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WORLDVIEW: an unstoppable force?

just the tip of the iceberg

anatomy of the heart

how do we make moral decisions?

the student journal of the christian medical fellowship

curios



plus: just ask, servant leadership in healthcare, integrity, our values, what's the story?

NUCLEUS



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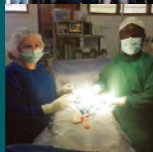
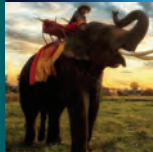
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contents



FEATURE ARTICLES

WORLDVIEW: an unstoppable force?

- 4 just the tip of the iceberg
- 8 anatomy of the heart
- 12 how do we make moral decisions?

REGULAR FEATURES

- 16 essentials – back to basics
- 19 just ask
- 20 servant leadership in healthcare
- 22 distinctives – being a light on the ward
- 24 be prepared – life after graduation

BE INSPIRED

- 26 local groups
- 27 a day in the life
- 28 crossing cultures
- 29 counterparts
- 30 my trip to... Lithuania
- 31 our values – research and training

CULTURE

- 34 what's the story?
- 38 news reviews
- 39 book reviews
- 40 heroes + heretics



Nucleus is entering its 47th year. Founded in 1971, we have published articles at the interface of Christianity and medicine, aiming to involve medical students in production when possible. There have been many changes; the original journal was typed and duplicated with no colour or graphics. Online you can read back as far as 1992, but in the CMF office there are copies right back to the first edition from 1971.

Although the 'look' of *Nucleus* has changed a great deal, its aims have not. We hope that the information presented will not only be read and understood, but will also be used. We still stand by this quote from the first edition:

*Information is useless and sterile unless it serves some purpose or provokes a response... We hope that this new journal-cum-newsletter will help in some way... but for that to happen you must not only read it, but use it.*¹

We hope that this new look to *Nucleus* will help us to achieve that goal; that you have information not only to read, but to use.

The biggest change is that each issue will have an overarching theme. This issue we are focusing on worldview. Not every article will relate to the theme, but we'll begin each issue with articles that aim to tackle the theme in some detail.

The rest of the journal will be divided into three further sections - regular features, be inspired and culture. There will be a recognisable pattern of articles in each issue, from a variety of authors. Of course there will still be other items like 'Heroes + Heretics', and some one-off articles.

We hope that the new structure will be easier to read and make *Nucleus* easier to use. Many of the articles will be shorter, and we hope that this will encourage you to think about writing for *Nucleus* as well. Please email nucleus@cmf.org.uk if you are interested.

worldview

We've chosen to start our themed editions by looking at worldview. When we understand someone's worldview, we don't just know their opinions on particular questions, we also see the assumptions and foundations from which those answers come. If we do that, we are able to engage much more constructively with them, will better understand why they believe what they do, and where their questions about our beliefs might come from.

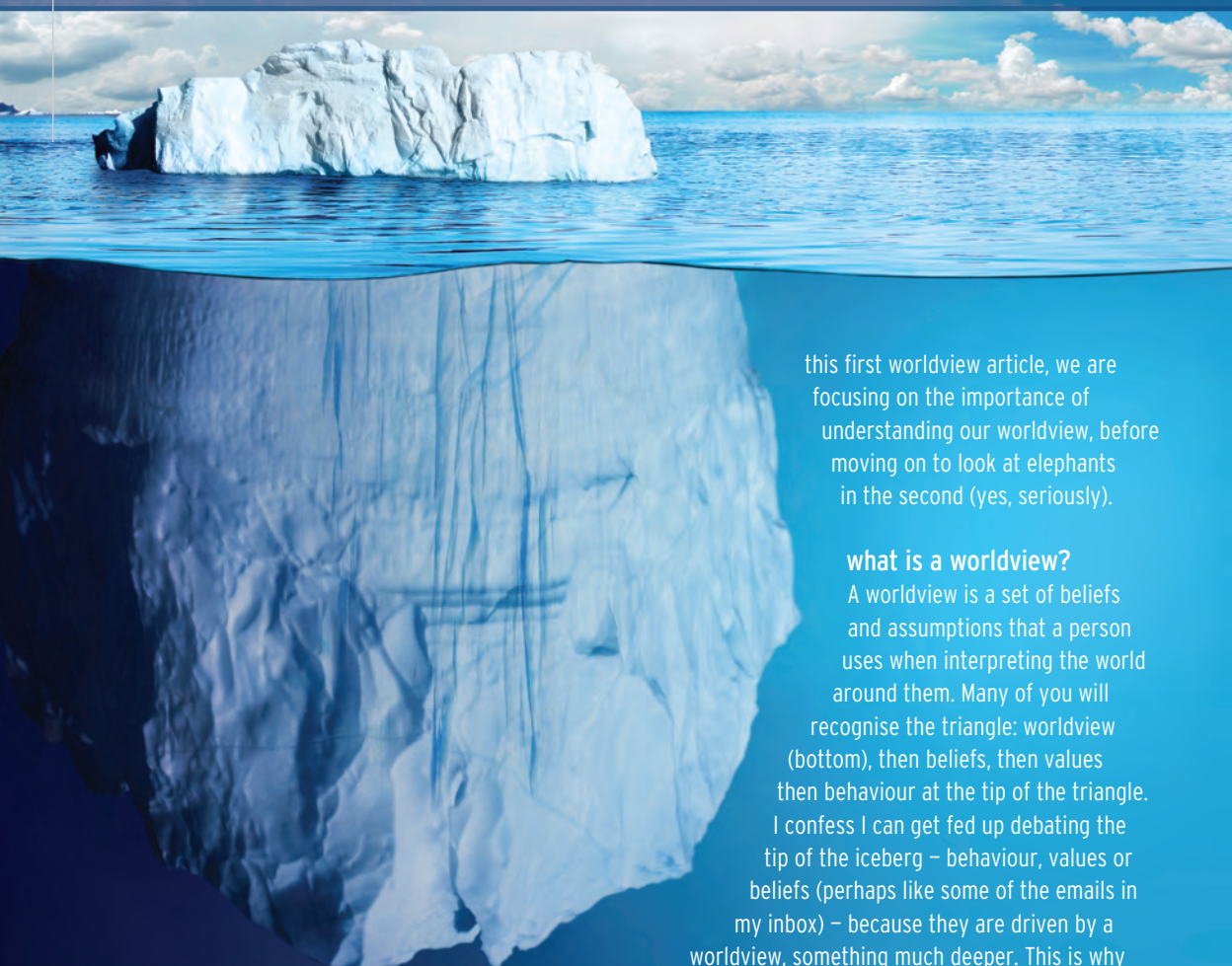
But perhaps most importantly, we'll better be able to better empathise; to do a 'thought exercise' and try to think as they might think. Through doing this, we are likely to treat their viewpoint far more graciously and sympathetically, even if we still profoundly disagree. If we manage even a little of this, our conversation is much more likely to be 'full of grace, seasoned with salt' (Colossians 4:6); when we don't, we can 'talk past' people, with the effect on the hearer being sodium overload rather than gentle seasoning!

How different 2016's public discourse might have been if some of the underlying assumptions behind people's opinions had been more clearly understood. Might we have avoided the junior doctors' strike? Might social media focus have been on the issue instead of attacking the messenger? Might the church be able to handle difficult issues like sexuality more sensitively if we get better at this?

So 'using' this issue of *Nucleus* is about really learning to get behind the reasons for what people say, and to better understand and genuinely discuss. Grace in how we speak will point to Jesus as much as the actual words we say. ■

just the tip of the iceberg

you won't know what to do unless you know what story you are a part of writes **John Greenall**



this first worldview article, we are focusing on the importance of understanding our worldview, before moving on to look at elephants in the second (yes, seriously).

what is a worldview?

A worldview is a set of beliefs and assumptions that a person uses when interpreting the world around them. Many of you will recognise the triangle: worldview (bottom), then beliefs, then values then behaviour at the tip of the triangle. I confess I can get fed up debating the tip of the iceberg – behaviour, values or beliefs (perhaps like some of the emails in my inbox) – because they are driven by a worldview, something much deeper. This is why we are dealing with worldview first in our refreshed *Nucleus*. If you don't grasp this now, you will go through medical school, and life, dealing with surface issues. Unless your foundations are firm, when your worldview is challenged on the wards and in clinics, you will find yourself struggling.

universal questions

We can't escape this fundamental truth: every human being has to answer key questions. Take a look at the worldview grid to see some of the key questions and answers given by a selection of mainstream worldviews.

'My best friends are gay, and they are getting married. I believe that if two people love each other, who am I to say they shouldn't be happy? From what I can tell, CMF opposes gay marriage, so I need to resign my membership.'

I occasionally get emails like this from CMF students, on issues from abortion to sexuality to end of life care. You might wonder what this has to do with 'worldview', the theme of this issue. I would say: 'everything', and I'm going to explain why. In



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worldview grid*

	Where did I come from?	What's wrong with the world?	Is there a solution?	What is my purpose?
Biblical worldview	Creation, Image of God	Human rebellion	Reconciliation through Christ's death and resurrection	Glorifying God and enjoying him forever
Scientific naturalism	Undirected evolution, time & chance	Not responsible, genes, society	Worldly utopia, technology	There is no purpose given by the universe
Postmodernism	Product of social setting; reality is socially created	Oppression, dogma, inauthenticity	Self-actualisation, personal autonomy, tolerance	Self-defined
Islam	Creation, not image of God, (Image of God = idolatry)	No original sin, deception, the self	Salvation by arbitrary will of Allah, no grace, transcendent not imminent	Submission to Allah Umma Muslima
Eastern religions	World is an illusion, reincarnation	Bad karma, ignorance, desire	Mystical experience, eliminate desire	Accept karma, Liberation (personal extinction)

* Such a grid helps us make sense of a confusing world, however, we must take care not to 'pigeon hole' people as answers to these questions will vary.

everyone has a story

I like to think of worldviews as stories. Our lives and culture are shot through with stories that cover these questions. Most films follow suit (see our new culture section starting on page 34). In fact, I would argue that major worldviews are often based on stories rather than claimed 'facts'. A scientific naturalist might offer the explanations as in the table. And yet, I often hear a story running through that goes a bit like this:

*'Once upon a time, we believed in spirits and fairies and gods and demons. But as we became rational, and especially as we marshalled naturalistic explanations for what we used to attribute to spirits and forces, the world became progressively disenchanted. Now we are free – and it is an exhilarating feeling. I am not constrained – granted the universe may not comfort me, but at least it doesn't demand anything of me. I get to decide what I pursue – God is dead, vive la revolution.'*¹

This is a testimony of conversion from an 'immature, Sunday-school faith' to new faith, 'a faith in science's ability'. These are stories of courage rather than a genuine comment on the evidence in many cases. So if we are going to engage at a worldview level, it's not enough to offer rival evidence and data – you need to tell a different story. A story that is coherent, consistent, comprehensive, intellectually satisfying, liveable... and true.

the Christian story

As we outline the Christian worldview, we need to acknowledge that we will all recognise something (or someone) as the ultimate reality, the source of our existence. If you don't start with God, you will start with something else. This means there is no reason to shy away from starting with the Word of God as our source of authority, because everyone will base their worldview on a particular authority.

CREATION

God is revealed in the Bible as a trinitarian God, quite distinct from the monistic gods of Islam or scientific atheism. The God of the Bible gives order to the physical and human world. In Genesis, God creates a formless world. The rest of the creation account² shows God ordering and filling the physical world (days 1 to 3 – order/form and days 4 to 6 – filling). Finally, God gives human beings a commission to ‘fill the earth and subdue it’.³

So the Bible tells us that to be human is something of great dignity. As humans we derive our meaning from outside ourselves. We are made in the image of God⁴ to continue his creative endeavour. We can therefore affirm the inherent goodness of work, civilisation, culture, farming, agriculture, politics, art, science... all are good and are from God as we order and fill the whole earth.

However, God not only orders the physical world, but he also gives ‘norms’ by which he intends us to order the social world. If we do away with the creator, we lose any sense of his good norms, and we therefore diminish human beings. We no longer seek to conform our lives to this external reality, to revealed norms. Instead we bend reality to fit the norms that we create and personalise. It is a relatively recent phenomenon that society increasingly recognises no norms for sexuality or gender – it’s all up for grabs.

A worldview starting with a trinitarian God also means there can be freedom. The three-in-oneness of the Godhead is the basis of the assertion that God is love. In love, there is freedom to choose and to be who we are made to be. This is a popular notion in our culture, and yet as those who are made in the image of God himself we cannot have our freedom and reject God’s norms. The fence outside my house stops my little boy running onto the road; the freedom he enjoys in the garden depends on the fence keeping him safe. The point of God’s laws and norms is that we enjoy the garden, that we can be all who we are made to be and are safe.

FALL

Our culture is not the first to discern and define its own norms without reference to the maker of reality. The biblical story continues in Genesis 3 where Adam and Eve rebel against God. We immediately see a fracturing of humankind’s relationship with God. The intended relationship with God, made to be intimate, is now marked by hiding and fear.⁵ We also see broken relationships with others and the earth itself. We see sibling relationships marred⁶ and a progressive descent into revenge and violence.⁷ And we see much of the fallout of this in the realm of healthcare.

