the fence

Working in the NHS presents its own challenges. Though I don't want to have secrets or lies, it isn't always wise to talk with colleagues, and I haven't

always discerned well when and how to do so.

Some scars can't be hidden with a 'bare below the elbow' uniform policy, meaning that both patients and colleagues may make their own assumptions. I have to be careful not to worry about what other people think of me and remind myself how God views me.

a change

So, what made me stop self-harming after 17 years of being trapped in a vicious cycle? I have been under eleven different psychologists and psychotherapists, and been advised about relapse planning, and distraction techniques. Some of these have had short term benefits, but none addressed my underlying thought processes deeply enough.

It wasn't until a close sister in Christ rebuked me (not for the first time), that the Spirit really worked in me to make me realise that self-harm is actually a sin in God's eyes. For years I had seen it as part of my illnesses. The Spirit made me realise that it is my choice whether I dwell on my thoughts. That was a very difficult thing for me to hear, because seeing them as part of an illness made me an innocent victim in my eyes, rather than a human accountable for my actions before God.

But praise God that he was powerful enough to free me from this trap. It took five more months to completely break free. When ill again last year I had the odd episode or two, but praise God I did not fall back into the deliberate self-harm (DSH) cycle again.

knowing Scripture

Knowing Scripture is a massive weapon in the battle against self-harm. Both my grandma and

Editor's note

We are grateful to the author for such a frank, honest and challenging account of her illness. The medical profession often doesn't handle self-harm well; I hope these words help our response to be compassionate, understanding, and loving.

Self-harm is common. Exact figures are understandably hard to come by; some suggestions are as high as one in twelve teenagers. A recent *Student BMJ* survey (bit.ly/1N2g9h2) confirms that medical students often have significant concerns about their own mental health; we should all remember that studying medicine does not confer immunity from any illness, physical or mental. Self-harm is of course a widely recognised symptom of a number of psychiatric problems, and has its own set of ICD10 codes (bit.ly/1P858gq).

In my own clinical experience, there is often a cycle of negative thought and behaviour which can self-perpetuate, and is often difficult to manage. For this author, the witness of other believers was powerful in breaking that cycle; but this witness was rooted in the certainty of Jesus' promises of grace and forgiveness. Although we think of self-harm in a medical context, we might be just as likely to be dealing with it in a friend, or even ourselves. We'd strongly encourage anyone struggling with these problems to seek help from their GP, as well as within church if possible. The BMA also has a list of resources for doctors in difficulty (bit.ly/1QvOele). Another resource we'd recommend is CCEF's 'Self-Injury: When Pain Feels Good' (bit.ly/1IUmdcr).

We hope this article encourages you to think carefully about how you deal with self-harming patients. Of course, we must ensure that we do appropriate medical and psychological assessments and offer treatment; we hope these words have reminded you to think about spiritual elements as well, and to pray for insight and appropriate words to use when helping such patients.

church encouraged my to memorise Scripture. This has been so helpful when I've been too ill to read the Bible due to poor concentration, or when I have been an inpatient. Sometimes non-Christian staff have claimed that I have been having 'religious delusions', but I have been able to back up my faith directly with verses from the Bible (itself a witness to the staff). Though traumatic, my inpatient admissions have presented opportunities to do Bible studies with women from a variety of backgrounds (including Jewish, Jehovah's witnesses, and Rastafarian) who I would probably never have come into contact with otherwise.

A particular verse which I frequently call to mind when tempted in a variety of ways, is Colossians 1:21-23:

'And you, who once were alienated and hostile in mind, doing evil deeds, he has now reconciled in his body of flesh by his death, in order to present you holy and blameless and above reproach before him', if indeed you continue in the faith, stable and steadfast, not shifting from the hope of the gospel that you heard, which has been proclaimed in all creation under heaven' (ESV)

I frequently feel worthless and evil, but these verses clearly state that because of Christ's sacrifice I am now holy, blameless and above reproach before God - what an amazing truth!

Other helpful scriptures include those speaking of refining like silver and gold (Isaiah 43, Malachi 3). I studied silversmithing and metalwork at night school. To refine silver, it needs to be held in the hottest part of the flame until all the impurities are burned away. The refiner knows that it is pure only when he sees his reflection in the silver. Christ has put me through many fiery trials, but it is only

recently that I am starting to see the tiniest bit of his reflection appearing in my life.

