

for today's Christian doctor

triple helix

fighting addiction

national & global health challenges, the juggling act, rest, tattoos & the Christian

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Tel 020 7234 9660
Email info@cmf.org.uk
Web www.cmf.org.uk

President John Wyatt MD FRSPCH
Chairman Ken Toop MB MRCCO
Treasurer Philip Taylor MA (Oxon)
Chief Executive Peter Saunders MB FRACS

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God's prescription for exhausted doctors

Living with daily pressures



Christian doctors face extraordinary pressures – not only do we often feel asked to do the impossible with inadequate resources, but our own sense of duty can drive us to take on responsibilities that surpass our ability to cope.

The prophet Elijah, after his victory over the prophets of Baal on Mount Carmel suffers a major spiritual and mental meltdown.¹ He is overwhelmed by fear and exhaustion and withdraws into himself. The Lord's response is a wonderful demonstration of his character and compassion but also a brilliant model for us in helping Christian colleagues buried by personal and professional challenges.

The Lord is at first, entirely simple and practical – ministering to Elijah's physical needs with food, rest and solitude. Lack of food and sleep can distort our perception of reality and impair our ability to cope. One of the first lessons I learnt as a junior doctor was to make sure, even on a busy take, that I made time to eat. One of the first statements in the Lord's prayer is 'give us this day our daily bread'.² My favourite verse for busy doctors is 'the news about him spread all the more, so that crowds of people came to hear him and to be healed of their sicknesses. But Jesus often withdrew to lonely places and prayed.'³

Next, God urges reflection: he twice asks Elijah in different locations, 'what are you doing here, Elijah?'⁴ The question on each occasion elicits the same response: 'I have been very zealous for the Lord God Almighty. The Israelites have rejected your covenant, broken down your altars, and put your prophets to death with the sword. I am the only one left, and now they are trying to kill me too.'⁵ In answering the question, God prompts Elijah to recall that he's in this situation precisely because he was trying to be faithful. He is also reminded that he had, in fact, faced tough trials. He is beginning to understand that his feelings in the circumstances are completely understandable and appropriate.

Third, God reminds him of his power. Elijah was remembering selectively - he had to some extent forgotten who he was working for and what he had already achieved. God sends a great and powerful wind to tear the mountains apart and shatter the rocks. Then an earthquake. Then the fire. Then a gentle whisper. Then more questions. Elijah is beginning to know again the peace that passes understanding.⁶ To be still and know that God is God.⁷

But God is not finished with him yet. Next comes his recommissioning: 'go back the way you came, and go to the Desert of Damascus. When you get there... anoint Elisha... to succeed you as prophet'.⁸ He was learning like the apostle Paul that 'God's strength is made perfect in weakness',⁹ that God 'comforts us in our distress so that we might in turn comfort others'¹⁰ and that these things 'happened that we might rely not on ourselves but on God who raises the dead'.¹¹

Every servant of God who is used mightily needs preparation in the crucible of trial. Even the Lord Jesus, we are told, 'learned obedience through what he suffered'.¹² Not that he was ever disobedient, but rather that his trials prepared him ultimately for the cross that won our salvation, and that during them he was sustained by the 'joy set before him'.¹³ Elijah's suffering, like his master's, was to save a chosen remnant.

The next element of God's prescription was reinforcements. Elijah, in starting the fightback against Baal-inspired apostasy, needed a larger team. Although he had faced Ahab, Jezebel and the prophets of Baal alone, he was not actually alone. There were seven thousand others¹⁴ who had not bowed the knee to Baal, who had not compromised and who would ultimately stand alongside him.

It's a reminder for us, that however alone and isolated we may feel in the spiritual battles we face, a multitude of Christian brothers and sisters too great for anyone to count are being kept similarly faithful in their small corners of the vineyard all around the world. One day we will stand with all of them, drawn from throughout the ages, before the throne of Christ.

Finally, Elijah is reminded of God's sovereignty. It is the Lord who is in control of this great drama, working it all out to a glorious conclusion. Elijah, one of the greatest prophets who ever lived, points forward to that 'Elijah who was to come',¹⁵ John the Baptist.

Just as Elijah was to point out and introduce the world to Elisha who would follow him and surpass him, so John the Baptist would point Jesus out to his disciples and declare, 'He must become greater, I must become less'.¹⁶

Peter Saunders is CME Chief Executive

references

1. 1 Kings 19
2. Matthew 6:11
3. Luke 5:15-16
4. 1 Kings 19:9,13
5. 1 Kings 19:10,14
6. Philippians 4:7
7. Psalm 46:10
8. 1 Kings 19:15,16
9. 2 Corinthians 12:9
10. 2 Corinthians 1:4
11. 2 Corinthians 1:9
12. Hebrews 5:8
13. Hebrews 12:2
14. 1 Kings 19:18
15. Matthew 11:14
16. John 3:30

The Conscientious Objection (Medical Activities) Bill Baroness O'Loan deserves our full support

Review by **Peter Saunders**
CMF Chief Executive

Baroness O'Loan's Conscientious Objection (Medical Activities) Bill^{1,2} passed its second reading (debate stage) in the House of Lords on 26 January 2018. It is now being reviewed by a Committee of the Whole House where amendments can be submitted and debated. If it then passes a third reading it will pass to the House of Commons.

The bill aims to strengthen the conscience rights of healthcare professionals who believe it would be wrong to be involved in three specific activities – abortion, activities under the Human Fertilisation and Embryology Act 1990 (like embryo research or egg donation) and withdrawal of life-preserving treatment.

Currently, the law offers general conscience protection. The Equality Act 2010³ includes religion and belief as two of nine 'protected characteristics' and the Human Rights Act 1998,⁴ which brought the European Convention of Human Rights (ECHR) into UK law, states that 'everyone has the right to freedom of thought, conscience and religion' (article 9). But these rights are limited.

When it comes to specific protections the situation is much less clear and statute law currently only applies to abortion and activities under the HFE Act. For abortion its scope is very limited.

In 2014, the Supreme Court ruled⁵ that two Glasgow midwives, who were working as labour ward coordinators, could not opt out of supervising abortions. It said that the conscience clause in the Abortion Act 1967⁶ only applied to those who were directly involved in abortion and not to those involved in delegation, planning, supervision and support. This left many health professionals vulnerable to coercion.

Overall, 25 peers spoke in the debate – 13 for and 11 against, with the government responding. Labour health spokesperson Baroness Thornton made it clear that the Labour party would oppose the bill. The government itself will allow a conscience vote.

The major arguments against the bill were that it expanded the scope of the conscience clause to cover health professionals only indirectly involved in the activity concerned and expanded the number of activities

protected. This, they claimed, would hinder access to patient care. Supporters of the bill will need to address these concerns convincingly at committee stage if the bill is to proceed. Freedom of conscience is not a minor or peripheral issue and it is not only Christians who are affected. It goes to the heart of healthcare practice as a moral activity. As John Wyatt has argued, 'the right of conscience helps to preserve the moral integrity of the individual clinician, preserves the distinctive characteristics and reputation of medicine as a profession, acts as a safeguard against coercive state power, and provides protection from discrimination for those with minority ethical beliefs.'⁷

As Christian citizens we must respect those who rule over us⁸ but the Bible is equally clear that our higher duty is to obey God. 'If you love me you will obey me', says Jesus.⁹

references

1. freeconscience.org.uk
2. bit.ly/2GxBleO
3. bit.ly/2kriKfA
4. bit.ly/2i5vN5s
5. bit.ly/16sM8ps
6. bit.ly/2q6OMxy
7. Wyatt J. The doctor's conscience. *CMF Files* 2009;39. bit.ly/2cXZo9n
8. Romans 13:12
9. John 14:15

Fixing the NHS A role for churches

Review by **Steve Fouch**
CMF Connections Manager

In the first weeks of the New Year, the usual acute winter pressures on the NHS reached their worst crisis point in many years.¹ An alarming number of hospitals were on black alert with stories of patients waiting in ambulances for hours to be seen in A&E and the cancellation of hundreds of planned operations to free up beds.² Acres of commentary have been spent discussing why and what should be done about it. However, the consensus is that it will take more than money. While the government has subsequently indicated a shift in funding and pay in the coming year after nearly a decade of austerity, this barely scratches the surface of the deeper problems.

CMF members have, like their non-Christian colleagues, been working incredibly hard during this period, as they do throughout the year. We hear a lot of stories from them, particularly how many patients are being admitted via A&E who should not have to be seen there and how many GP surgeries are struggling to see the

neediest patients because of the sheer volume of people wanting appointments.

Preventative medicine, social support and community care are so vital to keeping people out of hospital or from acute health crises. But for too long, the NHS has focussed resources on acute medicine and side-lined resources that tackle the social (and spiritual) determinants of health.

The Jubilee Centre recently published a paper³ arguing that social support mechanisms need policies that actively support the family. The wealth of research, that shows how families are integral to maintaining and promoting physical and mental health, back this up.⁴ Yet the policies of successive governments have weakened the family and marginalised its role in social support and community cohesion.

There is also a growing body of research to support the role of spiritual health and community in maintaining physical and mental health.⁵ A report from Faith Action⁶ last year suggested that faith-based organi-

sations are having a positive impact on social and spiritual support that promotes long-term health and reduces admission. They argue that the NHS and social services need to be looking to work better with churches and faith-based organisations if we are to avoid a repeat of the last winter crisis.

The church and the family may not be the sole solution to the NHS crises, but any solution must involve policies that recognise their critical role in finding that solution.

references

1. Trigg N. 10 charts that show why the NHS is in trouble. *BBC News* 5 January 2018. bbc.in/2lQGjp6
2. Matthews-King A. Jeremy Hunt admits NHS winter crisis is 'worst ever' but says doctors and nurses 'knew what they signed up for'. *The Independent* 8 January 2018. ind.pn/2lQtwTO
3. Tame L, Tame J. Reimagining social welfare: Lessons from Geneva's transformation. *Jubilee Centre Cambridge Papers* December 2017; 26:4. bit.ly/2lPeeP2
4. Benson H. Rich kids on benefits? The difference marriage makes. *Mercatornet* 5 February 2018. bit.ly/2va2DUu
5. Bunn A, Randall D. Health benefits of Christian faith. *CMF File* 2011;44. bit.ly/2lPRtuh
6. Keeping Pressure off Hospitals: Exploring the care and support offered by faith-based organisations within the local community. *Faith Action* 2017. bit.ly/2vdi2l5



Medical abortion

Concerns about taking a pill at home

Review by **Philippa Taylor**
CMF Head of Public Policy

Medical abortions now account for 62% of abortions in England and Wales, a significant increase from the 30% carried out in 2006.¹ In Scotland 83% of abortions are now medical.² President of the RCOG, Professor Lesley Regan, is leading calls for women to be able to take medical abortion pills 'in the comfort of their own homes', rather than abortion clinics or hospitals under medical supervision. Scotland now allows this³ and pressure is building in Wales and Westminster to follow.

