

WORK: UNDERSTANDING GOD'S GIFT

work to live, or live to work?

his burden is light, so why can't I say no?

studying as a Christian

the student journal of the christian medical fellowship

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nucleus



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Contents

FEATURE ARTICLES

WORK: UNDERSTANDING GOD'S GIFT

- 4 work to live or live to work
- 8 his burden is light, so why can't I say no?
- 14 working in healthcare
- 17 studying as a Christian

REGULAR FEATURES

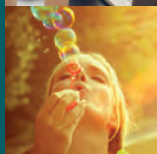
- 20 essentials: lessons learnt on prayer
- 22 mythbusters: opioids and hydration in palliative care
- 26 distinctives: when not to work
- 28 leadership: why are you here?
- 31 mad moments: look before you leap

BE INSPIRED

- 32 my trip to... the CMF Student Conference
- 34 crossing cultures: 18 delegates, 1 mission
- 36 local groups: CMF in Galway, God's way

CULTURE

- 37 TV review: *Black Mirror: Nosedive*
- 38 book reviews
- 40 heroes + heretics special: Billy Graham
- 44 news reviews
- 45 heroes + heretics: Kiran Martin



Editorial

yet more work...



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

Evaluation. Feedback. Briefly a novelty, then a chore, then overkill. Thus the attitude of the average student to giving feedback changes. Can a consultant session really be rated on a 1-5 scale? Does the consultant read it anyway?

We're well used to feedback at CMF. Student Conference generates plenty (yes, we do read it all...). Much of it is really helpful. We present a selection of this year's on p32. But we have to remember that it is from the perspective of that particular attendee. If they're from Keele, of course they are going to say that the venue in Staffordshire is convenient. The person who found the talks too simple may have studied the subject in question at theological college before medical school, and might not be the best yardstick when many others clearly struggled to follow. If 20 people say the band was too loud and 20 comment how quiet it was, we probably set the volume control about right!

The problem with most feedback is that it is all about our experience of a particular teaching session, process or job. We might not like the amount of pre-assessment clerking in our first surgical post, but someone needs to do the work. More opportunities to sit in gastroenterology clinic would be great, but how might that feel to the patient faced with a panel of six students as they arrive for an appointment?

The culture of feeding back on everything can encourage us to see our study and work entirely from our own perspective, perhaps reflecting wider society.

This edition of *Nucleus* looks at work, particularly in healthcare. We've tried to reverse perspectives, looking from God's view, not our own. Our major articles look at the underlying theology behind work (p4), how this looks both in the NHS (p14) and in studying (p17), and at the effect of work on us (p8). We also consider the place of prayer in a busy medical life (p20) and the oft-ignored question of sabbath rest (p26).

The Mythbusters article will be the first of an occasional series that gives you the tools to debunk common sayings that you may often hear on the wards, but which have no basis in fact. Writing one of these articles is a good way to learn to evaluate evidence as well as helping your fellow students. Could you be the next author? If so, send your offering to us at: nucleus@cmf.org.uk. If you fancy something a little lighter, why not contribute a story to the Mad Moments page, and both entertain and warn your colleagues?

We're delighted that John Martin, CMF's Head of Communications, has been able to share some of his personal experience of Billy Graham's ministry in an extra Heroes + Heretics piece (p40). There probably won't be another quite like Billy Graham, who died earlier this year, but we all have something to learn from his clear message, meticulous planning, and understanding of the urgency of bringing Jesus' message to those who haven't heard.

Our 'labour in the Lord is not in vain' (1 Corinthians 15:58). ■

A person is seen from behind, sitting on a dark wooden bench. They are looking out over a body of water towards a large, leafy tree. The scene is bathed in the warm, golden light of a sunset or sunrise, with the sky transitioning from a pale blue to a deep orange. The tree's branches are silhouetted against the bright sky, and some leaves catch the low light, appearing in shades of red and orange. The overall mood is contemplative and peaceful.

WORK: UNDERSTANDING GOD'S GIFT

work to live, or live to work?

Nigel Beynon explores work through the lens of Scripture



Nigel Beynon
is director of Word Alive

It's October 1991 and I've just started working at Hewlett Packard. I was talking to my boss about a lecture we'd just heard on work and life. She asked me what I thought, and I found myself saying, 'it made me think, do we live to work or work to live?'

live to work – 'creation'

The idea that work is fundamental to our lives takes God's *creation of work* (Genesis 1 & 2) seriously. We read that God created humankind in his image and commanded them to 'fill the earth and subdue it' and to rule over all the earth, (Genesis 1:26, 28). As God rules the world, he makes us his vice-regents to represent him; to rule, govern and manage his world under him.