Part of the fall is the exchanging of the creator for God substitutes, or what the Bible calls ‘idols’. Romans 1 is devastatingly revealing on this. We see that human beings have wilfully suppressed the truth⁸ and they do not acknowledge God. Consequently, God has given them up to debased minds.⁹ The Greek for ‘mind’ here is ‘*nous*’, which can be translated as ‘worldview’. Instead of pursuing ‘the mind [worldview] of Christ’ (1 Corinthians 2:16), we naturally pursue our own worldview set up in rebellion to God. Paul doesn’t let Christians off the hook. He goes on to say ‘you... have no excuse’ (Romans 2:1). In our culture we absorb ideas without realising it – we are susceptible to idolatry too. And as Romans progresses we see him urge them to be those who are transformed by the renewing of their minds;¹⁰ their ‘*nous*’; their worldview.¹¹

Our worldview leads to beliefs that have implications for human value and purpose, our understanding of disease and death, morality, and much, much more. When we dehumanise people in our thinking, we will eventually mistreat, oppress, abuse and exploit them in our actions. When we don’t see humans as bearing God’s image, we imagine them otherwise and demean and diminish them. Idolatrous worldviews have consequences. That is why it is so important to identify them, otherwise we will miss the core issue.

REDEMPTION

In Paul's letter to the Colossians, after explaining that all things in creation are made by Christ, he states: 'For God was pleased to have all his fullness dwell in him, and through him to reconcile to himself all things, whether things on earth or things in heaven, by making peace through his blood, shed on the cross' (Colossians 1:19-20).

It is through faith in Christ, in his perfect life, his death and subsequent resurrection, that we are 'reconciled'¹² and 'share in his inheritance'.¹³ The chasm has been bridged and we can know right relationship with God again; we can indeed have the 'mind [worldview] of Christ' and subdue and fill the earth rightly again.

If the fall is cosmic in nature, then so is redemption - the restoring of *all* that that has been misdirected by the fall. Christians are to be involved in the restoration of every area of life, discerning the structures God has given us and the good direction that these should go in. 'Imaging God' shouldn't be read just as a noun but also as a verb - it's what we *do*, which stems ultimately from our worldview. Our vocation is a way to pursue God himself - we are not just medics or nurses who happen to be Christians, but Christian medics and nurses in every area of life.

The Christian story starts with a garden and ends with a city coming down from the sky,¹⁴ a city to which kings will bring 'the glory and the honour of the nations' (Revelation 21:26). What a vote of confidence this is in God's creation and the role of humanity within it! It isn't that this world will be destroyed, but renewed. And so what we do now matters; how we treat others matters. And we won't know what to do, or how to treat others, if we don't know the story of which we are a part.

getting practical

So what does this mean for us day to day? It means we must know our story and engage our minds...

1. **With humility.** We need to acknowledge common ground where we can affirm aspects

of other worldviews. For example, we can affirm the rational mind because God created the world with a rationally knowable structure (Christ is the '*logos*', the rational source of all things).¹⁵ We should also admit where Christians have got things wrong and been triumphalist and insensitive.

2. **In private.** As medics we are at risk of becoming those who possess information without knowledge, opinions without principles and instincts without beliefs. If you are unthinking, you will be absorbed into the culture around you. You can explore this thinking gently with patients too - we are encouraged to 'take account of spiritual... factors' by the GMC.¹⁶ Respectful probing might help reveal underlying reasons why people engage in certain risky behaviours, for example hopelessness or fear.

So ask people what they believe and understand it better than they do. Think deeply, be curious, don't get outthought by those with reductionist worldviews. Know the story you are a character in inside out.

3. **In public.** This will have huge implications for our medicine. Wider ethical issues at the moment include challenges around the making, the shaping and the faking of human life, for example reproductive technology and AI/robotics. The Christian story affirms that we are not just animals or machines but are dependent and made for relationship. And most strikingly, it claims to be the overarching story, total truth for all of life, both 'private' and 'public'. ■

REFERENCES

1. Adapted from Smith JKA. *How (Not) To Be Secular*. Grand Rapids: Eerdmans, 2014
2. Genesis 1:2-2:3
3. Genesis 1:28
4. Genesis 1:26
5. Genesis 3:8,10
6. Genesis 4:3-16
7. Genesis 4:23-24
8. Romans 1:18
9. Romans 1:28
10. Romans 12:2
11. For more see Pearcey, N. *Finding Truth: 5 Principles for Unmasking Atheism, Secularism and Other God Substitutes*. Eastbourne: David C Cook, 2015
12. Colossians 1:22
13. Colossians 1:12
14. Revelation 21:10
15. John 1:1
16. General Medical Council. *Personal Beliefs and Medical Practice*. GMC; 2013

WORLDVIEW: an unstoppable force?

anatomy of the heart

John Greenall explores how what you love will shape your life



'what the heart loves, the
will chooses, and the
mind justifies'



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As medical and nursing students, we think we know the human heart well. You may have dissected one. You may know how to diagnose an inferior myocardial infarction with a glance at an ECG. In a profession where we are expected to know the most about the human heart, I want to suggest that our understanding of it is woefully deficient. In fact, I was guilty of this until I recently heard Professor Glynn Harrison talk about the need for a truly biblical, more psychologically plausible understanding of heart.

what is the heart?

The Bible describes the heart as the seat of personality,¹ the meeting point of feeling, thinking and desiring that forms the intention of our will.

emotion

Let's get this one out the way. It is when our hearts 'leap' when we see someone we love, just like mine did when I saw my future wife when I was a third year.

cognition

We have previously defined worldview as 'a set of beliefs and assumptions that a person uses when interpreting the world around them'. We were challenged to engage our minds and encouraged that in Christ we can know renewal of our minds (and indeed of our worldviews).²

There is a lot of psychological evidence that much of our moral reasoning (up to 95% of all daily decisions) is carried out at a subliminal level, a 'gut response' if you like. So only 5% of what we do in a given day is the outcome of conscious, deliberate choices!³ Learning to drive is a perhaps painful example to consider. Think of all those deliberate actions that become more and more habitual. But imagine if every decision was like this, if we weighed up every option in a deliberate fashion

every time? It would be a nightmare.

Now, I believe that the evidence for Christianity is consistent and reliable and true, that we are supposed to engage our minds and that through Christ the renewal of our minds (our worldviews) can transform us. And yet, so many people still reject Christianity despite many ideas that they hold not passing the test of rationality or reason (the intolerance of tolerance for example, or 'there is no absolute truth' stated with great confidence).

How can this be? If in our consideration of worldview we reduce humans to brains on sticks who are solely rational beings, we will miss the point. Because there is more to our hearts than an emotional or rational element. Something else is going on.

desire

In the picture opposite the rider of an elephant represents our rational mind. He guides the elephant as it trudges well-worn paths in search of bananas. He seems to have control. But the elephant is not easily guided, as I found out when I rode one for the first (and last) time. When he is on the march, it is almost impossible to shift him from his path. He has experience of this path – it leads to bananas! To persuade him to take an alternative route through undergrowth will be nigh-on impossible.

The elephant in this example represents the human heart. And it represents the reality that people are driven not by ideas but by the heart. Thomas Cranmer is quoted as saying 'What the heart loves, the will chooses, and the mind justifies'. Five hundred years later, this still rings true. The media knows how to work on our hearts, seducing us with music, film and adverts. They know that when they have captured our desire, they will have our minds too.

Take the latest launch of a smartphone for example (or any advert relating to cars, beer or

fashion). The images are seductive. I just have to look at the phone to think it's beautiful and that I want it. I am often reminded verbally too, with taglines like 'a great product depends on how it makes you feel'. You see, the advertisers want my heart first - once they have my heart, the mind will justify it. I won't read the four pages of terms and conditions I am handed by the sales rep. Just tick the boxes, sign here and it's all mine. Because I want it, I will choose to buy it and quickly justify it. My rational mind has no chance when my desiring faculties kick in.

you are what you love

The heart isn't a receptacle for processing thought; it orientates it. It is a goal-directed desire factory.⁴ Don't you feel it? The urges, the deep desires that can capture you and direct your time, and maybe your whole life? Indeed, it's not that our intellect has been hijacked by bad ideas per se, but because our desires have been captured by rival visions of flourishing. Stories that shape and form our worldview and that grip our hearts.

you are what you love, and what you love will shape your life

When confronted with issues in *Nucleus* and on the website, please go back to this foundational level. The reason people live the way they do is because of the orientation of their heart. They are, at the core of their being, worshippers. Whether it is money and things, body and beauty, power or intellect, these God-substitutes (or idols as Romans 1 describes) always promise more and more but deliver less and less until they have everything and you have nothing.

As prospective medics and nurses we know this. We know that most people we see are presenting with symptoms of a deeper problem. Depression,

ulcers, relationship breakdowns, addictions, overeating – all rife in our society. It's not that people need more education; it's because we love the wrong things. These are ultimately issues of the heart. That is why the gospel is such good news. That is why Paul can say 'I am not ashamed of the gospel, because it is the power of God that brings salvation to everyone who believes' (Romans 1:16). Our disordered loves can be rightly aligned. Our corrupted desires can be redeemed.

what (or who) do you love?

You can't not love. So the question isn't *whether* you will love something as ultimate - the question is what you will love as ultimate.⁵ When Jesus was on earth he never asked a non-believer 'what do you believe?' or 'what do you think?' He would ask 'what do you want?' or 'who do you love?'⁶ He summed up the greatest commandment as 'love the Lord your God with all your heart... soul... and mind' (Matthew 22:37).

And the question is the same to us. What do you love? What are you becoming? Which story has captured your imagination? Because it is this story that you will 'carry in your bones' and that will shape your study, your values and your actions more than you can imagine.

If you struggle with this as I do, then you will know that what we need is not to be told to stop doing this or thinking that. We need to be reminded of the story we are called to be a part of. We need a panoramic view of what human flourishing looks like that is so compelling and beautiful and attractive that it will grip our hearts. And we see this most supremely in the person of Jesus Christ. Do you love him? Are you captivated by him? Because he can satisfy your deepest desires.⁷ He is a teacher who doesn't just form your intellect, he is after your desires. Your desire for fullness, meaning, unconditional love, justice... Will you love him and let him shape your whole life?

'guard your heart for everything you do flows from it'

Proverbs 4:23

how do you love rightly?

God has given us disciplines of grace to help orientate our heart and our love toward him. We are called to guard our hearts.⁸ To form healthy habits. To direct the elephant. When I read and pray daily I am reminded of the story and invited to participate in it. I am invited to renounce idols and be gripped again by the beauty of the gospel.

As we live in the melting pot of worldviews at university, CMF is here to help you connect, grow, speak and serve. **Connect** by meeting with others in church and your groups. As we worship with other Christians we are reminded that we are part of a people who live, love and serve together. Worship and regular gathering are antidotes to the stories we are immersed in during Freshers' week, in lectures, on the wards and in the world of our smartphones and the internet. As we worship, God recalibrates our hearts.

Grow in faith - not to obtain the 'right answer as a good Christian medic' but to grow in knowledge of the God who reveals his will and blueprint for human flourishing in his creation, in literature, the arts, and so wonderfully in healthcare. **Speak** of Christ and **serve** each other. The story is written all over our lives and our community and, through this, God can awaken the suppressed image of God in others.⁹

When we are confronted with patients making bad lifestyle choices, we have an option. To simply treat the symptoms; to offer more 'education'. Or we can look and pray for opportunities to 'get to the heart of the matter'. We can think beyond the immediate presentation to a person made in the image of God, broken and misdirected just as we are, and yet loved by God who longs for all to be saved through Jesus Christ.¹⁰

QUESTIONS TO PONDER

- What are the things you desire that captivate your heart?
- What kind of person do they want you to become?
- What do you daydream about that may be an idol?
- How might you act to guard your heart?

As we approach bioethical issues we can see that we face competing worldviews (or rival stories) that have gripped hearts. The battle is often ferocious. We must engage our minds, and yet also guard our hearts, recognising the origin of idolatrous worldviews as coming from hearts set against God. Your worldview will define how you address these issues for the rest of your career.

when Jesus was on earth he never asked a non-believer 'what do you believe?' or 'what do you think?'

what about you?

Over these two articles we have considered worldview. The story that we live in that gives meaning to all we see and do. Indeed, to answer humanity's cry of 'who am I' and 'what ought I to do' needs a primary question answering: 'of which story am I a part?'


We are invited to be characters in the greatest story ever. Are you in? ■

REFERENCES

1. Hebrew *lebab* eg 1 Samuel 16:7; Psalm 20:4. Greek *kardia* eg Matthew 22:37; Romans 1:21
2. Romans 12:2
3. See more in books such as: Dulhigg C. *The Power Of Habit*. London: Random House, 2013
4. Ecclesiastes 10:2
5. Smith JKA. *You Are What You Love*. Grand Rapids: Brazos Press, 2016
6. Mark 10:51; Matthew 20:32; John 21:15
7. John 6:35; Matthew 5:6
8. Proverbs 4:23
9. 1 Peter 2:12
10. 1 Timothy 2:4

how do we make moral decisions?