'No temptation has overtaken you that is not common to man' (1 Corinthians 10:13, ESV). I need to remind myself of this amazing truth every time things get tough. I know that Christ has overcome darkness in the world and individuals (John 1:5; 1 Thessalonians 5:5). God's grace is amazing (Ephesians 2:8; Hebrews 4:16; 1 John 1:9), and we have assurance that *'... suffering produces perseverance; perseverance, character; and character, hope. And hope does not put us to shame...'* (Romans 5:3-4).

Many Psalms reassure me that I am not the only person who has felt this bad, and that God is always there, rescuing and comforting his flock (Psalms 34:18, 40:2, 42:5, 51:16-17).

A scripturally-based paragraph from the 'Lysamena project on self-injury' website, reminds me that self-injury is a symptom of relying on myself to deal with my problems; of leaving God out of the picture. Yet he offers me a better escape – under the shadow of his wings (Psalm 91:4).

a massive step forward

The August 2015 CMF summer camp was really encouraging for me. The theme was working with vulnerable patient groups, responding to Christ's words: *'I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me'* (Matthew 25:26, ESV).

I'm now training to be a mental health peer support worker, so the camp helped me think practically about how to be Christ's hands and lips with the service users I will be working with. It was a reminder and encouragement to pray for each one of my service users, whether they are at the sowing, reaping or harvesting phase when it comes to acceptance of the

gospel. Key ideas in peer support are to encourage the service user to have 'hope', become more 'resilient' and to view their 'recovery as a journey'. I pray that this will bring opportunities to help service users think about where their hope lies and what that means for them.

The camp also helped me realise that I can now face some of my former triggers. The one time I became slightly distressed, my first response was actually to discreetly go somewhere quiet to pray, breathe and recoup. Not once did I want a blade, nor did I automatically dissociate, or go straight to other people for comfort. I turned to God first, and that is a massive step forward in my life. ■

Helpful resources

Lysamena (www.self-injury.org) looks at the gospel, Bible teaching about self-harm, and practical and spiritual ways to help break free from the vicious cycle.

Sidran (www.sidran.org) has clear, easily accessible information on dissociation and dissociative disorders, useful for medics and patients. In my experience, dissociation is often the most misunderstood part of my illness.

Lastly, I would encourage you to be gentle with anyone who self-harms (this may include yourself!). Yes, there may need to be times of rebuke, but there also needs to be much support, love, encouragement, and reminding of the gospel. Remind them that God has a better way to deal with suffering than through DSH, and of the price he paid to ransom them from captivity to their thoughts and behaviours.

Stopping is not at all easy, but it is possible in Christ.

apologetics 9

one way to God

Chris Knight outlines a 'minimal facts' approach

If you had been born in India, you would have been a Hindu. You're only a Christian because you were born in the West.'

'All religions are basically the same.'

'Every religion has a different, equally valid perspective on the truth.'

'It is arrogant to claim that only your own religion leads to God.'

At some point, we must all have heard comments along these lines. How do we respond effectively? Let's take a look at these comments, one by one.

1. 'If you had been born in India, you would have been a Hindu. You're only a Christian because you were born in the West.'

If we look at the statistics of religious adherence around the world, it seems fair to say that the culture into which you were born strongly determines the belief system you will adopt – probably for most of your life. But what exactly should we conclude from that? Critics will say that it shows that the religious beliefs we hold are arbitrary and that this does not seem to be something any God would want. So such beliefs cannot be held to be true.

First of all, we may make the point that if the

critic had been born in India, he may well have been a Hindu – but that does not automatically invalidate the argument he is presenting to us and so we will take the time to consider it and explain why we believe it to be wrong. Perhaps he will repay the compliment by also engaging with our reasons for believing Christianity to be true?

The substantive response to his argument, however, is that *how* we come to believe something does not automatically mean that *what* we believe is wrong. To assert that this is the case is to commit the 'genetic fallacy' – assuming a belief is wrong purely because of its origin. When England failed to win their bid to host the 2018 Football World Cup, I concluded





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

that the FIFA bidding process was corrupt. This may have been unwarranted and without proper evidence (in fact it was – I had insufficient evidence at the time to support such a statement), but that does not mean that my conclusion was wrong. Subsequent events have (allegedly) shown that I was correct.

People can come to true beliefs for the wrong reasons. And at times, even if a person initially came to their belief because of their cultural background, that person can start to doubt or challenge their inherited beliefs and investigate whether the evidence is sufficient to sustain their beliefs.

