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MISSION, MEDICINE & ME

God's mission: the goal of history

evangelism or social action – must we choose?

medical mission in the 21st century

nucleus

the student journal of the christian medical fellowship

plus: inside-out leadership, Madagascar, Zimbabwe, Belarus, Iraq & Lebanon, Blade Runner 2049

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nucleus

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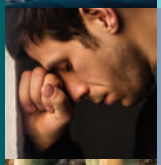
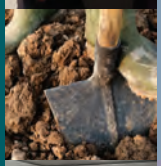


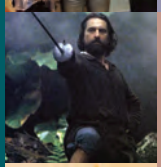


FEATURE ARTICLES

MISSION, MEDICINE & ME

REGULAR FEATURES

BE INSPIRED

CULTURE

Editorial

mission: not just for the professionals

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

Mission. What do you associate with that word? David Livingstone dispensing quinine under a baobab tree?

Let *Nucleus* expand your horizons: Ted Lankester shows us why mission today is as diverse as your skills, and a medical degree is a passport to virtually every place on the planet. The Saline team remind us that you don't need to board a plane to be involved in mission: the NHS is crying out for faithful witnesses. Anastasia Chitty reports from a prison visit. So many choices, how would you know where God is calling you? Pippa Peppiatt gives us wisdom rather than rules. But why mend bodies when we should be helping people with the health of their eternal souls? Emma Dipper considers whether we need to choose between declaring and demonstrating the gospel.

But we haven't just got theology and theory in this edition. We have stories from the front line: Emily Stainton from St George's University of London gives some tips for how to run your own mission on campus. Further afield, what's it like to join a short term vision trip (SVT) to Iraq and Lebanon? We hope these SVTs will have your heart racing for more adventures of faith.

How can you use your F3 to experience a taster of mission, and not just a suntan? What can you expect on your elective in a mission hospital? Why would someone choose Emergency Medicine as a specialty for mission, and work in Albania? And what's it like being a medical student in a totally different culture like Belarus? Or closer to home in Keele?

And if you want resources and recommendations, look no further. Nandi Mnyama reviews a CMF writing course that might enhance your spiritual influence, let alone improve your med school assignments. Jackie Pullinger is our remarkable missionary hero to the addicts of Hong Kong. We have book reviews, a news digest, and if you are fed up with reading, perhaps we can recommend a movie to stir your soul.

Finally, you are personally invited to the International Christian Medical and Dental Association (ICMDA) World Congress in India. It is guaranteed to give you a foretaste of that international praise party which is the ultimate goal of mission:

'After this I looked, and there before me was a great multitude that no one could count, from every nation, tribe, people and language, standing before the throne and before the Lamb. They were wearing white robes and were holding palm branches in their hands. And they cried out in a loud voice:

"Salvation belongs to our God,
who sits on the throne,
and to the Lamb."

All the angels were standing around the throne and around the elders and the four living creatures. They fell down on their faces before the throne and worshipped God, saying:

"Amen!
Praise and glory
and wisdom and thanks and honour
and power and strength
be to our God for ever and ever.
Amen!"'

(Revelation 7:9–12) ▪

The ICMDA World Congress runs from 21-26 August 2018, beginning with a student event. The conference will be held in Hyderabad, India. For more details, and to book, see *icmda2018.org*. CMF will provide some bursaries to help UK and Ireland medical students attend – contact the CMF Office at: *students@cmf.org.uk* for more information.

God's mission: the goal of history

Alex Bunn asks what is mission?

What do you see as the end or goal of history? Many Westerners hope for the establishment of liberal free market democracies around the world. Others despair at the looming environmental catastrophes threatening to convulse the planet. Many atheists assume that humanity is an accident of nature heading for extinction, at least by the time the sun fizzles out. But the biblical narrative tells of a sovereign God whose goal in history is to form a people for himself, for the praise of his glory in eternity.[1]

Here's where mission comes in. What does that word mean to you? A short trip abroad in your summer holidays? Dispensing medical care with Christian motives? Righting an injustice? The word comes from the Latin *mittere* 'to send'. But it's confusing when a simple word is used in different ways. For example, many NHS trusts have their own 'mission statement' about the care they provide.[2] But Christian mission connects to the story of God redeeming his creation. Mission is a response to God's *sending* his people to complete this urgent task.

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Theologians suggest four models of mission.[3] *Missio Dei* is the mission or sending of God, who invites us to be co-workers.[4] However some people expand *Missio Dei* to include everything God might will to do in the world, including compassionate medicine and care of the environment, irrespective of who does it. But in the biblical narrative 'salvation does not exist in history beyond the church and… the kingdom of God comes only as Christ is acknowledged as king.'[5] Secondly mission could be fulfilling the *cultural mandate*, filling and ruling the world he sent us into.[6] But that does seem too broad, and downplays the urgent priority Jesus gave to the gospel message. The *social action* model prioritises acts of compassion and justice in a needy world. But everybody can't do everything. What do people need most? We may be so disturbed by harrowing images in the media of crises – refugees, victims of conflict, drought, and disease – that we forget the eternal lostness of those who are without God and without hope. This need may be relatively invisible, despite being more serious.'[7]

making disciples of all nations

Mission that isn't Jesus centred misses the most important sending of all: the sending of God's son to give us eternal life.[8] This model reflects the Bible's main narrative of God's grand plan to make disciples of all nations:

'All authority in heaven and on earth has been given to me. Therefore go and make disciples of all nations, baptising them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you.' (Matthew 28:18-20)

Without it, is a church really being church? 'The Church exists for mission as a fire exists for burning. Where there is no mission, there is no church'.[9]

Let's take a tour of the scriptures to see why making disciples of all nations is the primary meaning of mission.

a biblical tour of mission

Why is mission even needed? Because we were made to worship and delight in the infinitely valuable, excellent and praise-worthy God, who alone would satisfy us. Instead we exchanged him for objects unworthy of our devotion, which don't love us back. The result was a world filled with folly, frustration and futility.[10] Enter the God who grieves: when our mutiny wrecked our deepest relationships.[11] The God who yet yearns for us and pursues us: when we weren't looking for him, he came looking for us in the Garden of Eden. He has been asking 'where are you?'[12] ever since. His unreasonable love would spare nothing to save what was lost.[13] The Bible is primarily this story of God's loving rescue mission to the peoples who rejected him, and restore worship to his world.

the sovereign God of history

But where would God's people come from? Contrary to popular opinion, the God of the Bible does not align with any particular tribe, nation or culture.[14] He has no favourites, because he is the God of all nations:

'From one man he made all the nations, that they should inhabit the whole earth; and he marked out their appointed times in history and the boundaries of their lands. God did this so that they would seek him and perhaps reach out for him and find him, though he is not far from any one of us.' (Acts 17:26-27)

But following the fall, there was not much hope that men would seek and find him on their own. Noah was an unusually righteous man, but even he needed a miraculous intervention to save his family. Early cities such as Babel merely amplified man's defiance against his maker.[15] So 3,000 years ago God called and sent one man, Abraham, to begin his epic mission to reach all peoples on earth:

'I will make you into a great nation,
and I will bless you;
I will make your name great,
and you will be a blessing.
I will bless those who bless you,
and whoever curses you I will curse;
and all peoples on earth
will be blessed through you.'
(Genesis 12:2-3)

Israel, a great nation

Abraham couldn't have imagined it would take almost two millennia for this promise to be fulfilled through his descendants, ultimately in Christ. It's been called the longest example of theological education in history! But it was first fulfilled in Israel. Moses saw the breathtaking privilege of Israel's place in history, a nation to showcase God's glory to the nations:

'What other nation is so great as to have their gods near them the way the LORD our God is near us whenever we pray to him? And what other nation is so great as to have such righteous decrees and laws as this body of laws I am setting before you today?' (Deuteronomy 4:7)

The highpoint of Israel's history was David's kingdom, when at least one nation seemed to be under God's kingly rule and blessing. God promised to establish David's kingly line over an eternal kingdom:

'I will raise up your offspring to succeed you, your own flesh and blood, and I will establish his kingdom. He is the one who will build a house for my Name, and I will establish the throne of his kingdom forever.' (2 Samuel 7:12-13)

But when Israel's rejection of their God led to exile and the end of the monarchy in 597BC, hope turned to despair. What had happened to God's promises? How would they be God's pipeline of blessing to all mankind? The prophets foresaw another rescue, another exodus:

'In that day there will be a highway from Egypt to Assyria... The Egyptians and Assyrians will worship together. In that day Israel will be the third, along with Egypt and Assyria, a blessing on the earth. The LORD Almighty will bless them, saying, "Blessed be Egypt my people, Assyria my handiwork, and Israel my inheritance."' (Isaiah 19:23-25)

Even Israel's enemies would have an opportunity to experience their own 'exodus'. This may have seemed outrageous to Israel, that their bitterest foes would have equal status as God's chosen people. Enemies who had enslaved, besieged and deported their countrymen. But this was a God without borders. He would send a 'servant' to make his mission truly global, as intended from the beginning:

'It is too small a thing for you to be my servant
to restore the tribes of Jacob
and bring back those of Israel I have kept.
I will also make you a light for the Gentiles,
that my salvation may reach to the ends of
the earth.'
(Isaiah 49:6)

Christ the hope of the nations[16]

Today it is difficult to be optimistic about world peace and harmony, who can achieve it? Surely not even the United Nations. But eventually the nations will find their hope in a man who can. Because finally, where Adam and Israel failed, God sent his son on the greatest missionary journey: from heaven to earth, to do what we couldn't do for ourselves.[17] He was the true Adam,[18] a king in David's line[19] and the true Israel.[20] He would fulfill all the promises made in the Old Testament, not just for Israel, but for his 'other sheep'.[21] In the new was revealed what in the old was concealed: God's global purposes in history. Finally through him, all nations would worship and glorify God for his magnificent mercy:

'For I tell you that Christ has become a servant of the Jews on behalf of God's truth, so that the promises made to the patriarchs might be confirmed and, moreover, that the Gentiles might glorify God for his mercy.' (Romans 15:8-9)

Through his triumph on the cross, he would finally bring that eternal kingdom that would fill

the earth[22] and be its rightful king.[23]

'You are worthy to take the scroll
and to open its seals,
because you were slain,
and with your blood you purchased for God
persons from every tribe and language and
people and nation.
You have made them to be a kingdom and
priests to serve our God,
and they will reign on the earth.'
(Revelation 5:9-10)

two epochs

So where does that leave us today? Previously, God let the nations 'go their own way'[24] and overlooked ignorance, '*but now*' God calls all people everywhere to turn to Christ before he returns.[25] The coming of Christ was such a decisive event in world history that it divided into two: BC and AD. It was a 'mystery, which for ages past was kept hidden in God' but now he intends that 'through the church, the manifold wisdom of God should be made known'.[26] We are incredibly privileged to live in the gospel age, for which our forebears in faith yearned. The goal of history, God's mission to the nations, is coming to its climax. 'Even angels long to look into these things' (1 Peter 1:12).

Cornelius is an interesting example. Peter responds to his vision by declaring that God 'accepts from every nation the one who fears him and does what is right'.[27] Some argue that those who honour God do not need to hear the gospel as they are already Christians without knowing his name. But even people of good character and god fearers need to hear the message in words they can understand: Cornelius was told to send for Peter who would 'bring you a message through which you and all your household will be saved' (Acts 11:14). Paul sums up the missionary imperative in our gospel age:

'How, then, can they call on the one they have not believed in? And how can they believe in the one of whom they have not heard? And how can they hear without someone preaching to them?' (Romans 10:14)

worship: the end and goal of mission

Mission is so important that the future of the world depends on it: 'And this gospel of the kingdom will be preached in the whole world as a testimony to all nations, and then the end will come' (Matthew 24:14). When Christ returns to renew earth it will be filled with 'a great multitude that no one could count, from every nation, tribe, people and language', worshipping before the throne of the Lamb,[28] which is the final goal of mission. White-hot worship by a diverse international throng, finding satisfaction in Christ and declaring his praises.

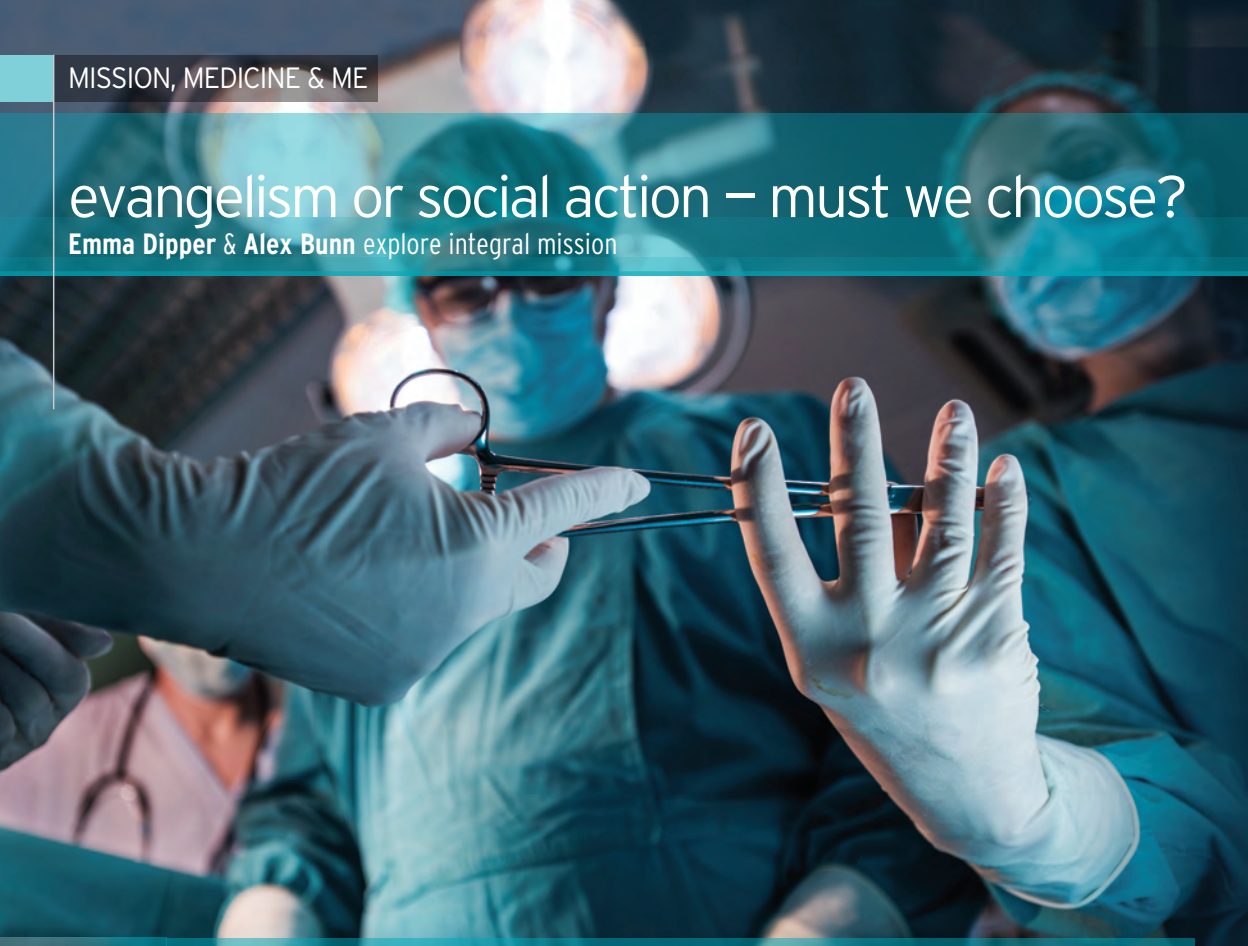
So today, mission exists because worship doesn't. All of history is moving towards that goal, the ecstatic exaltation of God's worthy son amongst all the peoples of earth. What a privilege to be part of God's purposes for his world. Do you have God's heart for the outsider? How might he be sending you to continue his work? This edition of *Nucleus* is packed with ideas of how to participate in God's mission through medicine. How will you join in? ■