Medical abortions are usually used up to nine weeks gestation, but can also be after 13 weeks gestation. A woman is given an oral dose of mifepristone at a clinic/hospital then up to 48 hours later misoprostol is administered, orally or vaginally. This causes uterine cramping to expel the fetus. A follow-up visit is advised to ensure that the abortion is complete and there are no complications. It is misoprostol that can now be taken at home in Scotland.

It is claimed that taking the abortion pill at home is 'safe and sensible', it will fit better around work and childcare commitments and

'it is unacceptable for any woman to be made to risk miscarriage on her way home from a clinic.'

However medical abortions are far from 'safe' and easy and changing practice will be detrimental to women's physical and emotional health.

Removing medical supervision and support for a medical procedure is of concern for all women but particularly so for teenage girls or other vulnerable women. Taking such strong drugs is not to be taken lightly; in trials, *almost all women* using misoprostol for medical abortions experienced abdominal pain (considered severe by half) and a significant number experienced nausea, vomiting and diarrhoea. Medical abortions lead to more complications than surgical. A study of 42,600 first trimester abortions in Finland (where there is good registry data, unlike the UK) found that six weeks' postabortion complications after medical abortion were four times higher than surgical: 20% compared to 5.6%.⁴ For abortions after 13 weeks gestation, the proportion of incomplete medical abortions needing subsequent surgical intervention varies widely between studies, from 2.5% in one study up to 53% in a UK multicentre

study.⁵ The RCOG also reports that women are more likely to need medical help for bleeding after medical abortion than after surgical, to report heavier bleeding than they expected, and for longer.

As yet there is little empirical research on the psychological fall out from abortions completed at home. Anecdotal evidence suggests it can be worse than after surgical abortions, perhaps because women see the baby, which they then have to flush away themselves, and the reminder of the abortion is always in the home, not in an anonymous clinic that they can leave behind.

references

1. Department of Health. Abortion Statistics, England and Wales:2016. *Department of Health* bit.ly/2G1BV5y
2. National Services Scotland. Termination of Pregnancy Statistics: Year Ending December 2016. *National Services Scotland* 30 May 2017. bit.ly/2pqUxFc
3. Calderwood C. Abortion-improvement to existing services- approval for misoprostol to be taken at home. *Scottish Government* 26 October 2017. bit.ly/21FIIDL
4. Niinimäki M, Pouta A, Bloigu A, Gissler M, Hemminki E, Suhonen S, Heikinheimo O. Immediate complications after medical compared with surgical termination of pregnancy. *National Center for Biotechnology Information* October 2009. bit.ly/2DJcrjc
5. Royal College of Obstetricians and Gynaecologists. The Care of Women Requesting Induced Abortion: Evidence Based Clinical Guideline Number 7. *RCOG* November 2011. bit.ly/1JXcKh1

Debate over alternative medicine re-surfaces

NHS funding for homeopathy withdrawn

Review by **John Martin**
CMF Head of Communications

Why do people turn their backs on mainstream medicine and put their trust in unproven remedies not attested by science? The question came to the fore recently when the NHS announced that a major centre of homeopathy in London will no longer be allowed to spend NHS money on homeopathic remedies. Under NHS rules GPs are no longer allowed routinely to prescribe homeopathic remedies. Simon Stevens, chief executive of NHS England, has described homeopathy as 'at best a placebo and a misuse of scarce NHS funds'.¹

Even so, alternative remedies with no basis in science have influential advocates. The MP David Tredinnick, a passionate advocate of homeopathy, recently asked a parliamentary question of the Health Secretary. Now that Britain is leaving the UK, he wanted to know, would it be possible for the NHS to build closer ties with traditional Chinese medicine.²

CMF has published a useful introduction to issues relating to alternative medicine.³

Britt Marie Hermes has achieved notoriety in the USA and gained a lot of media attention here in the UK. Some years ago she made a sudden transition from naturopath practitioner to sceptic. Her blog, *Naturopathic Diaries*,⁴ has gained a huge following in the sceptic community.

She devotes much of the space to unmasking remedies which she judges to be scams. In the process, however, she has angered some proponents of alternative medicine. She is currently being sued for defamation by a naturopath and so far has crowdfunded nearly \$40,000 from fellow sceptics to fight her case. Hermes observes that many ordinary people are credulous. 'It is surprisingly easy to sell snake oil,' she says. 'I have done it.'

So back to the question: why do people persist in pursuing alternative cures when the medical profession dismisses them? It often

happens when disillusion sets in about conventional medicine, particularly when all possibilities for conventional treatments seem to be exhausted. Or it happens where people have come to believe alternate narratives about health and well-being and the mantra that 'nature is better'.

Hermes says the potential shortcomings of conventional medicine are seldom acknowledged as a motivation for people to seek out alternatives. And sceptics, not least in the scientific community, often focus only on debunking quack remedies rather than trying to understand why people seek alternatives in the first place.

references

1. *Daily Mail*, 21 July 2017. daily.mai.ai/2vrJvWA
2. *Independent*, 22 March 2018 ind.pn/2H8Z9Y4
3. Coker R. *Alternative Medicine: Helpful or Harmful*. London: 1985, CMF
4. Hermes B, *Naturopathic Diaries*. bit.ly/2GjVVFy

Peter Saunders looks at five major challenges



GUARDING THE PRICE OF FREEDOM

key points

- The march of secular humanism calls for active engagement by Christians in parliaments, courts and institutions.
- After failure to win parliamentary votes to legalise assisted suicide, the courts have now become the battleground.
- Currently there are no bills concerning abortion before Parliament, but proabortion activists may seek to amend a government health bill to achieve their aim of completely decriminalising abortion.
- Compulsory harvesting of organs for transplant is unethical. The final decision must lie with the family based on what the person would have wanted.
- Safeguarding freedom of conscience for healthcare workers is essential and there are gaps in current legislation.

I am struggling to think of a time when UK Christian doctors have faced greater advocacy challenges all at once. This is perhaps not surprising given the march of secular humanism through our parliaments, courts and institutions. I outline here five major areas of activity.

Assisted suicide

Given that eleven attempts in British Parliaments to change the law to allow assisted suicide or euthanasia have failed since 2003, our opponents, not surprisingly, have shifted their attention to the courts to try and change the law through the back door.

Conway, who has motor neurone disease and is seeking assisted suicide, lost his case¹ in which CNK Alliance intervened in the Divisional Court in October 2017. His appeal to the High Court was initially denied but he has now successfully appealed directly to the Court of Appeal to be heard on 1 May 2018. CNK is seeking to intervene with the help of evidence supplied by CMF members. I've previously reviewed the case.²

Omid, who has multiple system atrophy, is also seeking assisted suicide. A preliminary hearing took place on 21 November 2017 with an appeal to the judges to allow a full enquiry in which all witnesses can be cross-examined along the lines of the Carter case in Canada. We still await their decision.³

There were also some recent worrying judge-

ments by the Court of Protection.^{4,5} Formerly all patients with Permanent Vegetative State (PVS) and Minimally Conscious State (MCS) had to go to court for appeals about the removal of artificial nutrition and hydration (ANH), but now there are moves to withdraw ANH from these and less severely brain-damaged patients who are not imminently dying without going to court provided that both doctors and relatives agree that it is in the patient's 'best interests'. The Official Solicitor appealed these judgements in the Supreme Court on 26-27 February 2018. CNK intervened with written evidence and we await the judgement.⁶

Moves are also afoot on the Island of Guernsey to legalise assisted suicide and possibly also euthanasia with a proposal to be debated on 16 May 2018.⁷

Abortion

The 'We Trust Women' campaign⁸ (masterminded by Ann Furedi, CEO of BPAS) is gaining momentum and now has the support of the RCOG, BMA and RCM. Whilst there is no bill currently before Parliament (and none likely to appear before 2019) proabortion activists may seek to amend a government health bill to achieve their aim of completely decriminalising abortion.⁹

This will most likely involve repealing Sections 58 and 59 of the Offences Against the Person Act 1861 (OAPA)¹⁰ which make procuring an abortion

for oneself or others a crime punishable by life imprisonment. The effect would be to make abortion legal for any reason up to 28 weeks and, if the Infant Life (Preservation Act) 1929¹¹ is repealed too, up to birth.

Were this to succeed the Abortion Act 1967¹² with all its provisions (two doctors, licensed premises, reporting, conscience clause etc) would fall as it is contingent upon the OAPA.

There are also calls to relax the abortion laws in Northern Ireland, Republic of Ireland (referendum on article 8 on 25 May) and the Isle of Man.

Organ transplantation

Geoffrey Robinson MP wants to bring in an opt-out system for organ donation in England. His Organ Donation (Deemed Consent) Bill¹³ had its second reading (debate stage) in the House of Commons on 23 February 2018 and will proceed to committee stage.

In 'deemed' (presumed) consent, a person, unless he or she specifically 'opts out', is assumed to have given consent to the harvest of their organs after death, even if their wishes are not known. Although relatives may be consulted (a so called 'soft' opt out), to ascertain any wishes of the deceased expressed before death, their views can still be overruled by the state should they decide against transplantation. Wales already operates an opt-out system for organ donation and it is likely that Scotland will follow.

Robinson's private member's bill may be overtaken by a new government bill seeking to achieve the same thing. The government has run a consultation, which closed on 6 March 2018. This proposed 'changing the current law on organ donation consent whilst also allowing people to opt out if they want to'.¹⁴ CMF has made a submission.¹⁵ Both Theresa May, the prime minister, and Jeremy Corbyn, the leader of the opposition, have signalled support and a *Daily Mirror* campaign has given its backing.

However, evidence for the claim that an opt-out system will increase transplants is still lacking. In Wales, where an opt-out system was introduced in December 2015, there has been a small dip in the number of deceased donors. The Nuffield Council advised in October that robust evidence is needed before any change to the law is considered.¹⁶

But it is also unethical. Donation must be without coercion and the final decision must lie with the family based on what the person would have wanted, if this is known. Organs are not the property of the state and must not be 'taken' without permission, however needy any prospective recipient may be.^{17,18,19}

CMF has been working with other groups offering advice toward the launch of a campaign under the title 'My Body, My Gift'.²⁰

Transgender

Under the Gender Recognition Act 2014,²¹ to change gender legally, one must have lived in

one's chosen gender for two years, be 18 or over, have a medical diagnosis of gender dysphoria and appear before a gender recognition panel.