Beliefs that have been ‘assumed’ or ‘inherited’ rather than arrived at through investigation may well need challenging to see if the evidence for such beliefs is forthcoming, but these beliefs cannot be assumed to be wrong simply because they are common beliefs for those with a certain cultural or religious background.

Of course, being born in a Western country, even into a Christian family, no longer implies that Christianity will be adopted into adulthood. Sometimes it is and sometimes it isn’t. If my critic has the same cultural and family background as I do, I might ask them why they think we have come to different beliefs – which may lead to further questions on examining the available evidence...

2. ‘All religions are basically the same.’

Unlike the previous question, someone who argues that all religions have the same core beliefs or requirements is probably sympathetic

to some form of religious belief. It may be helpful to ask what exactly they do believe, and use that as a starting point for further questions. You may want to query whether their religious belief is indeed basically the same as your own – or it may be best to offer other examples of religious beliefs which are clearly inconsistent.

For example, we could mention that Buddhism does not believe in a God, whereas Judaism, Christianity, Islam and some schools of Hinduism believe in a personal, transcendent God. Other schools of Hinduism, however, believe that God is not distinct from us. Whereas Christianity teaches that Jesus is the Son of God and is fully human and fully God, Islam teaches that Jesus was a human prophet and that Allah has no son. Many other examples of contradictory beliefs in the world religions (leaving aside all the other religions) could be cited, of course.

Another problem for the view that all religions are the same comes from the teaching of Jesus who said, ‘I am the way, and the truth, and the life. No one comes to the Father except through me’ (John 14:6). These words show that Christianity holds that Jesus is unique among all the world religions in being *the way* to God (the Father). It is difficult to see how Christianity can be seen as having the same core beliefs as the other world religions when its founder, Jesus of Nazareth, makes such claims for exclusivity.

Many people today seem to want to affirm the equality of all religions as this is seen as inclusive and tolerant, and allows them to embrace all religions and reject none of them. The analogy is

apologetics 9

sometimes used that the various religions are like different paths up a single mountain - they will all get you to the top in the end.

When the mountain analogy is used, a simple question needs to be asked. How does the person using the analogy *know* that all the paths lead to the top of the mountain?

Presumably they see themselves as being on one of the paths as well. How can they then affirm that all the other paths lead to the same endpoint? The only way to know this is to have a vantage point from above the top of the mountain - being able to see that all the paths lead to the top. But this is the viewpoint we would normally only ascribe to God. How can a mere human being have this knowledge?

Although the mountain analogy is usually used to try to affirm all religions as valid, it actually assumes a level of knowledge which can be seen as being (unintentionally) very arrogant. It certainly assumes a superiority to any religion which sees its claims as exclusive.

3. 'Every religion has a different, equally valid perspective on the truth.'

This claim is slightly different to the previous one, in that all religions are seen as grasping different aspects of ultimate truth, but not necessarily all teaching the same core beliefs. A different analogy is often used here - of the blind men and the elephant. Each feels a different part of the elephant, its leg, its side or its tail, and concludes that an elephant is like a tree, or a wall or a piece of rope.

The analogy is again often used to repudiate any claim to exclusive knowledge and certainty. But the question again is how does the speaker know that this analogy is a good one? They can only know this if they are not like the blind

men, but are fully sighted, observing the incomplete fumbling of the blind men. So the analogy again only works on the assumption of a degree of knowledge that we would usually only ascribe to God.

4. 'It is arrogant to claim that only your own religion leads to God.'

We have seen that the two previous statements, although at first sight appearing to show a humble attitude, can only actually be made if the speaker has a degree of knowledge that we would expect only God to have. The analogies of the mountain and of the elephant illustrate this particularly well. Therefore these sorts of statement demonstrate an unrealised claim to a level of knowledge that only God would have. In other words, they unintentionally suggest that God has revealed these things to the speaker. If this were true, then sharing these insights would be the right thing to do - it would show a true concern for others to know the truth from God. On the other hand, if it is not true that God has revealed these things to them, then such claims could themselves be seen as unwarranted and arrogant.

This fourth statement, 'It is arrogant to claim that only your own religion leads to God', is therefore only true if God has *not* revealed the fact that there is only one way to come to God. If God was, in fact, revealing himself fully and completely in Jesus Christ, and if salvation only comes for anyone through Jesus's death on the cross and his resurrection three days later, then when Christians repeat these truths they are not being arrogant. They are simply re-stating what God has revealed and sharing that life-changing truth with others.