REFERENCES

1. Ephesians 1:11-12
2. bit.ly/2yYsNpw
3. Ferdinando K. Mission: a problem of definition. *Themelios* 2008:33:1 *bit.ly/2BxsAkF*
4. 1 Thessalonians 3:2
5. Chester T. *Good News to the Poor: Sharing the Gospel through Social Involvement*. Leicester: IVP, 2004; 74.
6. Genesis 1:26-28
7. Ferdinando K. Mission: a problem of definition. *Themelios* 2008:33:1 *bit.ly/2BxsAkF*
8. John 3:16-18
9. Brunner E. *The Word and the World*. London: SCM, 1931:108.
10. Romans 1:18-22
11. Genesis 6:6
12. Genesis 3:9
13. Romans 8:32
14. Acts 10:34
15. Genesis 11:4
16. Matthew 12:21
17. Acts 13:38-9
18. Romans 5:19
19. Matthew 21:9, 22:42; Romans 1:3
20. Matthew 2:15, 4:18-22, 21:43
21. John 10:16
22. Daniel 2:44
23. Matthew 12:22-28; Ephesians 1:10; Colossians 1:15-20
24. Acts 14:16
25. Acts 17:30
26. Ephesians 3:9
27. Acts 11:35
28. Revelation 7:9

evangelism or social action – must we choose?

Emma Dipper & **Alex Bunn** explore integral mission



Social action is the alleviation of human suffering and injustice, exploitation and deprivation. It has been a feature of Christian mission from the start. The apostles James, Peter and John urged Paul when he launched his mission to the gentiles: 'All they asked was that we should continue to remember the poor, the very thing I had been eager to do all along'.[1]

19th Century missionaries undertook word ministry alongside all kinds of projects in reform and compassion. They combated the opium trade, foot-binding and exposure of girl babies in China. They waged war against widow-burning, infanticide, and temple prostitution in India. And healthcare systems in many countries today are built on missionary foundations, still providing perhaps 70% of healthcare in sub Saharan Africa.[2] They do much to 'adorn' the gospel,[3] as Paul exhorted Titus, using the word kosmeo from which we get the word cosmetic. For instance, a survey showed that 80% of Indian Christians related their conversion to a mission hospital experience.[4]

In the 20th century the extent to which social action is necessary or 'integral' to mission has been questioned. This was partly a reaction against liberalism and the 'social gospel' and pessimism about rectifying structural evils, particularly after several devastating wars. More recently a renewed conviction, reflected in statements such as the Lausanne Covenant, has called for repentance for neglect of socio-political involvement. There has been a restatement of the 'triple focus' of mission, following God's plan to redeem the whole of creation,[5] to individuals, society and the natural world: 'all three are broken and suffering because of sin; all three are included in the redeeming love and mission of God; all three must be part of the comprehensive mission of God's people'.[6]

FIVE MARKS OF MISSION

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These statements recognised that social action is not to be confused with evangelism, nor political liberation with our much needed salvation. What caused this shift? Perhaps increased exposure to human anguish and exploitation from mass media. There also were important critiques of the status quo (and Western missiology) from the majority world, including left-leaning liberation theologians who challenged our political naivety:

'When I give food to the poor, they call me a saint. When I ask why the poor have no food, they call me a communist.' (Bishop Hélder Câmara)

what does the Bible say?

'*As the Father has sent me, I am sending you.*' [7]

John Stott the influential evangelical leader argued that this version of the Great Commission demands that his followers imitate Jesus' own example.[8] His model of mission should be ours. Proclamation and social action are linked like the two blades of a pair of scissors: both are necessary. But in accord with Lausanne, Stott stressed the primacy of evangelism, which should not be neglected at the expense of pressing human need.[9]

So what was Jesus' model? How did the Father send him? A key distinctive is that his mission was 'incarnational'. The Father didn't commission a tract, a disembodied propositional truth statement. The Word became flesh,[10] full of grace and truth, in Jesus who dwelled amongst us, engaging the lost, enslaved and down trodden at great personal cost. He addressed the totality of the need for salvation, both vertical and horizontal: both reconciling us to the Father, and restoring the material and social consequences of the fall in healing and liberation.

the Nazareth Manifesto

When he embarked upon his mission, Jesus summarised it in what has been called the Nazareth Manifesto:

'The Spirit of the Lord is on me,
because he has anointed me
to proclaim good news to the poor.
He has sent me to proclaim freedom
for the prisoners
and recovery of sight for the blind,
to set the oppressed free,
to proclaim the year of the Lord's favour.' [11]

His mission both declared and demonstrated the gospel. It was an example of proclamation and teaching, hand-in-hand with the glimpses of what the kingdom of God looks like: someone is released from the prison of paralysis, and an equally important prison of guilt; another confesses abuse of power via the tax system and offers to repay victims; someone discovers grace, and becomes a model for extravagant fragrant generosity; a blind person is given physical and spiritual sight, to see the world as it really is; a person is oppressed by personal demons, recovers from self-harming and is restored to a right mind; another suffers an embarrassing disease that saps joy: Jesus' touch provides release to rejoin the community of worship, with bursts of thanksgiving, without shame or fear.

Jesus and the disciples didn't separate declaration and demonstration. It was both/and. Their model was preaching and healing, casting out demons and teaching about the kingdom of God.[12]

Today we might call this holistic, incarnational or integral mission (Read *bit.ly/2jt7BLn*).

Emma Dipper shares some case examples

When I began my career I had no theoretical background in how to do mission, but learnt through what I observed. As I grew in my understanding I strived to reflect biblically on the part I had to play in building God's global church. Here are four case studies spanning nearly three decades which challenged my thinking and my life.

CASE 1:

a mission hospital in Africa: urgent care can trump holistic care

Back in the early 1990s it was easy to find yourself in a senior role within a year of qualification as a nurse. At 22 I became Ward Sister in a mission hospital in rural sub-Saharan Africa. I was first-on-call for the whole hospital, only contacting one of the two resident doctors if it was really necessary. What did my 'mission' look like? It was service provision with daily prayers, and relied on the donations of generous Christians from the West.

Within two weeks I knew that although I felt 'called to mission', it wasn't what I hoped for. Firstly, I noticed that children were being admitted with measles. I wondered why this was, when there was a vaccine to prevent it. Yet there was little in the way of primary health care. Secondly, I decided to join a TEE (Theological Education by Extension) group made up of local pastors. I saw their hunger to understand God's word and yet in the hospital I saw dedicated and wonderful medical personnel sent from churches all around the world so consumed by the physical needs that the spiritual seemed to be neglected to me, inexperienced as I was.

I committed myself to two things as a result. I would train as a midwife in order to bring greater professional expertise. And I would go to Bible College so I could care for the spiritual birth and growth as well as the physical. I knew that my medical profession was like a key unlocking a door to the nations, but equally I knew I should not neglect the whole person. Don't let this fast moving society deny us a few years' decent training and reflection. No time in training is a waste. It literally saves lives.

CASE 2:

a refugee camp: discipleship involves more than handouts

My next experience did little to grow my understanding of mission or being church. Now a midwife, I offered to join a team serving in the refugee camps in the Congo, following the Rwandan genocide of 1994. We were working alongside all manner of NGOs trying to keep a Christian distinctive. It was a circus of aid distribution, chaos, insecurity and saving lives. As the medical coordinator I observed a medical team giving out medicines in paper medication cones. Each one was printed with scripture and the message 'Jesus loves you'.

Were any of these integral missions? The team were deeply sincere in their service and yet little of it seemed to be integrated with what I thought might be effective transformation of lives through Christ.

'The Bible tells us that the Lord is loving toward all he has made, upholds the cause of the oppressed, loves the foreigner, feeds the hungry, sustains the fatherless and widow.'[13]

There is no doubt these Christians were fulfilling part of this mandate. But how can one really bring the gospel to those who suffer without being accused of taking advantage of their vulnerability?

'Integral mission is the proclamation and demonstration of the gospel. It is not simply that evangelism and social involvement are to be done alongside each other. Rather, in integral mission our proclamation has social consequences as we call people to love and repentance in all areas of life. And our social involvement has evangelistic consequences as we bear witness to the transforming grace of Jesus Christ.'[14]

I can see what the medical relief team was trying to do. In the pressure of saving lives they wanted to communicate a reason for their love. Tragically, the community they were serving was described as 95% Christian. Yet they had just brought the greatest destruction to one another's lives in ignoring the biblical truths of unity and loving one's enemies by upholding tribalism as higher. Had deeper discipleship with a greater understanding of social transformation been a part of the early Rwandan church, would this assault on humanity have occurred?

CASE 3:

creative access countries: earning our right to speak

In later life I lived in what is now described as a creative access country. If one was caught proclaiming the gospel one could be expelled or even killed. Was this an excuse for the gospel to be only presented through social action without words? No. By good cultural training, language study and the discernment of the Holy Spirit, an integrated approach could be lived out as a Christian.

We were development workers and yet, we easily found ways to love those we served through our lives and share our faith over staff tea. There were times when I was asked, 'Why are you here?' I could tell them why which led to other opportunities. Had we approached with a proclamation-only strategy we would have fallen at the first hurdle. It is essential in every culture that you earn the right to speak by living the life of authentic Christian witness first.

Nowadays I work with the church living under persecution for their identity in Jesus. What kind of mission do I observe? Of course, it varies but in the Middle East I witness discernable wisdom and a willingness to proclaim Jesus despite the cost. I hear of care in North Korea being given to people's physical needs as they live through famine and heartache. I hear of the whispers of the gospel being shared in forests, through a scrap of paper filled with scripture, and through the witness of unconditional love in a prison cell.

CASE 4:

loving your enemy: healthcare in the Middle East

Recently I met with the leadership of the largest Christian denomination in the Middle East. They live under hostility with some direct abuse and attacks as an oppressed minority. Yet they have a clear strategy to bring quality health care to several regions in their nation, to serve the whole community whatever their religion in order to be salt and light and to love their enemies.

integral mission at home

How can integral mission help us connect with and bring Christ to millennials? They want to see an authentic Christian life before hearing the truth of the gospel. We need to share in each other's burdens and suffering. That is a bridge for the gospel when the world watches Christians wrestle through pain and sees how relevant and powerful God is. We can start with one thing we can really change right now, with God's help. Ourselves. What sort of friend am I to those who are not yet Christians? How might they see how I live my life as a follower of Jesus? What opportunities have I had to speak about the gospel but missed it?

So how can I prepare for my ministry in the workplace in the UK or in a cross-cultural setting? Start reading biographies. Read of their joys and challenges, their methods and their messages. And start seriously praying for God's world. Only 3% of those in cross-cultural ministry go to the Muslim world. The door is open for medical professionals. Why you would not go to that part of the world? And think about training. Why would you spend ten years on your professional development and only take a short course in Bible studies or cross cultural ministry? Why not contact *www.allnations.ac.uk* for more information about training opportunities? ■

REFERENCES

1. Galatians 2:10. The poor referred to here were particularly the poorer Christians in and around Jerusalem. Christians should not neglect the family of believers (Galatians 6:10)
2. Quoted in: Lankester T. Medical mission: Changing the world together – Rendle Short Lecture 2011. *Triple Helix* 2011; Summer:9
3. Titus 2:10 (KJV)
4. Strand MA, Pelletier A. Medical missions in transition: Taking to heart the results of the PRISM survey. *CMDA*. 2011:4 *bit.ly/2IGCTvq*
5. Ephesians 1:9-10
6. *The Cape Town Commitment*. Lausanne Movement. 2010 *bit.ly/2dNlcZd* This is based on Deuteronomy 10:17-18; Psalms 145:9, 13, 17; 147:7-9
7. John 20:21
8. Some have questioned whether this was the gospel writer's primary meaning here. The context is the sending in the power and the authority of the Holy Spirit
9. Stott J. *The Contemporary Christian*. Leicester: IVP, 1992:340
10. John 1:14
11. Luke 4:18-19
12. Matthew 4:23; Luke 4:18 ,9:2, 10:1-17
13. *The Cape Town Commitment*. Art Cit. 2010:15
14. *The Micah Declaration on Integral Mission*. Micah Network. 2001:1 *bit.ly/2C1FtTh*

models of medical mission in the 21st century

Ted Lankester challenges our preconceptions

There are more Christians in China worshipping on a Sunday than in the whole of Europe.

would you like some more stats?

- There are about 2.3 billion Christians in the world; that's about one third of the world population. Those with the most are the USA, Mexico and Brazil.
- There are 3.7 million congregations in the world, growing by approximately 50,000 per year.
- There are 60–70 million Christians in China, and about 10,000 become Christians each day.

how many missionaries are there?

- The most recent estimate is that there are 1.31 million Christian workers serving within the non-Christian world. And 301,600 missionaries from Christian countries to the non-Christian world.

which country sends the most missionaries?

- In 2010 the USA sent 127,000, Brazil 34,000 and South Korea 20,000.
- And the UK? It's probably just 6,000 long term missionaries but that raises the next question.

what is mission?

The Bible tells us it's three main things:

- Preaching the good news and making disciples (Matthew 28:16-20; Mark 16:15).
- Doing acts of kindness (Luke 4:16-20) by which we are judged (Matthew 25).
- Helping to transform the world and the structures of society: 'Your kingdom come, your will be done, on earth as it is in heaven' (Matthew 6:10).

where is 'mission' taking us?

Remember those 3.7 million congregations and rising? God gives the same mandate 'Go into all the world' to each of them as he does to the churches you and I may belong to. We are already seeing a glorious cornucopia of mission where anyone is going to anywhere, everyone to everywhere. The West to the rest will soon be yesterday's message.

where is mission taking you as a healthcare worker?