And that leads to work. *'The Lord God took the man and put him in the Garden of Eden to work it and take care of it.'* (Genesis 2:15). As God's designated ruler, Adam is to oversee the garden, tend it and bring it to its potential. And that doesn't just go for gardening. Whenever we manage the world and its resources, whenever we control or create using the materials of creation we are playing a part of the role of ruling and subduing the earth.¹ That might happen in finance, education, construction, healthcare, transport, through to childcare, caring for a neighbour or cleaning a house.

So 'living to work' contains a fundamental truth: working is an intrinsic part of what it means to be made in the image of God.²

working to live – 'fall'

You may well be thinking: 'But I don't find work fulfilling and fundamental to my identity. It's a pain. I only do it to pay the bills and to enjoy myself at the weekends. I work to live!'

Now while that clashes with Genesis 1 & 2, we have to say that this idea takes in the *fall of work* in Genesis 3 when the ground is cursed because of

sin. The ground 'will produce thorns and thistles' (Genesis 3:18) and 'by the sweat of your brow you will eat your food' (Genesis 3:19). Subduing creation and working the garden was meant to be enjoyable and fulfilling, but now our work is frustrated, and our rule is incomplete. We will never bring the world under complete control – we can grow roses, but there will be thorns and thistles.³

Few of us are professional gardeners, but we can think of equivalents in our own spheres: failures and mistakes, boredom, miscommunication and accidents, mean our work is tiring, frustrating and often defeating. Work is created, yet fallen. It's a good thing gone wrong. It's fundamental to our humanity, yet it twists us unnaturally out of shape.

God has stepped into his world to put things right

In healthcare, we can experience the fulfilment and satisfaction of understanding how our bodies work, helping someone get better from illness or cope with their disease. But at the same time, we will find the sheer sweat of study, our inability to cure illness or our annoyance at patients not listening to our instructions emotionally draining.

working right – 'redemption'

We've mentioned creation and fall. Next is *redemption*. God has stepped into his world to put things right. That has happened in promise and picture in the Old Testament and in fulfilment and reality in Jesus, in the New Testament.

Redeeming something means it is restored to what it was intended to be. Its original purpose and intention is recovered. Christians are being redeemed in that we are becoming what we were made to be – truly human – as we become more like Jesus. And doing that includes working as God intended us to.

redeeming how we work

The most common question we ask of work is 'what job shall I do?' However, apart from ruling out jobs that involve immorality, the New Testament says little about what we do. But it says a lot more on how we do it.

The instructions to slaves and masters in Ephesians 6:5-9; Colossians 3:22-4:1; 1 Peter 2:18-21 help us know God's view on work today. However we understand slavery in the Bible (a topic too broad to cover here), a common thread is the inequality of master-slave or employer-employee relationship, and so we can draw principles from these verses.

doing my job honestly, diligently and with integrity was one of the ways I served Jesus himself!

The basic instruction to slaves or workers is to respect and obey your masters, and to do so with integrity not just performing well because you are watched. The more penetrating instruction is to obey just as you would obey Christ, to work 'like slaves of Christ' and to 'serve wholeheartedly, as if you were serving the Lord' (Ephesians 6:7). In other words, we are to teach, build, clean or heal, as though we are doing it for Christ.

I remember being struck by what a radical thought this is and how it would transform my attitude and actions at work. My workplace was a place to serve Jesus. Doing my job honestly, diligently and with integrity was one of the ways I served Jesus himself!

That should give us great dignity in our work. No matter what society thinks of our job status, no matter how fed up we feel about the latest round of cuts in our department, nor what we are or aren't paid, the truth is we work (doctoring, nursing, caring) knowing this is all part of worship.

redeeming the content of our work?

Now we come to the fourth step in the biblical

narrative: *consummation*, or as many people would now think of it, 'heaven'. Jesus promises to return to the world and bring in his new creation.⁴ A perfect new world where his promises and plans for his people are completely fulfilled. Our question is – how does the content of our work relate to that consummated kingdom?

Some Bible teachers today say what we do doesn't last. So while our work has some inherent value in that it's part of managing this world and serving others, the bridge, the music and the road are going to be burnt up and destroyed. The manner of your work matters and lasts, but the content only matters in this world, it won't last beyond that.

Other Bible teachers suggest the content of our work will, in some sense, be in the new creation. That the bridge, music etc are taken up in some way and contribute to God's new world. And so we can work in our field knowing that what is done for Jesus now, will be redeemed in some way and contribute to his kingdom.

We don't have the space for a full analysis of these issues even if I were capable of that. Instead I'll finish with the following three reflections:

first

There is no doubt the emphasis of the New Testament falls on the manner in which we work. Whether the content continues and contributes to God's kingdom or not, we should work hard, honestly and should do so for Jesus. That means our work, in medicine or elsewhere, is highly esteemed by Jesus.

second

There is also little doubt that the New Testament gives priority to 'evangelism and edification'. That is the building of, and the building up of God's church. That means I build the bridge well and do so for Jesus, but more than that I long to witness to my fellow builder and point them to Jesus. I know that has a higher priority.