When a doctor suggests a particular treatment for a disease, are they being

arrogant? There may be many other treatments that have been suggested over the years or are still suggested by different people. Perhaps placing an appropriate type of crystal under one's pillow would release the appropriate vibrational energy to cure the disease? Is it arrogant to discount such an approach?

Arrogance is the appropriate term if we maintain that we are right and others are wrong, even if there is no evidence for our own belief. We can, of course, present even true statements arrogantly – but as Christians we would ensure that we defend our beliefs 'with gentleness and respect, having a good conscience' (1 Peter 3:16).

If we are accused of arrogance, it can be helpful to check what the speaker understands by 'arrogance'. One dictionary defines it as 'an attitude of superiority manifested in an overbearing manner or in presumptuous claims or assumptions.'¹ Can we, gently and with respect, suggest that: 'It is arrogant to claim that there must be many ways which lead to God'? At the very least, perhaps we can agree with our critic that neither of us likes presumptuous claims or assumptions (let alone 'an attitude of superiority manifested in an overbearing manner') and so we need to set time aside to discuss together why we each believe what we do.

conclusion

In a pluralist world with many diverse cultures and religions, claims to exclusive truth can be seen as narrow-minded, arrogant or even cruel. Tolerance no longer seems to mean accepting someone's right to believe differently to yourself, but rather it means not questioning another person's belief in case it upsets them.

It can be a difficult and delicate task to respond to accusations of intolerance and

key points

- questions concerning 'one way to God' can raise strong emotions
- beliefs can be true, however people have come to hold them
- all religions are *not* the same...
- the analogies of the paths up the mountain and of the blind men and the elephant assume a superior vantage point with additional knowledge
- both analogies fail unless God has revealed this to the critic
- stating the truth (as revealed by God) is not arrogant – but can be done in an arrogant manner

further resources

- JP Moreland, How do we Know Christianity is Right Out of All the Religions? bit.ly/1MLzG72
- Timothy J Keller, Exclusivity: How can there be just one true religion? bit.ly/1KbOSXM
- Chris Knight, The Blind Men, the Elephant and the Zoo. bit.ly/1Tn136X
- Mark Pickering, What About Those Who've Never Heard the Gospel? bit.ly/1C4iMHn

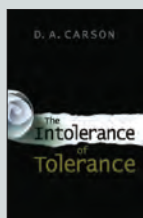
arrogance for holding to our Christian belief that God has revealed himself supremely in the life, death and resurrection of Jesus Christ. We need not deny elements of truth in other religions, but we cannot deny the claims of Jesus when he says 'I am the way, and the truth, and the life. No one comes to the Father except through me' (John 14:6).

The common accusations do not stand up to scrutiny or contain assumptions of a level of knowledge which the speaker is usually not intending. In an area where emotions are often strong, we need to pray for wisdom, maintaining at all times an attitude of gentleness and respect.

The Intolerance of Tolerance

DA Carson (IVP, 2012, 186 pages)

Christians are increasingly being branded as intolerant by a secular world. How are we to respond? Carson shows how society's definition of tolerance has changed; from accepting that



others hold views different to yourself (without accepting that their views are right), to accepting another position and 'believing that position to be true, or at least as true as your own'.

This societal shift has huge implications for our ability to make truth claims, for our freedom to define (and so resist) evil and for our relationship to democratic government and majoritarianism in our land. After summarising the current situation and giving a 'history of tolerance', Carson deals with these issues, concluding with a chapter entitled 'Ways Ahead'.

This book demands concentration and commitment but is well worth the effort. Carson's research is broad and he draws from many sources; some sections require re-reading in order to grasp all that he says. However, the great strength of this book is that it repeatedly shows the inconsistency and unsustainability of the 'new definition' of tolerance and gives concrete advice as to how we can respond as Christians.

Andrew McKelvey is a junior doctor in Northern Ireland

The Big Ego Trip

Glynn Harrison (IVP, 2013, 224 pages)

Initially Glynn Harrison surveys the self-esteem movement, showing its inadequacy; in the second half he outlines a biblical basis for the problem of, and solution to, self-esteem.