Unless you listen hard to God and follow his path consistently it may be taking you to a nice home, an essential mortgage, a welcome romantic relationship, a growing reputation amongst your friends and of course a nice car, whether BMW or Tesla. All desirable? Yes, but when they slip outside of God's plan, deadly.

so stay with mission – the choices are limitless

You could still become a medical missionary in a remote mission hospital. More likely you could be training or teaching others in universities, medical schools and hospitals. Above all finding opportunities in any healthcare speciality or generality you can imagine: sexual and reproductive health, infectious diseases, palliative care, surgery, water and sanitation, family medicine, mental health, disability, primary

Ted Lankester is a clinician and writer, and is also founder and co-leader of Arukah Network (*www.arukahnetwork.org*), President of Thrive Worldwide

1910

POPULATION
1,758,200,00
WITH AN ESTIMATED CHRISTIAN POPULATION OF
611,810,000 34.8%
WHICH SPLIT APART SHOWS CHRISTIAN POPULATION OF

GLOBAL NORTH 86.7%
PERCENTAGE OF THE WORLD CHRISTIAN POPLUATION 82.2%

GLOBAL SOUTH 9.2%
PERCENTAGE OF THE WORLD CHRISTIAN POPLUATION 17.8%

2010

POPULATION
6,895,890,000
WITH AN ESTIMATED CHRISTIAN POPULATION OF
2,184,060,000 31.7%
WHICH SPLIT APART SHOWS CHRISTIAN POPULATION OF

GLOBAL NORTH 69.0%
PERCENTAGE OF THE WORLD CHRISTIAN POPLUATION 39.2%

GLOBAL SOUTH 23.5%
PERCENTAGE OF THE WORLD CHRISTIAN POPLUATION 60.8%

pewrsr.ch/hIpHF3

healthcare, medical research, the pharmaceutical industry, tending the war wounded, working in chronic complex emergencies. You could be helping to 'turn off the tap of ill health' by working at the top of the cliff instead of the bottom. You could join the media, the corridors of power, and become a writer, a broadcaster or politician. You could speak and act for God in these and a hundred other ways.

come on, aren't you meant to be talking about 'real' medical mission?

Yes, just that. Or rather healthcare mission because the disconnect (not necessarily the difference) between doctors, nurses and allied health professionals is bewildering and outdated.

please tell me more

In our confused, part Christian, part post-Christian, part pre-Christian world, our callings are incredibly diverse. Given our variety of backgrounds, countries of origin, gifts, inclinations and passions, our range of callings is huge. With over 200 nation states, and the number of medical specialities increasing by the week, the variety is limitless.

one more thing – how many passports do you have?

Well hopefully one at least. But do you realise that being a doctor or other health professional is also a passport? It is almost a 'passport to anywhere'. It can take you to places no-one else can reach – insecure states and locations, restricted access countries, places and situations that are closed to many others. Doctors and nurses have always found that the world seems bigger to them than to many people; and to everyone's advantage, not least because our opportunities for providing compassionate service are maximised.

now some practical examples at last!

Here are four ordinary people who are finding their own God-led pathways through these apparent jungles. Consider finding your own path.

Barbara, coming from a non-Christian, working class background in Essex had grown up with one aim, to be a nurse. Coming to faith in her teens, she took time out at a bible college before working first in Afghanistan, then Bhutan in primary healthcare with The Leprosy Mission. She learnt most of her language and clinical expertise 'on the job'.

However, as a nurse and woman in the 1970s, she discovered these skills counted for little, so she returned to take the Masters in Community Health at Liverpool School of Tropical Medicine, before gaining a PhD in International Health. In time, she became a Dean of Nursing and Midwifery. She subsequently began working with the World Health Organization (WHO), making her nursing school a WHO Collaborating Centre, and working with nurse training in central Asia and Africa.

All these skills came together as she spent six years setting up a school of nursing and midwifery in Bangladesh. She is now helping a Christian college in Pakistan set up a nursing school and helping to head up a new International Institute for Christian Nursing run by Nurses Christian Fellowship International.

John is a Paediatrics trainee and travelled with his wife to serve in Niger. Their desire was to work in the Muslim world and evangelise and disciple the local people. John found a way to work part-time at a Christian hospital and part-time doing medical and non-medical training for staff and working with the local church. The main challenge was to balance his Christian work against the demands of his medical job. John's advice for anyone considering working abroad is to manage expectations and be clear about the work they are going to do before setting off. In spite of the difficulties, John's faith was strengthened by the time he spent in Niger and he had some remarkable opportunities to share the message about God's love in a country which is 98% Muslim. He was reminded of the spiritual dimension to any medical condition and encouraged to pray for his patients, even after coming back to the UK.

Geoff trained as a doctor, worked as a medical evangelist with world travellers and drug addicts in India for a year, then went to theological college, followed by seven years as a GP and local preacher in London. Unexpectedly he was then 're-called' with his family back to India and worked as a Christian healthcare professional in the Himalayas under an indigenous Indian mission, supported solely by his church in England. He later founded two Christian healthcare organisations in different parts of the world and co-chaired a WHO conference on the role of non governmental organisations in primary healthcare.

Jane is a GP who worked with Medair in South Sudan as a part of the emergency response team. She was involved in setting up primary healthcare clinics and responding to disease outbreaks, often in groups of displaced people. Jane was the medical manager – the doctor on the team responsible for the technical input and the quality of services provided. It involved training up the local staff, making sure they were aware of what guidelines to follow and how to treat patients appropriately. The second time Jane went as the healthcare advisor and provided medical oversight of all the different projects that Medair ran in South Sudan. A typical contract with Medair runs one–two years so it is suitable for F3 or out of programme experience years. After that it is possible to come back for shorter contracts or at specific times like during the Ebola outbreak.

A final question for you: What path is God calling you to follow? ■

List of resources from which information is drawn and for further reading:

- *Nucleus*, May 2016:6-10 *bit.ly/2BzeaTq*
- World Distribution of Christian Population in 1910 & 2010 *pewrsr.ch/2kysukK*
- Global Christianity *bit.ly/2CovQOR*
- Progress of the Gospel *bit.ly/2opsrgm*
- Gordon-Conwell Resources *bit.ly/2k5fovM*
- Keeping Faith in Deveopment *bit.ly/2zicLin*
- *BBC News Magazine* September 2011
- *Asia Times* 2007

CMF Global & you

CMF is making changes to become more truly global, says **Fi McLachlan**

Fi McLachlan is Head of CMF Global

In September 2017, the CMF Board approved a new strategy and new name for the Fellowship's international work. The department undertook a wide consultative review of our strategy. Thank you to all students who answered survey monkey questions at the student conference.

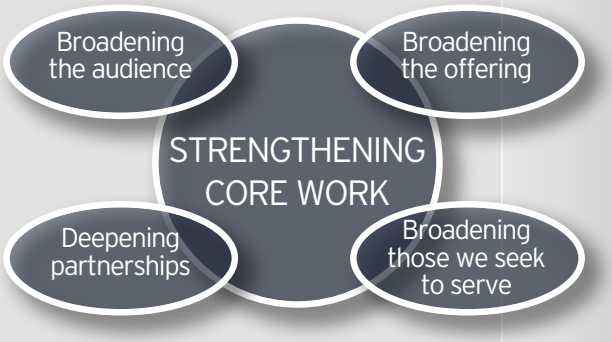
The new CMF Global strategy is illustrated in the diagram opposite. So what is our core work? Many of you have been on day courses such as *Who is my Neighbour?* – a great introduction to global health needs. Many students say they are interested in global health or working outside of the UK. Look out for the next *Who is my Neighbour?* days on Saturday 27 January in Bristol and 12 May in Liverpool. Look out too for *Refugee and Asylum Seeker health days* (next one Saturday 17 March, in Stockton-on-Tees) to equip you for working in the UK with those who come here to live.

We want to keep you aware of elective opportunities via our web pages, with contacts of over 80 hospitals, 30 mission organisations, scores of informative reports and funding ideas. We provide short-term placement opportunities along with guidance on running your NHS career alongside whatever God might open for you elsewhere.

CMF Global is keen to expand support beyond those who go to work clinically in traditional mission settings. We want to support those who are interested in teaching, research, and working with secular as well as Christian NGOs. If that is you, keep in touch with CMF Global via our international Facebook and events pages.

CMF Global is setting up special interest working groups. The first of these is already operational, looking at corruption and conflict of interest and how to respond as Christians.

We wish to explore partnerships that will enable Christian doctors to go to people and areas of the world that we have not traditionally served, such as refugees in the Middle East and places where the gospel in least known. If you are interested in such work then check out the short-term opportunities online or contact Fi McLachlan on *fi@cmf.org.uk*



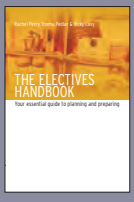
Please pray for this department of CMF. There are lots of opportunities for students to get involved, from the International Track, attending a day course, to short-term vision trips, getting in on wider CMF conferences, becoming a Deep:ER volunteer with a focus on international work or writing up your elective. We need you – together we can impact our world for Christ! ▪

CMF Global events:

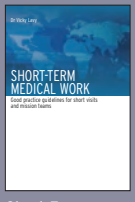
- Who is my neighbour?
- Refugee and Asylum health days
- Developing Health Course (8-20 July 2018)
- Short-term vision trips

Consider joining:

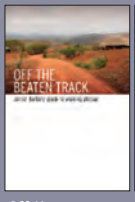
- Special interest groups
- International Facebook group
- International Track 2018



The Electives handbook *Rachel Perry, Emma Pedlar & Vicky Lavy*



Short-Term Medical Work *Vicky Lavy*



Off the Beaten Track *Adele Cowper & Vicky Lavy*

I Could Do That *(ed) Andrew Fergusson & Steve Fouch*

Travelling Light *CMF*

remember those in prison

Anastasia Chitty describes an unusual clinical placement

first encounter?

Picture being assaulted by your own father. Not for taking coins from a jar on the mantelpiece, but for having lacked the nerve to simply smash-in the shop window and steal the toy you wanted. This was the reality for Peter Woolf, and as I sat in the school assembly hall late one Friday afternoon ten years ago, I was captivated by his life. By the difference between my own privileged upbringing and the challenges he faced, but also by the potential that exists to break free from the cycle of reoffending.

Fast forward a decade. Since becoming a Christian, my desire to serve offenders has grown by understanding the need to reach the 86,000 men and women living behind bars with the good news of Jesus.[1] Greater than freedom from offending is the freedom from sin we all need and are promised through Jesus. 'So if the Son sets you free, you will be free indeed' (John 8:36). While we are all sinners, many have been sinned against awfully, and maybe this is why part of Jesus' mission on earth was a specific mandate to 'proclaim freedom for the prisoners' (Luke 4:18).

Anastasia Chitty is a clinical medical student in Oxford

Inmates' vulnerability is highlighted in a recently commissioned report.[2] In English prisons, the average reading age is twelve, 70% of prisoners have diagnosed mental health issues, and 30% have been abused. Of children in care, 27% will end up in the criminal justice system. Children of offenders are more likely to become an offender than to graduate from university. Perhaps this is one context into which we are called 'to remember those in prison as if you were together with them in prison, and those who are mistreated as if you yourselves were suffering' (Hebrews 13:3).[3] There is a deep need for us to show love and compassion, and so as a medical student, I seized the opportunity to experience how I might be able to share the hope of Jesus with those in prison.

a challenging environment?

I spent an inspiring day shadowing a GP in prison and the variety of presentations surprised me. A simple musculoskeletal presentation could be followed by the need to manage an unusual congenital myopathy, all the harder within the constraints of a prison environment. As anticipated, psychiatric cases were diverse, encompassing drug dependency through to a case of gender dysphoria. The practice environments were as diverse as the presentations, ranging from medical and psychiatric 'inpatient' areas to tiny consulting rooms on the prison's wings.

While I was impressed by the provision of healthcare, it became clear that prison medicine has its challenges. A 'tubigrip' bandage couldn't be prescribed owing to a lack of scissors. The frustration of obtaining adequate security escorts for outpatient appointments was apparent. In addition to resource constraints, I was also aware of the complex challenge presented by the manipulative behaviours displayed by some prisoners.

holistic care? body, mind and soul?

Nonetheless it was opportunity, not the challenge, that made the greatest impression. Crucially, the prison GP in England is independent of the custodial staff; an advocate for prisoners. By doing whatever is possible to bring about a good clinical outcome, by listening to a prisoner's needs, and by loving them as a neighbour, compassionate healthcare has the potential to help restore broken lives. It was a privilege to witness the powerful relationships that existed between GP and prisoner and the foundation this offered for deeper conversations. I was encouraged by the very real openness of prisoners to discuss matters of faith, and their eagerness to find hope in the darkness. In just the single day I was visiting, there were numerous opportunities to talk of Christ, not least in encouraging those already putting their faith in 'a god'. It was deeply humbling to observe how the GP spoke with a terminally ill prisoner facing the reality of death. By taking time to listen to his fears and to discuss the hope he can have in God, I'm sure the prisoner experienced a little of the love Jesus has for each of his children. Wonderfully, the GP could help this man practically as well, by ensuring he had glasses to read the Bible and regular visits from chaplaincy. What a reminder of the link between body and soul!

We are no different from this man; we too are sinners facing death – but by the grace of God, through Jesus' death on the cross, we've been given eternal life. This is redemption, it is freedom, and what a privilege it would be to share this good news with such an underserved group of society. ■

REFERENCES

1. Prison Population Figures *bit.ly/2iLdILD*
2. Balancing Act: Addressing health inequalities amongst those in contact with the criminal justice system *Revolving Doors*. 2013 *bit.ly/2jD3xlq*
3. Of course, this verse in its strict context refers to fellow Christians in prison. We need to be careful not to 'idolise' prison ministry as more 'special' than other forms of ministry to the vulnerable. But if we take seriously Jesus' concern for the poor and vulnerable, it is easy to see that prisons are a natural place where will find and be able to serve these people.

essentials: back to basics

Nandi Mnyama gives some writing hints

Though I hoped my writing would be as lyrical and compelling as the Psalms, medical school has made me as meticulous as Numbers! After spending three years learning to write academically, I realised that writing an interesting narrative to share with others is a skill I need to practise. My creative abilities have waned somewhat, influenced by the constant need for strictly academic writing in my studies. While there are obvious advantages to honing these skills, I have recently felt as if I am missing valuable breadth through a relative deficiency in communicating as more of a storyteller than an academic in my writing.

I attended recent a CMF writing workshop facilitated by Dr Andrew Fergusson, an experienced writer who was formerly CMF General Secretary and a GP. The small group size allowed us time to share our motivations and examples of previous writing. The sharing environment meant that I was able to learn from other attendees' experiences.

The three most significant principles I reflected on following this workshop were the importance of individuality, the need to understand an audience, and the power that writing can have as a method of sharing the gospel.

individuality

Each person has a unique manner of written communication, something I saw in the highly varied styles of attendees. Even with the same learning processes from the workshop, the variations between our narrative voices were still reflective of us as individuals at the end of the process. This is crucial in reaching the masses as the readers might feel connection to certain styles of writing. This means that if we are able to use our unique 'voices' to share the same message, we may be able to capture an even larger and more varied audience.