Justine Greening, the Secretary of State for Education, Women and Equalities, wanted to allow people to change their gender purely based on self-declaration, without having to see a doctor nor appear before a gender recognition panel.

Greening had the support of both Prime Minister Theresa May and Opposition Leader Jeremy Corbyn, but thankfully the campaign lost some momentum when she lost her position in a recent cabinet reshuffle.²²

She was intending to launch a consultation towards this end, but with her resignation this appears to have been put on hold. A Scottish consultation²³ aimed at the same end however, to which CMF has made a submission,²⁴ closed on 1 March 2018.

Freedom of conscience

Currently, there is statutory conscience protection for health professionals only for involvement in abortion and activities authorised under the Human Fertilisation and Embryology Act. The scope of the former is restricted because of a Supreme Court judgement on the case of two Glasgow midwives.

Freedom of conscience for other activities (eg. Hormones for transgender, abortifacient contraceptives, PrEP, gay adoption, withdrawal of CANH etc) is covered only partially by equality legislation.

There were two significant victories on freedom of conscience last year. The General Pharmaceutical Council, which regulates Pharmacists and Pharmacies, modified new guidance²⁵ which would have replaced a 'right to refer' with a 'duty to dispense', in response to protests from interest groups.²⁶

The Faculty of Sexual and Reproductive Health (FSRH), part of the RCOG, reversed regulations²⁷ which denied those with conscience objections to some contraceptives from obtaining its diplomas. This appeared to be in response to criticism by CMF.²⁸ These two wins underline the fact that conscience freedom depends on constant vigilance.

Baroness O'Loan's Conscientious Objection (Medical Activities) Bill²⁹ (see p4) had its second reading in the House of Lords on 26 January 2018. Although this bill is narrower in scope than we might have preferred (covering only abortion, IVF and related technologies and withdrawal of treatment) it deserves our full support.³⁰

Vigilance

The price of freedom is eternal vigilance and part of our role as Christians is to exercise our responsibility to do what we can – through prayer and persuasive speech and writing – to ensure that the laws on our statute books are fair and just. The battle is certainly not over yet.

Peter Saunders is CMF Chief Executive

references

- Noel Conway: Terminally ill man loses right-to-die case. *BBC News* 5 October 2017. bbc.in/2y1tyfA
- Saunders P. The Conway Case - a change in the law to allow assisted suicide is dangerous and unnecessary. *Christian Medical Comment* 16 July 2017. bit.ly/2tYtggI
- Man with incurable disease 'desperate' for assisted suicide legal battle to be heard. *Belfast Telegraph* 21 November 2017. bit.ly/2EpaKVV
- Court ruling not needed to withdraw care, judge says. *BBC News* 21 September 2017. bbc.in/2hi0ggd
- Permanent vegetative state: A family's agony. *BBC News* 23 September 2016. bbc.in/2GEbc5Q
- Saunders P. Supreme Court to rule on whether doctors can remove food and fluids from brain-damaged patients without going to court. *CMF Blogs* 9 January 2018. bit.ly/2GCW42u
- Assisted dying moves a step closer to States debate. *Bailiwick Express* 2 March 2018. bit.ly/2q3SurW
- www.wetrustwomen.org.uk
- Saunders P. Reflections on the BMA's vote to 'decriminalise' abortion - ten key observations. *CMF Blogs* 5 July 2017. bit.ly/2uMznOa
- Offences Against the Person Act 1861. bit.ly/2GzAKih
- Infant Life (Preservation Act) 1929. bit.ly/1Xxh7VZ
- Abortion Act 1967. bit.ly/2q6OMxy
- Organ Donation (Deemed Consent) Bill 2017-2019. bit.ly/2DdaCTX
- Moreton C. Jeremy Hunt launches opt-out organ donation plans in England. *Guardian* 12 December 2017. bit.ly/2ANbZZQ
- UK Government DoH Consultation on introducing 'opt-out' consent for organ and tissue donation in England. *CMF Submission* 28 February 2018. bit.ly/2F1rC14
- Organ donation: Does an opt-out system increase transplants? *BBC News* 10 September 2017. bbc.in/2gW67aE
- Saunders P. Opt out for organ donation? Not as straightforward as claimed. *Triple Helix* 2017; Winter:5. bit.ly/2HOY9bn
- Taylor P. Why should families have a say in organ retrieval? *CMF Blogs* 28 September 2017. bit.ly/2wnRHmR
- Saunders P. Presumed Consent for Organ Transplantation - What does the Bible say? *CMF Blogs* 14 September 2017. bit.ly/2f7pZqP
- mybodymygift.org.uk
- Gender Recognition Act 2014. bit.ly/2HbPMI9
- Saunders P. Justine Greening's transgender proposals are unscientific, dangerous & part of a greater social strategy. *CMF Blogs* 27 July 2017. bit.ly/2eUxVv4
- Review of the Gender Recognition Act 2004. bit.ly/2ZmTCLR
- Scottish Government Consultation on Review of the Gender Recognition Act 2004. *CMF Submission* 28 February 2018. bit.ly/2FcE1vJ
- Taylor P. Good news for freedom of conscience in the UK. *CMF Blogs* 26 June 2017. bit.ly/2rTIP4B
- Saunders P. Regulator's proposal to remove pharmacists' conscience rights is unethical, unnecessary and quite possibly illegal. *CMF Blogs* 21 February 2017. bit.ly/2m4A6yx
- Saunders P. College climbs down over ban on Christian doctors and nurses training in sexual and reproductive health. *Christian Medical Comment* 4 August 2017. bit.ly/2Em5s8K
- Hartropp J. CMF praises 'climb-down' allowing UK medics religious exemption from contraception prescription. *Christian Today* 8 December 2017. bit.ly/2EIEHff
- Conscientious Objection (Medical Activities) Bill [HL] 2017-19. bit.ly/2GxBleO
- Saunders P. Baroness O'Loan's Conscientious Objection (Medical Activities) Bill deserves our full support. *Christian Medical Comment* 26 January 2018. bit.ly/2DD3GkI

Steve Fouch looks at what's in store for global health in 2018

HEALTHCARE IN INTERESTING TIMES

key points

- Expected reductions in the American aid and development budget will further weaken the global response to major health challenges.
- Funding cuts to agencies such as Marie Stopes and Planned Parenthood may provide openings for faith-based agencies to bid for funds.
- War situations continue to force millions to become refugees. Yemen now represents the biggest global health crisis where three years of civil war has led to the biggest outbreak of cholera on record.
- Britain and the USA face serious shortages of healthcare professionals. Recruiting internationally will further weaken provision in poor countries.

The Chinese are said to have had a curse – ‘may you live in interesting times’ and the last few years have certainly been interesting times!

In such circumstances it is good to take stock, and ask, what are the challenges ahead of us and those Christians working in global health.

Changing aid climate

The US administration has proposed significant reductions in the aid and development budget.¹ This includes reducing funding for work on containing infectious disease outbreaks by the Center for Disease Control (CDC) in Atlanta.² Given the World Health Organisation’s recent poor track record on this issue,³ the withdraw of the CDC’s support could further weaken the global response to the next major infectious disease outbreak.

However, the issue at the top of most of the development community’s concerns is that the Trump administration has reinstated the so-called ‘Mexico City Policy’ or ‘Global Gag Rule’. This means that the US Department for Aid and International Development (USAID) requires any aid agency that receives US funding not to provide, counsel or inform women about abortion.⁴ This has already slashed funding from Marie Stopes International (MSI) and International Planned Parenthood Federation (IPPF) to the tune of US\$80 million and \$100 million respectively.⁵ Many are concerned that this will hit smaller agencies, estimating that over twelve hundred NGOs will between them lose \$2.2 billion in funding.⁶ While other funders have increased funding to some of these agencies to the sum of around \$450 million, the shortfall remains significant.⁷

However, a lot of family planning services continue but are being provided by agencies that do not provide or counsel abortion, and others are changing their policies to fit in with the Mexico City Policy. So, despite the outrage in much of the development community, faith-based organisations in particular are continuing to provide effective services, stepping into the breach left by MSI, IPPF and their like.⁸

The consensus that IPPF and MSI have created about family planning is being challenged.⁹ Most countries, and indeed the UN itself, do not include abortion in family planning definitions. Furthermore, the track record of bodies like IPPF and MSI with respect to maternal and child health is increasingly in question.¹⁰ While many in the development community are ‘up in arms’ about the current US funding policy, the impact on maternal and child health may well be exaggerated.¹¹

However, there is still a risk that maternal and child health could suffer a real gap in provision, and it is a huge challenge, particularly for Christian faith-based organisations (FBOs) to continue to step up to the plate and fill the gaps in existing services.

Conflict

At the start of 2017, the war in Iraq and Syria was the big concern, forcing millions to flee and become refugees, while millions more were left as internally displaced people (IDPs) within their war-wrecked countries. But by the end of the year, while that war had begun to wind down,¹² the biggest health crisis shifted to Yemen where three years of civil war has led to the biggest outbreak of cholera on record,¹³ the re-emergence of long controlled infectious diseases such as diphtheria¹⁴ and near total

Emma Hayward reflects on combining clinical practice and family life



THE JUGGLING ACT

key points

- Combining parenting, clinical life and all the rest takes a lot of effort. But there are resources to help, not least in the church
- When children are little, communication beyond functional matters can suffer and this is where young parents sometimes need to call for help.
- There can be challenges for the doctor-parent who may worry about issues not noticed by the other marriage partner.
- One of the most endearing and enduring biblical pictures of God is that of a shepherd who 'gently leads those with young'.

Does your life feel like a *juggling act*? What balls are you trying to keep up in the air? Work, church, exams, marriage, friends, more exams, children? As God became 'flesh and dwelt amongst us',¹ we know he is interested in joining us as we face these challenges. So beginning with the analogy in the title, God is the *ringmaster* of the family circus: Lord over all, delighting in each and every act.