Harrison argues that the self-esteem movement has infiltrated our churches and thinking. We have adopted a self-centred approach to Christianity, where we co-opt the gospel to meet our needs. The self-esteem movement

only encourages this - 'the very root of sin...self-worship'. We are a toxic mix of pride, the root of sin, and we suffer deeply from the insecurity that sin brings about through guilt and suffering.

Harrison uses his insights into how we work as people and applies the Bible's storyline to that. He expands particular behaviours to determine our worth as 'whole' people, helpfully exposing the ways we doubt God's words about us. He urges us to find ways reminding ourselves of his words when we find ourselves thinking wrongly.

'How can I have self-worth?' is a common self-esteem question. But the question influences the answer. We might ask in response 'How does this question tally with what God's priorities in the Bible seem to be?' This book encourages us to start using the Bible's categories of thinking rather than the empty categories ('the self', and 'worth') that the self-esteem movement proposes. I would have liked more how God views us, but appreciated this brief and good read.

Jack Strain is a clinical medical student at Bart's and the London

HEROES + HERETICS

Alex Bunn looks at the pastor who tried to kill Hitler



Alex Bunn is CMF Associate Head of Student Ministries (Field) and a GP in London

HEROES 17: Dietrich Bonhoeffer: prophet, martyr, ethicist, spy

On 27 July 1945 an elderly couple in Berlin huddled around their wireless, awaiting a BBC broadcast. They had lost one son in the First World War, a trauma the wife never recovered from. Two more had died in the current war, but what about their beloved fourth and last? A neighbour just told them that Dietrich had perished, but would be remembered in a live service broadcast from HTB, London. But why would England celebrate an obscure theologian from the hated Germany?

Dietrich came from an eminent family of scientists. His brother would be one of the first to split the atom. His father was perhaps the most famous psychiatrist in Germany, and was disappointed that Dietrich chose such an unscientific career as theology.

an academic ready for a fight

Bonhoeffer was unashamedly Christ centred. Although he studied under the great liberals of the day,¹ he had a high view of Scripture. All knowledge came through Christ: 'We cannot speak rightly of God and the world without



speaking of Jesus Christ'. He rejected man made religion, trying to reach up to heaven like the tower of Babel, through our own efforts. He sided with the theologian Karl Barth, who taught of the need to be 'grasped from above' by Christ. Christianity was not about a better set of rules, but about Christ himself: 'Christ scarcely gave any ethical prescription that was not found already in contemporary rabbis or pagan literature'.²

Perhaps his most famous quote centres on the costliness of Christ's grace: 'Cheap grace is the grace we bestow on ourselves. Cheap grace is the preaching of forgiveness without requiring repentance, baptism without church discipline, communion without confession...cheap grace is grace without discipleship, grace without the cross, grace without Jesus Christ, living and incarnate.' He would soon need robust theology to prepare him for some tough choices:

'The cross is laid on every Christian. The first Christ-suffering which every man must experience is the call to abandon the attachments of this world. It is that dying of the

*old man which is the result of his encounter with Christ... Thus it begins; the cross is not the terrible end to an otherwise God-fearing and happy life, but it meets us at the beginning of our communion with Christ. When Christ calls a man, he bids him come and die.'*³

prophecy on national radio

In early February 1933, two days after Hitler was installed as chancellor of Germany, Bonhoeffer gave a brave radio broadcast. He warned of the dangers of the 'Führer Principle', the personality cult that few others were willing to oppose. His prophetic broadcast was cut off early by the authorities.

Bonhoeffer's family were sucked into politics again on 27 February 1933, when the Reichstag (the German parliament building) caught fire, an event blamed on the communists at the time. His father had to give a psychiatric opinion on the accused. This event gave Hitler a pretext for dissolving parliament and establishing a Nazi dictatorship.

when is a church not a church?

The church soon came under pressure to follow Nazi ideology, especially the 'Aryan Paragraph'⁴ which excluded all Jews from employment and church. But Bonhoeffer knew that the Bible

teaches that the gentile church is dependent on the Jewish root onto which it is grafted, and made one by God (Romans 11:13-21; Ephesians 2:11-22):

'What is at stake is by no means whether German members of congregations can still tolerate church fellowship with Jews. It is rather the task of Christian preaching to say: here is the church, where Jew and German stand together under the Word of God, here is the proof of whether a church is still the church or not.' Solidarity with the Jews was essential: 'Only he who cries out for the Jews may sing Gregorian chants.'

Bonhoeffer recognised the anti-Christian heart of the Nazi ideology when many were happy to placate them out of self-interest.