Nandi Mnyama is a medical student and HYMS and former CMF Deep:ER trainee

audience

Your knowledge of the people who will receive your work affects how and what you write. We have all experienced that shift in our essay writing from a descriptive, decorative style, to a clinical and succinct one. Aside from reflective essays, this is the style of writing we are expected to utilise most in our time at university and throughout our careers. Taking some time to think through the various audiences we might have for our writing challenged me to consider how best to adapt my style and content. Am I writing for students new to faith, or junior doctors feeling exhausted, stressed or cynical, or friends of CMF who are encouraged by our work?

power of the written word

Written text, through study of the Bible, is how generations of Christians have encountered our Saviour. So, what better way to share our testimonies, what better way to witness to others, than through the written word? God inspired writers. Just think of how far and wide written resources – books, articles, reviews – can reach. As a medical student, I find that I can sometimes struggle to carve out time to sit with other students and have in-depth discussions about faith and ethics. Using writing as a way to start having these conversations has been helpful. It doesn't replace the need for fellowship, but it does enable me to continue serving and, possibly, even help start or enrich conversations between people I have never met. Writing also enables us to take time, to seek God in prayer and to structure our message so it is captivating as well as effective. This carries significantly less risk compared to feeling completely flustered by a complicated, Christian ethics question in the middle of a crowded house party!

The written word is an amazing way to share the gospel; we all have stories, thoughts and ideas worth sharing. Spending time thinking about why I write, how I write and what I hope to achieve by writing has been instrumental in helping me to pursue more opportunities to share my voice. If you are thinking about writing, or are a writer looking to improve, I would highly recommend CMF's writing workshop – contact *students@cmf.org.uk* to find out about future events. ■

ORWELL'S RULES

George Orwell, author of *1984* and *Animal Farm*, suggests six rules.[1] Most of them will cover most cases:

1. Never use a metaphor, simile, or other figure of speech which you are used to seeing in print.
2. Never use a long word where a short one will do.
3. If it is possible to cut a word out, always cut it out.
4. Never use the passive where you can use the active.
5. Never use a foreign phrase, a scientific word, or a jargon word if you can think of an everyday English equivalent.
6. Break any of these rules sooner than say anything outright barbarous.

managing editors' tip

The IMRaD structure (introduction, methods, results and discussion) will be well known to any consumer of scientific literature. Be honest with yourself. How often do you read beyond the abstract and perhaps a few lines of the discussion? Although a helpful way of describing an experiment or systematic review, IMRaD is not the most engaging way of changing hearts and minds!

Journalistic writing is different. Formats vary. For a persuasive piece, the conclusion comes not last, but first – perhaps even in the title. Begin with a 'hook' – a few opening words that catch readers' interest, and lead them to continue reading your article, even when they didn't mean to. End with a 'punch' that keeps them thinking or induces action.

REF

1. Orwell G. *Politics and the English Language*. bit.ly/2C1jhbP

leadership: inside-out leadership

John Greenall explores leadership and character

John Greenall is CMF National Field Director and a Paediatrician in Bedfordshire

When I slammed the door, broke the mouse and let rip some expletives, I knew I had been found out. I was CU president, leading in my church, and generally seen as a 'good bloke'. It was my third year at university and term was nearly over. I felt tired. The computer wouldn't submit my PBL assignment and signs of my rising frustration were there – the raised heartbeat, the steam coming out of my ears and the red mist descending. My subsequent reaction told my watching classmates that it would be wise to steer clear of me that lunchtime. The experience crushed me, because my ability to 'hold it all together' was (and still is) key to my leadership. People are unlikely to follow a hot-headed, rash and impatient person.

In general, I would seek to mask such flaws with my competency. As a medic, I got used to being top of the class, grade As at GCSE and A-Levels, being competent in the eyes of others. Looking around me I could see gifted, motivated and productive leaders. Many of them changing the world. Many of them Christians. But as I pursued the same goal, I increasingly realised something was missing.

an anatomy of the heart – character, not competency

In this series, we've considered how secular leadership principles, taught to every medical student today, have their limits. We have explored how, in a world where leadership is in perpetual crisis, the Bible is the best leadership manual. But it is a provocative one – because it teaches a leadership which is at odds with that which we find in the world.[1]

Throughout Scripture we see God often eschewing those we might expect to be leaders – the firstborn, the physically strongest and so on. Instead, he often chooses people who would appear to human eyes as unfit leaders: Moses was not eloquent,[2] Gideon was a coward,[3] and Simon Peter was uneducated.[4] We learn that 'man looks at the outward appearance, but the Lord looks at the heart' (1 Samuel 16:7), which negates any possibility for human boasting.[5] Paul's instructions on church leadership mention perhaps only one or two skill-based characteristics.[6] The rest are issues of character!

For the purposes of this article we will define character as 'that set of moral qualities that distinguishes one person from others'. For example, perseverance,[7] honesty,[8] integrity[9] and humility.[10]

Even with the secular world cottoning on, many Christian leaders still don't pay enough attention to their character. Growing in competency is, by contrast, a 'quick win', often requiring less graft and leading to more instantly-visible results. My big worry is that amongst medics and nurses we are seeing gifted leaders moving in their gifting and not in the power of the Holy Spirit changing their characters to be more like Jesus. Leaders who neglect character, preferring instead to develop gifts and abilities, medical skills and knowledge. God's word is clear to leaders – rather than your competency, it is your character that will define you.

The capacity of many leaders is so often limited, not due to a lack of competence, but often more subtle personality deficiencies which limit their influence and ability effectively to lead others. They might be defensive, uninviting of criticism, lacking integrity behind the scenes, living in denial, insecure. Do you know leaders like that?

the diagnosis – character revealed

So how do we assess our character? In healthcare, we love to measure things. There is significant distress among my colleagues when people question the threshold for neonatal hypoglycaemia as either 2mmol/L or 2.6mmol/L or somewhere in between. But character is much harder to assess.

As leaders, however, there is often nowhere to

hide and our character flaws are frequently displayed whether we realise it or not. But there are times when our character is revealed most - in a crisis. What might this look like for us? What did you do the last time your research project blew up at the last minute? Or your laptop crashed and you lost your module essay? Or your housemate left the dishes dirty for the hundredth time? Or you were humiliated by a consultant in front of your colleagues? What did you think? What did you do? Because this reveals your character. Not when you are well-rested, prepared and together. It's when the pressure is on, when nobody is watching, that you go back to your default reactions - you swear, curse, accuse, deny.

the management plan – character transformed

So how do we grow our character? Many of us are gifted and find our studies and work come relatively easily. Perhaps sometimes we lack the motivation to do the hard graft of working on our character.

Ultimately Christian leaders must seek to lead like Jesus. This means we need his character to be permeating our very being. Jesus led as a servant, but can a person serve others without a servant's heart? I've tried to do this – it's possible for a brief period, perhaps even for your time on CU committee or as a CMF leader. But over time, without this being fully integrated into your person, the cracks will start to show. It's not about trying to serve others more, or seeking techniques to shepherd a team – it's about heart change,[11,12] or what could be called 'inside-out leadership'.

It would be a travesty if CMF grows leaders who are simply shells, devoid of substance and lasting influence. Those who simply perform a role before petering out. Those who impress with their skills, gather a group, lead with charisma - but without the ability truly to transform others through their character.

the prescription – character grows

So how do we grow our character? This isn't quick-fix medicine. Instead, like a prescription for exercise, we are to work on our character as much as we work on our competency. Many of you work ridiculous hours to hone your medical skills. You might join societies to show your enthusiasm for surgery or paediatrics. But how about focusing even more on growing your character? Perhaps take a weekend away to work on it – pray, reflect, confess, journal. Doing this will result in impact across your lives – both in your relationship with God and others and your work. Analyse your response in your last crisis – can you see jealousy, envy, hatred, defensiveness, resentment, denial? As hard as it is, we are called to repent and ask forgiveness. And then see the crises as an opportunity to grow.

The alternative is that character flaws become embedded and eventually your heart becomes hardened; you become defensive if such flaws are even pointed out. Such leaders become like children in my growth clinic – their growth is stunted. And giving growth hormone becomes less and less effective the further on the leadership line they travel. Perhaps an alternative, if you lead others, is to be vulnerable. Ask people, 'what's it like to be on the other side of me', and be ready for some tough answers.

You will have tremendous influence in the future, so take the opportunity as you study to be transformed to be like Jesus and use your influence to transform others. Pursue 'inside-out' leadership. Don't miss out on the opportunity to grow your character as a student, because just as in the growth clinic, the sooner you make a start, the greater the impact there will be on your life. ■

REFERENCES

1. 1 Corinthians 1:20
2. Exodus 3:9-4:16
3. Judges 6:11-12
4. Luke 5:1-11
5. 1 Corinthians 1:26-31
6. 1 Timothy 3:2-7; Titus 1:5-9
7. James 1:2-4, 12
8. Romans 12:3
9. Psalm 78:72; 1 Kings 9:4-5
10. Philippians 2:3; Colossians 3:12
11. Proverbs 4:23.
12. Greenall J. Worldview: An unstoppable force. *Nucleus* 47(1): 4-11

just ask
questions from students

CMF dissects your dilemmas

guidance

I'm feeling a bit stressed about hearing God and knowing his call on my life. I'm not wanting to miss his plan for me, especially in regards to where he takes me and my work in the future, whether in the UK or overseas. Any help appreciated!

First, thank God for the fact we have options. So many don't. We grapple with this because we are highly educated, mobile, have passports and a profession that unlocks many doors. Thank you Lord.

Remember that God is in control, and that his guidance often comes through multiple means and over time. Also he's more interested in *you* than what you do, in our attitudes more than our actions. We should ask ourselves:

- Not just 'what can I do?' but 'how should I be?'
- Not 'what career should I pursue?' but 'how should I pursue my career?'
- Not 'where should I live?' but 'what sort of neighbour should I be?'

Tim Keller says that wisdom is a path, not a door. In fact, life is described as a pathway nearly 800 times in the Bible. We don't just passively wait for God's calling to come to us. Rather the Bible says that what makes you who you are – the steady left right left right – takes you somewhere.

As we make good decisions in the small things, the big things follow. Our wisdom, our decisions are shaped as we do the left right left right over years – after a period of time you become the kind of wise person who knows how to make the right choice.

So discerning 'am I called to go overseas?' will follow a lifestyle of following Jesus in the small things.

Having said that, as we seek the Lord he can and does supernaturally show or confirm to us, and often those around us, what is our unique path of most fruitfulness for him.

Here are three pointers to help:

1. Know God

God speaks primarily through Scripture; get to know the Bible well! Use it to test our motivation and other revelation. He also uses the Holy Spirit, God's inner voice prompting us (Isaiah 30:21; John 14:16) so spend time in worship and prayer, and listening to the Lord. Revelation may also come as a prophetic word from others (1 Timothy 1:18; Romans 12:6). These things are landing strips for God to land his truth on and change you. One of the daily left right left right things.

2. Know yourself

Part of our responsibility is to work out how God has shaped us. What are the deep desires of our hearts? What experiences might have shaped us for a certain role, or people group? How might our personality fit with some aspects of medicine or situations?

3. Seek good counsel

It's hard to find wisdom by yourself – friends, mentors, counsellors are all needed. We all need prayer, comfort, or challenge – wisdom is found in community. ▪

CMF's International Track brings together groups of like-minded medics and nurses to help you explore what international medical work really looks like, seeking God's plan together – a way of working through questions together. More information at: *cmf.org.uk/international/international-track*

be prepared: Madagascar

Victoria Parsonson describes her three year 'F3' in Mandritsara

During medical school I was introduced to the idea of serving overseas, having become a Christian in the summer before university. I served on two CMF summer teams in Central Asia, and felt God place on my heart the desire to serve him overseas in the longer term. I found my Foundation years hard, and after FY2 decided that it was the right time to take a break and explore what serving overseas might look like.

I had remained in touch with the rural mission hospital in Mandritsara, Madagascar, where I had spent my elective. I returned there to serve for a three-year period, spending most of my time at the 50-bed hospital, with particular responsibility for paediatrics, but working across all areas of medicine.

All staff are Christian and the gospel is preached freely, to a population with mainly animistic beliefs. It was so refreshing to start the day praying with colleagues, and to be able to share my hope in Jesus with my patients. It is part of the on-call doctor's job to preach an evangelistic message on the wards in the evening! I learned to rely less on investigations and more on clinical diagnosis, as well as managing uncertainty, and using older medications that I was less familiar with. In the UK, there is always something more to do, someone else that can help, and as a result I often forget to pray and ask God for help. In Madagascar, where patients were so sick, and resources scarce, I rapidly reached my limits and needed to pray – and was then able to testify to my patients of God's faithfulness and of answered prayer.

I'm often asked questions like these:

How did you decide to go? Pray, pray, pray. And listen obediently. This sounds obvious. But I was very conscious of Psalm 127:1 'Unless the Lord builds the house, the builders labour in vain. Unless the Lord watches over the city, the guards stand watch in vain'. I asked trusted friends at church to pray with me as I sought God's will.

Did you go with a mission agency? I didn't, but was sent by my church. I attend a large church experienced in sending members overseas, and two members supported me prayerfully and pastorally as I planned, prepared, and went. In future I would consider going with an agency; they can help with planning many practical aspects, as well as support while overseas and help with debrief afterwards.

Didn't you feel underqualified as an 'F3'? Having already spent time in the hospital, I knew what support was available. Without this, I would have been cautious in checking that my host project was clear about what to expect. It was a steep learning curve, particularly as I was expected to work independently, but I was fortunate to have supportive colleagues.

What did you do to prepare medically? CMF's two-week Developing Health Course, with themed days for different specialties, plenty of practical sessions and time for fellowship and discussing mission, was invaluable. When I had to undertake my first emergency intraosseous needle in Madagascar, I was so thankful that I had been able to practise.

Victoria Parsonson is an ST4 trainee in paediatrics in Birmingham

You went for three years – why so long? It was important for me to get to know and invest in my community, so I could learn from them, and then carefully consider implementing change and then sustaining it. I valued the continuity of remaining in one place after the rotations of Foundation years. I learned local languages to a fluency that I could see my patients independently without an interpreter, teach in church, and understand local folk chatting.

I became increasingly aware of the importance of taking the time to learn and understand the local culture, and how this influences medicine and health beliefs. In Madagascar, pregnancies do not have nine months, they have ten moons. I was able to learn about how local animistic belief systems worsened childhood malnutrition, and about health beliefs regarding chronic illness.