However, we shouldn't see those two things in

conflict. This isn't an 'either/or' choice. That would be like saying: 'Shall I be faithful to my spouse, or shall I share the gospel with my neighbour?' The answer is obvious – do both. One is how I live in response to Christ redeeming my life. The other is offering that redemption to those around me. Similarly, how we work is part of living the Christian life, and that goes alongside pointing others to Jesus.

third

Our work is fulfilled in the new creation in the sense that, what we were aiming at in our management and rule of the world will then be completed and perfected.

In Revelation 22, in God's new creation we are told that his servants '*will reign for ever and ever*', (Revelation 22:3,5). The original vision of God's people ruling under him will be realised. Far from heaven or the new creation being some sort of celestial retirement home, we will be active in reigning over God's world as we were made to. And this will be satisfying, fulfilling, joyful work in a creation where there is no curse,⁵ but where we can rule perfectly. That is work, heaven style.

Your role now is restoring bodies in some way, or training to do so. Well, in the new creation those bodies will be raised to be perfect and imperishable⁶ (those that trust Jesus). Others, sweep streets now. Well in the new creation, streets will be so clean they will shine.⁷ We could say the same about education, the arts, commerce or construction. The aim and intention of those endeavours, to bring beauty and truth and glorify God, will be brought to fulfilment as God brings his creation to its true end and goal.

We were made to rule and manage the world; one day that will be fulfilled as we reign in God's perfected world. In terms of our working lives, that means I work today struggling to rule this fallen creation as God wants me to, but I do so knowing that one day I'll have the satisfaction and fulfilment of seeing the perfection of what I'm trying to achieve now.

reflection points

- How can a student learn with honesty, integrity and diligence?
- What roles, if any, will medicine have in the new heaven and new earth?
- How can 'evangelism and edification' become part of our daily life?
- In what ways can we give God space to redeem our work and study?

So maybe I work with the disabled, trying to get muscles to work and joints to flex. I'll do so with mixed success now. Some days feeling the satisfaction that comes from living to work. Other days I'll feel the frustration and futility of merely working to live. But I can do so knowing that one day, 'Then will the lame leap like a deer' (Isaiah 35:6). On that day, work and life will be one, when 'his servants will serve him.' (Revelation 22:3) ■

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his burden is light, so why can't I say no?

Alex Bunn responds to a culture that worships work





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

My name is Alex and I'm a workaholic. Perhaps you are too? Try this mental test. Close your eyes. Imagine you feel all that God expects of you, what the world needs from you, and what the church lays on your shoulders. List those duties. Do they feel light or heavy? Easy or hard? If you felt heavy and overburdened, read on! If you're a Christian, you'll know that we're not meant to feel that way, because Jesus said:

'Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light.'

(Matthew 11:28-30)

So why do so many Christians medics tend to become workaholics? Why do many of us find it hard to say no: to another duty, meeting or rota when we are overbusy? Why do we struggle to believe that Jesus came to take our burdens, and not to lay a guilt trip on us? Let's take a biblical tour of work.

'Sometimes people think of church as being like a giant helicopter. They don't want to get too close in case they get sucked into the rotas.'

Milton Jones

1. created to work: nothing to prove

In the beginning, work was a blessing.¹ We were created to reign, actively partnering with God to extend Eden as a place of delight. It was a staggering privilege and adventure to build a world with our Creator. Adam and Eve never had to submit a CV or personal statement. How different from today's MTAS! So humanity's status was originally one of unconditional acceptance. *Therefore*, we had significance. *Therefore*, we worked without the need to prove ourselves or compete. That was about to change radically...

2. work after the fall: frustration, restlessness, perfectionism

Ever since we mutinied against our Creator, our labour has been frustrated. Work has become blighted, frequently fruitless and ultimately pointless.² The golden staircase of career advancement turns out to be a greasy pole. It's a sobering possibility, but perhaps God wanted to spare us from finding ultimate satisfaction in our work, from worshipping an idol that will never love us back. Instead he wants us to find our identity, self-worth and satisfaction in him. Even in judgment, he is more committed to our joy than we are.

'Thou hast made us for thyself, O Lord, and our heart is restless until it finds its rest in thee'

Augustine of Hippo

search for validation

Perhaps you will recognise what happened next. In early history, a nation built the tower of Babel 'to make a name' for themselves.³ Do you see that ugly competitive streak in the library and on the wards? I remember when our final results in our last student year were published. Everyone vanished. I asked the barman in the junior common room where they had gone. 'It happens every year: they've gone to put 'doctor' on their credit cards'. There is a common human impulse to assert ourselves, and find significance and validation in our work.