Laurence Crutchlow explores how our worldview affects our behaviour



The previous worldview articles in this issue of *Nucleus* describe what a worldview is, and remind us of the basic components of the Christian worldview. We've also explored the way that we make decisions. To academic minds, it can be surprising how few of our actions come primarily from reason and thought, and how much is driven by gut instinct.

When we don't realise this, we can easily think that worldview is a rather cerebral subject, useful in debate or research, but not really relevant to us. But when we realise that most of our actions are driven by intuition, rather than careful thought, we

realise that understanding someone's worldview (and the driver of their intuition) is the only way we will really understand their actions, and the values that underlie them.

The political turmoil of 2016 revealed a world in which there is very little mutual understanding between people with differing views. Gone are the days (if they ever existed) when someone you disagreed with was assumed to be honourable, but mistaken. The vitriol expressed in the UK's EU referendum and the presidential election in the USA showed that, for many, there was little understanding of the perspective of people who



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voted in a different way. For example, it wasn't just that a Trump voter disagreed with a Clinton voter; it was that some Trump voters couldn't understand how anyone could ever vote for Clinton without having deficient moral values.

We can be in much the same position when Christian and non-Christian worldviews collide. Take debates on sexuality. It can seem impossible for a Christian to convey that they are still loving towards a same-sex couple if they don't believe that it is right for them to marry. Or on abortion - will a pro-choice activist see that a Christian pregnancy counsellor wants to be caring when discussing a woman's options in the face of an unwanted pregnancy, or are they more likely to assume that the counsellor is infringing on the woman's autonomy?

We might well be able to justify the difference between Christians and others by simply saying that Christians base their actions on the Bible and others don't. But this may be too simplistic. For major life decisions many Christians will seek guidance in prayer, scripture, and the counsel of other believers. But most of our decisions are not like this. Did you pray and search the scriptures before deciding what colour socks to wear this morning? For many day-to-day decisions, Christians might well be using the same moral bases as everyone else. And of course there are plenty of questions where Christians don't all agree. Christian groups campaigned on both sides in the EU referendum.¹

moral foundations

One way of understanding these 'disconnections' is to look at something called 'Moral Foundations Theory'. Developed by a group of social and cultural psychologists, it aims to understand why morality varies a great deal across different cultures, yet still holds many common themes. More detail can be found at www.moralfoundations.org, and in Jonathan Haidt's book *The Righteous Mind*.²

moral foundations

1) care/harm

This foundation is related to our long evolution as mammals with attachment systems and an ability to feel (and dislike) the pain of others. It underlies virtues of kindness, gentleness and nurturance.

2) fairness/cheating

This foundation is related to the evolutionary process of reciprocal altruism. It generates ideas of justice, rights and autonomy.

3) loyalty/betrayal

This foundation is related to our long history as tribal creatures able to form shifting coalitions. It underlies virtues of patriotism and self-sacrifice for the group. It is active anytime people feel that it's 'one for all, and all for one'.

4) authority/subversion

This foundation was shaped by our long primate history of hierarchical social interactions. It underlies virtues of leadership and followership, including deference to legitimate authority and respect for traditions.

5) sanctity/degradation

This foundation was shaped by the psychology of disgust and contamination. It underlies religious notions of striving to live in an elevated, less carnal, more noble way. It underlies the widespread idea that the body is a temple which can be desecrated by immoral activities and contaminants (an idea not unique to religious traditions).

[taken from www.moralfoundations.org]

The basic idea is that several innate and universally available psychological systems form the basis of 'intuitive ethics'. These systems effectively form the 'elephant' that is discussed in the previous article [page 8]. The systems proposed are shown in the box.

These five foundations have the most evidence. Haidt suggests that 'liberty/oppression' would be a good candidate for a sixth.

If we come back to the example of sexuality, we begin to see how people who emphasise different foundations may hold very different values. It is possible to discern what emphasis someone places on each of these foundations via their responses to a number of questions (you can try it for yourself at www.yourmorals.org).

if the Bible is God's revelation, surely it is primarily from there that we should derive our worldview, moral principles and ethics

Those who hold politically 'liberal' opinions, and argue for liberal positions on sexuality, tend to score highly for 'care/harm', and 'fairness/cheating'. Those who hold these positions are likely to want to avoid suffering for anyone, and be very careful of not hurting the feelings of an individual. If a 'liberty/oppression' foundation is included, this is also strong in those of a liberal persuasion, and is usually associated with a strong emphasis on autonomy.

But those who hold more 'conservative' opinions are likely to score much higher than 'liberals' on authority, loyalty and sanctity. The sanctity of marriage and the authority of the Bible are likely to be emphasised, along with loyalty to historical patterns of sexual acceptability. Those of this persuasion still score well on care/harm and fairness/cheating values - the big difference is in the emphasis given to the others.

When we analyse our differences over sexual ethics at this level, we see that both sides are motivated by moral principles, and that both are trying to do the right thing. The difference is in the emphasis placed on different underlying principles. The problem is that these underlying principles are rarely considered, and hence a Christian emphasising sanctity often comes across as uncaring, because the 'care/harm' principle isn't heard. More detail about how this works for the specific example of sexual ethics can be found in a *Triple Helix* article from 2015 by Professor Glynn Harrison.³

In his book Haidt suggests that loyalty, authority and sanctity appear to be much more widely emphasised outside the USA and Europe. Someone who emphasises these values is more likely to see themselves in the light of their roles within their family or society, as opposed to someone who doesn't see them as important, who is likely to be more individualistic. This may help us understand why Christians from different cultures emphasise different things.

where (if at all) do moral foundations fit into scripture?

It is interesting to think whether the moral foundations suggested have any basis in scripture. These foundations don't attempt to lay down rules; they merely describe what people think.

Of course the idea that most people share the same principles, even though different emphases are given, could suggest a common starting point. Some may explain this via evolution. But I think that all of the moral foundations proposed could be supported at least in part by scripture. Might we perhaps see them as remnants of the image of God, still present in humans even though fallen?

If the Bible is God's revelation, surely it is primarily from there that we should derive our worldview, moral principles and ethics. It is not quite as simple as 'do what the Bible says', even though this may be true as far as it goes. How do we determine what the Bible says, particularly on topics that are not addressed explicitly?

how do we use the Bible in ethics?

If many of our judgments come from intuition, do we actually use the Bible in ethics at all?

Of course we do. Much of the time, the effect of God's Word on our decisions will be in the way it has changed our heart over time. We've already discussed the importance of the heart in John Greenall's article [page 8]. We have not only the promise that in the new covenant God will put his law in our minds and write it on our hearts,⁴ but the instruction that we will be 'transformed by the renewing of our minds' (Romans 12:2) when we conform to God's pattern rather than the world's.

But for us to know God's pattern, to gradually conform to it, we must know how the Bible should shape our actions. This is a deep and profound subject, which is worthy of more detail than we can give here. I would commend Matt Lillicrap's treatment (*Nucleus* Summer 2010⁵ and 2011⁶), or for a more detailed treatment take a look at a number of articles on our *Turning the Tide* webpages.⁷

however, we do have space here for some helpful hints!

Remember the *whole* of scripture. Of course we should seek specific verses that help us know what to do in a given situation. But a few words can mean almost anything out of context. We need to have an idea of where a particular verse or passage fits into the whole picture of scripture - described briefly in the first article, or at more length in books like *God's Big Picture*.⁸ If we cite an Old Testament law in support of a particular action, we need to think how it applies in the new covenant. Even if it no longer applies directly, what can we learn about God's character from it? We can only do this with a good understanding of scripture. Have you read every word of the Bible at least once? More than once?

The Bible is authoritative as originally given. No one particular translation has a monopoly over all the others. It is wise to use more than one translation if in doubt over something, and look at commentaries that have been based on original language texts.

Lots of stories are recorded in the Bible. Remember that not every action is affirmed. Yes, David was a great leader who we might want to emulate in part, but this doesn't mean that we should follow his example of adultery with Bathsheba.⁹

conclusion

Understanding the Bible better is undoubtedly a vital part of the process of conforming to God's will, but it isn't the only part. I hope we've seen here how deep the underlying assumptions that drive our worldview can be. Much of the time, we are steered by the 'elephant', with our rational minds justifying the actions we've already taken, rather than planning them out.

but for us to know God's pattern, to gradually conform to it, we must know how the Bible should shape our actions

The only way we (and others) will change the actions of the elephant is via a radical change of heart. Only through God working in us, through his Holy Spirit, will we see the shift in our moral foundations and intuitions needed for them to become more like his. ■

REFERENCES

- Wyatt T. Rival campaigns gear up to win over Christians in EU referendum battle. *Church Times* 4 March 2016 bit.ly/2hjNl6L
- Haidt J. *The Righteous Mind. Why Good People are Divided by Politics and Religion*. London: Penguin, 2013
- Harrison G. After the sexual revolution. *Triple Helix* 2015; Summer:6-8
- Jeremiah 31:31-34
- Lillicrap M. In search of Biblical Ethic. *Nucleus* 2010; Summer:24-31
- Lillicrap M. Working out a Biblical Ethic. *Nucleus* 2011; Summer:14-19
- Turning the Tide. CMF ethics training course. bit.ly/2haki85
- Roberts V. *God's Big Picture*. Nottingham: IVP, 2009
- 2 Samuel 11

essentials – back to basics

Toni Saad reports on a week spent at Tyndale House in Cambridge





Toni Saad is a medical student at Cardiff University

Thanks to the generosity of the American Friends of Tyndale House, I recently spent a week in Cambridge hearing a series of 'Gospel Masterclasses' from Christian scholars such as Peter Williams, John Lennox and Gary Habermas. Subjects ranged from the historicity of the resurrection to the apocryphal gospels. It was all very much in the spirit of Tyndale House.

In 1944 Tyndale House was set up with the purpose of pursuing the best biblical scholarship without compromising on the inspiration and infallibility of Scripture. This endeavour aptly takes up the mantle of William Tyndale, who in the 15th century produced the most complete English translation of the Bible from its original languages to date. Tyndale intended to make God's Word, previously only available to the clergy, accessible to the laity. Tyndale House perpetuates this endeavour by producing excellent Christian scholarship for the benefit of the church.

What is simultaneously encouraging and challenging about Tyndale House is its commitment to the pursuit and defence of truth. It encourages us because it proves that Christianity and the academy can be friends, that faithful study can produce excellent scholarship. It also presents us with a challenge, for how many of us pursue truth so earnestly? How many of us can say with the apostle Paul that 'we demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ' (2 Corinthians 10:5)?

We might think that this is all well and good for scholars and theologians, but that medicine is an altogether more practical subject, one less 'spiritual' than those concerning Tyndale House. Logically, then, it is no great leap to think that God has nothing to do with our work, and that our work has nothing to do with God. These two errors need addressing if we are to be faithful disciples.

first error:

God has nothing to do with our work

Though few admit it, many Christians assume that God has nothing to do with their work. They pursue academic, professional, political or practical work, independent of their faith, and therefore absorb many sub-Christian ideas. They have perhaps forgotten the extent of the fall's corrupting influence on mankind, and hence fail to discern what the culture feeds them. All of us are guilty to some extent of doing this.

But restricting God's influence (and our obedience to it) in this way is absurd when we remember that God is the creator and owner of the universe,¹ and that he commands mankind to fill and subdue the whole earth.²

they have perhaps forgotten the extent of the fall's corrupting influence on mankind, and hence fail to discern what the culture feeds them

The human race is called to steward creation faithfully, and work for its flourishing and preservation. Since the fall, which brought death and disease to mankind, medicine has become an important element in the preservation of creation. It is wrong, therefore, to presume to learn and practise medicine without reference to the creator. We are perhaps apathetic about this task because we fail to realise that it should not be left undone. But a moment's reflection makes it evident that Christ is not nearly as unconcerned with medicine as we are with his mastery over it. Much contemporary medical thought makes boldly secular assumptions about human behaviour, sexuality, the value and definition of life, the personal virtues of a doctor. Each of these needs

to be confronted and taken captive to Christ. Thinking otherwise is dangerously naïve because it jeopardises the whole Christian intellectual endeavour. If thoughts are to be taken captive to Christ, they must first be reckoned to not currently belong to him. This is the foundation of a Christian's intellectual witness.

Within healthcare, Christian doctors and nurses are to be salt and light, both illuminating erroneous beliefs, and preventing deterioration. This is no easy task. Sometimes the busyness of life prevents us from pursuing this end as we otherwise might. That is why the work of organisations like CMF and Tyndale House is so important, both to the witness of the church and the good of the world. Yet, we must all acknowledge that God has a great deal to do with our work.

second error: our work has nothing to do with God

The second error is to think that our work has nothing to do with God. This view has an air of piety to it: work and study are necessary evils which are inferior to the 'spiritual' activities of church life and evangelism. Indeed, work is only good because of the opportunity for evangelism it provides. This is because God only cares about his spiritual bottom line, the saving of souls. He is not concerned with petty matters of human activity, and neither should we. So goes this mistaken thinking.