The time and effort helped me better serve my patients. I was able to explain the gospel to my patients and pray for them in their heart language. I was able to go to more rural communities for a week at a time, undertaking consultations, health promotion and evangelism. I was able to get involved in the wider community, regularly supporting a rural village church most Sundays. Many of these opportunities would not have been possible during a much shorter visit.

What about applying for specialty training after time out? It is possible to take up to three years out after completion of Foundation training, and still use the certificate as proof of attainment of Foundation competencies when applying for specialty posts.

Many people, including Christians, were critical of my plans, and told me it was 'career suicide' – I would not be competitive and would never be able to get a training job again. However, I felt peaceful about this. I knew that Madagascar, for that time, was where God wanted me to be. God never promised me a training job to come back to – but he has promised a hope and a future. The same God that I trusted to lead me to Madagascar can also be trusted to lead me into the next chapter. In the end, I was successful in obtaining specialty training offers with very competitive scores in both of the specialties I applied to, which was testimony to my sceptical colleagues.

Looking back. I recently visited Madagascar again, a few years on from my three-year service. I have so much to thank God for and rejoice over. Of course it's not all perfect; there have been many challenges over the years. But students I helped to teach and train in the nursing school are now qualified nurses. Systems and protocols that I helped to instigate are still being used. I have been able to see some of the babies and children that I cared for, now growing and thriving.

I visited the rural village whose cell church I used to support weekly. Three years ago, they were meeting under a palm tree. Now, mud bricks that I helped to make form the walls of a completed church. As I walked the red dust tracks to reach the church building for the first time, I could hear the sound of worship echoing across the valley. Adults who had been young in their faith and newly baptised, are now teaching and serving. I had the privilege of witnessing how God is building that church in wisdom and in number, for his glory.

The harvest failed this year, which has been catastrophic in a predominantly illiterate, subsistence farming community. Despite this, my friends shared sacrificially with me and continued to treat me as one of them, as if I had never left – an immense honour. When I first came to Madagascar as a medical student ten years ago, I imagined that I would share and teach and would also learn. But I could never have imagined the extent to which God has used my time overseas, my three-year 'F3', to teach me so many lessons, to make me daily more like him, and to show me his love for his people in the place that he has put on my heart. By his grace he has allowed me to be a part of that and to serve here, and I wait and pray expectantly for what he has planned next. ▪

distinctives: is there mission in the NHS?

the Saline team share stories of Christians sharing their faith with patients

A doctor returned from a mission situation in Cameroon because of threats from the terror group Boko Haram. She attended a Saline course and we asked 'Can she be a missionary within the NHS? Or does she have to wait until going abroad again?'

the world on our doorstep

A Birmingham GP knows several 'missionaries' who have come to the UK from abroad to share Jesus. When she realises that others see the UK as a 'mission field' it encourages her to witness and to grasp the opportunities which God gives, including in medical practice. She regularly sees people from scores of countries, Afghanistan to Somalia, Bosnia to Egypt, Eritrea to Poland, Romania to Syria and Yemen. We don't need to board a plane to meet internationals. Your campus may be equally diverse. Being honest, opening up to colleagues and asking good questions may lead to faith conversations.

cultivating the soil

We may not all be evangelists, but we can all be witnesses to any nationality.[1] Jesus spoke about stony and thorn-choked soil,[2] and it may well be that our role in the NHS is most often to remove stones and clear the ground. We can show the relevance of faith and nurture spiritual curiosity. Occasionally we might sow gospel seeds by talking directly about Jesus. GMC guidance currently encourages discussions of the spiritual where relevant:

'In assessing a patient's conditions and taking a history, you should take account of spiritual, religious, social and cultural factors, as well as their clinical history and symptoms. It may therefore be appropriate to ask a patient about their personal beliefs… You must not impose your beliefs and values on patients, or cause distress by the inappropriate or insensitive expression of them.'[3]

This guidance is aligned to the biblical instruction to be respectful and non-coercive:

'Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with *gentleness and respect*'.[4] What might this look like in practice?

curious colleagues

A hospital trainee described a conversation with a colleague as they walked up the stairs to their department. The conversation turned to when each of them had last cried. The Christian doctor had been moved to tears that very morning while reading her Bible. Her incredulous colleague was surprised: 'Reading the Bible moves you to tears? You read the Bible before work, every day?' She is prayerfully waiting to see where that leads.

An obstetrician told me of a rough night when she scolded a midwife in the early hours. The next morning she sought her out and offered a heartfelt apology for the manner of her reprimand. The midwife was stunned: 'No doctor has ever said sorry to me before!' They soon became fast friends. It's often in our vulnerability and sharing of our need and knowledge of grace that others glimpse its source. She reflected: 'Let your mess become your message, and your test your testimony!'

A renal trainee wrote: 'I find nights are the best time to talk about faith on the wards. I'll often have a bite to eat with a colleague just after midnight, and try to move the conversation away from trivial things onto the bigger questions in life. There's something about the shared experience of a night shift that sometimes leads people to open up, and I've had some really good chats in the past.'

Recently a GP gave an Uncover Gospel to a young doctor who had commented that she felt most able to be herself when she was around Christian colleagues. She explained to her that she thought it was because she was meeting Jesus in these people and hoped that reading in Luke about people who met Jesus would help her to understand this better.

testing the soil

An appropriate question we can often ask is 'do you have a faith that can help you at a time like this?' A GP asked this once of a patient disillusioned with therapy, and was told 'No, I have too many questions'. He agreed that we all need space to explore the big questions, which happened at Q&A every Sunday at his local church. She turned up unexpectedly, and found the answers she was looking for.

sowing seeds in season

A nurse who had trained in the Philippines was caring for an anxious patient during a cardiac catheterisation. He asked her to sing something while they prepared for the procedure. She told him she only knew hymns and he said that would be fine. She sang the first verse of 'What a friend we have in Jesus' and then stopped. He asked her to continue and she did, eventually singing the whole hymn, and overheard by her colleagues in the lab. There are many ways to sow seeds!

Another healthcare worker met a man who was anguished about his violent outbursts in his family. He was worried he was turning into his father, and felt terribly guilty and ashamed. 'Do you have a faith that helps with those feelings, or gives you hope?' He described how his father had been incensed when, as a child, he had brought the wrong song book to the Jehovah's Witness chapel. He had been beaten savagely with a chair leg, and still felt the cruelty keenly. It led to a moving discussion about where our sense of fatherhood comes from, and a reflection on the kindness of the father who welcomes back the prodigal son with open arms. He expressed a desire to read his Bible more, to rediscover the heavenly father he had lost touch with.

An intensivist comments: 'I am an enthusiast for building relationships; this is central to how we can share faith and fellowship in Christ. For instance, on preoperative visits I have had conversations stimulated by an observation or a parallel conversation. I recall a patient who was reading a biography of William Wilberforce. A topical read for someone in Hull but a treasure trove to open discussions on Christianity.' We are not exploiting anyone's vulnerability when we pick up on a shared interest.

A surgeon tells of his contact with a man who had seen many other doctors: 'His life was falling apart. His wife no longer wanted him. He had lost his job. He was drowning his sorrows in drink. He had seen many doctors and psychologists but none had helped him. Anti-psychotics had made him feel worse. Once his GP had suggested that his problem might be a spiritual one but offered no answer except pills. However that suggestion led to discussions about how the Lord Jesus could change his life if only he was willing to start living as God wants. Jesus could forgive all the sin that separated him from God and would give him the gift of his Spirit to empower him to live a new life. He asked the Lord Jesus to help him but there was no immediate change. He still wallowed in his problems and was angry at everyone. The one noticeable change was that he started to come to church and joined a Bible study group. He developed an appetite to read and understand the Bible. He made the decision to start doing what God wanted of him. He sent his friends texts with Bible passages that excited him. He became a new man. He has a new job, he is paying off his debts and relationships with old friends are being restored. Everyone who knows him appreciates the extraordinary change in his character. His GP had been right. He did have a profound spiritual problem with depressive symptoms. What stopped him prescribing the right remedy?'

Psychiatrists need to be particularly aware of the vulnerabilities of their patients. For a discussion of the issues, read Rob Pool and Christopher Cook's excellent debate over praying with patients.[5] Another psychiatrist wrote: 'Some may feel anxious about raising or discussing spiritual issues with patients who have mental health problems, for fear of breaching professional and personal boundaries with potentially vulnerable individuals. However, all

patients should receive good spiritual care, and spiritual issues may be even more directly relevant for those with mental disorders. I saw a middle-aged lady with a longstanding treatment-resistant depression, who was admitted following yet another overdose with suicidal intent. She had a church connection, but felt that something she had done was so bad that she wondered if she could ever be forgiven. It appeared clear to me that she needed forgiveness more than medication or psychotherapy, but it was not until I "entered her world" and shared her values and spiritual perspective (a sensitive clinical judgment) that we made meaningful progress. With the support of the wider team I discussed God's forgiveness with her, leading not to full resolution of all her symptoms, but at least some improvement in her negative cognitions, guilt and hopelessness, with her planning to return to her church following discharge.'

could you could answer a patient's prayer?

Another doctor remembers an attempted suicide: 'They dragged him barely conscious out of his VW campervan and brought him to the ED in the early morning. A passer-by had seen the smoke filling the stalled vehicle and acted quickly.

His skin was flushed with carboxyhaemoglobin. I followed the treatment protocols and he recovered, but I felt I hadn't done enough. An arrow prayer brought the response, "Ask him if he believes in God", so I posed the question diffidently after gaining permission to ask "something personal".

The question did not faze him. "It's funny you should ask because that's actually the whole problem", he said. "You see last night I told God, 'I'm going to kill myself. Just you try and stop me'".

"That's quite a dangerous prayer", I responded cheekily, "and, if you don't mind me saying, it looks like stopping you is exactly what he did". "It does rather", he replied, and almost smiled in resignation. "Maybe he's not finished with you yet", I said.

It was a rare opportunity but, as providence would have it, the morning was quiet and after telling me the full story we discreetly prayed together behind the cubicle's curtain.'

A GP met a transgender patient who had an extraordinary conversion. She had had a vision of an angel warning her of judgment to come if she didn't turn to Christ. She also had a strong sense of God's love and leading, and offered to pray for the doctor. It led to a frank discussion of what she felt the Holy Spirit was leading her to do about gender reassignment. She asked for prayer back in return, which the doctor was delighted to do. God is at work ahead of us, are we willing to join in?

spiritual referral and teams

A paediatrician writes about fora in which parents had the opportunity to explore their faith questions: 'Spiritual support of parents was seen as an essential part of the holistic care we provided. We spent time with dying babies and their parents and showed respect, gentleness and care. We held an annual Christian bereavement service for all parents who had lost babies, including stillbirths. This was attended by 50–100 each year and led to many opportunities for conversations about spiritual matters with parents and with staff. Attending baptism services for babies on the ITU gave opportunities for talking to parents and staff about Christian matters.'

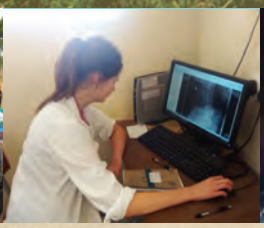
Jesus tells us to open our eyes and see that the fields are ripe for harvest.[6] Sometimes we cultivate, sometimes we sow, sometimes we reap but the glory always goes to the Lord of the harvest, and we thank him for giving us the opportunity to join with him in this work. To explore these issues more deeply, consider coming on a Saline course. You might see the NHS in a whole new light. ▪

REFERENCES

1. Acts 1:8
2. Matthew 13:1–23
3. *Personal beliefs and medical practice. GMC*, 2013:para 29-31 *bit.ly/2Be4Swe*
4. 1 Peter 3:15 (author's emphasis)
5. Poole R, Cook CCH. Praying with a patient constitutes a breach of professional boundaries in psychiatric practice. *British Journal of Psychiatry* 2011;199:94–98 *bit.ly/2iSiEJX*
6. Matthew 9:37

my trip to... Zimbabwe

Rebecca Horton presents some cases from an elective in Zimbabwe



CASE 1: demons or streptococcus?

'Is she possessed?' A twelve year old girl has come in because she 'can't stop moving' and her family is not sure what to do with her.

It's been going on for a month. She's been prayed for at church, friends have suggested the witch doctor, she's being bullied at school. Now the family has pooled its funds to bring her to the largest hospital in the country, Parienyatwa General in Harare. 'They say go to special class!' she sobs. I sit down next to her on the bare metal bed, take her hand... there's a crowd of medical students and yet nobody seems to acknowledge her tears. She takes off her jumper and reveals a sign rarely seen in the UK today, but bearing the name of a great Christian physician of seventeenth century England: 'Before he can raise a cup to his lips he does make as many gesticulations of a mounteback; since he does not move it in a straight line, but has his hand drawn aside by the spasms, until by some good fortune he brings it at last to his mouth'.[1] It's Sydenham's Chorea, secondary to rheumatic fever. The infection is easily cured by penicillin, and her movements subsided the day the haloperidol arrived. We celebrated together as she left; she'd been practising her maths in her hospital bed and was looking forward to returning to school.

When she first came in there had been anxiety over whether she could be demon-possessed. The burden of neurological disease in Sub-Saharan Africa is high; and equally underreported.[2] Cultural and religious factors clearly influence the value and meaning placed by society on neurological symptoms, and possession was considered in a way which it would not have been in the UK. Belief in a supernatural, spiritual realm was the social norm and this change was refreshing. Freedom to mention faith in God without fear of being dismissed made me feel more at home, but there were times when it became uncomfortable. Challenged that my worldview is more materialistic than I'd cared to admit, I realised that I'd put boundaries on what I think God can and cannot do. This case was, as all illness is, a result of living in a fallen world. But I don't think this girl's chorea was any more supernatural than a cold or a broken leg; we should be careful not to assume supernatural aetiology more readily with neurological or psychiatric conditions. The concept of demon-possession remains uncomfortably alien.

Rebecca Horton is a medical student in Norwich

CASE 2:
typhoid, guilt and kissing through veils

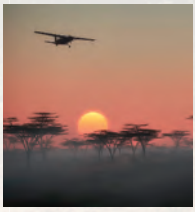
He's carried in stiff, still, abdomen rigid, not crying. Parents accompany this nine-year-old boy to clinic at Karanda Mission Hospital, where I spent the final two weeks of my elective. It was obvious he was very sick, I suspected bowel perforation. One of the doctors informed me this could be caused by typhoid. Antibiotics were prescribed, a surgeon performed a laparotomy and wash out of his abdomen: at least I could explain what was happening to his parents. Thankful (for the umpteenth time on elective) for those long winter afternoons spent practising consultation skills, I talked his parents through the diagnosis. Going away really did make me understand why the medical school is so keen for us to number our points and draw pictures to explain!