My own pride took a knock a few years back when I applied for Bible college. The interviewer said I would struggle as a doctor. I assured her I would work hard at referencing primary sources and expanding my theological vocabulary. That's not the issue, she said. The problem is that doctors can't cope with 'not being doctors'!

How much do we strive to 'make a name for ourselves' in healthcare? How much is your identity and self-worth invested in a high-status career? Do you get a thrill when someone asks you what you do,

his burden is light, so why can't I say no?

and you know it gains instant respect? Beware if your validation and significance comes from the name you are making for yourself. It may become a burden. If you recognise this pattern, it already has:

'I have an iron will, and all of my will has always been to conquer some horrible feeling of inadequacy. ...I push past one spell of it and discover myself as a special human being, and then I get to another stage and think I'm mediocre and uninteresting... again and again. My drive in life is from this horrible fear of being mediocre. And that's always pushing me, pushing me. Because even though I've become Somebody, I still have to prove I'm Somebody. My struggle has never ended and it probably never will'
Madonna⁴

Eden reversed:
work → significance → acceptance

perfectionism

Healthcare workers are selected on our ability to defer gratification: we put holidays and relationships on hold for the next exam; we endure hypoglycaemia and clench our sphincters for just one more sick patient. We do so with good intentions of course: medicine needs no justification. Where would the world be without dental anaesthetic, vaccination or trauma surgery? But this gift can become a burden if we believe that the world's problems are on our shoulders, when in fact the world is in God's hands.⁵ So we can tip into unhealthy perfectionism where work, which is a good thing, becomes a god thing, an idol. Do you recognise the following perfectionist traits?

Constructive traits

High standards
Healthy self-esteem
Strive for excellence
Realistic about failures
Organised
Enthusiastic & energised

Destructive traits

Unrealistic standards & goals
Low self-esteem
Seek to excel at high personal cost
Generalise failure
Controlling
Exhausted & exhausting



reflection points

- How would you know if your status as a productive Christian medic has become an idol or a burden?
- Are you working for acceptance?
From peers? At church? From God?
- Which picture of your relationship to God most liberates you? (see p12)
- Which commitments have become a burden to you?
Which might you say no to?
- How can you enjoy the Sabbath rest more?
What might you say yes to?

3. redemption: no longer slaves

So how can Jesus' promise help us? How can he release us from our heavy burdens? The first step is to recognise that perfectionism and the burnout that follows, results from feeling burdened by things that we never had to carry in the first place. The God of the Bible is not a slave driver, but a slave liberator.⁶ So Jesus is the only boss who doesn't demand our perfect performance. In fact he's far more interested in what he is doing in us than through us.

'For even the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many'

(Mark 10:45)

Jesus' followers struggled with this idea as much as we can. You might think that the appropriate response to the Creator showing up in person would be to 'look busy' in humble service, like Martha. Yet Jesus chided her and praised Mary when she sat at his feet doing nothing, just listening.⁷ To drive it home, Jesus insisted on serving his disciples, despite their protests, by wiping their dirty toes clean.⁸ It's a gesture that still makes people feel uncomfortable. The message: we need God more than he needs us. It's basic theology, but liberating. Dwell on that if you ever feel dutiful service is smothering your joy. He came to build you up, not beat you up!

who are you?

Let's look at three pictures of our new identity in Christ. Each one shows that there is no need for God's people to strive for what we already have: unconditional acceptance and significance. When you are tempted to portray God as a harsh task master, think about these things, and renew your perspective.



I. sons and daughters, not servants

In the story of The Prodigal Son,⁹ the runaway resolves to return to his father and ask to be taken back as a hired servant. But the father refuses. He will take him back as a son only, with full honours, without conditions or a list of essential chores.

there is no need for God's people to strive for what we already have

Imagine yourself into the scene. Immerse yourself in the father's hug. Confess your desire to work your way back into the family. Hand over the burden of your task list to him. Let the aroma of fatted calf steaks sizzling on the grill remind you that the father spares no expense. Marvel at the new robes on your back, and the ring of honour on your finger. Enjoy the celebration, and drink in the words of the father: 'Let's have a feast and celebrate. For this son of mine was dead and is alive again; he was lost and is found.'
(Luke 15:23-24)



II. bride not date

Have you ever fought to win the affection of a special other? Think about the butterflies in the stomach, the aching uncertainty and ambiguity of the early dates. In contrast, the good news for the Christian is that Christ longs to be united with us as his bride.¹⁰ The Bible tells us that we are already engaged, so nothing can frustrate God's plan to have us as his own.