Many circus acts are like aspects of family life. Most are fun, exciting or exhilarating but there is one act that brings a melancholy note into the drama: the *clowns*. Though they may make us laugh, clowns' make-up often includes a tear. This act reminds me that not everyone is able to have children and that some people experience heartache as they wait for them. This was the experience of my husband Phil and me for three years before our first child came along. Going to a lively family church was difficult. Unthinking comments such as 'you

don't really know what life's about until you've had children' demonstrates how hard it can be for an infertile couple attending church Sunday after Sunday. For us and many friends, difficulty conceiving or facing miscarriage was the first time we had faced medical need in our own lives. For all the joviality we may have presented at church, this was a time when many a tear was shed.

The *conjuror* reminds us that sometimes things are not all that they seem. It is common for parents to feel that they are never quite on top of things, whilst apparently, everyone else is doing fine. We had one friend who thought that we always had a tidy house, but she only visited on Mondays, just after the cleaner left!

Most of the time we only see the juggling balls that other people keep in the air, not the ones they don't. We don't see strained finances, marital discord or children tired from a long day in nursery. For most medical couples who have children, life after maternity leave is much like walking a

tightrope. You may think that you have the work schedule and childcare all worked out, but what if your child is ill? Or the childminder is ill? Or the nursery gives you four weeks' notice of shutting down? Then there is the guilt of never quite feeling you have done enough at work but also never quite feeling you are a good enough parent.

There is a proverb: 'it takes a village to raise a child'. We realised the truth and wisdom in that proverb after some initial heartache. The nuclear family really doesn't have all the needed resources within itself – you need the wider community to help share the burden. Years ago families lived much closer together, so it would be common for the aunty next door or the in-laws down the road to provide regular practical help. This is not necessarily the case anymore, with families spread out across the country or even the globe. Getting the help you need, when you need it most can be a real struggle without church family and friends close by.

The co-ordination and teamwork of the **trapeze artists** can symbolise marriage. When children are young it can be incredibly difficult to do anything other than play 'baby ping-pong': one of you holding the baby while the other attempts to get chores done. There is communication, but it is mostly at a functional level. If the communication is always about the practical, everyday things, it can be harder to spot when our partner is stressed or depressed. Like a trapeze act, marriage with children takes a lot of practice, especially when both of you feel the most in need of sleep. Difficult conversations take energy as well as time and there were times when we asked our vicar to help us communicate better (see acrobats, below). Further advice for budding 'trapeze artistes' would be:

- Give each other protected sleep time (one of us covered until midnight and the other took over from then until 6 am. We still alternate weekend lie-ins)
- Notice when the diary is getting full and make sure you book 'keep free' weekends every few weeks.
- Discuss your priorities and agree them together. (We are not sure how this became a tradition, but every New Year we sit down and chat about our hopes for the year ahead. This helps us to be accountable to each other and to make sure we are both focused on the same goals.)

The **acrobats** demonstrate the need for a supportive community. For us, it has been our church family and close friends. When a baby is small it is common to feel quite isolated and the routines can be repetitive. Even though getting out of the house with a baby can feel like organising a major expedition, it was worth the effort to get to toddler groups. Our children remain friends with children they first met as babies and it gave us opportunities to make new friends too. Having experienced the benefits of a strong community around us, we are now in a position to provide that

for others, though the work of Safe Families (www.safefamiliesforchildren.com)

The **knife-thrower** has a narrow margin of error. This is akin to being a medic and dealing with your own children's health. The majority of the time our children get looked after at home, with Dr Mummy calmly reassuring non-medic Daddy that all is well. However, there have been times when as a doctor and parent one can feel deeply concerned about a sick child, worrying over possibilities that would never have occurred to a non-medic. It appears, to the untrained eye, that it is possible both to over and under-medicalise your child's health at the same time. Part of the difficulty is not taking a proper history because you are so immersed in the situation. It is difficult to have perspective when it is your own child/ren who are unwell.

The **strong man** in the circus lifts weights, but perhaps none as heavy as the guilt that can pervade parenthood. Some people feel terrible that they rely on others for childcare, and miss bedtimes and school runs due to on-call commitments. This is difficult but can be mitigated. Our children know that Mummy works a lot, but they also know that she is on the front row at the school concert or nativity play, cheering them on when she needs to be. There are no perfect parents and the desire to be the perfect parent can often lie behind our sense of guilt. We reflect on our own childhood and want to be like our parents or better. We have to work within our own limitations and with them, rather than being crushed by multiple responsibilities.

Elephants represent distant lands. Prior to having children, we were involved with a charity in Ukraine. We assumed that overseas mission would come to an end with the arrival of our daughter but when I was invited to join a PRIME trip to Russia, it seemed right to go. A second trip was more testing as our youngest developed an unusual health complaint ten days before it started. This contributed to more noticeable homesickness and concern at being so far away. (But the children were apparently oblivious to their mother being abroad at this time of need and took it all in their stride.)

Having taken a look at the different acts of the family circus, we revisit the **ringmaster**. Our youngest made a surprise entrance at 6:30am one morning, jumping into the kitchen declaring 'I am here!' He expected that this announcement would make us happy, and it did.

Extended prayer and Bible study may not always be possible and a small child licking your nose is a significant distraction from worship. However, the heavenly Father 'gently leads those that have young'² and he is pleased to hear his children say 'I am here' no matter what time of day.

Emma Hayward is a GP and Clinical Educator in Leicester. She is married to Phil, a part-time engineer, and looks after Eleanor, Daniel and Zachary.



There is a proverb: 'It takes a village to raise a child'. We realised the truth and wisdom in that proverb after some initial heartache. The nuclear family really doesn't have all the needed resources within itself...

references

1. John 1:14
2. Isaiah 40:11

Stephen Smith identifies biblical keys to freedom from addiction

FAITH & FREEDOM FROM ADDICTION

key points

- Addiction comes in many forms. More and more people are succumbing to it.
- The root of addiction is a response to deep-seated emotional pain or trauma.
- No situation is hopeless. The Christian faith promises that 'the truth will make you free' and people can be transformed by 'walking in the spirit'.
- Overcoming addiction will nearly always require enlisting the help of others.

Addiction, whether to psychoactive substances such as drugs or alcohol, or to behaviours such as gambling, sex, or pornography, is growing in our society. As healthcare professionals, we need to recognise the relevance of addiction to our practice. As Christians seeking to reach a lost and broken world, an awareness and understanding of addiction is vital.

The factors underpinning addiction are numerous and often complex and while treatment outcomes are often disappointing, there are two simple messages to remember:

- Addiction is most often a response to deep-seated emotional pain
- Lasting freedom from addiction is available and can be found by engaging in the truth of God's word.

The good news of the gospel is not simply salvation from sin and the promise of eternal life: Jesus also paid the necessary price to make it possible for us to live lives free from the entrapment

the root of nearly all addiction, is deep pain resulting from loss, rejection, abuse, separation and other trauma

of sin - and that includes addiction. If we choose to 'walk' or 'live by the Spirit', we can live free from the compulsion to gratify the desires of the flesh.¹ God has given us an attainable goal² - but we must apply it to our lives.

The extent of addiction

- **Substance addiction.** Nearly ten per cent of adults in the UK are physically dependent upon alcohol. This means physical withdrawal symptoms are experienced when not consuming the usual amount. A further 15% of the adult population use alcohol in other hazardous ways

such as episodic bingeing, or by regularly drinking above the recommended safe limits.

Addiction or misuse of other chemicals is also high. In the UK, 17% of the population smoke cigarettes and nearly 7% of the population regularly use illicit psychoactive substances including cannabis, heroin, cocaine, and amphetamines. On top of all this, a large group of people are addicted to drugs that have been legally prescribed by their own doctor for pain or anxiety.

- **Behavioural addiction.** With the help of the internet, pornography and masturbation has skyrocketed. In one recent survey, 63% of men and 21% of women aged between 18 to 30 said they used pornography multiple times a week. Addictions to gambling, shopping, gaming, and internet usage are also on the increase.

What is addiction?

It might be helpful to consider what is meant by an addiction. According to the International Classification of Diseases and Health Problems (ICD), a clinical diagnosis of dependence syndrome, is made when three of a cluster of clinical phenomena are present. These phenomena include: compulsion, difficulty in controlling the behaviour, withdrawal symptoms, and tolerance and persistence in the use/behaviour despite clear evidence of harmful consequences.

Addiction and pain

There are often many factors that underlie addiction. But at the root of nearly all addiction, is deep pain resulting from loss, rejection, abuse, separation and other trauma.

To understand emotional pain further as an important driving force behind addiction, it might be helpful to consider what happens in the area of the brain called the limbic system. The limbic system is a set of brain structures below the cerebrum where both emotional pain and general well-being are mediated. Pleasure and the sense of 'well-being' is heightened by the stimulation of brain receptors that subsequently result in the release of certain chemicals, or neurotransmitters, most notably dopamine and serotonin. Conversely, low levels of these 'brain amines' are known to be associated with depression. The role of medically prescribed antidepressant drugs is to effect a raise in the levels particularly of dopamine and / or serotonin.

Misused substances do the same. Whether alcohol or other sedating drugs such as heroin or cannabis, or whether a stimulant drug such as cocaine, the net result is the stimulation of brain receptors in the limbic system. The same is true of hallucinogenic and dissociative substances such as ketamine.

This same rise of dopamine is also brought about by pleasurable activities such as eating and sex and

also by all the potentially addictive behaviours such as gambling, shopping, gaming etc.

It is important to understand that it is not abnormal to seek pleasurable activities in a controlled and balanced way. Addiction, on the other hand, is when the pleasurable activity is sought in an uncontrolled manner, often at the expense of normal activities and well-being.

The bottom line is that the pleasurable activity becomes an obsession and is repeatedly sought because it brings relief, albeit temporarily, from the pain. This is equally true for all addictions be they to substances or behaviours.

Many patients who attend drug clinics identify with a painful root to their addiction. Those struggling with addiction who do not readily identify with a major emotional trauma will, at the very least, be able to identify with a lack of contentment or general dissatisfaction. It is this 'ache' that is dulled by the addictive behaviour.

There is a way out

Hopelessness in this area is common. I have come across many people, including patients and even colleagues who have no expectation of recovery. The saying 'once an addict, always an addict' is a widely held belief and sadly, many people in treatment services see addiction as a 'chronic, relapsing condition', rather than a state that can be changed. But the good news, the wonderful news, is that there is a way out of the seemingly hopeless cycle of addiction.

If we truly believe the word of God, we have absolutely no right to see any situation as hopeless. When Paul encourages his readers to 'be transformed by the renewing of their minds,'³ he does so, certain that total transformation is entirely possible with a changed mindset. Likewise, Jesus says to his listeners: "you will know the truth and the truth will set you free,"⁴ with the expectation that we will experience true freedom by adherence to his word.