'Is the house too dirty? I'm worried it's my fault. Should I send him to live with relatives? I am worried I just can't give him enough, and what if living with us means he gets sick?' She'd been turned away from her local hospital in Harare and made the five hour journey to Karanda. Epworth, Harare has an outbreak of typhoid and his parents are worried it is something they could have prevented. We talk about how most parents of sick children feel guilty, no matter if there was anything they could have done. We talk about how even if we can reduce the risk next time, this does not mean it was their fault. We talk about her love for her son, of God's love for her son and we pray. She let me into her life, trusted my explanation about her child, and taught me of her world in Harare. 'I thank you from the bottom of my heart' she says, and mine still thanks her more deeply than I suspect she realised.

Although communication worked well in this case, all too often it was not so easy. English is the official language but most families speak the local language Shona day to day. There is a limit to what you want to say in someone's second language and discernment of that limit was not always obvious. This decision changed with each new encounter, but added complexity which I hadn't seen in practice at medical school in Norfolk. Anne Michaels said, 'reading a poem in translation is like kissing a woman through a veil'.[3] Whilst my elective involved neither poetry nor veils, this truth began to resonate with me more. Michaels meant that you either sacrifice detail to meaning; or meaning to exactitude. I found that you lost the intimacy of examining someone's thoughts. Facing a language barrier strengthened my consultation skills, taught me about translators and made me more aware of how I use my words.

CASE 3: a breathless silence

A mother lays her sleeping daughter on the bed. She's warm, but her eyes are open and why is she so still? This is not what I expected when I answered the ward call and I'm thankful that the doctor was on my heels. We say 'O death, where is your sting?' (1 Corinthians 15:55, NKJV), but I'll tell you now, that sting of death shook the ward to the core. So close together we can feel everyone's breath and somehow this makes it all the more poignant that this little girl no longer breathes. Her mother howls. I don't know how to go about writing about her grief; actually, it isn't mine to talk about at all. The parents of the boy with typhoid sit there in silence: we knew it could have easily been us. She died of a diarrhoeal disease, only having been sent home from a clinic the day before; this was preventable. And now it is too late. And nobody else cries. And everything stops. And the ward falls silent. A meagre privacy for her death, a vigil for her loss.



Although there are many encouraging stories of recovery, supportive families and tight knit communities, it would be misleading to leave out the many things which caused frustration. Malnutrition, death by diarrhoea, burns. HIV, although greatly improved by World Health Organization anti-retroviral initiatives, is still common. Amputations for osteomyelitis and diabetes. All rooted in deep international inequality and although this drove me to properly consider medicine abroad, I felt seriously underequipped. Used to being able to order pretty much whatever test I want and being assured of follow-up appointments, the lack of health infrastructure added yet another challenge. The missionaries turned to prayer for their patients; I could see how easily you could turn to despair instead.

personal reflections

Visiting a mission hospital encouraged me to live more wholeheartedly for Christ. Seeing the doctors and nurses joyfully give of themselves reminded me that any sacrifice is worthwhile, and equally how quickly we become disillusioned the moment we set our hopes on anything apart from Christ. Privacy on the ward and personal autonomy over decisions seemed less valued. This set up is not without its disadvantages, but I wonder if in the UK our fierce independence robs us of community. It certainly seems to make us strive for a control which is unobtainable. In a land where death is closer people realise more that we cannot control whether we live or die, and maybe being less safety conscious is an outworking of this. Without condoning driving without a seatbelt, perhaps our aversion to risk and illusion of control is worth contemplating. I must admit I did enjoy riding in the back of a truck a bit too much!

Flying home I wrote a list of things to remember. First, the mother of the boy with typhoid reminded me of the importance of loving your patients. A genuine interest in patients' lives is distinctive – much more so than a prompt differential. In her story, and others, I realised how much it is valued when you sit down and take an interest in someone beyond their health. I've learnt this in the UK too – but seeing it even when I knew very little about their culture, even with the language barrier, even when I felt powerless, was what drove the point home. Second, to pray continually without ceasing. I am guilty of being prayerless throughout my working day, and seeing the surgeon open in prayer before opening the abdomen reminded me of our constant dependence on God. Thirdly, many men and women of faith I spoke to reminded me to count everything as a loss compared to the all surpassing greatness of knowing the Lord. ▪

REFERENCES

1. Vale TC, Cardoso F. Chorea: A Journey Through History. *Tremor Other Hyperkinet Mov*. 2015:28(5):tre-5-296. *bit.ly/2CceSTO*
2. Jamison JT et al (eds). *Disease and Mortality in Sub-Saharan Africa (2nd Edn)*. Washington DC. The International Bank for Reconstruction and Development / The World Bank. 2006, Chapter 23. *bit.ly/2j0atLS*
3. Michaels A. *Fugitive Pieces*. London, 2009. Bloomsbury Publishing

counterparts : Belarus

Artsiom Adamenka describes the Christian Medical Society of Belarus

Artsiom Adamenka
is an anaesthetist
in Belarus

Tell us a little bit about yourself

I am a 37-year-old anaesthetist working in Gomel, Belarus. I am married and a father of two. I am also the Executive Secretary of the Christian Medical Society of Belarus and a member of a local evangelical church. I became a Christian aged 14 after a neighbour invited me to church. Hearing about God's salvation through the Bible transformed my life and led me to choose medicine as a career to serve others practically.

What is working as a doctor like in Belarus?

Similarly to many European countries, medical education in Belarus focuses on the body, overlooking a person's spirit and a soul. A key vision of the Christian Medical Society in Belarus is to bring the spheres of Christian faith and medical practice together, allowing whole-person medicine that honours God. This is complicated by laws preventing Belarusian doctors from sharing their faith, prayer, or the Bible with patients. We face challenges with certain ethical issues, particularly IVF and conscientious objection to abortion. Doctors in Belarus receive low wages – the traditional salary is 80% of a factory worker as doctors were not seen as producing anything. Many doctors work two or more jobs to make ends meet. This can lead to tiredness, apathy, impaired Christian service, temptation to seek bribes, and increased risk of clinical mistakes. Doctors do not have any legal protection and many have been prosecuted and imprisoned for medical errors. This has led to a culture of non-disclosure and dishonesty in medical documentation.

I've heard there were exciting outreach events in Belarus last year...

2017 was a Jubilee year in Belarus! We celebrated 500 years since both the Reformation and the Bible being translated into Belarusian by Francysk Skaryna, a medical doctor. In my city, the evangelical churches joined together to hold a series of outreach events including presentations on how the Bible has impacted Belarusian culture, musical concerts, and a Christian drama – all with the aim of sharing Jesus with non-believers.

What events does the Christian Medical Society in Belarus hold?

In addition to local meetings we have an annual Summer Camp called MEDicus. MED stands for Medicine, Evangelia (the gospel), and Druzhba (friendship). It has become increasingly international, providing a safe middle ground for Russian and Ukrainian Christians doctors and students to come together. Our next camp includes a village health mission and takes place 6-11 August 2018 near Odessa, Ukraine. UK CMF members are welcome to join us!

What things would you appreciate prayer for?

Personally, I would appreciate prayer for God's blessing and wisdom in balancing my time between work, family, the Christian Medical Society, and serving at church. Please also pray that Belarusians would think more about the Bible during this year of Jubilee; it was printed for them by a doctor so that they would come to know Jesus as their lord and saviour! ▪

Contact *fi.mclachlan@cmf.org.uk* if you would like more information on the UK CMF Short-Term Vision Trip to the MEDicus camp 2018 in Odessa, Ukraine.

crossing cultures... Iraq & Lebanon

Rachel Thomas and **Kathryn Coalter** describe a trip to the Middle East





Iraq

Jesus taught us to 'love your enemies and pray for those who persecute you' (Matthew 5:44). How do you love someone who killed your family, plundered your home and destroyed your city?

Iraqis have suffered a new war every decade for 100 years. The resilience and generosity of the Iraqis we met was inspirational. Their pain and hardship is real but it has not overtaken the compassion, love and deep family bonds people have for one another.

In recent years, Erbil has been a refuge for many people fleeing ISIS. Wasu, a biologist from Mosul, fled to Erbil after the first three mortars hit and has not been back since. Her home was destroyed. Zain, an Erbil resident, described looking out of his window one morning to see 100,000 people crowding the streets.

During our stay here, we visited three different refugee camps and helped set up two clinics. Each camp was so different. The central camp was for Christians from villages surrounding Mosul. It consisted of the top three floors of a mall. At the time of the refugee crisis, the apartments were unfinished so the owner donated them to Christian refugees. During our visit, we were invited to join a family for tea. Middle Eastern hospitality is something many people tell you about, but you cannot appreciate completely until you are there. The father of this household had lost his arm in the Iran-Iraq war 20 years earlier but still drove! After two years in Erbil, their primary hope was to return home.

Another clinic was in a camp on the outskirts of the city. The contrast in living conditions was great. People were staying in tents in a large field, with little access to the town. The camp was run by the government and well structured – with a doctor, school, mosque and a 24-hour guard. When we arrived, the electricity was down (a regular occurrence) so we did not have air conditioning, and had to work in 40C heat. Still this was nothing compared to the trials of the people we tried to treat. People came with an array of physical symptoms of trauma, from IBS to panic attacks. It was hard to provide only minimal care for people who needed more than a one-off consultation.

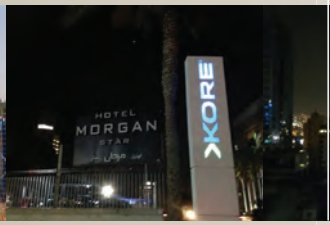
One of the missionaries we met was providing support for people with disabilities. His dedication to building good relationships and listening to their stories has provided multiple opportunities to share the gospel: and many have responded. Please pray for him and his team.

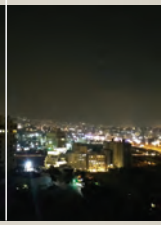
Please join me in praying for this country, which is groaning in pain. Most Iraqis have experienced significant trauma. Churches are providing some emotional support for people in refugee camps but the scale is just too big. Please pray for more volunteers who are steeped in Jesus' love to work in the refugee camps, to be a friend to the lonely and 'to proclaim good news to the poor' (Isaiah 61:1).

The names of those we met have been changed for their protection.


Rachel Thomas is a medical student at Aberdeen
Kathryn Coalter is a student nurse at Edinburgh University





Lebanon

Beirut is a high-rise metropolis and comes with American-style shopping and French-named streets. Strangely not the picture I have in mind when I think 'refugee mission'. One in four people in Lebanon are refugees.[1] That's roughly equal to the percentage of people in the United Kingdom that have a degree.

Refugees are not viewed amicably by the Lebanese people. Obliged to pay residency permits of US$200 per year and pledge not to work,[2] is it really surprising that 70% of refugees live below the extreme poverty line?[3] Farming illegally for minute incomes and living off UNHCR food packages, these families struggle to make ends meet. Their only options are to generate a livelihood in Lebanon, or return to the barrel bombs and chemical warfare of home. It's difficult to put into words the living conditions of the homes of the people we met in the Bekaa Valley. Even the thought of spending winter in a tent causes shivers in my bones.

Yet what struck me most was how these people were doing mentally, emotionally and spiritually. Maybe you struggle to grasp the reality of these lives; their suffering is just too foreign to comprehend. I have found that it can affect us in one of three ways; we can ignore it, become apathetic, or let it propel us into action.

When your engagement is blunted by your own trials, I would remind you of the last supper. Jesus knew that he was going to die soon and would be whipped and mocked before. He knew his followers would suffer too. But he begins the night by washing their dusty feet. I catch my breath thinking that Jesus chooses to serve in his suffering, and chose to trust his father in this.

If you struggle with feeling apathetic, I hope you can take encouragement from reading about how Jesus spent his time on this earth. I love reading of his conversations with women and children, with tax collectors and foreigners. He didn't spend time with people who were down-and-out just to tick a box. It wasn't for a 'well done Son' and a pat on the back from his Father. And it definitely wasn't to receive honour and status from his peers. Jesus loved people.

When you're ready to act, be 'God's hands and feet on Earth', as Teresa of Avila describes us. For the Lebanese church this looked like feeding children and teaching women to make soap. Maybe for you this looks like sharing your skills, your time or your money. How different could these refugee camps look if we were serious about spending time with the down-and-outs and get busy washing feet? What brilliant glimpses of God's kingdom could these people see if we chose to trust him in this? ■

REFERENCES

1. BBC Hard Talk: Ghassan Hasbani - Deputy Prime Minister, Lebanon (July 2017) *bbc.in/2ym4ciW*
2. BBC News (2016) Syrian refugees living in fear as Lebanon tightens its laws *bbc.in/2CbhvFV*
3. Vulnerability Assessment of Syrian Refugees in Lebanon. UNHCR. (2015) *bit.ly/1mYlRHG*

a day in the life

Chris Downing describes life in Albania

What does a typical day look like? It might involve language practice, conversations with local doctors, or perhaps a lecture or training session. Last weekend, at a conference in Tirana with a colleague from Brighton, I demonstrated to Albanian doctors and students how to assess and treat trauma using ATLS principles. We then discussed local constraints that affect how those principles are put into practice. In two weeks' time, I'll be working alongside an Albanian Christian GP helping to train rural Albanian doctors to manage hypertension. Every day is different.

Why Emergency Medicine? My postgraduate career was somewhat atypical. After graduating from Leeds University as a doctor in 1995, I joined a Basic Surgical Training rotation and, by the grace of God, passed my MRCSEd on the nth attempt. Thereafter my wife and I 'ran away to sea', initially working as volunteers for a church in Sydney and later studying Theology and Mission at Wycliffe Hall in Oxford. I then started working for CMF as a staffworker while also doing locums in A&E. These locums led to a longer-term middle grade job and later to a registrar post on the deanery's training rotation. I passed FRCEM and finished my EM training in 2010 and started working as a Consultant in 2011. This path may have seemed rather chaotic to others, but I did try to make each decision 'reverently, responsibly, and after serious thought'. At the time I couldn't say definitively that the Lord was clearly guiding us to do so-and-so; it was more that we had thought carefully and prayed and the choice seemed both sensible and honouring to God.

Nevertheless, Emergency Medicine is a good match for me. I enjoy being a generalist, knowing quite-a-lot about most medical conditions rather than 'more and more about less and less'. That said, unlike my brave GP colleagues, I rely heavily on ready access to definitive investigations. I enjoy working in teams with something of a 'flat hierarchy', something that didn't always go down with my superiors when I was a surgical SHO. Finally the new rota system in Brighton, in which we self-roster in advance our clinical shifts, is a

Chris Downing worked as an NHS Consultant in Accident and Emergency before moving to Albania in 2013 with his wife Sarah and their four children, to work with European Christian Mission

life-changer, giving me control of when I spend time on the 'shop floor' in A&E.