Imagine someone you know who is happily married. They are utterly in love with their spouse. How inappropriate would it be for them to anxiously besiege them with chocolates and flowers to each day prove their affection? That's how our striving for validation through hard work can appear to our Creator. It's unnecessary, and even offensive to him.¹¹



III. friends not servants

Many of us will know the experience of being sent on a thankless task by a consultant. Perhaps you've been given a stack of dubious requests to plead with the grumpy radiologist. The consultant may not even know your name, and assumes you will be willing to help, because you are being paid and you need a reference. How different it is when a best friend asks a favour! I recently was asked by an old mate to cater for his wedding. 300 multi-coloured sandwiches was a major logistical challenge! But for someone I care for, it was a challenge and a joy I relished. What would you do for your BFF? Dwell on the contrast between the two requests. Similarly, Jesus tells us that we are already in the inner circle. Not as minions but as friends. He shared with us all he knew so we would be committed as partners, not slaves, in the master's business.

'Greater love has no one than this: to lay down one's life for one's friends. You are my friends if you do what I command. I no longer call you servants, because a servant does not know his master's business. Instead, I have called you friends, for everything that I learned from my Father I have made known to you.' (John 15:13-15)

4. Sabbath: a subversive call to rest

There is a liberating gift God has given us to release us from overwork, and that is the biblical 'working time directive', the Sabbath. It tells us that six days is enough work for one week, and that we should rebel against any expectation to be constantly productive. I heard of a medic who when she became pregnant rejoiced 'even when I'm sleeping I am doing something! I'm productive all the time!' The Sabbath releases us from this pressure, and reminds us we are not slaves:

'Remember that you were slaves in Egypt and that the Lord your God brought you out of there with a mighty hand and an outstretched arm. Therefore the Lord your God has commanded you to observe the Sabbath day.'

(Deuteronomy 5:15)

So the surprising message of Sabbath is stop! Don't defer gratification, enjoy some rest! Worship the God who liberates. We may need to rebel against self-inflicted labour and a culture that worships work. This will get harder after qualification when we are often rostered to work on a Sunday. But what might that look like on campus, at home or even in church? ■

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working in healthcare

Laurence Crutchlow asks what a biblical view of work looks like in the NHS

The National Health Service (NHS) can be a tough place to work and study. Reaching its 70th anniversary this year, issues of capacity and funding are not new. Despite the vision of free healthcare for all, legislation enabling patient charges dates from just a year after the foundation of the service!

Many Christians find the idea of free care irrespective of ability to pay attractive. The British public seems to be strongly in favour of current arrangements, with media outcry at any hints of charges for services. So why does working in a system that seems to enjoy widespread support among both the church and the world seem so difficult? Why is morale poor, with even medical students affected?

Various political and management solutions come and go. Might Scripture be able to help?

(medical) work as a calling

We don't see a doctor in Eden but see that Adam clearly has work to do. A medical student's task can feel overwhelming but is unlikely to compare to God's injunction to Adam and Eve to rule over every living creature on earth!¹

Work in principle is a good thing. At least sometimes, we have the added privilege of seeing

the fruit of our work quickly. Restoring people to health shows something of the restoration of creation and the end to suffering that we long for as Christians (not that that makes medicine 'special' compared with other jobs).

what has gone wrong?

A CMF member discussing publications with me didn't want us to publish less ethics, or more apologetics, but was keen to see more articles that deal with 'the sheer awfulness of working life'. He wasn't depressed, nor was his faith in doubt. He was simply ground down by the day-to-day work of the profession he'd once strived to join.

The problems don't just affect the Christian. One consultant when I was a junior doctor memorably described a particularly excruciating multidisciplinary team meeting as 'wading through treacle', after boundary disputes between social services teams dominated the discussion.

what isn't the answer?

It's not lack of care. The problem is *not* uncaring staff. Most members of that MDT were hard working, often on the ward well after-hours, travelling long distances home as they weren't paid enough to live near the hospital. Their commitment went well



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beyond their employment contracts. When things go wrong, I very much doubt that almost any staff *intend* things to go badly.²

what has corrupted the workplace?

We often think of the fall impersonally; the advent of disease and death, or natural disasters. Indeed, some understanding of why we are dealing with disease in the first place is essential. But the consequences of the fall affect all that we do, at study or work as much as anywhere.

Writing in *Every Good Endeavour*,³ Tim Keller identifies four particular consequences of the fall in the workplace. Let's look briefly at each in a healthcare context.

fruitlessness

Just as the cursed ground would produce thorns and thistles for Adam,⁴ our work can seem to achieve little. The patient always dies, eventually. Even when our medicine is outwardly successful, we're not confident that our patient's lives are better. The medical student clerking in chest clinic can't usually rectify the patient's damp housing, or the loneliness that means that a smoker has little support in her attempt to stop.

pointlessness

With apologies to any student intercalating a PhD in the properties of NADH, how many of us really see the point of learning the Krebs cycle in detail?