Know the truth - a relationship

When Jesus spoke of knowing the truth, he was talking about a deep, intimate relationship with truth and not just a cerebral knowledge of the words. The New Testament word used in John 8:32 for 'know' is the Greek word *ginosko*, the same word used for Mary's response to Gabriel: "how shall this be when I know (*ginosko*) not a man?"⁵ Jesus is saying that it is intimacy with the truth that sets us free.

So, to be transformed and set free by biblical truth, something is required which is much more than the memorising of Scripture: it is the rejection of false underlying beliefs and total adherence and commitment to the word of God as truth, regardless of circumstances and feelings.

For most of us, achieving this degree of transformation and freedom requires commitment to a process often with the help of those who have gone



The bottom line is that the pleasurable activity becomes an obsession and is repeatedly sought because it brings relief, albeit temporarily, from the pain. This is equally true for all addictions be they to substances or behaviours.



before, but it is possible and achievable. I write as one who has personally experienced this journey of transformation by the renewal of my mind. I have also seen many others who have known freedom by seriously applying biblical truth to their lives.

Biblical keys to freedom

If we acknowledge, that most addiction is rooted in pain, it is very important to realise that emotional pain is most often - if not always - due to beliefs and perceptions that have been learned, rather than actual events and circumstances. The long-lasting emotional trauma of sexual abuse, for example, probably has much more to do with the subsequent belief by the victim that they are 'dirty' and perhaps 'worthless', than it does to the event itself. This can be hard to understand but it is vital to achieving healing and freedom. The pain for someone having experienced rejection is usually perpetuated by the resulting belief that they are in some way unlovable, and that they will always be rejected by others.

We need to realise too, that the beliefs so often holding people in pain and hopelessness, and thereby to addiction, are always contrary to the word of God.

Let us look at some keys that offer freedom from addiction, which are rooted in biblical truth. There is, however, nowhere near enough space to discuss these keys properly in this article, as each one warrants its own serious consideration!

1. Identity as a child of God

So often the hopelessness and pain of someone ensnared by an addiction relates to their core identity. 'I'm an addict or an alcoholic. This is who I am and there is no way out.' But seriously identifying with the truth of being a child of God⁶ or the realisation that we have become a 'new creation' when we accepted Jesus and that God has made us righteous is liberating.⁷ I have seen people set free from addiction by grasping this one truth alone!

2. Forgiveness

I cannot overstate the importance of forgiveness for any of us, but for those caught up in addiction it is vital, and for that matter, for any form of mental unrest such as anxiety or depression. Not being able to forgive, regardless of whether the perpetrator of a wrong deserves forgiveness, holds so very many people in torment. In fact, unforgiveness holds us in a prison⁸ but the only way out is to forgive.

Many people choose the oblivion of drugs and alcohol. This creates another challenge, considering the terrible traumas that many people have already experienced prior to their addiction. Forgiving is not forgetting and it does not condone wrongs that have been done, but it is an essential key to freedom.

3. Truth and lies

Recognising that not every thought and feeling we have is to be trusted is of great importance. Not only do we easily find ourselves believing lies about our identity, but similarly many thoughts and feelings have their basis in our experiences rather than in reality. For example, someone might well feel rejected and unloved as a result of their father leaving the family home during their childhood. This sort of thing commonly underpins addiction.

But rejecting the lie that they are unloved and choosing to believe that they are passionately loved by their heavenly Father can be very healing, especially when combined with forgiveness – in this case forgiveness for the earthly father that left them. To be effective, the truth will need to be repeatedly 'rehearsed' for some time – and often with help to replace a long-held lie.

4. Recognise the spiritual battle

The key to lasting freedom from addiction, and for that matter all forms of mental anguish, is to recognise that we are in a spiritual battle. 'Our battle is not against flesh and blood', says Paul, 'but against ...the spiritual forces of evil.'⁹ Most often that battle is fought in our minds. When we learn our position of authority over the enemy,¹⁰ we can effectively resist our foe and choose hope, joy and peace.

This process of understanding and applying biblical truth to overcome addiction is most often learnt with the help of others. For that reason, I recommend courses such as Freedom In Christ (www.ficm.org.uk) which have been instrumental in setting many free.

Nevertheless, any of us can begin now and be transformed by the renewing of our minds.¹¹ We must take Paul's lead and 'destroy arguments and every lofty opinion raised against the knowledge of God, and take every thought captive to obey Christ'.¹²

This all arguably amounts to Cognitive Behavioural Therapy (CBT) – a process that was in the Bible long before it was described by psychologists!

Steve Smith is a GP Specialist in Substance Misuse based in Brighton. He was previously involved in addiction work in Pakistan.

references

1. Romans 8; Galatians 5:16
2. John 8:36
3. Romans 12:2
4. John 8:32
5. Luke 1:34 (NKJV)
6. 1 John 3:1
7. 2 Corinthians 5:17, 5:21
8. Matthew 18
9. Ephesians 6:12
10. Ephesians 2:6-7
11. Romans 12:2
12. 2 Corinthians 10:5

Lindsay Shaw shares how Christian TV is training refugees in basic healthcare

ADVICE YOU CAN TRUST

One in 20 people in the Middle East have been displaced by conflict.¹ This staggering statistic is an indicator of the pressure on health services and the struggle of displaced people to get the help they need. This is why SAT-7, a Christian satellite TV network in the region, is producing programmes that offer medical support and first aid training.

Medicine and Life has been broadcast since May 2016. Its primary audience is the refugee population, people uprooted by the region's civil wars: 'People want to take care of their health but don't necessarily have access to healthcare and don't know whose advice they can trust,' says George Makeen, SAT-7's Arabic Programming Director. 'Medicine and Life features experts from different countries giving good advice that viewers can trust.'

In 2017, Medicine and Life launched a five-minute segment called Your Doctor. 'You are your own doctor' is the message given by Dr Hany Keylada, an Egyptian Christian who has served refugees on the Syrian border. Over three years, he has trained more than 120 refugee community leaders in paramedical, relief, and nursing skills where other medical help is not available.

'The result of this was what motivated me to do this training on film,' Keylada explains. 'The idea of the programme is to train people to a higher level of skills to enable community leaders to be efficient, qualified and courageous Good Samaritans.'

In each episode, Dr Keylada demonstrates the basics of how to identify and treat common medical conditions. He presents information on first aid and dealing with emergency healthcare needs, and advises on disease prevention and protection.

'I go deeply into emergency situations, where I ask myself "Do I have the courage to treat someone injured by fire or explosion?,"' Keylada says, since these are the situations his viewers may confront.

I trusted my life to them

Keylada knows the effectiveness of such training from personal experience: 'On two occasions I got injured in the field and didn't have a physician to help me. I trusted my life to the people I had trained and told them "You can do this; I trust you", and they did a great job in managing the situation.'

Be Your Own Doctor segments address trauma and mental health issues, underlying conditions such as blood pressure and cholesterol, and offers health information on the respiratory and digestive systems.

The five-minute clips are also made available on social media for audiences to watch and share easily on smartphones or other portable devices wherever they are. Meanwhile, Medicine and Life episodes are uploaded to YouTube in their entirety where they can be accessed at any time, following a flood of viewer requests.

Medicine and Life is one example of SAT-7's holistic programming. While some shows provide worship or doctrinal teaching, others apply biblical values to everyday living, from family relationships to work and leisure. Launched in 1996, and broadcasting 24 hours a day in Arabic, Farsi/Persian and Turkish, SAT-7 serves an audience of over 21.5 million viewers across the Middle East and North Africa and has a dedicated children's channel.

Training tomorrow's societies

SAT-7's latest plan is to launch an education channel, SAT-7 ACADEMY. The aim is both to meet the education needs of the 13.4 million Middle Eastern children who have been deprived of schooling and provide educational content for adults that will equip them to build more tolerant, democratic societies. Already 1.3 million children watch two hours a day of school programming on SAT-7's children's channel.

It employs diverse formats for its programmes. In the oral cultures of the Middle East, one popular format is the chat show with live call-ins from viewers. Speak Up, a new Christian counselling series, uses this format alongside dramatised real-life stories and interviews.

A recent episode tackled breast cancer. Nadia Zakhary, Professor of Biochemistry and Tumour Biology at Egypt's National Cancer Institute, advised women on how to do a self check-up and stressed the importance of early diagnosis. A caller to the show stressed how her treatment led her to change her priorities radically. Another said: 'It is very important for women to know their value... Husbands have an important role in supporting their wives, comforting them and expressing their love to them.'

Nancy Faltas, the presenter of Speak Up, says her desire for the series is that viewers should not suffer alone or in silence. 'Speak up reminds us that God is omnipresent and is capable of turning our darkness to light and our difficult times to life-learning opportunities.'

Refugee and asylum-seeker health is a growing concern among CMF members. Last year a CMF Global team visited refugee projects in Iraq and Lebanon. The Fellowship now runs relevant day conferences for CMF members who share this concern. In the UK, some refugees suffer from ailments that are not well known by medics here.

Christians have always had a special concern for the refugee and 'stranger'. This theme is ever-present in the Bible. Abraham and the patriarchs were 'sojourners'. At the core of the Exodus and exile stories is the experience of displacement. Mary, Joseph and the infant Jesus fled to Egypt for safety. All this should inform Christian attitudes today.

Lindsay Shaw is UK Press and Communications Officer for SAT-7

reference

1. UNHCR quoted by Pew Research, 5 October 2016

Mohan Seevaratnam
surveys a rich biblical
theme connecting to health
and well-being

A CALL TO REST

key points

- God the creator both worked and rested and this is a pattern for humans too.
- We are becoming a society enslaved by the demands of overwork.
- The purpose of rest is to ensure we are fruitful.
- We need to understand the natural rhythms of life and know what makes us fruitful and what does not.

Embracing rest is at the heart of our well-being and flourishing. When we rest we participate in the life of the creator God who both worked and rested. It has a key part in the vocational call to healthcare as with any other God-given calling. This article explores three kinds of rest that the Bible talks about.

Creation rest

Rest is present in the creation story. On the first full day of Adam and Eve's existence, God rested, and so did Adam and Eve. Here is an important life principle for our well-being. Rest is not primarily an escape from work and its toil. Rather, it is a launchpad for our work and service for God.