Why Albania? This was unexpected! My wife and I first visited as part of a CMF team in 2001, to help on a summer camp for Albanian medical students. We met aspiring doctors who had lived through darkness and now wanted to see light in their country, especially in their health system. I returned each year to lead further camps, and we were always greeted warmly and listened to respectfully and the students often seemed to benefit. I began to feel that in order truly to help Albanian doctors I needed not merely to dispense advice and encouragement from my foreign vantage point but to face similar struggles by living alongside them. Getting ready to move abroad was a long process. We didn't move until ten years after our first exploratory visit with an almost-two-year-old – but on the way we were provided with three further children, my EM training was completed, and a few health issues were resolved that couldn't have been provided for in Albania. So as we look back we clearly perceive God at work, healing and refining us while also providing us with the resources we would need.

What are the challenges and joys? Albanian is a difficult language. Although after four years here I now speak at 'conversational level', often I don't understand what is going on or cannot make myself sufficiently understood. Another challenge is the difficulty of trying to establish working relationships from outside the health system. I have focused on working in the state hospital, helping to train medical students and junior doctors, but all of this has been done as a volunteer. So any training I provide is an 'optional extra' for my target audience.

One of the joys of living here is seeing God at work in a country where it was forbidden to mention him 30 years ago. I am privileged to be developing deep, encouraging friendships with Albanian Christian professionals who want to honour God with their lives and see him at work in their marriages, their communities, and their places of work.

What advice would you give to students? I appreciated the advice we were given at last year's national conference: 'Make the glory of the risen Lord the number one priority in your life'. This is more or-less what Paul says in Romans 12:1–2. Unpacking this would take another article, but my executive summary would counsel wisdom with:

- **Studies**: Devote yourself wholeheartedly, aiming for excellence but don't allow anxiety about your degree, your work or your career to hold back your faith in God or impede your devotion to him.
- **Personal faith**: Try with all your heart, soul, mind and strength, to nurture your one-to-one relationship with the Lord.
- **Fellowship**: Nurture deep, accountable relationships with other Christians, whether at church, the Christian Union or in CMF.
- **Romance**: Don't consider serious commitment to someone who doesn't share your desire to make the glory of the risen Lord their greatest priority.
- **Money**: Try to spend less time and money on 'stuff', clear your debts as soon as possible, give more away, learn 'cheerful generosity'.
- **Mission**: Explore what it might mean to be led by God along a path less-travelled. Read, think, discuss, pray, taste and see! ▪

local groups: mission accomplished!

be bold, be faithful, be encouraged. **Emily Stainton & Sajan Khullar** gives tips for mission

St George's, University of London

It's been exciting to be part of mission weeks at St George's, University of London – I have attended one and planned two. Each university varies (we're mainly healthcare sciences) and so mission weeks will look different. But what are the fundamentals to making events flourish? How can we get people engaged and involved? Here's what worked well for us at St George's.

early, prayerful planning

God gives us this amazing privilege to do his work, and he has been so faithful to us. We started planning five months early so that we could be praying for guidance and provide the right speakers, topics, venues and finances. We struggled to find speakers, but during that waiting time we really had to trust that God would bring everything together. And he did – the final timetable was way better than we could have imagined.

prayer meetings

We held prayer meetings daily at 08:00. It was an opportunity to give all our plans over into God's hands and rely on him. It was amazing to see our prayers answered throughout the week, and to praise him together. What a wonderful way to start each day!

teamwork

We needed to get the whole CU behind our plans. When the CU understands the importance of mission and sharing the gospel at university, its members will be so much more willing to help practically and invite their friends. In the preceding weeks we had talks to encourage and equip our members. Members are crucial for follow up to read the Bible with non-believers.

publicity

We created a theme for the whole week ('Real Life?') and invited clinical speakers. This linked all our talks and events together. We advertised via Facebook events, posters and even a video to catch people's attention. A 'text-a-toastie' event the week before was great to gain people's interest and spread the word. We also found that an official mission week launch at CU (complete with a countdown and party poppers!) really helped build excitement within the CU.

know your uni and know your friends

We've had some trial and error over the years, but it's all helped us discover what works. We know that free food and daytime events on campus work best at St George's. It's so important to know your friends and the struggles that they have and the things that they ponder over – the gospel can speak directly into that. We've identified the idols and questions prevalent on our campus so that we can really target our talks.

invite people to read the Bible

Following on from mission week, we want people to be reading God's word with a CU member, and we want them to come to know Jesus for themselves. We hold weekly follow-up sessions looking at Luke's gospel (Uncover Luke), and we're praying for everyone that comes along, that God may work in their hearts.

Don't forget to order your missions resource pack from the CMF Office in advance of the event. *students@cmf.org.uk* ■


Emily Stainton is a medical student at St George's, University of London
Sajan Khullar is a medical student at Keele and National Student Committee representative for the Midlands

Keele

Starting university is daunting. Starting university as a Christian is a further challenge. Keele University is near the deprived city of Stoke-on-Trent in Staffordshire. It has a small medical school with a number of small societies such as our CMF group. We are not disheartened by our size; if anything, we are strengthened by it. Over 20 Christian medics at Keele are involved in CMF and we know each other well, like family.

We are blessed by the presence of Janet Lefroy, a local GP, who supports us in many ways. She recently hosted a 'freshers' pizza evening' and a Saline Solution course. These gatherings provide great fellowship and learning.

It's not easy when you start your clinical years. You're thrust upon a ward, you are told to get involved, and suddenly you find yourself desperate for a tutor to hold your hand as you approach your first patient to take a history. One morning when taking a history, a patient was talking about church and she asked about my faith and we talked about how valuable faith is. She asked for prayer, so I prayed on the ward for her.

Later a doctor who overheard this, revealed to me his Christian faith. We identified other Christian colleagues and discussed starting a prayer group at the hospital. I realised that although it can be hard to find out if colleagues are Christian, the best way is to talk about your faith, so allowing others to feel welcome to do so.

Soon, a meeting at the hospital chapel was organised – students, doctors, nurses, healthcare assistants, porters were praying and worshipping together. God provided when we were desperate for a Christian hospital group. Since then, the group has blossomed, providing a monthly time of fellowship with colleagues.

In senior clinical years, 100 students move to a lovely town called Shrewsbury near the Welsh

border – far from the buzz of university life. I shadowed a vascular surgeon during my first week there in Year four. On top of the worry of moving is the issue of finding a new church. I was recommended a church. To my surprise, the vascular surgeon I shadowed was there the first Sunday I went. I knew my prayers for a Shrewsbury CMF doctor had been answered. The CMF website's 'workplace links' is another place to find local CMF members to build your community.

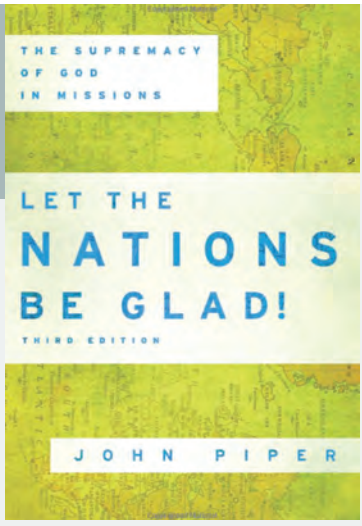
Shrewsbury Christian medics shared dinner with the surgeon and other local Christian doctors. We have studied *The Human Journey*, which covers workplace-relevant topics often not covered in church.

I look back at the last few years at Keele and see that God has transformed us. We shouldn't wait to feel 'ready', nor hesitate because we feel uncomfortable. We need to be bold, pray and go forward. God provides the tools for the job along the way and does so according to his plan. ▪

Review

book: *Let the Nations be Glad*

Let the Nations Be Glad
John Piper
ISBN: 9780801036415, Baker Academic, 2010 (3rd Edn), £9.99 paperback, £6.64 Kindle



'Missions is not a recruitment project for God's labour force. It is a liberation project from the heavy burdens and hard yokes of other gods.' If you want to be refreshed anew by the beauty of the gospel and be encouraged to play your role in spreading what is genuinely the best news for the sake of God's kingdom, this book is for you.

This engaging and powerfully-argued book about the what, how and most importantly, the why of mission has deeply changed, challenged and encouraged me. It is by no means a light read, but the pearls within the deep theological discussion make it a worthy read for those who persevere.

The first section is about the missional implications of worship, prayer and suffering which Piper describes as the purpose, the power and the price of mission. Missional context aside, I found these chapters to be incredibly edifying in their biblical teaching. The second and third parts focus on the practical outworkings of mission and detailed interpretation of particular biblical phrases such as 'all the nations'.

Piper is absolutely convicted of the verity and infinite goodness of the gospel for the whole world, and has an his infectious zeal to glorify God. It is apparent that this fervour is deeply rooted in Scripture. Piper combines his high esteem for the Bible with a rigorous scholarly approach, piling verse upon verse and expounding the context, often venturing into Greek and Hebrew analysis. It is clear that he wants the Word to lead his arguments rather than the other way around. He does not beat around the bush or skirt the difficult issues but confronts them with honesty and humility.

Though this was the first of Piper's books I had read, I had heard his quote 'God is most glorified in us when we are most satisfied in him'. So it was not surprising that themes of worship and the glory of God saturate this book from cover to cover. 'Missions is not the ultimate goal of the church. Worship is.' These are the arresting words that open the book and they are followed by reasoning that not only convinces you that it is true, but that it is also wonderful. Worship is the fuel of missions because 'you can't commend what you don't cherish', something which is blindingly obvious but also an essential starting point.

What is the primary reason for mission? Before reading this book, I might have said obedience to the Great Commission or compassion for those who do not know God. Although these reasons are of course important, I am now much more convinced that it is a genuine love for God and desire for his name to be exalted.

As well as being the fuel of mission, Piper also says that worship and adoration is the goal of mission, 'the gladness of the peoples in the greatness of God'. Some beautiful passages towards the end of the book outline the future (which has already begun) of diverse people from every nation and tongue united in praise for the Lord. ▪

Daniel Porter is a medical student at University College, London

Review

film: *The Mission*

'For me there is no redemption, no penance great enough' says Mendoza – a former slave trader and mercenary who is chained and fixated by depression and the guilt of his past. Through bold cinematography and a skilfully composed musical score, *The Mission* (1986) takes us on a journey of emotional and spiritual battles, and allows us to grapple with the fundamental conflicts and tensions of Christian mission.

Set in the eighteenth century, this film follows a group of Jesuit brothers as they set up mission projects in Paraguay in the hope of converting the local Guarani people to Christianity.

Mendoza the former slave trader and mercenary is persuaded by the Jesuits to join the mission. In a beautiful scene between Mendoza and the Guarani we are able to understand the sweetness, joy and power of redemption as Mendoza is freed from the guilt of his former ways. This excellently composed scene will stay with you long after watching this film – and serves as a useful reminder that God's 'grace is sufficient for you' and his 'power is made perfect in weakness' (2 Corinthians 12:9).

Whilst the type of mission depicted here might seem a far cry from mission today, this film raises many relevant questions. What is the core purpose of mission? What should we expect from a life of mission? Do we ever do more harm than good?

During their time on the mission the Jesuit brothers focus not only on sharing God's word, but also on building honest relationships with the Guarani and serving practically by building shelters and teaching new skills. In one particularly moving scene, two Jesuit brothers play 'rock the boat' with the Guarani children, to which they are all laughing and falling in the river. This scene, with its garden of eden imagery, is both simple and profound as it presents the development of loving relationships and care at the heart of Christian mission. Perhaps this is something we can apply to mission today?

This film is definitely not an easy watch. It shows death, strife and loss in a way that is both brutally honest and honestly beautiful. It is this honesty and willingness to tackle such difficult and painful topics that allows it to illustrate many biblical truths so well. For example, I used to consider mission to be something you achieved in your life, but this film has made me reconsider this belief. I can now see that our lives are part of a cosmic spiritual battle and the true beauty of *The Mission* is that it is achieved despite our death. Truly, 'the light shines in the darkness and the darkness has not overcome it' (John 1:5).

In conclusion, this film is not one to watch if you are after a little feel good factor. But if you are willing to mull over and reflect on the challenging issues *The Mission* presents, it will be a rewarding and deeply enriching experience. ▪

Tara McKelvey is a medical student in Manchester

Review

film: *Blade Runner 2049*

'The only reason you can do this is that you have never seen a miracle'. These are the dying words of Sapper Moreton moments before he is killed. His murderer is K, a Blade Runner charged with hunting down and killing (or 'retiring') rogue replicants.

This encounter, at the very start of Dennis Villeneuve's long-awaited sequel to *Blade Runner* (1982), sets in motion a series of events that sees K charged not only to hunt down this 'miracle', but also to start the journey to discover his own soul. For K is also a replicant – a genetically engineered slave, with a limited lifespan and range of choices and embedded, artificial memories.

Indeed, the whole of this near-future society is run on the backs of this artificial race of slaves. It is a world that is both sumptuous (Roger Deakin creates some of the most stunning cinematography in recent cinema history) as it is bleak, decaying and brutal. In this world, 'what we call Man's power over Nature turns out to be a power exercised by some men over other men with Nature [or technology] as its instrument'.[1]

This is not an easy watch – it is not only nearly three hours long, but it is violent, and has a troubling amount of unnecessary (and always female) nudity. While the film clearly depicts an exploitative society where female replicants are used as sex slaves and the males as disposable heavy labour or soldiers, the camera does linger unnecessarily at times, colluding with the objectification of women.

But for all its faults, *Blade Runner 2049* actually asks some vital questions. Is it our memories that define us, or our actions? Is love just a set of pre-programmed responses? And even if they are, does it matter? Does it make our love and our connection to one another any less real? Who am I, do I matter, why am I here? In short, without offering any answers, it asks the deepest questions of the human soul. Science fiction writers have explored these themes ever since Mary Shelley's *Frankenstein: A Modern Prometheus*, or in more recent TV series such as *Westworld* or *Battlestar Galactica*. The most profound of all the questions raised in all these stories is 'is this all there is? Is this all I am?'

However much the modern world tries to pretend these questions no longer matter, films like *Blade Runner 2049* remind us that they really do, and that the world has no real answers. Fortunately, we know someone in whom all those answers are to be found. ■

Steve Fouch is CMF Connections Manager

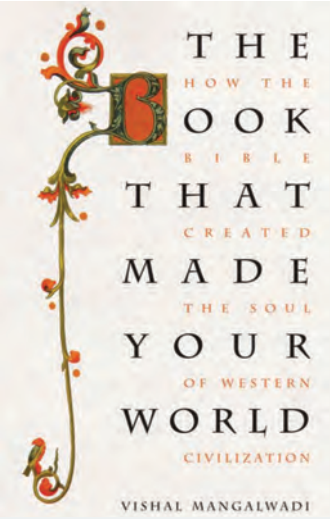
REF

1. Lewis CS. *The Abolition of Man (Collected Letters of CS Lewis)*. London:Harper Collins, 2015 (first published 1943) Kindle 444

Review

book: *The Book that made your World*

The Book that made your World
Vishal Mangalwadi
ISBN: 9781595555458
Thomas Nelson, 2012. £11.99



I had never done this before, never stopped to really think about the world we live in. What made it how it is? What shaped the values that we hold so dear? Why do we make music? Why are we passionate about education? Or rationality? Morality? The breadth of this book (that made your world) is extremely impressive. The way the Bible has shaped the world is truly breathtaking.