Or we find ourselves doing paediatric hepatology and learn in great detail about Alagille Syndrome in the hope of impressing the consultant, but realise that the chances of any benefit to our future patients are slim when we read that the prevalence is 1 in 70,000.⁵

At other times our patients themselves may seem to negate the point of our work. A patient carefully detoxed from alcohol absconds from the ward for a drink, or an overworked stockbroker abandons his

GP's carefully crafted antihypertensive regime for a herbal preparation sourced on holiday in Bali.

selfishness

Surely medicine is an unselfish career choice? We could earn more money more quickly elsewhere. We could find work with more regular hours. We could study history and sit in less lectures in a week than we hear in a day.

Medicine can rapidly revolve around us. It is a competitive world. Your successor as surgical FY1 may take credit for your thorough clerking in pre-assessment. In all probability your GP tutor won't notice that you were the only student who ensured the other six at your far flung practice knew how to get there.

Perhaps selfishness was behind that MDT meeting? My consultant and I in all honesty just wanted to get on with it, knowing that the firm had nearly 50 patients scattered over a number of wards. We didn't understand the social workers' concerns; it acutally really mattered which borough the patient lived in, as this determined who would fund social care.

idolatry

Anything that isn't God can become an idol. Indeed, the better the thing is, the more risk there can be. Giving the best care can turn into perfectionism, causing us to burn out as a young doctor, or making us a terrifying consultant to work for if we get that far.

Studying well is good, but do we really need to abandon all social and Christian activity in April and May just to push up our final mark from 70 per cent to 75 per cent?

All of these consequences can affect working relationships – this shouldn't surprise us. The fall not only broke Adam and Eve's relationship with God, but their relationship with each other,⁶ and between their sons.⁷

what about the NHS itself?

However strongly we might 'believe' in the NHS, it is a product of a fallen world like anything else. If we don't recognise this, we risk idolising the system in which we work. A 'siege mentality' can set in when the system is under attack. Any discussion of problems can feel like a personal attack on us if we identify strongly with the system. This doesn't help morale and may stifle innovative thinking that may enable the system to improve.

is there an answer?

We don't know what healthcare will look like in the new heavens and earth. We know that there will be 'no more death, or mourning, or crying or pain'.⁸ Will our resurrection bodies be like those suggested by CS Lewis in *The Last Battle*, with boundless physical energy, or might there still be a need for healthcare of some description to keep us functioning at our best?

What is at least clear is that the sin that is the source of so many problems will be gone. If there is any medicine at all, it will look radically different.

How might we show something of the reality of God's kingdom in the world today? We can't transform today's world into heaven single-handedly. But we can give glimpses of the reality of how heaven will look, announcing God's kingdom to those around us, as Jesus did.

what might we do?

Nail lies. Work isn't fruitless. A geneticist might have seen the baby with Alagille syndrome the day before you meet the family, who were really worried about future children. You had a much better discussion knowing that Alagille syndrome is usually an autosomal dominant disorder. For that family, on that day, you could have made a big difference, even if you never see another case. Your study wasn't fruitless. Why not mention the discussion in the end of firm presentation and explain how your learning helped, rather than adding another genetic paper?

Keep some life outside medicine. This is the best antidote to idolising our career. Have at least one

thing away from studies and church that we do. It may not matter too much what it is, barring a small number of inherently immoral pursuits. A sports team or musical society will ensure we have other commitments to stop us doing 24/7 medicine and will also force us to meet and work with non-medics, and people who aren't Christians.

Work to improve the system. Why not help your firm organise a timetable so that all eight of you don't turn up sitting in a cramped clinic at the same time? Think about joining student-staff liaison committees or equivalents, so that (maybe justifiable) moaning about poor organisation can be turned into more concrete changes. Some of you may be called to wider involvement.

Don't neglect evangelism. Evangelism hasn't been the obvious focus of this article. But when Jesus announced the kingdom of heaven, he used words as well as deeds. It was clearly not 'action or evangelism' for Jesus, but both.

Our culture claims to value authenticity and realism, so *how* we study, and work is important. Friends have at least some idea of how our lives look. A better study or working environment may allow deeper relationships to develop between colleagues, making conversation about Jesus more likely. The same is true for conversations about faith with patients, which are more likely if both patient and professional are at ease.

So when we are looking at working in a way that points to the kingdom of heaven, let's ensure that in doing so, we point to Jesus, the one who saves and is the only way to the Father for those around us.⁹ ■

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studying as a Christian

Grace Petkovic considers how we should work



Grace Petkovic is a clinical medical student in Oxford

Study. It's something you'll be doing a lot of as a nursing or medical student: In the wards; in the library; in a GP's surgery. So does being a Christian impact on how we study? We're going to approach this through three questions.