But work has everything to do with God. Christians are called to do all things to the glory of God, even the most prosaic tasks,³ and to offer the sum total of their lives as a spiritual act of worship.⁴ This is well-known, yet many Christians remain tempted to minimise the value of the supposed 'non-spiritual' aspects of their lives. This leads to much half-heartedness, and even guilt. This dichotomy, however, between the 'spiritual' and 'non-spiritual' or 'worldly' is misguided. Though God is indeed most concerned with church life and the fulfilment of Christ's great commission, this is not to the exclusion of everything else. God cares for the whole of life, for he created it all. And he

created in such a way that the spiritual and the material are interdependent and co-inhering. He creates body and soul, spirit and matter, and one day he will renew and redeem the entire cosmos through Christ.⁵ The theologian Hans Rookmaaker puts it well: 'Our Christianity is not only for the pious moments'.⁶ We are not Christians in the church only, but also in the world. The triune God reigns over the whole of life, and the whole of our lives are to be lived to his glory.

conclusion

Christ commands us to love God with our entire mind.⁷ If we are to obey him, we must listen to God's word, in which Paul tells us to take every thought captive to Christ, to redeem worldly thought, and make it an offering fit for King Jesus. We cannot renounce our Christian intellectual duty under the pretext that God does not matter to our work, or that our work does not matter to God. Both of these postures come from a common error: the failure to grasp the glory, might and claim of Christ as ruler of the universe. For Christ is not just Lord of spirit, but also the Lord of matter; not just Lord of the church, but Lord of life. Tyndale House is a visible reminder of these truths. In the healthcare professions, we could do worse than taking a leaf out of Tyndale House's book. Doing so will remind us that our work has everything to do with God because we are his servants and stewards, body and soul, at work, in the family, in the church and in the world. ■

REFERENCES

1. Revelation 4:11
2. Genesis 1:28-31
3. 1 Corinthians 10:31
4. Romans 12:1
5. Colossians 1:20; Matthew 19:28; Revelation 21:5
6. Rookmaaker H. *Art needs no Justification*. Vancouver: Regent College Publication, 1978
7. Mark 12:30

just ask

CMF dissects your dilemmas



I'm thinking about dating a non-Christian. Wouldn't it be easier to tell her the gospel when we're going out?

You're starting with good intentions – wanting them to become a Christian is a great thing. But...

This is one of the main reasons that students stop going to church.

You might occasionally hear of someone becoming a Christian through their Christian boyfriend or girlfriend, though normally the opposite is true and the Christian's passion for Jesus becomes increasingly diluted.

Non-Christians, no matter how nice they are, have a fundamentally different worldview to that of Christians. True, you can tell them the gospel and hopefully show them Jesus through your actions. But you can't guarantee that they'll become a Christian. This is ultimately the sovereign work of God, the Holy Spirit opening eyes and convicting people of sin and their need for God.

And surely when you go out with someone you have to entertain the possibility of it becoming a long-term relationship, and even marriage. With no guarantees of them giving their life to the Lord, would you consider from the outset yoking yourself to someone who has no faith in the one you love most?

Their biggest need is Jesus, not you.

Perhaps the kindest thing you could do would be to explain to them why you don't think it's a good idea to start a relationship – it will prevent a lot of hurt later on if it doesn't work out. By showing them that you care more about Jesus than anything else, it might give you the opportunity to share your faith further.

There's a copy of an old MCQ paper circulating in my year group, which shouldn't have been released. Should I use it for revision?

The hyped-up atmosphere at exam time often gives rise to these sort of rumours or leaks. But seeing an embargoed past paper makes less difference than you think. Medical schools are wise to the fact that students often informally reproduce past papers by memorising one question each.

Your conscience will probably feel more comfortable if you don't look at the past paper, though if it has already 'leaked' you probably don't break any rules by seeing it.

But if you are worried by whether you should have looked, guilty feelings will outweigh any benefit. Focusing just on what is on the paper is unwise given that most questions will be new. And it may be a complete fake.

If you are worried about others gaining an unfair advantage, you may want to quietly pass the paper to the medical school authorities. They may be uninterested, but if it turned out that it was a genuine leak of *this* year's paper, they would be likely to act, which may be better for everyone. After all, the point of learning at medical school is not first and foremost to pass exams but so that you can treat patients well. ▀

If you have a burning question, why not email us: nucleus@cmf.org.uk. The best question each issue wins free student membership for a year.

servant leadership in healthcare

John Greenall introduces our new leadership series

Leadership. Ah, how we love that word. When I was at medical school, 'medical leadership' was being talked about more and more. Now it's likely you will be having leadership lectures, doing Service Improvement Projects as student selected components, and are able to quote vast reams of leadership theory (well, maybe not).

As a trainee I was placed on a leadership programme and funded to do a module in 'Leadership in Clinical Contexts'. I learnt how 'leading up' as a junior and then middle grade could bring about tangible changes in my working environment (including more cups of tea for F1s - yes, really!).

'I want to lead people, by the power of the Holy Spirit, to be all that they have been made to be. I want to see hearts changed, and God glorified.'

CMF Student in Zimbabwe

After graduation you will have a leadership component to assessments and appraisals. The UK government recognises that the NHS increasingly needs practising medics to bring clinical experience to leadership roles. The Healthcare Leadership

Model¹ with its nine dimensions is now overseen by the NHS Leadership Academy,² which also oversees numerous programmes and resources. The concept of Clinical Leadership is here to stay.

Many of the principles are evidence-based and often common sense. As Christians we affirm the need for good leadership, for example to steward resources well and to encourage and motivate a demoralised workforce.

a crisis of leadership

Yet despite this, we face a crisis of leadership in our nation and the NHS. What is it about secular leadership principles that are failing? Is it possible that as medical and nursing students you have a role to play, not just in the future but now? Could it be that counter-cultural leadership as modelled by Jesus himself is more relevant today than ever before?

This series on leadership isn't going to answer the question 'Am I a leader?' It isn't going to provide a blow by blow account of what leadership is and how you can improve - to do that we'd need a whole edition of *Nucleus*.

But it is going to do something pretty exciting. Because as Christians in healthcare, we will have opportunities to influence people and systems on multiple occasions. At different times we may be in



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the position of leadership in a CU or CMF group, a ward round or a teaching session.

students are called to be leaders

If you've read this far it may be an indication that you already know you are called to be a leader. Indeed, the Bible is clear that aspiring to leadership is an honourable ambition.³

And yet, real leaders are in short supply. I am grieved by the number of students I see who abdicate the responsibility (and sheer joy) of being a leader – students who think it will come when they've graduated and 'grown up a bit'. My friends in CMF Zimbabwe sense an urgency to be a medical movement that will change their country and see many people come to Christ. There are 19 and 20-year-olds who speak, write, influence and pray fervently for their nation. As a result, they are breeding leaders – leaders of passion, of godliness, and who are grounded in scripture.

I believe God is calling students, perhaps you, to step up to the biblical school of leadership. Not because it is a calling with status, power and promotion, as endorsed in the secular world (indeed in God's economy it will often mean isolation, being misunderstood and marginalised). But because you are thrilled by Jesus and you want to lead others to be all they have been created to be.⁴

a leadership manual

At the heart of this series is the simple, yet profound, truth that the Bible is the best leadership manual. That all scripture is useful for 'teaching, rebuking, correcting and training in righteousness'.⁵ That it lays out social, moral, mental, domestic qualifications for leadership.⁶ That it is alive with examples and warnings which a wise leader will learn from. That it teaches that leadership includes being goal-oriented, optimistic, zealous, self-controlled, energetic, tactful, visionary, persevering, prayerful, resting in God and relying on his power working in us.⁷

QUESTIONS TO PONDER

- Think of someone you would classify as a 'Godly leader' (if possible, who is a medic). What is it about them that stands out? If leadership is really 'caught' and not 'taught', how will you catch all you can?
- 'The best leaders have learnt to submit to and be led by others' – where and whom can you practice following well?
- If you are not teachable and instead believe you have everything figured out, you will never lead effectively⁸ – examine your heart and pray that God would give you a love for His Word and a teachable heart?

hard to believe?

If you're anything like me, with a wave of attractive, evidence-based leadership theories in our secular environment, the supremacy of the Bible for leadership might be hard to believe.

So this is at the heart of what we are doing here. Can we be so gripped by Jesus that our whole lives, our view of leadership included, flow out of a relationship with him? Will our attitude to authority, the oppressed and overload in our work be Christ-like? Will we see that the pitfalls of leadership, including money, sex and power, are all powerfully addressed in Scripture with even better promises?

I can't wait to get going... ■

If you read – start with Spiritual Leadership by J. Oswald Sanders – a rip-roaring classic and the best I have read on leadership.

REFERENCES

- | | |
|--|---|
| 1. Healthcare Leadership Model. bit.ly/2gsmWUV | 7. Philippians 3:13; Hebrews 6:9; Ecclesiastes 9:10; 1 Corinthians 9:25; Galatians 5:24; Ephesians 5:16; Galatians 6:9; Colossians 4:5-6; |
| 2. NHS Leadership Academy. bit.ly/1k4xgXM | 2 Kings 6:15-17; Galatians 6:9; Luke 5:16; Psalm 127:1-2 Colossians 1:29 |
| 3. 1 Timothy 3:1 | 8. Proverbs 1:8, 8:32 |
| 4. Ephesians 2:10 | |
| 5. 2 Timothy 3:16-17 | |
| 6. 1 Timothy 3:2-7; 1 Peter 5:1-7 | |

distinctive – being a light on the ward

Pippa Peppiatt explores living it out practically from a nursing perspective



People cannot make sense of anything without attaching it to a storyline. Our worldview, that metanarrative by which we make sense of the world, is not theoretical, but rather has a profound influence on how we live and work.

Timothy Keller writes, *'If you get the story of the world wrong – if, for example, you see life here as mainly about self-actualisation and self-fulfilment rather than the love of God – you will get your responses wrong, including the way you go about your work... At a day-to-day level, our worldview will shape our individual interactions and decisions'*.¹

How we think affects how we live, behave and work. However, if we want to impact our colleagues and patients and be faithful and fruitful in the long-term, we must keep close to Jesus, being filled with the Spirit as we give out. One doctor writes, *'Only if Jesus stays real to the heart can you be consistently joyful enough in him to avoid making medicine your whole self-worth, and then becoming hardened when you meet so much ingratitude'*.²

As Christians then, let's look at some of the practical outworkings of our worldview and the opportunities we have as healthcare workers to respond and be distinctive in our work.

compassion

Compassion is a direct outworking of God's character. Regularly, when confronted with people in need, Jesus was moved to compassion and in each case, his compassion led to action that transformed the situation. At the cross, Jesus showed compassion in its most selfless sense by choosing to lay down his life for our salvation. This notion of self-sacrifice and compassion was at the heart of nursing and medical movements of the early church.

As we give out, let's bear in mind Hebrews 10:24. It really helps to meet with other Christian medics and nurses where we can understand, pray for and encourage each other.

being salt and light

How do we as Christians help to shape a better healthcare culture? Jesus was clear that as his disciples we are both salt and light. He doesn't tell us to be salt and light, but that we already are. The question is, are we salty enough, and are we putting our light where it can be seen?

Being salt is about stopping the rot and imparting flavour. Developing our Christian



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worldview by studying scripture and ethics, as well as keeping updated professionally, will help us be informed so we can challenge things that are wrong, keep what is good and encourage the best.

Light reveals reality and truth. At work it may mean speaking out hope among disillusioned colleagues, or working honestly and faithfully when others cut corners or show limited respect to colleagues and patients. It's a great opportunity to model collaborative multidisciplinary teamwork, to outwork our faith in practice by avoiding gossip and speaking well of each other.

One neonatal nurse has said, *'My work gives me a unique opportunity to love and serve others by coming alongside them when they need help and encouragement. Beyond providing medical care, loving and serving my patients often looks a lot like being a shoulder to cry on and an ear to listen. Being a nurse teaches me to be compassionate with my neighbour; it forces me to stand with them right in the midst of their pain and uncertainty and help them see light and hope'*.³

priority for the defenceless and poor

Jesus made it clear that to be his disciples, we are to be engaged with the pain and suffering of a fallen, sinful creation. In Matthew 25:31-46, Jesus commends or condemns on the basis of the care shown to the poor, the stranger, the sick and the imprisoned by those who claim his name.

If we understand that all of us are made in the image of God, then we are all worthy of the same respect and care, regardless of factors such as age, race, gender, sexuality or social class. We all have a God-given value and dignity, but we are also all sinners, in need of God's grace and forgiveness. None of us are ultimately any better or any worse than the other. In the first century this was revolutionary thinking, and led Christians to minister to large communities of the urban poor and sick whom respectable Romans and Greeks

would seldom venture near. Indeed, the aims of the NHS to offer treatment irrelevant of how wealthy or 'deserving' a patient, were infused by this Judaeo-Christian worldview.