Vishal Mangalwadi is an intelligent and gentle guide, helping us think through some fairly fundamental questions of life. At the same time he is unafraid to speak the truth, a refreshing trait in a 'post-truth' era. He pulls no punches when talking about the realities and failings of worldviews and how they had a negative impact on the view of humanity.

For example: 'Three thousand years of Hinduism, twenty-six hundred years of Buddhism, a thousand years of Islam, and a century of secularism had collectively failed to give [people] a convincing basis for recognising and affirming the unique value of a human being'.

This thought occurred to Mangalwadi after a fellow Indian family had let a female child die instead if seeking treatment, because they didn't see her individual value in their worldview.

Two chapters stood out to me. The first was 'The West without its soul: From Bach to Cobain'. At first I thought this was a curveball. In a book about the Bible, why start with music? I very quickly realised that music is a reflection of one's soul. The music of one god might make you sing 'I hate myself, I want to die'. I became thankful for this chapter but even more thankful for a God that causes us to sing.

The next chapter which jumped out at me was 'Compassion': Mangalwadi explores the world of medicine and how different worldviews have created or neglected healthcare systems. The most intriguing point was that while many worldviews have a conception of compassion as a virtue, only biblical Christianity has made it a commitment to serve the poor and sick selflessly. Mangalwadi quotes Malcolm Muggeridge, a British journalist who later became a Christian:

'I've spent a number of years in India and Africa where I found much righteous endeavour undertaken by Christians of all denominations, but I never, as it happens came across a hospital or orphanage run by the Fabian society, or humanist leper colony... Compassion could not have built a modern medical culture on its own.'

I just have two pieces of advice when reading this book. First be ready to concentrate. There is a lot of information and history. Second, the author trained in Eastern philosophy. So be prepared to be challenged in our slightly arrogant western rationalism. All in all, this is an eye opening and brilliant book! ▪

Conor Perring a medical student at St George's, University of London, currently a CMF Deep:ER trainee and UCCF relay worker

news reviews

abortion, presumed consent, workforce issues

RCOG calls for decriminalisation of abortion

The Royal College of Obstetricians and Gynaecologists (RCOG) joined the BMA and RCM in calling for abortion to be decriminalised. In 2016 there were 200,000 abortions in the UK. Since the passing of the Abortion Act in 1967 there have been 8.5 million abortions. To conceptualise such a number consider for a moment that the total population of London is 8.7 million people. Currently, two doctors are required to see any woman seeking an abortion. Both are legally required to verify that the abortion is justified within the terms of the 1967 Act, before the abortion is considered legal. Decriminalisation would mean abortion has the same legal status as any other medical procedure and would therefore only require one doctor to obtain consent for the procedure to go ahead. November 2017 marked 50 years since the 1967 Abortion Act was passed.

Lesley Regan, President of the RCOG, has also joined with calls to allow drugs for medical abortions to be administered at home, rather than on registered premises as currently required. More than 60% of abortions in the UK were carried out using drugs rather than surgery in 2016. Further details can be found on the CMF Blog at *bit.ly/2CdpLnT* .

rcog.org.uk 22 September 2017, cmfblog.org.uk 15 December 2017

PM backs 'presumed consent'

UK Prime Minister Theresa May pledged to introduce a system of presumed consent for organ donation in England during her speech to the 2017 Conservative Party Conference. The proposal is currently subject to public consultation – the documents can be found on the Government Consultation website at *bit.ly/2jRn8S8*.

May's predecessor but one, Gordon Brown, had proposed a similar idea in 2008, but no changes were made after the Organ Donation Taskforce at the time concluded that such a change was unlikely to increase donation rates.

Reaction has been mixed, with the BMA (which has long backed a form of presumed consent) welcoming the announcement, but a *Daily Telegraph* article stating: 'Theresa May's organ donation reform sends a chilling message: that the state owns your body unless you opt out'.

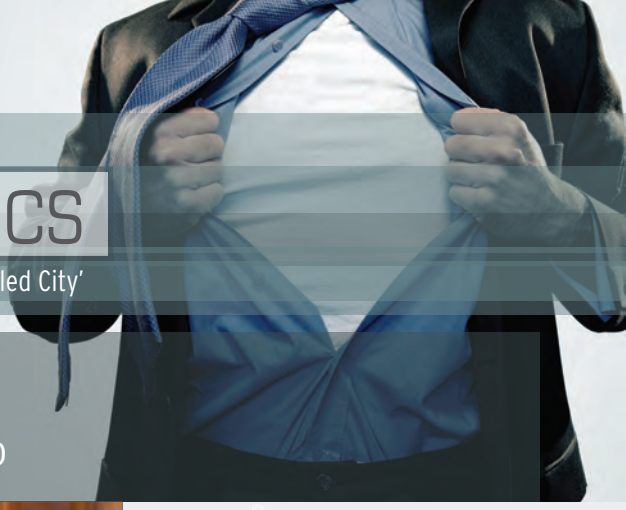
bbc.co.uk 4 October 2017, telegraph.co.uk 5 October 2017

NHS workforce at 'crucial moment' according to GMC

Just as *Nucleus* goes to press, the General Medical Council (GMC) has released a report showing that the number of doctors on the medical register has grown only 2% since 2012. In the same period, Accident and Emergency attendances in England have increased by 27%. In some areas of the country, 40% of doctors are now non-UK graduates.

More than half of doctors take time out after Foundation Training, a significant increase on before, and not all return. The GMC's Charlie Massey said: 'The underlying challenge for all in healthcare is how we retain the good doctors we have right now. Everything we hear from the profession tells us that we need to value them more.' Massey stressed the need to help doctors 'achieve the right balance between their professional and personal lives through more flexible working arrangements'.

bbc.co.uk 19 December 2017 ▪



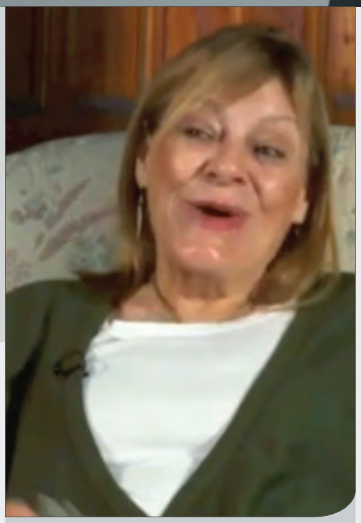
HEROES + HERETICS

Rebecca Horton describes a missionary to the 'Walled City'

HERO + HERETIC 22:
Jackie Pullinger: An unqualified hero

'If I were you I would go out and buy a ticket for a boat going on the longest journey you can find and pray to know where to get off. If God doesn't want you on that boat he is perfectly able to stop you... or make the ship go anywhere in the world.'

Jackie's minister in London.[1]



Jackie Pullinger

I wonder what we would say if one of our friends decided to do just this – set off unprepared to an unknown destination, assured that God would lead them. Reckless? Entitled? Misinformed? But called...? I'd be tempted to brush off their insistence that God was leading them and talk about how Scripture is sufficient, that we just can't expect guidance like that anymore. It sounds totally crazy, completely unbelievable, outrageously unwise: but there is no denying the good work that 22-year-old Jackie set out to do.

Jackie first describes wanting to be a missionary on hearing someone speak at her church as a child. This idea remained in her mind throughout her schooling, only fading as she progressed through music college and life as a teacher. Having dismissed any talk of a God who saves as 'mass emotion' in her teens, it is on attending a talk at a London flat that Jackie realised what Jesus actually came to do. And in that London flat our story begins.

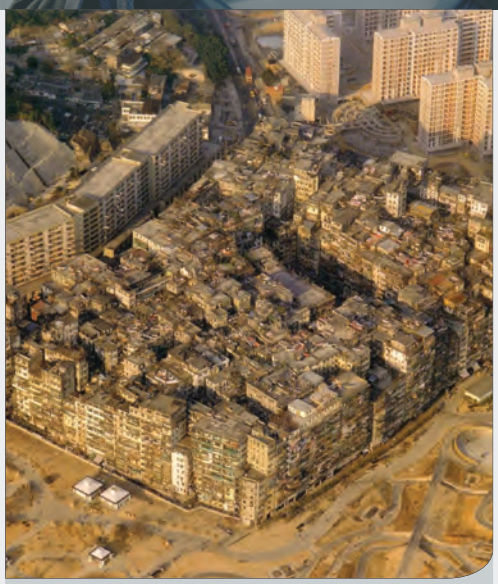
Single, young and with a '*whole life to give*', the missionary idea resurfaced. She wrote to schools, societies, broadcasting companies in Africa. They all rejected her offer – what could a music teacher in her twenties possibly give? But she continued undeterred. Growing increasingly convinced that mission abroad was her calling, she cast around for signs.

Seeing a map of Hong Kong in a dream, she set off on that slow boat to China without any particular plan. In an NHS climate of careful resource allocation, planning, and cost-benefit analysis, this still does not seem like a wise decision. But when we remember every human is made in the image of God... 'You could go all around the world to talk to one sailor about Christ' makes a bit more sense. The words 'You can't lose' encourage her as she sets sail.

a relational message from a relational God

'We loved you so much, we were delighted to share with you not only the gospel of God but our lives as well.' (1 Thessalonians 2:8)

The venue for most of Jackie's ministry was inside the Walled City. Its walls have long come down, but in the 1960s it was unpoliced, rife with gangs, unwelcoming to strangers. It was a dangerous place to go; she was told they usually got rid of missionaries within six months.



Kowloon: The Walled City

The teenagers didn't care how many activities were put on, how many meals they were fed: 'What we want to know is if you are concerned for us'. Isn't this the same for our teenagers in the UK? Jesus showed a deeply personal, intimate love for his people. Jackie challenges us in that actually: this is what we should give people first. The teenagers of the Walled City concluded that 'either the British Government sent you here as a spy, or what you say about Jesus is true'. They could see no other reason why someone would give their life to them.

She tells stories of this Jesus who ate with outcasts. Spotting a boy from her youth group in the street, she makes him pause by enlisting his help with her heavy accordion. Christopher says he gave up trying to be a Christian because Jesus likes good people. 'Do you know, if Jesus were alive today, he'd be here in the walled city sitting on the orange boxes talking to the pimps and the prostitutes down there in the mud.' The story rings more true than any theology; by that dusty, noisy roadside, Christopher became a Christian.

Jackie constantly reminds herself that her God died for her whilst she hated him. How else could she keep going when her youth club was trashed, nobody seemed to appreciate her, she was left alone? 'Praise God, Praise God' she mutters tearfully, sweeping up the mess. 'Praise God, Praise God' as she sobs and wants her enemies to suffer too. 'I did not feel like rejoicing or turning the other cheek.' Incredibly, the work she is doing is noticed by the main triad (gang) leader, Goko. 'You care for my brothers…' he makes it his business to protect her. He sent her guards night after night, even when the guards became Christians, and consequently, rubbish fighters. This happened so often that gangs ended up needing to borrow fighters, as all of their men were either addicted to heroin or following Christ.

come and die

Maria was in debt and had no way to pay it off. The loan shark demanded she become a 'snake' – a prostitute under his control – for two years, whilst all her earnings go to him. She had wanted to follow Christ in the past, had been helped out of the situation but found herself stuck in it again.

Jackie thought 'I had no intention of paying money to a girl who was not serious about changing her life'. But she went to see what she could do. On the way, she remembered her oboe: 'Like all oboists, I regarded it as a personal friend – handpicked and almost irreplaceable.' But someone who knew nothing of this had an interpretation of a message in tongues: 'The Lord Jesus Christ gave up his most precious possession for you, even his very life. Why do you store up treasures on earth? You should rather store up treasure in heaven'. Jackie knew what her decision needed to be.

The loan shark plays her argument back to her: 'Don't think she is going to change her life or be grateful to you in any way'. But now she has remembered what following Jesus means: 'He never said he would die for me only if I changed'. She answers Jesus' call: come and die.

addiction: purely spiritual?

'Only Jesus, the Lord of life, can settle a man's heart and take away that craving.'

Pullinger is perhaps most famous for her ministry to addicts. This was never her specific intention. It started off informally, inviting those addicted into her house as a safe place to withdraw. She was insistent that, even if release from physical dependence could be gained by (consensually!) locking someone in a room for a week, unless some new purpose captured their heart they would go out and take the drug again. Indeed, she saw many young men turn back to Christ and have a lasting release from drug addiction. Her ministry was not without mistakes, at first believing that 'this experience [healing from addiction] should be possible for others if they were converted and filled with God's power'.

She doesn't offer answers as to why the miracle was not always repeated, but gives us an example of trusting God even when we don't understand. The controversy came when methadone was offered – and they decided to try without it. I'm not sure what to make of that. Some claimed that faith was simply a distraction, but Jackie remarked that anyone who said the work was simply mind over matter had not seen someone come off heroin before.

There were some extraordinary stories which challenged me and raised questions about the role of tongues and miraculous healing. In fact, a large part of the ministry involved praying in tongues. She tells a woman on conversion 'the Lord will also give you power to help you pray and this power will stay with you and teach you everything'. Although this does not necessarily mean speaking in tongues, this seems to be the pattern for all whom she led to Christ. I don't think Jackie would say that all Christians must speak in tongues: but she does argue against seeing spiritual gifts as an optional extra.

in all the streets and all the blocks

'Where can you find us if you visit Hong Kong? Hopefully in all the streets and all the blocks.'

Most of this article is based on her book Chasing the Dragon, which spans about 20 years. Since then the walls of the city have come down, but Jackie (now aged 77) remains there. St Stephen's Society for drug withdrawal remains and continues to see miraculous results. Jackie is clear that it isn't a building or a specific ministry she wants to remain there; rather the relational love of Jesus permeating that city.

What can we learn? What struck me most about Jackie's ministry was the truly relational, self-sacrificial love she showed for the people of the Walled City. It's so easy to go into something with these intentions... and then have the people we are called to love turn into a statistic. I'm sure we have all seen this often on the wards. Jackie shows us how she walked alongside them, knowing she had found the treasure that is worth selling everything for (even your oboe!). She left London knowing God would make good his word of giving her more brothers and sisters, and really did treat the new converts like her family. And as she lives and works and worships in that city, she reminds them, herself, and us of the 'unreasonable' love Christ has for his people. ▪

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lessons from Jackie's life

- God can use you (yes, you!) in your city, no matter your lack of worldly qualification.
- God really can and will provide for his people today – practically.
- Showing the person of Jesus is usually more compelling than reasoned theology.
- The gospel is a relational message from a relational God: this profoundly affects how we share it.
- Christ's love for you is unreasonable. Nothing you do can change it – this should be the pattern of how we treat others.

REF

1. Pullinger J, Quicke A. *Chasing the Dragon. Revised edition*, London: Hodder and Stoughton, 2006

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