It was not because he was tired that God rested. His purpose was to set the standard for human beings to follow. Attitudes to Sundays have changed throughout the centuries. Paul writes: 'One person considers one day more sacred than another; another considers every day alike. Each of them should be fully convinced in their own mind. Whoever regards

one day as special does so to the Lord.'¹ Nevertheless whatever our view about 'sabbath', we need to hold on to the creation principle of a 24 hour day of rest in a week. The Bible's first reference to something being holy is the sabbath.

Without being legalistic, how might we implement some of the principles of sabbath rest as busy 21st century Christians? We are becoming a society enslaved to work and activity, with a healthcare system that treats people as commodities. The biblical pattern of six days work and a day's rest is essential for the well-being of society, the NHS and for us individually.

Salvation rest

Another rest the Bible talks about is salvation rest. It is Jesus' work on the cross that has given us rest from our greatest enemies – Satan, sin and death. In the Old Testament whenever the people of Israel were obedient to God, God gave them victory in battle, and the land and people were given rest from their enemies. Jesus' work on the cross has given us ultimate rest.

Eternal rest

The third category of biblical rest is the eternal rest which is ours in heaven, where 'there will be no more death or mourning or crying or pain, for the old order of things has passed away.'² We can look forward to this eternal reality that speaks of a better place, which is our hope in Jesus.

So how then, might we live in the light of God's three categories of rest: (creation, salvation and eternal)? I suggest there are three concepts to consider as we think about how to rest well.

First: relational connection to God

Saint Augustine of Hippo (AD 354-430) a north African bishop and theologian wrote, 'You have made us for yourself, and our hearts are restless, until they can find rest in you.'³ He recognised that true rest for human beings finds its origin in our relationship and connection to God. Jesus himself recognised that time alone with his heavenly Father was not an optional extra. He made it a priority. Part of the purpose of the sabbath day rest as ordained in the Bible is to strengthen our relational connection with God. This includes worshipping together with God's people.⁴

But if rest starts with relational connection with God, then we need to shape our lives to prioritise it throughout the year. Reading the Bible, prayer and worship are foundational to our relationship with God. The outworking of that may be down to individual preferences. Some of us like worshipping God with loud music, some like quietness and reflection, some of us like both.

Some of us like reading Christian books or listening to sermons. We can connect with God and rest in God through going for a walk, gardening, sport or doing something active. These have different connective potential for each one of us. Jesus invites us to find rest for our souls in him,⁵ from the sins that weigh us down, from the cares of the world, and the sorrows that trouble us. God promises us a peace and a rest that will sustain us and carry us through to that eternal rest that is ours in Jesus.

Second: rest is about re-energising

One of the purposes of rest is to re-energise, to refresh and renew. Mark's gospel says:

'The apostles gathered around Jesus and reported to him all they had done and taught. Then, because so many people were coming and going that they did not even have a chance to eat, Jesus said to them, "Come with me by yourselves to a quiet place and get some rest."⁶

Here we see Jesus prioritising rest over the demands of ministry and that of the crowd, and modelling a lifestyle choice to those first disciples and us as well. To rest well, we need to sometimes say 'no' – to work, to ministry, to doing good things. Having boundaries is essential if we are to rest well. We like to say 'yes', we want to help and please and serve wherever we can. It's useful to remember that

the need is not the call. In order to say 'yes' to what God has called us to do, we need to say 'no' to some of the other demands on our time.⁷

As well as paying attention to boundaries, we need increased self-awareness to know what things relax us and give us renewed energy. We need to understand better the rhythm of our lives in terms of days, weeks, months and seasons. God's intention is for us to have a good rhythm at every level:

- **Days:** Each day ideally needs structure that enables us to rest and work, to invest in relationships and recreation.
- **Weeks:** The seven days of the week are the next level of rhythm and should involve at least one day of rest. Our weekly routine should allow time for those God calls us to love as ourselves. Like our need for relational connection with God, we need time and space for relational connection with significant others: spouses, partners, children, friends, parents, work colleagues, and neighbours.
- **Months:** With these longer periods of time, it is good to stand back and get a broader picture of one's life, scheduling time for things that will refresh and re-energise.
- **Seasons:** Just as we have different seasons in our year in the UK, so we have different seasons to our lives. These include adolescence and adulthood, singleness and marriage, parenthood and children leaving home. Other seasons may include starting a new job or career, or studying for a course. In each of these seasons, we need to re-calibrate what it means for us to work and to rest.

Sleep is also part of re-energising. That time just before you go to sleep has to be one of my favourite times of the day. God has wonderfully created us so that for about a third of our lives we are called to rest in sleep; and we know a lack of sleep is related to a number of health issues.

Third: the purpose of rest is fruitfulness

Jesus said he came to give us life and life in abundance. Are our current work habits or lifestyle choices draining us – emotionally, physically or spiritually? It is not honouring to God when we are frequently feeling exhausted and in danger of burning out. Long-term, such sustained busyness is not good for us. This is not the way God intended us to live, nor will it help us live a fruitful Christian life. We need to recognise our limitations and learn to say 'no' more often. So is it time to do some surgical excision? Or to do some pruning? May we embrace more of God's rest for us and flourish more as the people God has called us to be.

Mohan Seevaratnam is a GP in Harrow and an Anglican minister in Southall



Without being legalistic, how might we implement some of the principles of Sabbath rest as busy 21st century Christians?

references

1. Romans 14:5
2. Revelation 21:4
3. Augustine. *Confessions*. London: Penguin Classics, 2008
4. Hebrews 10:24-25
5. Matthew 11:28-30
6. Mark 6:30-32
7. For advice on when to yes and how to say no and to take control of your life, see Cloud H, Townsend J. *Boundaries*. Grand Rapids: Zondervan, 2002

Pippa Peppiatt suggests reasons why Christians might think again about tattoos

FAITH + TATTOO CULTURE

key points

- Tattoos are growing in popularity today. They are no longer the preserve of working classes and are increasingly seen as an art form.
- There are down sides: they can be addictive and more or less permanent. People sometimes come to regret a rash choice.
- Having a tattoo today is generally a safer procedure than it used to be.
- They can have a beneficial therapeutic use, covering scars and memories of traumas.

You cannot have failed to notice the huge rise in popularity of tattoos. Many Christians believe that tattoos are forbidden in Scripture. The NIV rendering appears to leave little room for doubt 'Do not cut your bodies for the dead or put tattoo marks on yourselves.'¹ However, there is debate about what the passage actually means. To begin with, *tattoo* is a Maori word. Moses didn't exactly use it!

When read in context, in this passage God is speaking specifically to his covenant people Israel, telling them to stay far from the religious practices of the surrounding people. The prohibited religious practices include eating bloody meat, fortune telling, certain haircuts related to the priests of false cults, cutting or marking the body for dead relatives, cultic prostitution and consulting psychics. All these practices would lead God's people away from him and toward false gods. In this context, we find the term translated 'tattoo marks'.² This marking is not body décor, like modern tattooing, but marking one's self in connection with cultic religious worship.³

Now there are some negative parts to modern tattoo culture. But my intention here is to encourage a re-evaluation and understanding of the modern-day use of tattoos to connect better with people who have tattoos. I am going to highlight a particular healing and restorative therapeutic use of tattooing which is bringing hope to increasing numbers of people.

Tattooing has existed for thousands of years. In places such as Japan or Ta Moko in New Zealand, traditional and tribal tattooing has long roots.

Tattooing, as we know it today (or 'Western tattooing') began around 1870 with the first purpose built electric machines used from around 1891. The practice of tattooing gradually evolved as an art and in popularity, especially between the two World Wars when nationalist fervour inspired patriotic tattoos.

When I nursed on a surgical ward in Southampton in the 1990s, many of our patients were sailors. The majority of these men sported colourful tattoos – on all sorts of body parts! Women were largely absent from the tattoo scene until at least the 1970s, which was partly because women before the 1960s were still expected to get permission from men for a tattoo.

Recently, I walked through a city centre and counted six tattoo shops in a 50-metre radius which seemed to have more female than male customers with an age range from about 18 to 40+. Tattoos are inked on people of all ages (minimum age 18 in England). Even Dame Judi Dench got her first tattoo for her 81st birthday! The extraordinary increase in demand for and status of the tattoo in the last decade, in part influenced by celebrity culture, signals attitude changes. It suggests how the tattoo, once a symbol of rebellion, is now a status symbol and has growing appeal among the middle class. Whether we like it or not, tattooing has entered the mainstream of Western society, especially among the younger generations. In dismissing or vilifying tattoos, Christians are at risk of losing touch with a large part of the community.

I understand some of the concerns about tattoos and there are some real potential negatives, of which I've highlighted a few:

Negatives

- Historically, tattooing has been linked to 'primitivism.' It was a Western art movement that borrowed visual forms from non-Western societies, and attempted to align itself with world views seen as more 'pure', and 'spiritually authentic'. This can underline a deep spiritual hunger, discontent and lack of identification with mainstream culture. This surely is an opportunity for us to minister God's love and acceptance.
- Tattooing can become addictive. It can attract those vulnerable to addictive behaviours. Tattoos are permanent and people have to live a lifetime with rash choices in image, subject and location of a tattoo.
- In past decades, notoriously bad sterilisation of needles and shared inks spread blood-borne diseases including HIV and Hepatitis C. Thankfully today this is rare and usually only found in untrained tattooists, in unlicensed shops.

Positives

- Today there is better sterilisation, equipment, inks, artists and designs. There is also better training. Most tattoo artists undergo a two-year apprenticeship with ongoing training, conventions and competitions keeping their skills current.
- It is increasingly recognised as an art form alongside graphic design and other contemporary arts. Certainly, the artists I watched were incredibly talented. Many had canvas art pieces up on the shop walls of their more 'traditional' art.
- Many clients with tattoos cite increased self-confidence, appreciation of meaningful body art, the aforementioned status tattoos bring and being able to use their body as a 'diary' of their life. The tattoo is an external mark of a personal narrative.

One study has commented...

*'Tattoo narratives contain motifs which typically include why the wearer decided to get tattooed, how he or she came up with the design, how long the individual has been thinking of getting one, the actual tattoo experience and what it means to him or her now. Also like conversion narratives, tattoo stories centralize one experience- the tattoo – and relate what changes have occurred in the tattoo wearer's life since that central, defining point.'*⁴

Now we realise that the narrative of God's salvation goes deeper and lasts eternally. But it is worth noting that some younger Christians tell about their coming to faith in tattoos, the external and internal narrative coming together.