There were even false prophets within the official church, members of the 'German Christian' movement who formed a 'Brown Synod'. If ever there were wolves in sheep's clothing in the church, these were (Matthew 7:14-15). They were embarrassed by the 'weak saviour on a cross', ascribed to Jewish elements in German Christianity. They wanted stronger role models for a militant Germany, as found in secular writings like those of the philosopher Nietzsche.



Hitler was explicitly anti-Christian: 'You see, it's been our misfortune to have the wrong religion. Why didn't we have the religion of the Japanese, who regard sacrifice for the Fatherland as the highest good? The Mohammedan religion too would have been more compatible to us than Christianity. Why did it have to be Christianity with its meekness and flabbiness?'⁵ His regime stopped publishing the Bible in favour of *Mein Kampf*, and ordered that all crucifixes be replaced with swastikas.

The Nazis rejected the Christian belief in the sanctity of life, judging the weak 'life unworthy of life' and 'useless eaters', wasting German resources. Bonhoeffer saw the 'madness that the sick ought to be legally eliminated'. He perceived Hitler's program as another Tower of Babel, one which was 'bound to avenge itself'. He was impressed by a Christian community in Biesenthal, caring for 1,600 disabled. What could be more counter-cultural? Jesus was the 'man for others', and the church's role was to speak for those who could not speak for others. But a stronger opposition was needed against such a determined regime.

a modern Daniel

Surely the faithful church would have to oppose the Nazis? But not everyone agreed. Some quoted Romans 13; wasn't there a duty to submit to authorities? Bonhoeffer helped draft the 1935 Barmen Declaration, which stated that the 'Nazi church' has excommunicated itself. It was no longer the church of Luther.⁶ Whilst the Nazis had physically thrown orthodox Christians out of church, it was the Nazis who were actually on the outside. The 'Confessing Church' would remain faithful to the Jewish Christ of Scripture and historic creeds. They could not swear allegiance to Hitler, any more than Daniel

could bow to Nebuchadnezzar.

Bonhoeffer sought allies abroad such as the Anglican Bishop George Bell. He kept the House of Lords well informed of life behind enemy lines, and galvanised the public via letters to the *London Times*. Sadly, British policy was not to support the German resistance, but their Soviet allies instead. Foreign Minister Anthony Eden was less than sympathetic, when he wrote off-record 'I see no reason whatsoever to encourage this pestilent priest!'.⁷

'When Christ calls a man, he bids him come and die'

'they burn all God's houses in the land'

Kristallnacht (night of broken glass) was a sign of things to come. Hitler unleashed a wave of violence against the Jews, their homes and synagogues. Bonhoeffer meditated on Psalm 74:8 the next day 'they burn all God's houses in the land', and noted the date 9/11/38 in the margin. He preached on the horror of violence against God's chosen, 'the apple of God's eye' (Zechariah 2:8), to whom belong the glory, the covenants, the giving of the law, the promises and the bloodline of the Messiah (Romans 9). He published a book on the Psalms, showing that Christianity was unavoidably Jewish, as Jesus had recognised Old Testament authority, and died with a psalm on his lips. His Jewish sympathies meant he was never allowed to publish again.

biblical activism

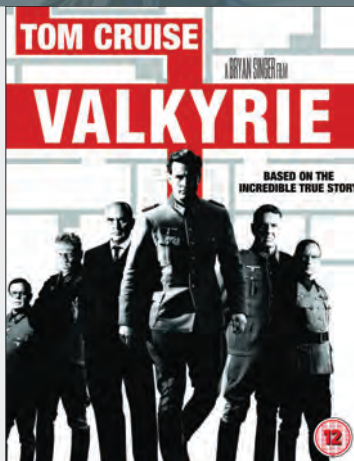
Bonhoeffer was not a natural political activist. He was an academic from a respectable family.

But biblical reflection spurred him into action. He was also challenged by his sister-in-law: 'You Christians are glad when someone else does what you know must be done, but it seems that you are unwilling to get your own hands dirty and do it'. His theologian mentor Barth would also warn Bonhoeffer not to waste his 'splendid theological armoury' in academia abroad, when 'your church is on fire' at home. He returned to Germany on the last steamer to cross the Atlantic.⁸ There was no turning back.

killing Hitler

Driven by a 'restless holy anger', Bonhoeffer took a very rare decision for a pastor: he joined the conspiracy against Hitler. Close friends attempted assassination, although Bonhoeffer took no part in violence. He joined the Abwehr (military intelligence) as an international double spy. He passed coded messages to the resistance by dotting letters every ten pages in academic books. But it was the fees he paid to smuggle Jews out to Switzerland that eventually led the Gestapo to his door.