- 1) Why do we study?
- 2) What should we expect from study?
- 3) Who do we study for?

why do we study? ...because work is good!

In Genesis 1, God's creating action is described as work. God works! And what's more, even before the fall, God instructs Adam to work too. He is

instructed to 'fill the earth and subdue it'.¹ In Genesis 2:15 man is put in the garden to 'work it and take care of it'. This realisation altered my approach to study. Suddenly I didn't need a 'work-life' balance – work is part of life. And Jesus came that we could have life to the full.² Instead, I needed balance in all areas of my life, including study.

Most of us know that feeling at the end of a long summer where you're itching to return to study. You're not sure you can watch another Netflix show or read another novel. You're starting to find projects to fill your time with, because work is good! Research has shown that work is good for our health.³ The Bible anticipates that. Praise God for your study!

And when you're sitting in the library before finals, remind yourself that the fact that you're sitting there is probably an answer to prayer. I know many of you prayed to get into nursing or medicine. So rejoice in the work. The ability to sit exams is a testimony to the Lord's provision.

It's also important to note here that *all work* can be good. There's a real danger as a medical or nursing student that you start to think your field of study is particularly good. 'She's a *doctor*' your nana might say pointedly at Christmas. Remember that the Bible doesn't say that studying medicine or nursing is any better than tailoring, cleaning or any other form of work. You may be better suited to one form of work versus another but you're not a better person because of it.

Therefore, don't join in that chat about other students studying 'lesser subjects' as though for example humanities is less worthy. If anything, just remember it's pretty clear we won't need doctors in heaven. But I wouldn't be surprised if artists are still working!

what should we expect from study? ...study will be frustrating, futile but not hopeless

We should expect frustrations and setbacks. Sin affects all aspects of our lives and that includes study. God himself says he'll frustrate Adam's work as a result of his sin.⁴ So now our work will be difficult. We'll toil.

So don't be surprised it's difficult to memorise the Krebs cycle. Don't even be surprised that it's pretty futile work that will likely not alter your clinical practice. And don't forget that your work beyond study will also be futile. We study to heal our patients, but everyone still eventually dies. We prescribe drugs we think will help, but years later the data may show that they were more harmful than beneficial.⁵ It's to be expected.

But don't lose heart. Remember Jesus is on the throne. He is sovereign and what you are working towards is ultimately guaranteed. Medicine aims to heal and restore people's bodies. God is the

ultimate healer. God promises all will be restored.⁶ So trust him. And trust him to use the frustrations, as with all things, to your good, as he promises.⁷

In fact, thank him for your frustrations. Philippians 4:6 says 'Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God'. So pray into your work and your frustrations, but 'with thanksgiving'. Thank him for how they can help stop work becoming an idol. Thank him that they remind you that humans alone cannot save the world, only God can. And keep offering yourself humbly as a servant to help for his glory.

who do we study for? ...we study for the Lord!

In Colossians 3:23, we are told: 'Whatever you do, work at it with all your heart, as working for the Lord, not for human masters'. You are to study and work as though working for the Lord. Not for your own feelings of adequacy. Not for your superiors' respect. Not for your parents' pride. But for the Lord. What are the implications of this?

work well

Ephesians 6:5-9 says, 'Slaves, obey your earthly masters with respect and fear, and with sincerity of heart, just as you would obey Christ. Obey them not only to win their favour when their eye is on you, but as slaves of Christ, doing the will of God from your heart. Serve wholeheartedly, as if you were serving the Lord, not people, because you know that the Lord will reward each one for whatever good they do, whether they are slave or free. And masters, treat your slaves in the same way.'

As an aside, I know some people are troubled that this passage somehow condones slavery. It does not. The Bible here simply records things as they were. There is good writing on this elsewhere.^{8,9}

We're not to be working just when human eyes are upon us. So don't just do the minimum. There's a habit of medical students not turning up on the wards because it's 'pointless' and telling their supervisors that they've 'got teaching'. You're not

working for human eyes. What's more, being a good and competent doctor or nurse is part of the way you get to minister God's love to the world. So don't you want to do it well? Your revision can be both an act of worship and enable your ministry.

rest easily

You're working for the Lord, not for your peers and not for your superiors. And you're not working for your salvation, but rather *because* of your salvation. So if God approves of rest (and he does) then you can and should rest.¹⁰

I continue to struggle with this. In fact, as I write, I am sitting in bed biding the 48 hour time limit before returning to the wards post an unpleasant D&V bug. This morning, I was dressed and debating walking in for the 0800 ward round. Why? In large part, pride. I hate the thought that I appear lazy to my superiors. I imagine that I'm necessary. I forget that God is in control. I forget that I work for the Lord. My pride leads to selfishness. (I would risk infecting others because I want to appear hard-working.) We should be able to rest easily in the Lord.