What about for us now? In your work this may mean remembering not to judge others. This might be tested on medical wards with repeated patient admissions for smoking or alcohol-related illnesses. Ask the Lord to help you care for all with respect and love.

holistic care

I was recently reading about Dr Martin Lloyd Jones who, in 1927, argued (against the popular belief of the day) that patients' symptoms were often of a non-physical nature and so treatment should be given holistically. He saw that people have a spiritual nature, a moral nature, and a social nature, and if any of these are violated by unwise or wrong beliefs, behaviours, and choices, there can be interlocking physical and emotional breakdown. Although today there is more recognition of the multifaceted causes of illness, there is still great caution in encouraging health professionals to address spiritual issues. As Christian medics and nurses, we believe God created and will resurrect our bodies – they are important! But God doesn't only care about bodies; he created and redeems our souls as well. So we need to bear the totality of the human person in mind. Recognise that behind physical symptoms there is often emotional and spiritual pain. Be alert for opportunities to address and talk with patients about spiritual issues, and to offer prayer if appropriate. ■

REFERENCES

1. Keller T. *Every Good Endeavour*. London: Hodder & Stoughton, 2014
2. Turnau T. Reflecting Theologically on Popular Culture as Meaningful. *Calvin Theological Journal* 2000;37:270-296
3. Haynes A. Being a Nurse in a Broken World. *The Gospel Coalition* 13 October 2016 bit.ly/2h1b6Rn

be prepared – life after graduation

Rachel Owusu-Ankomah explores integrity



Rachel Owusu-Ankomah is a CMF Associate Staffworker in London and a surgical trainee

The wonderful thing about our training as doctors, nurses or midwives is that it's vocational. As students, we glamorously envisage post-qualification life - 'I want to be a junior doctor who respects all my colleagues', 'I want to be a nurse who takes the time to be with their patients'. Perhaps the real challenge as students is that we should not just be thinking and waiting until graduation, but start being those things now.

Domain four of the General Medical Council's *Good Medical Practice* states that we should 'always be honest about [our] experience, qualifications and current role'. We should 'act with honesty and integrity [in] research'.¹ But does it go far enough?

God instructs us to speak, act and behave at work above reproach.² We are to respect our patients, peers and colleagues,³ to obey the rules.⁴ Our words should be clear - 'yes' should mean 'yes' and 'no' should mean 'no'.⁵ However, work culture can mean that we all too easily get swept up in the wrong thing - from talking about a colleague behind their back to doing personal printing at work.

I came unstuck when the work load built up. I normally worked hard and went out of my way to help others. Instead of admitting that I could not take on all the tasks, stubbornness and pride kicked in. I'd be given things to do, made assurances that I could get them done, but to my shame could not deliver. A far cry from the honesty and integrity I believe God calls us to.

So how can we work out our integrity? Consciously think about your own integrity in day-to-day life. What type of Christian medic or nurse do you want to be? Are you punctual to placement? Are you rude and dismissive to peers or colleagues? Do you take on projects and complete them in the given time? Do you have a 'not my patient, not my problem' attitude to the patient with dementia who needs guiding back to their bed?



Be honest with yourself and with God. Thank God for the areas of integrity you do exhibit and ask him to help you to keep on. When the stresses, strains and busyness of working life start, the cracks can start to appear. Practically address your integrity failings. 'I should get enough rest so I can leave on time for work', 'I will ask my small group to pray for me when struggling with projects'. Reflect, repent and act. The integrity with which we conduct our lives, especially in the workplace, is a personal testimony of God's holiness, grace, mercy and love.⁶

*'Whatever you do, work at it with all your heart, as working for the Lord... It is the Lord Christ you are serving.'*⁷ ■

REFERENCES

1. General Medical Council. *Good Medical Practice*. GMC; 2013 bit.ly/2fVFuzD
2. 1 Peter 2:11-12
3. 1 Peter 2:17
4. Romans 13:1-5
5. Matthew 5:37
6. 1 Peter 1:16; 2 Corinthians 12:9; Micah 6:8; John 13:34-35
7. Colossians 3:23-24

WRITE

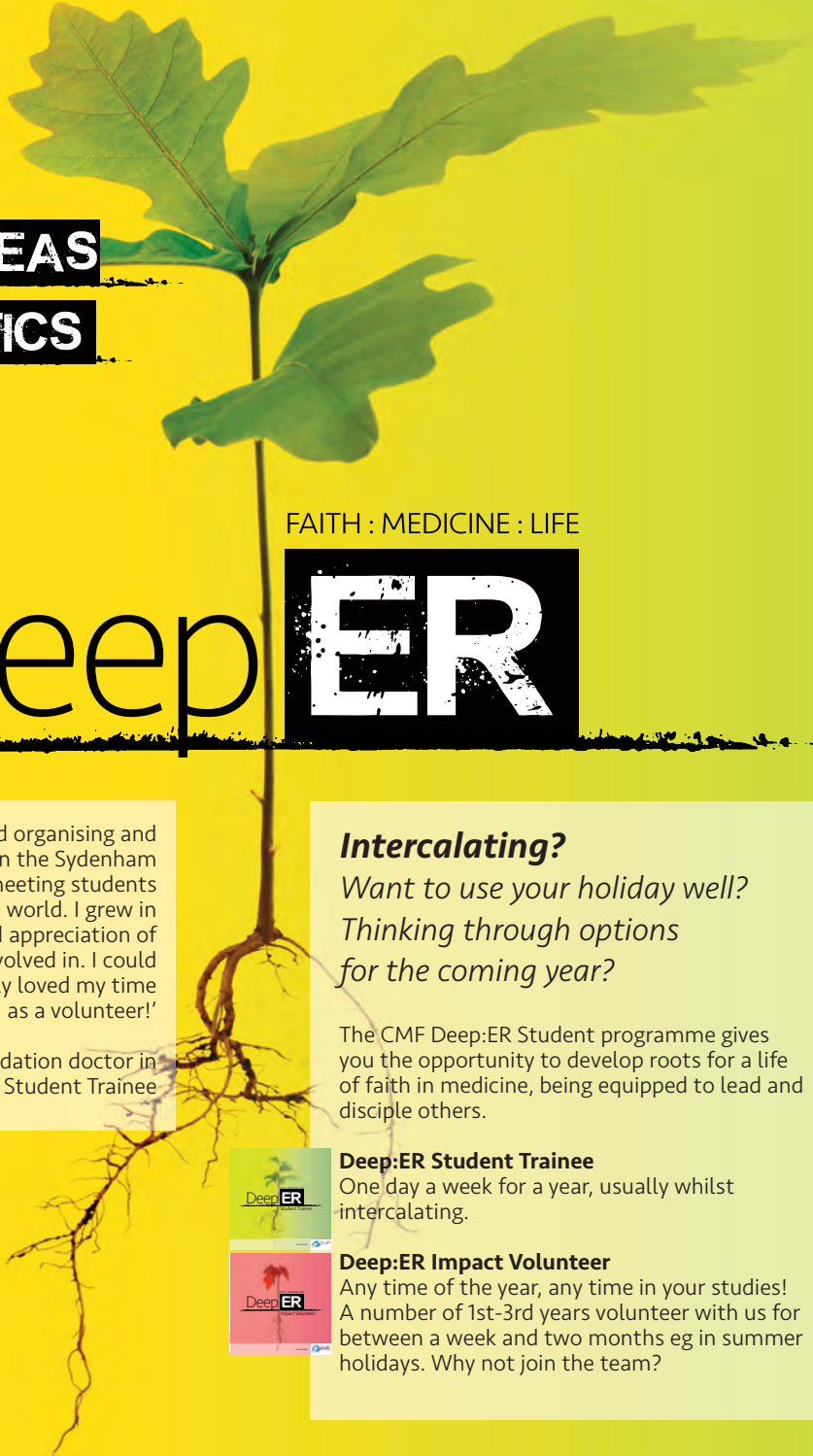
ETHICS

GO OVERSEAS

APOLOGETICS

SPEAK

LEAD



FAITH : MEDICINE : LIFE

Deep ER

'I really enjoyed organising and participating in the Sydenham Conference, and meeting students from all over the world. 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

Intercalating?

*Want to use your holiday well?
Thinking through options
for the coming year?*

The CMF Deep:ER Student programme gives you the opportunity to develop roots for a life of faith in medicine, being equipped to lead and disciple others.

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reports from Ireland and Exeter

Irish Conference 2016

We studied Ecclesiastes, had several seminars and lots of good worship, food, fun and fellowship. The choices of talks were very interesting and eye-opening. Topics ranged from euthanasia and abortion to time management, the Old Testament and evangelism. I found the seminar on euthanasia very insightful in helping to mould and ground our values as Christians - what we believe and being able to defend them when we engage in intellectual debate with others.

Of the many lessons learnt, the most important one I took away from it was the brevity of life, and that is reason all the more to live life everyday seeking to do God's will, because that is what makes life meaningful. At the end of the day, only God will see and remember what you have done, so don't waste it!

One of the highlights was the free time in between seminar sessions. I was encouraged to hear different views and experiences regarding the various topics we delved into. Though I wasn't able to go to all the seminars, understanding the topic from fellow Christians who had gone allowed me to learn about the other seminars with the added value of what others took away from it.

Sometimes when people think of Ecclesiastes, their impression is sad and bleak: "Meaningless! Meaningless!" says the Teacher. "Utterly meaningless! Everything is meaningless." (Ecclesiastes 1:2). Yet, the message ultimately is a gift of hope and enjoyment - 'That each of them may eat and drink, and find satisfaction in all their toil - this is the gift of God' (Ecclesiastes 3:13). ■

Natalie Teh is a medical student in Galway



new group in Exeter

Since arriving at medical school, myself and a couple of others have hoped and prayed for CMF group here. We have a vision for a community of medics and doctors in Exeter who support one another, explore what it means to serve Christ as medics together, and work alongside the Christian Union to transform the medical campus into somewhere non-Christians can encounter the gospel.

This term we had our first ever student-doctor meetup! Twelve of us gathered and shared our thoughts on what this group could look like. We plan to continue meeting up termly to discuss and pray over a specific issue that Christian medics face. Alongside

that we will set up 'medic families', where a medical student will meet up monthly with a doctor and their family to chat about how things are going.

I've also just been to my first ever CMF regional conference, where I thoroughly enjoyed talking to medical and nursing students from across the South West. We discussed what their CMF groups look like, shared prayer points, and were given food for thought by CMF Head of Student Ministries John Greenall.

We're really excited about how God can use this small community to transform both our lives and the lives of non-Christians on our campus. ■

Elizabeth Alexander is a medical student in Exeter

a day in the life

Consultant Oncologist **Dr Sarah Baker** talks to *Nucleus*



Sarah Baker is a Consultant Oncologist in Wales

What area of medicine are you in?
Oncology.

Why did you choose this area?

I was inspired by a Christian oncology consultant supervising my final year project and felt a strong sense of calling to the specialty. It also suits my gifts. God opened up lots of doors to get me to where I am today.

What motivates you in your work?

Above all the knowledge that God has called me to it and I am where I am meant to be. I enjoy helping people through a really difficult time, being able to offer the chance of a cure sometimes, but support and care always, even when cure is not an option. Being able to develop world class radiotherapy services for the local population also motivates me.

What does a typical day look like?

Most days have an outpatient clinic where I see patients with cancers of the GI tract. I see new patients and follow ups and monitor patients on chemotherapy and radiotherapy. I spend a good part of my week planning radiotherapy and pursuing my academic interests in radiotherapy quality assurance in clinical trials.

What are the challenges in your workplace?

Trying to be Christ-like in the midst of different pressures and busyness. Working with difficult characters from other specialities within the MDT (which I currently lead), rationing of healthcare resources and the challenge of witnessing to patients and colleagues - all opportunities to rely on the Lord.



What are the blessings in your workplace?

Working with a group of multidisciplinary professionals within oncology who are striving to do our best for patients. Having good consultant colleagues, many of whom are friends in addition to being colleagues.

God opened up lots of doors to get me to where I am today

I love developing my academic interests and exciting our trainees about the opportunities for research. Most of all, are my patients, the ones I know for many years and the ones I only meet a handful of times. It is a privilege to care for them and get to know them.

Do you have any advice for students currently going through medical school?

Enjoy it, it goes so quickly. Be open to what the Lord is doing in and through you. Many people are open to the gospel as students, much more than they ever will be after graduation. Make time for meeting with other Christians, especially church. Join CMF and work out how to work out the issues affecting Christians in medicine. ■

crossing cultures

Amelia Bearn reports on her elective in Ghana



Amelia Bearn is an FY1 doctor in Yorkshire

April 2016. I stepped onto the plane at Heathrow not knowing what to expect in Ghana. Having come straight out of finals I had barely opened a guide book, but I quickly discovered that Ghana is hot (very hot) all the time and that dust gets everywhere (don't wear white).

My elective was at The King's Medical Centre, a small rural mission hospital in Northern Ghana. I learnt so much medically, but also about God's heart for his world.

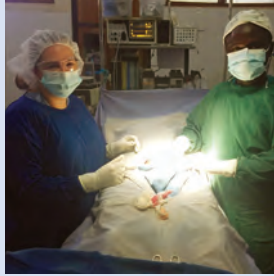
act justly

A 76-year-old lady presented very unwell with severe abdominal pain. She was deeply jaundiced with an unusual mass below the liver edge. I suggested some liver function tests, but the hospital doesn't have the equipment, and the patient couldn't afford to send the sample to another laboratory. An ultrasound scan by a visiting American doctor showed a grossly enlarged gallbladder displaced by the inflamed liver. In the UK she would have had a CT scan or perhaps gone straight to surgery, but here she was simply sent home.