Therapeutic tattoos

Another 'positive' of tattooing is the therapeutic role it has for self-harm survivors. I have witnessed first-hand the joy and healing it brings to people who have scars and disfigurements that they desperately want covered up. Here is hope to the afflicted as they are covered with art, a thing of beauty to them instead of a thing of shame. It reminds me of the redeeming mercy our Lord has for us forgiven sinners, as God declares through the prophet Isaiah:

*'And so, I will forget the wrongs you have done. ...It is I, I, who wipe out, for my own sake, your offenses; your sins I remember no more. ...I am He who wipes the slate clean and erases your wrongdoing.'*⁵

Sadly, there has been a threefold increase in the number of teenagers who self-harm in England in the last decade, especially (although not exclusively) among adolescent girls. According to a World Health Organisation collaborative study of 2013/14, as many as 20% of school children aged 12-15 years reported self-harming.⁶ In the three years since, *The Times* recently reported that the number of girls aged between 13 and 16 who harmed themselves rose by 70%.⁷

Tattooing over the resultant scars has become a growing area of practice for all the tattooists that I spoke to, and not just the domain of a few specialists. One girl I witnessed having a tattoo bravely shared with me her story. At 15, due to anxiety, stress and social pressures, she had a 'low period' where she developed a 'coping mechanism of self-harming'. Although mentally she is recovering from this challenging time, the resulting scars on her thigh, some of which have hypertrophied, still remain several years later. For a long time, she felt unable to wear a regular swimsuit or be in social environments where she had to bare her legs, for shame and fear of being judged. She tried creams, laser treatment, and even surgery over the subsequent years to bring improvement. None of these worked. She tells me the NHS won't fund treatments, and that skin graft surgery was deemed unsuitable by the consultant. She began to read about the growing and successful use of tattoos to cover scars.

As I see the finished tattoo on her thigh that has covered incredibly well the underlying scars, I see the beam on her face and the new level of self-confidence shining through, I view the tattoo artist in a new way: as a therapeutic healer. Some patients are even opting for post mastectomy tattooing instead of nipple re-construction.⁸

I wonder if the NHS needs to consider tattoo treatment as one of its options for scars, when traditional methods have limited effect.⁹

So do we need to readjust our thinking, and be open to regard some forms of tattooing in a new and more positive light? Could we be more humble and prayerful, and work at breaking down intergenerational and interclass barriers?

We know a wonderful narrative of God's salvation and healing in our own lives. God is the ultimate redeemer - he redeems lives, spiritually, emotionally and physically. But, in grace, could there also be a place for the use of tattoos as part of the healing that God can bring a person who has struggled with scars (either of their own making or not) or disfigurements all their life? This gracious God even redeemed his own Son's scarred hands and made them a thing of promise and beauty:

*'See I have engraved you on the palms of my hand.'*¹⁰

Pippa Peppiatt is CMF Head of Nursing



A 'positive' of tattooing is the therapeutic role it has for self-harm survivors. I have witnessed first-hand the joy and healing it brings to people who have scars and disfigurements that they desperately want covered up. Here is hope to the afflicted as they are covered with art.

references

- Leviticus 19:28
- Ibid
- Gerwig C. *Tattoo and the Bible*. 2007 bit.ly/2wafjw
- Lawless E. *Women's Voices & Folk Tradition in a Pentecostal Church*. Lexington, KY: University Press of Kentucky.
- Isaiah 43:25
- Self-harm rate triples among teenagers in England. *BBC Newsbeat* 21 May 2014. bbc.in/2FUnKIY
- Woolcock N. Self-harming up by 70% among young teenage girls. *The Times* 19 October 2017. bit.ly/2gm7Tym
- Davies S. How cancer made this woman's breast famous. *BBC News* 26 August 2016. bbc.in/2ch423K
- Scars. *NHS* 4 September 2017. bit.ly/2HOVIUt
- Isaiah 49:16

Alice Gerth finds perspective on life as a doctor

POPPING SOCIAL BUBBLES

I have a confession to make, I live in a bubble. A social bubble. I like to think that I don't, that as a doctor I mix with a huge variety of people with different backgrounds, beliefs and political leanings. Whether they are colleagues, doctors, nurses, physiotherapists, porters or patients. Not to mention, stopping to talk to the homeless man outside my local Tesco. I tell myself, that I am exposed to a wide cross section of society, have my views challenged, and engage with the effects of political policies. Unfortunately, this safe place of metaphorical 'back patting' has been disrupted through friendship with a bunch of eclectic ordinands (trainee Church of England priests) who have got me thinking.

Ordinands have all answered a call, spending many months (if not years) discerning if ministerial training is the path God is calling them on. They are going into a deeply vocational career and have all arrived at this place from very different origins: some are straight out of university, others have worked for churches, others are former police officers, city workers, and the list continues. In many ways, they are like doctors, they have a desire to serve others and accept that this will come at a personal cost: they have chosen a career that allows access to people at their most vulnerable. This 'ordinand bubble' has challenged me in three ways.

Gratitude

I grumble, a lot. This grumbling usually revolves around antisocial work hours and doctors not being paid as well as engineers, accountants, bankers etc. I live with two doctors but prior to them, I lived with an engineer. I go to a church where doctors and engineers make up the majority of the congregation. As such, I compare my hours and pay to the engineers who seem to have a half day every Friday and don't work weekends. I grumble with the doctors. Unfortunately, I made the mistake of allowing some of my ordinand friends to witness 'said grumble'. They very graciously pointed out that as a doctor, four years out of medical school, I likely had a salary larger than most of the ordinands would ever have, and that priests work weekends and Christmas. Their raised eyebrows said it all.

Hospitality

There is a difference between interacting with a broad spectrum of society and inviting them into your home. These ordinands are always happy to see me at their college when I'm visiting and have

welcomed me into their community. Beyond this, many of them have been placed at churches in parts of the city I tend to avoid. As part of their placements, they are becoming friends with, and are serving communities that are far beyond my comfort zone. I have met many people from many different backgrounds, but unlike them my group of friends is no less varied.

Unity and diversity

Finally, they have shown me that variety is the spice of the Christian life. There are of course core gospel truths, but beyond this is a diverse church. Last week at dinner, we debated the end times, discussed spirituality and challenged each other about churchmanship. Some identify as charismatic evangelicals, others as conservative evangelicals, others yet love the 'smells and bells' and The Book of Common Prayer, and others are Third Order Franciscans. Yet they live in community: united around a common love of God and their desire to serve him. There are moments of friction, but there is grace. It's a place where you can discuss your bad day over the washing up and where it is completely natural for someone to pray for you.

So, as I continue to spend time in my various social bubbles: church, work and home, I am trying to take some of these lessons with me. I am more grateful for the privilege of a stable job, even when I am up at 2am in the morning or missing church for the umpteenth time! I thank God for my salary and want to be more sacrificial in my giving. I try to remind friends that we are privileged compared to the majority of society, that we need to stop comparing ourselves to those above us and start befriending those lower down on the economic scale. Finally, I am engaging with a wider church background and seeking to understand others' faith before judging it for not fitting my own.

As Christian doctors we are entrusted with so much. Our work keeps us busy, but can lull us into a false sense of security about our social engagement. In so doing, it disguises our inward-looking hearts. It hides our absence of friends who would fit the biblical definition of an outsider. We need to challenge each other not just to interact outside our bubbles, but to love, and in so doing, to pop them.

Alice Gerth is a CT2 Anaesthetics trainee in Bristol



Thinking of You:
A resource for the spiritual care of people with dementia
Joanna Collicutt

- BRF, 2017, £9.99, 256pp ISBN: 9780857464910
- Reviewed by **Cameron Swift**, Emeritus Professor of Geriatric Medicine, based in Kent

The topic of dementia is rightly high on today's public policy agenda. Christian health professionals and churches should be at the forefront of radical understanding, progressive thought and involvement.

This exceptional paperback is by an experienced specialist neuropsychologist now engaged in full time Anglican ministry. It is presented in straightforward language accessible to any thoughtful 'lay' (including medical generalist) readership. As such, it provides a rare and original contemporary resource for Christian clinicians and churches.

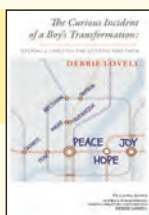
Section one addresses core perception (and misperception) of the phenomenon – biomedical, stereotypical, sociological and prejudicial. There follows a clear account of this defined neurological syndrome; pathogenetic basis; pros and cons of early (vs

timely) diagnosis; neurobiology of subtypes; - in clear accessible language. The challenges to societal attitudes, relationships, networks, social and healthcare provision are then presented.

Psychological elements are focused on in section two. Memory categories and their potential impact on personal identity, moves on to the application of a Christian perspective – God as creator, sustainer and loving redeemer.

The other half of the book looks at spiritual care and is a valuable blend of neuropsychological expertise and Christian application. It delivers practical, informed advice and challenge to church and care providers.

Essential, contemporary, helpful and challenging reading for all health professionals, church ministry teams, and individuals encountering those with dementia.



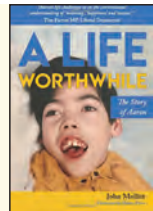
The Curious Incident of a Boy's Transformation
Helping a child on the autistic spectrum
Debbie Lovell

- Condeo Press, 2016, £6.99, 168pp, ISBN: 9780997120424
- Reviewed by **Steven Fouch**, CMF Head of Nursing

Iwish this book had been around when my son was diagnosed with Asperger's. Debbie Lovell's approach is open, honest, often humorous, and never less than engaging. In short, bite-sized chapters she tells the story of discovering her son's autism, coming to terms with the reality, and dealing with all the trials and challenges. From food to schooling, to finding a church in which a child on the autistic spectrum could feel at home, Lovell deals frankly and from her own experiences, of what life throws at families in this

situation. I could relate to it all. But what makes this book so helpful is that every mountain is shown to be a hill. Full of hope, practical advice and links to further resources, this is a useful book to share with anyone struggling to support a child on the autistic spectrum.

If I have one criticism, it's that for many families with profoundly autistic children, the outlook is not always as positive and upbeat as Lovell shows. But one can only write from one's own experience, and hers certainly chimes with mine.



A Life Worthwhile: the story of Aaron
John Mollitt

- Onwards and Upwards, £8.99, 75pp, ISBN: 9781788156851
- Reviewed by **John Martin**, CMF Head of Communications

Here is a moving account of the life of Aaron, profoundly disabled, and permanently damaged from injuries inflicted by his heroin-addicted father. He was classified as having PMLD (Profound and Multiple Learning Difficulties).