Bonhoeffer waited nervously to hear the outcome of some of the most daring attempts on Hitler's life. Operation Flash used a gift package to bring down Hitler's plane, but the timed detonator did not work in the cold aircraft hold. The English made bomb was a dud! Then on 5 April 1943 Major Gersdorf



greeted the Führer wearing an activated overcoat bomb. But Hitler left just before the acid could dissolve the wire holding back the detonator cap. Gersdorf rushed to the restroom to rip off the fuses. It wasn't until 20 July 1944 that the Valkyrie plot came closest to ending the war, led by senior military friends of Bonhoeffer, such as Lieutenant von Haeften. Major von Tresckow, who later took his own life to prevent giving away names under torture, commented just before he died: 'God promised Abraham that he would not destroy Sodom if just ten righteous men could be found. So I hope for our

sake God will not destroy Germany'. But the mission failed. The Catholic Colonel Stauffenberg delivered a briefcase loaded with explosives into Hitler's bunker, the Wolfs Lair. Unfortunately, a heavy table shielded the Führer who escaped blackened, hair on end, with tattered uniform, but even more resolute. His inability to read providence is sobering: 'this proves that I'm on the right track' he said. Hundreds of conspirators and family were rounded up and executed. Many were cruelly hanged on piano wire, sometimes revived in time to be hanged several times over.

medical ethics

Sadly, the medical profession conducted some of the worst atrocities of the war. Some exceeded the demands of the eugenic program,

which targeted 700,000 'defectives' to murder. Bonhoeffer's view was the polar opposite. On abortion he wrote that 'destruction of the embryo is a violation of the right to live', he thought it irrelevant to debate whether it is a person or not, 'the simple fact is that God certainly intended to create a human being'.

Whilst imprisoned at Buchenwald, Bonhoeffer came across Sigmund Rascher, former CMO of Dachau. Rascher killed 200 prisoners through high altitude and 300 through freezing experiments. But many in the Luftwaffe refused to participate on religious grounds. Himmler transferred Rascher to his elite SS where there would be no Christian objections: 'In these Christian medical circles...the life of a criminal is too sacred for this purpose and one should not stain oneself with this guilt. It will take at least another ten years until we can get such narrow-mindedness out of our people...I suggest a non-Christian physician should be charged'. Those who believe in the sanctity of life today are often accused of narrow-mindedness, but perhaps a little narrow-mindedness is nothing to be ashamed of where basic boundaries are called for.

'It's not enough just to bandage the victim under the wheel, but to put a spoke in the wheel itself'

homesick for heaven

By personal order of Hitler, Bonhoeffer was hanged at Flossenbergl concentration camp on 9 April 1945, just two weeks before liberation by the Allies. He had been engaged to marry, but he was awaiting a greater consummation: 'No one has yet believed in God and the

Reflections

Following Bonhoeffer's example:

- Are there sections of the church today in danger of excommunicating themselves?
- Which issues should prompt Christians to engage in civil disobedience?
- Do we have the same love of the Jewish people and those threatened by eugenics?
- Do we have the same hope of heaven?

Recommended Bonhoeffer

- *Life together* (1939)
- *The cost of discipleship* (1937)
- Eric Metaxas, *Bonhoeffer: Pastor, martyr, prophet, spy* (2010)

kingdom of God...and not been homesick from that hour, waiting and looking forward joyfully to being released from bodily existence...Why are we so afraid when we think about death?...Death is only dreadful for those who live in dread and fear of it. Death is not wild and terrible if only we can be still and hold fast to God's word. Who knows whether in our human fear and anguish we are only shivering and shuddering at the most glorious, heavenly, blessed event in the world?' ■

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cmf student conference
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WEEKEND

REVELATION

A cosmic-themed background featuring a bright sun or star at the center, with rays of light emanating from it. The sun is partially obscured by the horizon of a planet, likely Earth, which is visible in the lower half of the image. The upper half shows the dark, starry expanse of space with a crescent moon visible on the right side. The word "REVELATION" is written in a large, white, serif font across the center of the image, with the letters slightly transparent, allowing the background elements to be seen through them.

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