I was unsettled when so much more would have been done for her at home; it felt so unfair. How can we complain about the state of the NHS when such healthcare inequalities exist? How can we bring justice to these situations?

love mercy

Every day started with staff devotions, which were so refreshing as we focused on God and



worshipped him. I loved how the security guards in the hospital were part of the team, ensuring patients got into the wards safely and running for help if anything was needed. My time there helped me to see how valued every single person is to God, both staff and patients. As their doctor, I am called to treat them as Jesus would, not as the world sees them.

walk humbly

One week I joined the church pastors to visit a rural village. We were soon being served traditional Ghanaian food from one large pot that we all shared from. This apparently shows the trust you have for those you eat with. I was overwhelmed that a family who had barely anything wanted to serve us and provide us with a meal.

Their basic way of living made me start to realise how much we complicate our lives with social media, television and emails. We rarely spend time eating, talking and laughing with those we love. I believe God created us to have simple lives, where we love him and we love people.

After seven weeks I was ready to stay forever! I learnt so much medically, from hernia repairs to antenatal ultrasounds. But I also learnt more of God's heart, and let my heart break for what breaks his. As I start work in the NHS I hope not to lose the lessons I learnt in Ghana.

'What does the Lord require of you? To act justly and to love mercy and to walk humbly' (Micah 6:8). ■

counterparts

CMF - beyond what you see



Anna-Vanessa Nangonmbe is a medical student from the University of Namibia School of Medicine, Windhoek

In African cultures we take the Bible seriously when it says 'go out and multiply' – I come from a family of eleven children. They are based in the northern region of the country, but I stay in the capital city to attend medical school.

Studying medicine in Namibia is an exciting experience, there are so many rural hospitals that need doctors. The establishment of the Medical School in Namibia in 2010 allowed home grown doctors to study and work here. In Namibia we have a lot of exposure to different cases, and because there is a lack of health professionals the nurses give medical students an opportunity to perform tasks and gain experience in performing them. The bottom line is: you learn a lot in rural Namibia.

Attending the Sydenham Conference in London in February 2016 was a journey that forever changed my life. I learnt so much and brought back with me materials that we could use at CMF Namibia. We started *The Human Journey* and are still on the journey to completing it.

CMF Namibia

CMF Namibia is my second family. It is so important to surround yourself with people that help and encourage you to grow your faith as a Christian, especially in the medical field. After graduating, I am likely to work in a different town than my fellow brothers and sisters. Growing in Christ might not be so easy but, because of the exposure and encouragement from the Word of God and my fellow classmates, I am able to stand strong and be the light to others.

Even now as a medical student, we are called to show the love of Christ to others. At CMF Namibia, we reach out to children who have HIV, we visit children who are sick in the hospital, and most importantly we show love and encourage one another in the faith.



We are also a registered society on campus. We have nights of worship where we worship and praise the Lord on the campus lawn. We have picnics and will soon have a dedication ceremony for Martha and David, who brought CMF to Namibia and are now final year students.

In July 2016, Namibia held the annual ICMDA Conference for Southern Africa. It brought together medical doctors, students, nurses, dentists and other health professionals from South Africa, Botswana, Malawi, Mozambique, Zimbabwe, Zambia, Swaziland, and Lesotho. The good news is that God is working the in the health care systems of Africa, He is strengthening it and says 'I will even make a way in the wilderness and rivers in the desert' (Isaiah 43:19, KJV). ■

my trip to... Lithuania

Katherine Aiken reports on the CMF Baltic Camp 2016



Katherine Aiken
is a medical student
at Queen's University
Belfast

At student conference, my ears perked up when I heard about an opportunity to go to the Baltic CMF camp in Lithuania over the summer. A few emails, some packing and an apprehensive rendezvous with (then) strangers at Luton airport and I was on my way, along with one other medical student and four doctors from the UK. We touched down in Kaunas for another airport rendezvous and were then taken for lunch, with some having more adventurous tastes than others and trying the sour milk, cold beetroot soup and 'beer before beer'.

I had a full heart from the food, fun and fellowship we enjoyed together, united as medics coming together under God's Word

The camp venue was a youth homestead near Klaipeda, with quaint sleeping huts and outdoor eating arrangements that would never be practical in Northern Ireland! Gradually medical students and doctors started arriving, from Lithuania to Norway, Estonia to the Czech Republic, with about 35 people attending in total. Each day we had Bible teaching on 2 Timothy with Bernard Palmer (a retired surgeon from Hertfordshire), followed by discussion groups and then a medical-related lecture. In the afternoons there was practical training and other activities, such as the daily 2pm volleyball match which was a great way to build friendships, not to mention a source of entertainment for the more coordinated and sporty to laugh at those of us less gifted!



Bernard's teaching throughout the week left me with a lot to think about, particularly on 2 Timothy 2:2:

'And the things you have heard me say in the presence of many witnesses entrust to reliable people who will also be qualified to teach others.'

All too soon our time together came to an end, although not before I had inserted my first cannula, taken plenty of ridiculous photos and planned trips around Europe to visit various new friends. As I left, I had a full heart from the food, fun and fellowship we enjoyed together, united as medics coming together under God's Word. ■

our values – research & training

Laurence Crutchlow looks at our role in advancing knowledge



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

'To work constructively in scientific research and in training others for the benefit of individual patients and the advance of healthcare throughout the world.'

I was merely thinking God's thoughts after him.' This is how Johannes Kepler (1571-1630) described his work. Kepler was not only a mathematician and astronomer, but studied theology at the University of Tübingen. Committed to a sun-centred universe, Kepler was a contemporary of Galileo. Being a protestant did not protect Kepler from persecution; though the Vatican didn't put him on trial like Galileo, Kepler was removed from a teaching post in Graz, Austria, early in his career because of his Protestantism.¹

Although theologically trained scientists like Kepler may be relatively rare, the profound metaphysical issues raised by science continue to be much discussed. Cosmology (the study of the origins and development of the universe) currently seems to be the most frequent starting point, with Professor Stephen Hawking perhaps the most prominent physicist who has written about both the

universe he studies and his conclusions about its origins.²

medicine

There is much science in the study of medicine, as those in the early part of a medical degree know only too well. 'The heavens declare the glory of God' (Psalm 19:1); the human body is 'fearfully and wonderfully made' (Psalm 139:14), and is surely the pinnacle of creation. Understanding it is fascinating, whether you are a medic or not. During my first Christmas at home from medical school, my grandmother quite spontaneously started to look carefully at my dissection atlas. She was 89 and had left school at age 13, nearly a decade before Fleming discovered the properties of penicillin. We are privileged to have much more education than my grandmother would ever imagined possible in the 1920s, and we can follow

This is the final article in a series of ten which have looked at CMF's Values. Previous articles may be found at: www.cmf.org.uk

Kepler in thinking God's thoughts after him as we study the human body.

research

Therefore, it should not be difficult to see why the Christian might maintain an interest in medical research, which helps us understand the body and its pathologies more deeply. Adam could be said to have been the first 'researcher' as he studied and named animals. Of course, such work is not confined only to Christians, and many workers in this field are motivated by a love of the science itself, as well as by compassion for the patients that their work will eventually help. Many Christians will share these motivations, but will also be conscious of God the creator in their work.

every time you explain a procedure or a condition to a patient, you are teaching them and helping them to better manage and cope with their illness

The research envisaged by CMF's tenth value may take many forms. Much that you will read and see early in medical training is lab-based science. A rat's heart may seem very distant from patient treatment. Yet this underlying work, often undertaken when the clinical benefits might not have been obvious, is essential for our understanding of the body. We would not have ACE-inhibitors without sophisticated chemical engineering techniques, for example.³ In clinical studies, research may be more obviously patient-centred. A new drug or surgical intervention might be compared either with placebo or a current 'gold standard' treatment. Research happens in the community too. My practice recently took part in a study to help develop a predictive tool enabling GPs to make better decisions about antibiotic treatment or onward referral in children with a cough.⁴

passing on the baton

Passing knowledge on should already be second nature in our Christian lives. The vast majority of people come to faith because someone told them about Jesus. Paul expected Timothy to pass on his teaching: 'And the things you have heard me say in the presence of many witnesses entrust to reliable people who will also be qualified to teach others' (2 Timothy 2:2).

The wider world usually respects the passing on of knowledge. The Hippocratic Oath makes reference both to the respect in which a student must hold their teacher, and to the duty of the student to teach others.

You might think, 'what can I teach someone as a student?' You would be surprised what you do know. Every time you explain a procedure or a condition to a patient, you are teaching them and helping them to better manage and cope with their illness. You may well already be of help to students in the years below you at medical school, and might learn a lot yourself if you help those you know with their studies. And qualification comes around very quickly; even as an FY1 you will need to be able to pass on your knowledge to students. Even if you take on no formal teaching role, you will be supervising junior staff later in your career. Get into practise now.

it all seems positive: what are the difficulties?

Research and training are time-consuming. Day-to-day clinical work can easily squeeze out both. When there is ever-rising clinical demand on a background of unchanged staff and resources, something must inevitably give. All too often educational and research activities are the first to go. That might be reasonable once a year with the hospital on black alert and widespread staff sickness, but high-pressure situations are increasingly becoming the new 'normal'. Consideration must be given to how education can continue.

Who benefits from research and education? CMF's value includes the phrase 'throughout the

world'. The disease burden can vary markedly between higher and lower income countries. But with more money to spend on healthcare in the developed world, there is often a focus on 'western' diseases. Add to that the fact that a drug which is a lifelong treatment for a chronic disease will usually be much more profitable than a new type of antibiotic that might be prescribed for a five or seven day course, and it is easy to see how a big disparity can occur. Before rushing to criticise the pharmaceutical industry, we must remember that the costs of developing a new drug are immense, and much (costly) work is done on possible treatments that never even reach a clinical trial. *Scientific American* suggests US\$2.5 billion as an average cost.⁵

Given these factors, how can we ensure that research and training are of benefit throughout the world? On a wider scale, we might be active in the political arena and supportive of programmes that promote research into diseases more common in the developing world. We might lobby government to ensure that UK-based companies are not exploiting patients in poorer countries as they conduct their research. We shouldn't forget the role of public health, covered in some detail previously in *Nucleus*.⁶

There is much we can do in lower income countries in terms of training. Despite the problems in the British system currently, UK medical training is very highly regarded in much of the world. We have a tremendous opportunity to share our knowledge with those who have less well-developed training, whether by working overseas long-term and including teaching in our roles, or whether on short trips such as those organised by PRIME.⁷ Those of us still in the UK could stay in touch with a colleague working long-term overseas in our field, helping them to keep up to date with current medical trends.

what can I do now?

You might not feel ready to set up a medical school just yet (!), so let's end with some ideas that might help as a student.

Above all, learn to read a paper well. Even if you never conduct a piece of research, you can't make informed decisions about treatment if you don't know how to evaluate the work of others. Trish Greenhalgh's *How to Read a Paper*⁸ is a good start.

Give serious consideration to an intercalated BSc; whatever the subject, the chance to learn and think more broadly will be useful whether or not the exact degree title is that relevant to what you eventually do. If you don't have the opportunity or funds for this, try to ensure you undertake at least one SSC that involves some research.

Learn to teach. You will be imitating Jesus, who was a great teacher. Even if you never take a formal 'teaching' role you will need to help patients understand their conditions. Observe what is good and less good in those who teach you. Think about taking specific courses (whether SSCs as a student, or specific training courses as a junior doctor, which are often free). Of course, this skill won't go amiss in the Christian world as well. Not every doctor is a Professor, but all share knowledge with others. Not every Christian is a preacher, but we are all to 'spur one another on to love and good deeds' (Hebrews 10:24).

The human body is not simple, and medicine can be a difficult subject. When the going is difficult, be reassured that you are not simply learning and deriving facts and figures. The body which you are learning about is made in God's image, and Jesus became a man and walked with us on earth. ■

REFERENCES

1. For some more detail on Kepler, see the NASA website: kepler.nasa.gov/Mission/JohannesKepler/index.cfm
2. Mlodinow L, Hawking S. *The Grand Design*. London: Bantam, 2011. Response: Lennox J. *God and Stephen Hawking*. Oxford: Lion, 2011.
3. This article from Bristol University gives and easily read account of their development bit.ly/2heKEWo
4. Hay AD et al. Development and internal validation of a clinical rule to improve antibiotic use in children presenting to primary care with acute respiratory tract infection and cough: a prognostic cohort study. *Lancet: Respiratory Medicine*;4(11):902-910 bit.ly/2hpaqza
5. Mullin R. Cost to Develop New Pharmaceutical Drug Now Exceeds \$2.5B. *Scientific American* 24 November 2014 bit.ly/1lU4wS
6. Crutchlow L. Our Values: Public Health. *Nucleus*. 2016;46(1):16-18 www.prime-international.org/home.htm
7. www.prime-international.org/home.htm
8. Greenhalgh T. *How to Read a Paper: The Basics of Evidence Based Medicine*. Oxford: Wiley-Blackwell, 2010

what's the story?

Alex Bunn talks films



Everyone loves a good story. We have many art forms that we can tell stories through: theatre, fiction, poetry, song, graphic novels, but where to start? Perhaps the most accessible, universal and affordable ever created is film. In a previous age, art that cost millions could hang on only one wall. But now a film costing \$100M can be projected (legally!) into your home for the cost of a coffee. And have you noticed how films get people talking? And not just about insignificant subjects. There are people who wouldn't touch a book of poetry, go to a play, or come to a lunchtime talk about Jesus. How can we engage with films at a deeper level? And can they help us talk about faith more honestly and winsomely?

what's the story?