John Mollitt, a pastor, and his wife Pat, fostered and eventually adopted Aaron. A paediatrician told them, 'He will never be able to thank you for any thing you do.' The couple profoundly disagreed. John writes, 'We mean it when we say that he gave us far more than we could ever have given him.' He became a catalyst for hope and joy wherever he was seen with the Mollitts on the streets of Skipton, Settle and Ingletton.

Aaron was with the Mollitts six months before he was seen to smile. He suffered from cerebral palsy, scoliosis, was blind, unable to speak, doubly incontinent and could not feed or care for himself. Pat Mollitt, gave herself without reserve to Aaron's care, as the author observes, and acquired medical knowledge parallel to the professionals who cared for him. He received a tailored school experience based on the National Curriculum. Aaron was not expected to live beyond ten, but lived to 28.

The author does not mask the complexities and sheer weariness of caring for a profoundly disabled person. But here is testimony to the joy and satisfaction of taking to heart the teaching of Jesus.



Marvellously Made
Jim Parratt

- Hansel Press Limited, 2017, £7.50, 150pp, ISBN: 9781871828986
- Reviewed by **Peter Pattison OBE**, based in Hampshire

Jim Parratt is a distinguished Scottish physiologist with wide international experience. He is a CMF member with strong links in Scotland to UCCF and Scripture Union. The book contains 19 chapters of varying length, exploring basic human physiology and the spiritual parallels from a biblical perspective.

The longest and central chapter describes blood and circulation – reflecting perhaps the author's professional interest as well as the theological importance of blood. But there is an unfortunate reference error on page 74.

Doctors will be familiar with most of the physiology described and most Christians will have

made at least some of the spiritual and biblical connections. The strength of the book is that it brings together, within a manageable space, a wealth of material, both scientific and biblical, with a host of Bible references.

Who will it help? A Christian teenager discovering his/her own body, especially if studying biology at GCSE or A levels. (I gave my copy to a 16-year-old for his birthday). A recently converted medical student trying to integrate his studies with his new-found faith. It would also make a useful resource for a Bible study leader or as the framework for a series of talks at a Christian camp or house party. Recommended.

Limits to love

Where is the boundary line between simple reportage and campaigning? In February, the BBC screened documentary *Love Unlimited* featuring a 23-year-old woman who says she is polyamorous – in a relationship with two men she claims to love equally. 'I just don't see why I should artificially limit the amount of love that I put out into the world. I'm greedy,' she says. The BBC will often say it simply reports and this doesn't mean it's taking sides. Not even when no alternate view is presented?

BBC News 6 February 2018 bbc.in/2FQXXrm

Malnutrition deaths rising

The Office for National Statistics shows malnutrition was the underlying cause or a contributory factor in 351 deaths in NHS hospitals in England and Wales in 2016. That is up 59 on 2015 and the highest number in the last decade. There is debate about the exact meaning of the numbers. Hunger may be a contributory factor, but not the underlying cause. Many with malnutrition are already very ill. But Caroline Abrahams, a director at Age UK, said the situation was 'shocking', a 'huge hidden problem in our communities.'

Guardian 5 February 2018 bit.ly/2BXTVuV

Carillion collapse hits healthcare

There is a health side-story to the collapse of the building giant Carillion. One example is the delay in completing the new £335m Royal Liverpool Hospital. The first projected completion date was March 2017. Now it is likely to drag on throughout 2018. A senior staffer with the Unite Union said, 'The Government needs to prioritise how stalled projects are restarted.' The BMA said the company's collapse raised 'serious questions about PFI deals and the tendering of NHS services'. Clearer information was needed about when work on the hospital will resume.

BBC News 6 February 2018 bbc.in/2BZbaMn

Limitations to online consultations

On the face of it, providing online consultations seems a good thing for patients. It cuts down on travel time and reduces demand for appointments for routine matters, thus reducing the load on GP surgeries. But the Care Quality Commission has found shortcomings with nearly half of independent online services, including pharmacies, websites and apps. Many prescribe high volumes of painkillers without talking to the patients' GPs and inappropriately prescribe antibiotics. While the CQC welcomes innovation in delivery of health services, nothing should stand in the way of patient safety, it says. *Telegraph* 23 March 2018 bit.ly/2pKmsAe

Health is a stressful business

Feeling stressed? You are not alone. New research says healthcare is the third most stressful occupation in the UK. Some 66% healthcare workers report significant work-related stress. A survey of 3,000 healthcare workers found they ran a close third in the stress stakes behind people in financial services (69%) and government employees (68%). Younger people are vulnerable to work-related stress, with almost three quarters (73%) experiencing it. Work was significantly more likely to cause stress and emotional strain for healthcare workers than any other aspect of their lives.

Practice Business 23 March 2018 bit.ly/2pKxiGj

A serious addiction

Down Under, fixed odd betting terminals (FOBTs) are nicknamed 'one armed bandits' for good reasons. Eutychus notices that the Archbishop of Canterbury has mounted his own campaign to limit odds to say, £1 or £2 a spin. The government must heed his words. There are FOBTs that permit stakes of up to £100 every 20 seconds and they are addictive. What is more, it is poor people who are most vulnerable to them, not least in the anonymity of betting shops. No wonder they are called 'the crack cocaine of gambling'.

Guardian 18 March 2018 bit.ly/2IWQ0U7

For want of hugs

The fall of the Ceausescu regime in Romania brought to light one of the saddest stories of that era. Children brought up in the country's orphanages suffered from serious social deprivation having received no cuddles or human warmth. A question for our times: is political correctness, which makes teachers, doctors and youth group leaders reluctant to touch, doing similar harm? 'Is this hyper-vigilance of boundaries beginning to harm our mental health?' asks Paul Coccoza in a thought-provoking *Guardian* article. In contrast, 'a touch industry is burgeoning in Europe, Australia and the US.'

Guardian 7 March 2018 bit.ly/2G2IWUO

Five new medical schools

Five new medical schools are to be opened in England in a move by the government to boost numbers of training places. The focus will be on cities and towns where trainee doctors are proving hard to recruit, says Health Secretary Jeremy Hunt. New schools in Sunderland, Lancashire, Lincoln, Canterbury and Chelmsford will mean an extra 1,500 places by 2020. 90% of the new places will be outside London. Some 630 of the 1,500 new places will start this September, with the rest to follow in 2019 and 2020.

BBC News 20 March 2019 bbc.in/2IBT8V5

Plastic poison

There's been a huge media groundswell condemning the use of single use plastic. Britain is a world leader in the packaging industry, so this has not been comfortable for some enterprises. But is plastic harmful to health, the health of children particularly? It's a question being asked with the discovery that a chemical called Bisphenol A (BPA) found in plastic can be found in more than 80% of teenagers. Already the US Food and Drug Administration has banned BPA in baby bottles and infant feeding cups, but no one as yet knows how dangerous it is.

Guardian 19 February 2018 bit.ly/2Ca6Q1g

Slavery by any other name

A bizarre case. Japanese millionaire Mitsutoki Shigeta has won a court battle to pursue custody of 13 babies he fathered through surrogate Thai mothers. In fact Shigeta is believed to have fathered at least 16 babies in Thailand. His so-called 'baby factory' case has prompted the government of Thailand to ban commercial surrogacy. Woman renting out their wombs, quite frankly, is a form of slavery, but it carries big financial rewards. Commercial surrogacy is rife in Ukraine. Women there earning wages of £140 a month can earn ten times that through surrogacy.

BBC News 20 February 2018 bbc.in/2I7WkXp

Nikki Anne Rodwell
reflects on Mary
Magdalene's encounter with
the risen Jesus

DO NOT HOLD ME

Jesus said, "Do not hold onto me. Go instead to my brothers and tell them, I am returning to my Father and your Father, to my God and your God."¹ This message was given to Mary Magdalene in her grief. She had loved and lost. Lost, it seemed, even the mortal remains of the one she had loved. At that moment, Jesus called her by name, 'Mary'. She responded, 'Rabboni'.

Jesus gave her a new mission. First, it was a mission to the disciples, who were disorientated by events, full of fear and tempted to give up. Jesus remembered them. He chose to send Mary with a message of hope, a message which sealed a new relationship with God, as Father. Then Jesus himself came with peace and the gift of the Holy Spirit, to send them on a new mission.²

So, how do we in 2018 live this amazing relationship in our daily lives? Do we take time for the 'discipline of love'? In other words, do we take time to listen, to pray? By prayer, I mean a living, loving relationship. Somehow, I constantly need to turn back to Christ. I so easily go off in my own way, forgetting to listen in silence and receive the grace which is given. Yet, bidden, or not bidden, God is present.

The message above came to me during some time out of medical practice. It is now six years since my registration was restored and sadly, our NHS seems to be plunged into ever deeper crises. It is tempting to become discouraged and disillusioned, but we can call on the breath of the Spirit to renew us.

I find it helpful to go outside whenever I can as I need to be continually restored, and beauty helps. I take time to breathe deeply

and contemplate God's word. I walk forward, trusting that God knows and he understands. I use the Jesus Prayer, 'Lord Jesus Christ, Son of the Living God, have mercy.'

Jesus meets us where we are, usually at the most unexpected moments, as with Mary Magdalene. He comes not only when we are praying but when we are struggling with life and death. It is in the intimacy of our vulnerability that Jesus meets us and shows us the way. It is in our weakness that God's grace is free to work through us.³

So we need to be confident in who we really are and let the love of God transform us so that we become who we are created to be, both individually and as a fellowship within our profession. Let's continue to encourage one another in faith, hope and love, so that in all things we 'act justly, love mercy and walk humbly with our God'.⁴ We have been entrusted with an amazing privilege to serve, so let's do it cheerfully, with compassion and grace.

'Now to him who is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us, to him be the glory in the church and in Christ Jesus throughout all generations, for ever and ever! Amen.'⁵

Nikki Anne Rodwell is a specialty doctor in palliative medicine at 'Ellenor' hospice, Gravesend

references

1. John 20:17
2. John 20:19-23
3. 2 Corinthians 12:9
4. Micah 6:8
5. Ephesians 3:20-21



please keep in touch

You may already have heard that the rules about digital privacy are changing.
After 25 May, we need your permission to receive emails from CMF.

We value staying in touch with all our members by email and we hope
you also like to receive communications from CMF.

Those members who have not responded to our earlier messages will
be receiving a letter from us very soon. Please tick the box and return
the whole letter to us in the reply-paid envelope.

Thank you