The Bible isn't just a book of doctrine. About 70% is story, vision, symbol and narrative of God's redemptive work in the world. For the most part, Jesus chose to teach through stories and parables. He could have delivered theological facts through logic and abstractions, but instead he chose colourful dramas to engage hearts as well as minds: lost coins, wedding parties and relentless shepherds. So God also loves story-telling.

But which stories capture our imaginations today? One of the draws of a good film is seeing something of our own life story reflected back at us. OK, maybe you didn't want to become a male dancer like Billy Elliot, but perhaps you related to



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

basic film themes:

- **The hero's (main character's) goal that drives the story:** Frodo wants a quiet life in the Shire
- **The adversary or obstacle to the goal:** Middle Earth is invaded by orcs
- **The character flaw:** internal obstacle, a wrong perspective or weakness: Frodo is tempted by power the ring
- **The apparent defeat:** more orcs, and internal squabbles are making things worse
- **The final confrontation:** the battle of the black gate, which allows Frodo to destroy the ring and the evil powers
- **The self-revelation:** what the hero originally wanted was not what he needed!
- **Resolution or denouement, an epilogue showing the results of change:** the end is better than the beginning

Tolkien said that this universal shape of story, with an apparent defeat followed by victory, mirrors the big story of all creation: the cross is the biggest apparent defeat of all, but also the greatest victory.²

his desire to escape parental expectations? Perhaps the biggest stories of all are as big as the universe itself, epics about the cosmic battle between good and evil. Tolkien, who wrote the most popular epic yet, believed that we should expect glimpses of the big story in secular art:

'there is some divine illumination vouchsafed to all men... We should, therefore, expect to find in the imagination of the great Pagan teachers and myth makers some glimpse of that theme which we believe to be the very plot of the whole cosmic story - the theme of incarnation, death, and rebirth.'

Our culture has been so shaped by Christianity that even today, to borrow a phrase from Scorsese's screenwriter, filmmakers are still trying to make sense of the 'after image' left by the gospel. We can't quite shake it off, the big story is deep in the collective memory, even for those who can't see a reason for 'the hope of glory'.¹ For instance, in the film *Magnolia* there are several uncomfortable scenes of cruelty and denial, and you just want someone to stop it. Then, out of the blue, frogs rain down and totally disrupt the whole order of things. The director later said that he had no idea a plague of frogs was in the Bible! So the biblical narrative and symbols still have power and resonance in a secular society.

mistakes for Christians: genres

It's quite tempting for Christians to primarily look for films that 'tell the gospel', particularly if there is a messiah figure such as *The Passion of the Christ*, *The Iron Giant* or, more subtly, *Whale Rider*. But Jesus was good at connecting with people as people, which meant talking about a range of 'unspiritual' topics such as money, sex, power, worry, national identity, dieting etc. Consider the Philippian jailer: when he asked of Paul 'what must I do to be saved?',³ he wasn't just thinking about heaven but his current messy human predicament. Which messy situations do we see in films we can chew over with our friends?

It's also tempting only to watch films that are optimistic or sentimental. There is an argument for avoiding films that are obviously corrupting in terms of sex and violence. Didn't Paul recommend we think about things that are noble, right, pure, lovely and admirable?⁴ That might be a command only to watch *Bambi*, if it weren't for the top adjective on his list: whatever is true, think on these things. Many films hold a mirror up to the state of the world and our hearts, and there is a duty to engage with the arts, even if it does provoke us at times.⁵

learning to interpret a movie

Just as there is a skill to physical exam, there is a skill to appreciating film. There is so much you can miss first time. You will get much more out of a film watching it in a group and asking some basic questions. There is a longer list of questions you can print off⁶ but its helpful first to look at the levels at which any film works:

- **the aesthetic level:** God gives many good gifts, one of the first was beauty, something that was deliberately 'pleasing to the eye'.⁷ So enjoy the film as art before rushing on to dissect it for its 'message'. Your artsy friends can help you here, ask them! The director will have spent months sweating over minute details, so take time to research and appreciate their craft. For

instance, in *Three Colors: Blue*, Juliet Binoche watches a sugar cube dissolve in coffee for exactly five seconds. Not three or eight. The director, Kieślowski, wanted to capture her absorption as it seemed her life had collapsed down to the size of a crumbling sugar cube, for just the time an audience would catch the message. How did the film work as art?

- **the emotional level:** Ecclesiastes tells us there is 'a time to weep and a time to laugh, a time to mourn and a time to dance'.⁸ Some films rightly twist our guts, and its right to pause before skipping to analysis. You don't need to be an intellectual to appreciate *Schindler's List* or *Up*. How did it make you feel?
- **the ethical level:** this is not just about whether the behaviour portrayed lines up with biblical morality, but in what light that behaviour is shown. The Bible does not flinch from depicting pretty depraved behaviour, take Tamar's rape by her brother or the Herod's massacre of children. But the intention is to wake us up to the state of the world, and to call us to change. Does the film portray the seriousness of sin with the integrity of a journalistic expose, or with the indulgence of a tabloid? Does it show the consequences of actions honestly?
- **the worldview level:**
 - **God:** What is reality? Is there a spiritual dimension or God?
 - **man:** What does it mean to be human? Where does our value come from? What is the point of life? What happens after death?
 - **truth:** How do we know what is true? Is science the only way? Where does wisdom come from?
 - **ethics:** Is there such a thing as good and evil? How do we decide what's right and wrong?
 - **redemption:** What is the fundamental problem facing all human beings? What do we most need in life? How can we achieve it?

what kind of redemption?

The Seven Basic Plots, a classic book by Christopher Booker, describes key story plots: tragedy, overcoming the monster, the quest, voyage and return, rebirth, rags to riches and comedy.⁹ It's not hard to see resonances with the big story of the fall, a search for redemption, grace and future hope in this list. This shouldn't surprise us, as God has 'set eternity in the human heart',¹⁰ so we have a deep longing for God, even when we fail to recognise what this longing is.

Fundamentally, most films are about redemption of one kind or another, but rarely the Christian kind! Here are some examples:

- **Romantic love** eg *Bridget Jones*, *Love Actually*
- **Self-acceptance** eg *Toy Story*, *Inside Out*
- **Embracing diversity** eg *Zootropolis*, *X-Men*
- **Enlightenment** eg *The Matrix*, *Pleasantville*
- **Life after death** eg *Flatliners*, *Wit*, *The Lovely Bones*
- **Existential choice** eg *Forrest Gump*, *City Slickers*, *Groundhog Day*
- **Resisting technology** eg *The Terminator*, *Bladerunner*
- **Embracing technology** eg *Tron*, *Bicentennial Man*
- **Glory through God's gifting** eg *Amadeus*
- **Resisting a culture of beauty contests** eg *Little Miss Sunshine*
- **Freedom from God's providence** eg *The Truman Show*
- **Humanism over faith** eg *Troy*, *Beowulf*
- **Christian redemption** eg *Les Misérables*, *Shadowlands*, *To End All Wars*

conclusion

Why not run a film night for medics? Everyone loves a film. They help us to connect as people. They help us connect to each other's stories. Who knows, they may help us connect with God's big story. ■



recommended resources:

books

- Godawa B. *Hollywood Worldviews*. IVP, 2009
- Watkins T. *Focus: The Art and Soul of Cinema*. Damaris Trust, 2012
- Turnau T. *Popologetics: Popular Culture in Christian Perspective*. Presbyterian and Reformed, 2012
- Johnson R. *Reel Spirituality*. Baker Academic, 2006

articles

- Ortlund G. 3 Ways Movies Are Searching for the Gospel. *The Gospel Coalition* 4 January 2016 bit.ly/2gbowey

websites with film reviews

- Ransom Fellowship. bit.ly/2gCuPZ1
- Looking Closer with Jeffrey Overstreet. bit.ly/2gCnxoj
- Arts & Faith. The Arts & Faith top 100 films (2011). bit.ly/2gPOUw5
- Fellows A. Movies and Apologetics. bethinking.org bit.ly/2fOUoEO

REFERENCES

1. Colossians 1:27
2. Tolkien Gateway. Eucatastrophe. bit.ly/2fVg6Kr
3. Acts 16:30
4. Philippians 4:8
5. Acts 17
6. Watkins T. Twenty Questions to Consider When Watching a Film. *Tony Watkins.uk* 12 October 2010 bit.ly/2gCkr3s
7. Genesis 2:9
8. Ecclesiastes 3:4
9. Booker C. *The Seven Basic Plots*. London: Continuum, 2005
10. Ecclesiastes 3:11

news reviews

conscientious objection; embryo research; assisted suicide

1

conscientious objection attacked

There should be better protections for patients from doctors' personal values', say Julian Savulescu and Udo Shucklenk in a controversial paper in *Bioethics*.¹ Envisaging 'screening' of medical students for conscientious objection before starting specialty training, the authors hope to establish a system whereby 'eligible patients could be guaranteed access to medical services that are subject to conscientious objections'.

Marni Soupcoff of the Canadian *National Post* objected strongly; 'those with the wrong opinions... need not apply'. The paper was also criticised by Larry Worthen of the Christian Medical and Dental Society of Canada, who said: 'In every jurisdiction in the world, conscientious objection is recognised in some form... Are we going to get to the point where there's an ethics test at the beginning of medical school, and if you have too much in the way of ethics, you're going to be screened out?'²

Savulescu is a well-known opponent of conscientious objection, having written in the *BMJ* in 2006 that 'A doctors' conscience has little place in the delivery of modern medical care'.³

call to extend embryo research limit

Prominent scientists have called for an extension of the maximum age at which a human embryo can be used in research. The current limit of 14 days in the UK has been in place since 1990, and was based on a report by Mary Warnock in 1984.

Speaking to the *Observer*, Professor Simon Fishel of CARE Fertility Group said 'The benefits for medical research would be enormous. Certain tumours, developmental abnormalities, miscarriage: there is a whole raft of issues in medical science that we could start to understand if we could carry out research on embryos that are up to 28 days old'.⁴

Dr Anthony McCarthy of the *Society for the Protection of the Unborn Child* said: 'In 1984 the Warnock Report on embryo experimentation refused to examine closely when personhood began. Instead it came up with an arbitrary 14 day limit after which the destruction of new human embryos would be, not just permitted, but enforced. Now others... wish to expand the scope to create, keep and destroy those persons'.⁵

Colorado votes for assisted suicide

On 8 November 2016, voters in Colorado were not only choosing between Hillary Clinton and Donald Trump, but also voting on a proposition to change the law on assisted suicide.

Proposition 106, passed by a near 2-1 majority, created the 'Colorado End of Life Options Act', allowing over-18s with a terminal illness and a prognosis of less than six months to live to request and self-administer medication that would end their life. Two physicians would need to confirm the diagnosis. A conscience clause allows physicians to opt-out of providing the prescription, and indeed whole healthcare facilities to debar their staff from participating if the medication is to be taken on their premises. ■

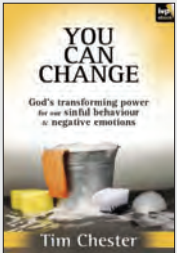
REFERENCES

1. Savulescu J, Shucklenk U. Doctors Have no Right to Refuse Medical Assistance in Dying, Abortion or Contraception. *Bioethics* 2016; September bit.ly/2h97KAp
2. The Christian Institute. 'Doctors with a conscience need not apply'. *The Christian Institute* 13 October 2016 bit.ly/2hjth0h
3. Savulescu J. Conscientious objection in medicine. *BMJ* 2006; 332:294 bit.ly/2gnFKHU
4. McKie R. Row over allowing research on 28-day embryos. *Observer* 4 December 2016 bit.ly/2gnl6H7
5. Society for the Protection of Unborn Children. Scientists call for embryonic research limit to be doubled. *Society for the Protection of Unborn Children* 5 December 2016 bit.ly/2h8YTP2

You Can Change

Tim Chester

For anyone who has struggled with sin, battled to change, and found themselves frustrated by their inability to become more Christ-like, this book is an absolute joy. This is a book of stark honesty and with a deeply practical mindset that unpacks God's Word to show us God's transforming power to change our lives.



Many of us know we are redeemed through the gospel and are seeking to live life for Christ, yet our lives are fraught with sinful habits, plateaued growth and continual relapse. In this book, Tim Chester sets about the task of pointing us beyond sin's lies and instead to God's glory. This wonderful book points us to truths we often already know, and shows us how they can motivate us, and practically helps us to live godly lives.

Chester challenges the very root of our sinful behaviour, by showing us the awesome goodness of life with Christ and encouraging us to live out the truth of who we are in Christ. He shows us with gracious honesty that we are not alone in our deep struggles, but that there is a hope and a means of meaningful change. A particular highlight is sections in the book that you can use to reflect upon what you have learnt and take proactive, pragmatic steps to begin the process of change.

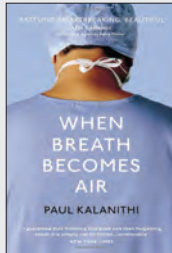
I would recommend this book with near-obsessional enthusiasm for anybody who is serious about change and about growing into a person who reflects who Christ is in the way that they live.

Sam Strain is Chair of the CMF National Student Committee and a medical student in Southampton

When Breath Becomes Air

Dr Paul Kalanithi

This truly stirring autobiography holds a delicate balance between power and



vulnerability. Paul Kalanithi was an accomplished neurosurgeon who developed an extremely aggressive form of lung cancer. In his account, we are taken through a journey of milestones prior to his unforeseen diagnosis and right up to his final days.

There are contrasting outlooks that shape his book as he shifts from working doctor to reluctant patient. Through his experience of deterioration and incapacity he confronts some common approaches to patients, particularly those on death's door.

Paul manages to provide meticulous insight into such delicate circumstances as he allows himself to become completely vulnerable. Nevertheless, there is a sense of desperate urgency: he knew that time was running out. His voiced regrets and triumphs continue to unravel the struggles he faced in his career and in his marriage also.

Finally, the book briefly touches on faith amidst fear of the unknown and sensitively highlights how the two can complement each other rather than wreaking havoc like we might expect. His untampered message seems to encourage us not to lose sight of what truly matters. We so often become drowned in soaking up information or seeking the greatest accomplishments; yet ultimately life beyond academia is so much more precious. Although written primarily with his young wife and daughter in mind, this book communicates a heartfelt reminder to all.

Kirsten Bradshaw is a medical student in Aberdeen and NSC Representative for Scotland

HEROES + HERETICS

John Martin & Silas Anderson look at the architects of the 18th century transatlantic 'Great Awakening'

HEROES 18: George Whitefield & John Wesley

George Whitefield:
'I will not be a
velvet-mouthed
preacher'

George Whitefield (1714-80) was cross-eyed. Some saw it as a mark of divine favour. Whitefield, undoubtedly the greatest preacher of the 18th century 'Great Awakening', used his squint to enthral huge crowds. He also used his voice, which was so full of expression that people wept just hearing him speak of 'Mesopotamia.'¹ He preached an estimated 18,000 times and his listeners totalled 10,000,000; he would preach for an hour, often four times a day. He could be heard by crowds numbering as many as 30,000. As well as being instrumental in the American 'Great Awakening', historians today agree he was influential in the people of the disparate 'New World' colonies coming to see themselves as Americans.²

Gloucester-born Whitefield was probably the first ever transatlantic celebrity. Benjamin Franklin, US Founding Father, was a friend of Whitefield's. Despite disagreeing with much of what he said, he could not help but marvel at Whitefield's ability to deliver a message so eloquently to such large groups of people. 'Every accent, every emphasis, every modulation of voice' he wrote, 'was so perfectly well-turned, and well-placed, that without



being interested in the subject, one could not help being pleased with the discourse: a pleasure of much the same kind with that received from an excellent piece of music.'³ Franklin once conducted an experiment: he could distinctly hear what Whitefield was saying from a distance of 500 feet from the preacher's podium in Market Street Philadelphia.

preaching style

It may come as no surprise, then, that Whitefield came under much criticism for being

unhelpfully emotive in his preaching. A listener from Scotland observed that he spoke with 'such vehemence upon his bodily frame' that those listening 'felt a momentary apprehension even for his life'.⁴ In reality Whitefield simply spoke as if what he was saying was entirely real to him. He preached as though what he was preaching about was entirely true to him. Being theatrically-minded, this meant that Whitefield's sermons overflowed with exuberance and energy, not because he was acting and trying to convince people of something that wasn't true, but because what he was saying was so real that he could not help but let it burst out of him. Whitefield himself had the following to say in response to critics of his method of preaching:



John Martin is CMF Head of Communications. Silas Anderson is a medical student at Bristol University.

“Pray, inform me Mr Butterson, what is the reason you actors on stage can affect your congregations with speaking of things imaginary, as if they were real, while we in church speak of things real, which our congregations only receive as if they were imaginary?”

“Why my Lord,” says Butterson, “the reason is very plain. We actors on stage speak of things imaginary as if they were real and you in the pulpit speak of things real as if they were imaginary.”

“Therefore,” added Whitefield, “I will bawl, I will not be a velvet-mouthed preacher.”⁵

What he was saying was real to him and he wanted to convince those listening of its reality too. No prevaricating, no stifling of truth, no beating around the bush. Whitefield spoke reality, whether his audience wanted to hear it or not.

background

Whitefield was the son of a not very affluent innkeeper. His brilliant mind secured entrance to Oxford. Lacking any parental means of support he became a ‘servitor’, paying his way by carrying out menial tasks for more affluent contemporaries. A bout of sickness and reading a book titled *The Life of God in the Soul of Man* saw Whitefield crying out to God for salvation and his new-found faith soon propelled him into preaching.

In 1738 he went to Savannah, Georgia, as a parish minister but quickly noticed the dire needs of orphans; he thought they would be his life’s work. He raised funds for building of the Bethesda orphanage in 1740. Back in the old country, with Church of England pulpits closed to him, Whitefield took to preaching in parks and fields, a hitherto unknown stratagem. It put him in touch with a sizeable segment of the population who were beyond the reach of the Established Church. While he never lost sight of the needs of orphans he arranged for others to take on this work.

Silas Anderson considers Whitefield’s relevance today for students

Eccliesiastes teaches us that ‘there is a time to speak and a time to be silent’.⁶ Whitefield did a lot of speaking, and perhaps it can be said in truth that there were times when he should have been silent. Jonathan Edwards, for example, had particular concerns for his ‘deeply unqualified appeals to emotion, his openly judging those he considered unconverted, and his demand for instant conversions’.⁷ Whitefield was first and foremost a sinner saved. Medical and nursing students can learn much from the hearty outspokenness of Whitefield; we are far too often silent when we should be speaking truth.

Are you so convinced of the truth of the gospel that you want to do nothing more than tell people about it? Do your convictions of the truth claims of the gospel affect every area of your life, including how you go about living for Jesus as a medical student? Or are you tempted to be a ‘velvet-mouthed preacher’, dampening the truths of the gospel to accommodate the views of those around you?

I know I am far more often guilty of being silent than I am of saying too much.

Whitefield & Wesley

At Whitefield’s urging, another diminutive man with a massive voice would also preach in the open air. John Wesley (1703-1791) and his brother Charles (1707-1799) were members of the Oxford Holy Club. The term ‘Methodist’ originated as a nickname for these ultra-serious young men. It was Charles, its founder, who was instrumental in Whitefield’s conversion. The Holy Club practised a regime of demanding austerity. They met daily for three hours to pray, recite psalms and read the Greek New Testament. Their rhythm of life included praying for a few minutes during every waking hour. They fasted two days a week and visited prisons. Whitefield, who became the leader for a time, would walk penitently in the winter cold and suffered frost bite.

John Wesley: 'a brand plucked out of the fire'

Today, Wesley's faith story tends to be better known than Whitefield's. Behind the story of her sons stands the great Susannah Wesley, home-educator and spiritual giant, married to the Reverend Samuel Wesley. She bore 19 children, of which only nine survived beyond infancy. Born into a non-conformist family, she and Samuel embraced High Anglicanism as young adults, and Oxford-educated Samuel was rector of Epworth, Lincolnshire, from 1696.

One incident, a rectory fire in 1709, would embed itself forever in John's memory. The five-year-old was stranded in an upper bedroom but lifted to safety just before the roof collapsed. He would use a phrase from Zechariah 3:2 (KJV) 'a brand plucked out of the fire' to trace the hand of God in his life.

In 1735 John and Charles set sail for Savannah, Georgia. On the voyage the brothers met a group of Moravian settlers. The Atlantic is notorious for storms and a storm blew and snapped the mast of the ship. The English passengers panicked while the Moravians calmly prayed and sang hymns. Wesley saw that these people possessed something he lacked.

USA

The power of lively singing was a lesson learnt and the Wesley brothers left one important legacy, the publication of *Psalms and Hymns*, the first Anglican hymnbook published in the Americas. Hymns and hymnbooks would be pillars of their ministries. Charles would write over 6,000 and his hymns are used worldwide, not just by Methodists.



John's Georgia sojourn ended in fiasco. His High Church style failed to endear him to the colonists. He fell in love with a Miss Sophia Hopkey, who jilted him. When he tried to ban her from Holy Communion her family took legal action and he fled the colony.

Aldersgate

Then on 24 May 1738 a depressed John Wesley recorded in his diary the decisive moment in his journey of faith:

'In the evening I went very unwillingly to a society in Aldersgate Street, where one

*was reading Luther's Preface to the Epistle to the Romans. About a quarter before nine, while he was describing the change which God works in the heart through faith in Christ, I felt my heart strangely warmed. I felt I did trust in Christ, Christ alone for salvation, and an assurance was given me that he had taken away my sins, even mine, and saved me from the law of sin and death.'*⁸

Methodists still celebrate Aldersgate Day. For Wesley it was the springboard to a new life. A formerly High-and-Dry Anglican now testified the doctrine of personal salvation by faith and the inner witness of the Holy Spirit. It was in high contrast to prevailing Deist theology in the Anglican Church which perceived a 'clockwork universe' – God may have set the world in motion but did not intervene in it. Wesley's great insight was that God could be known in experience.

separation

Wesley linked up with George Whitefield, his friend from Oxford. Still a High Churchman by instinct, Wesley was at first reluctant to follow Whitefield's example of open air preaching. What was decisive in

this momentous step was that both men were banned from many pulpits. Wesley was in touch with the pulse of newly emerging middle classes and their aspirations. Wesley saw a lethargic Established Church, failing to respond to emerging industrialisation, seemingly unaware of the spiritual needs of people in the new urban centres. Many clergy were corrupt and absent. Wesley would have insisted he was a life-long Anglican. The Methodist Church actually emerged in America. In England Wesley founded the 'Methodist Society' which he always saw as a movement for renewal in the Established Church. It was not until after his death that UK Methodists became a church.

His first venture in open air preaching was to miners in Kingswood near Bristol in April 1739. In the years that followed members of the Wesley and Whitfield connexions would suffer persecution from clergy, judges and mobs. While both leaders were episcopally ordained, most preachers they trained were not. Whitefield became better known in America than England, conducting a highly fruitful partnership with Jonathan Edwards.

Perhaps the best image of Wesley has him seated on a horse reading as he rides. He would not waste a single moment. He famously said 'the world is my parish' and he constantly crisscrossed England and Ireland. Wesley was a brilliant organiser. Soon there was a network of chapels. The smallest Methodist units were 'classes' meeting regularly to learn, share fellowship and exhort one another to good works. For larger projects Wesley founded 'Companies of One Hundred' and even today many Methodist organisations operate on this basis.

It should inspire us to know that Wesley and Whitefield were never in full agreement doctrinally. Whitefield was a Calvinist, Wesley an Arminian. Their views triggered bitter debates, but eventually they were reconciled. They complemented each other in ministry. Whitefield would win converts; Wesley would disciple them.

Wesley opposed slavery and wrote a letter of encouragement to the young William Wilberforce. Whitefield is criticised for a more ambivalent

extract from Charles Wesley's 'And Can It Be'

*And can it be that I should gain
An interest in the saviour's blood?
Died he for me, who caused his pain?
For me, who him to death pursued?
Amazing love! How can it be
That thou, my God, shouldst die for me?*

*Long my imprisoned spirit lay,
Fast bound in sin and nature's night;
Thine eye diffused a quickening ray –
I woke, the dungeon flamed with light;
My chains fell off, my heart was free,
I rose, went forth, and followed thee.*

*No condemnation now I dread;
Jesus, and all in him, is mine;
Alive in him, my living Head,
And clothed in righteousness divine,
Bold I approach th' eternal throne,
And claim the crown, through Christ my own.*

Charles Wesley, 1707-1788

attitude. In fairness, his insistence that slaves should hear the gospel was ground-breaking and subversive in the context of the America of his day.

Here are two greats who were very different. As historian JD Walsh has said, 'What is most striking is the providential complementarity of the two men's gifts. More than any evangelist before him, Whitefield was given the ability to scatter the seed of God's Word across the world. To Wesley, pre-eminently, was granted the ability to garner the grain and preserve it'.⁹ ■

REFERENCES

- | | |
|---|--|
| 1. Haykin M (ed). <i>Revived Puritan</i> . Evangelical Press, 2004:35-37 | 6. Ecclesiastes 3:7 |
| 2. Mahaffey JD. <i>Preaching Politics: The Religious Rhetoric of George Whitefield and the Founding of a New Nation</i> . Waco: Baylor University Press, 2007 | 7. Schlenther BS. Whitefield, George (1714-1770). <i>Oxford Dictionary of National Biography</i> . Oxford: Oxford University Press, 2004 |
| 3. Stout HS. <i>The Divine Dramatist</i> . Michigan: Eerdmans, 1854:234 | 8. Dreyer FA. <i>The Genesis of Methodism</i> . Bethlehem: Lehigh University Press, 1999:27 |
| 4. Ibid:141 | 9. Walsh JD. Wesley Vs. Whitefield. <i>Christian History</i> 1993:38 |
| 5. Ibid:239-240 | |



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