And I'd urge you, as you study, to consider the Sabbath rest. It's a sign that you know your salvation is a gift, not an earned payment, and that you trust the Lord to provide.

study with integrity

The Bible is full of instructions on what our hearts and characters are to be like. We're to be honest,¹¹ kind, compassionate, patient.¹² These instructions apply in work and study too. So love your patients and your peers. Be honest. Don't compromise truth for grades.

Remember that this integrity is meant to affect us as a community as well as an individual level. Think about the shape of your area of study in the wider world. Ask yourself, is my field promoting human well-being (as revealed in God's word) and justice?

For example, when you're studying O&G then don't just think about the biology but think about

reflection points

In summary, my top five tips for studying as a Christian are:

- 1 Remember study is good
- 2 Remember it will be frustrating, futile but never hopeless
- 3 Remember who you work for
- 4 Rest well
- 5 Pray into your work

the ethics. The reasons for this are two-fold. First, because we are to seek the good of the city we are in¹³ and that will mean considering big-picture issues. Second, because your peers will be asking these ethical questions on an individual level, as well as a societal one, helping people ponder such questions can lead to a revelation of truth. In medicine, you'll often be left asking 'what is a human being? What is the value of a human being?' If you don't think about these questions, you'll miss out on opportunities to speak truth to your own heart; to others' and to advocate for the vulnerable. The CMF website (cmf.org.uk) is often a good place to start if you're looking for resources to help you consider these areas. ■

RESOURCES

This article was influenced and inspired in part by Tim Keller's book *Every Good Endeavour* and William Taylor's sermon series *The 9-to-5 Revolution*

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essentials: lessons learnt on prayer

Miriam Brandon describes lessons from her F3 year

Coming to the end of my FY2 year, I was tired. I had done an intense Accident and Emergency placement; I was living away from friends and family; I had struggled to get involved in a local church and felt far from God. My career as a doctor wasn't quite as glamorous as I had imagined from watching TV series like ER or Grey's Anatomy. I found myself sleeping on the floor of the doctors' office during night shifts, doing countless PR examinations, and armed with my clipboard and seemingly unending patient lists, I felt like a glorified secretary! I knew that God hadn't abandoned me, but I found it hard to still my thoughts and listen to his voice and to feel that peace I had experienced previously.

It was during this time when my prayers were becoming few and far between that I heard God say 'STOP'. I had been on a conveyor belt going from medical school to work and had not stopped to listen

and reassess where I was and where I should be going.

For my F3, I joined a monastic community based at Lambeth Palace called St Anselms. I joined 40 other young people aged 20-35 in a rhythm of prayer, meditations, structured Bible reading and teaching. During this year, there was no aim or goal. I wasn't working towards a degree or training. I wasn't training to get better at evangelism, or to increase my theological knowledge. My aim was to listen to God and to learn how to pray, to stop and know my creator better. The Lambeth year has not made me an expert on prayer. I can still be cantankerous and distant in my relationship with God; prayer can be a struggle, but I've learnt a few lessons.

be real with God

In the Psalms, the prayers are real. The psalmists come to God as they are: in anger, depression, frustration, repentance, joy and thanksgiving.



Miriam Brandon is an ST2 in London and former Deep:ER trainee

They tell God exactly how they feel:

*I pour out before him my complaint;
before him I tell my trouble.*

Psalm 14:2

We have a tendency to distance ourselves from God when we have done something wrong or are angry with him. We push him away but he wants us to tell him what's wrong, to give it to him and to trust he has it sorted. God understands us and is with us when we go through the rough stuff. How do we know this? Well, he came to the earth as a human, he experienced rejection, bereavement, loneliness, misunderstanding and imprisonment. He understands our pain and wants to be with us in it.¹

retreat

Silence is not something we do well in the West. What with work, television, tablets and mobile phones, little of our time is left to stop and listen to God. We do not leave space and solitude for him to speak. We come home from busy workplaces or universities and are tired. We switch on the TV, we talk to our spouse or housemates; we travel to and from work; we read a book, tamper with our mobile or read a newspaper, but rarely pause and listen. I often wonder if we have become terrified of silence, of God and our neglected depths.

During my year learning to pray, God spoke most clearly to me during my retreat. I deliberately stepped out of my busy and crammed life, handed in my mobile phone and laptop, and focussed my mind and heart on God. I laid aside my unending and addictive 'to do' list and let God's voice pierce my life, work, and relationships. In the clamour of my own needs, I wanted his voice to have precedence. Distractions serve as decoys that protect us from ourselves, our pasts and our mistakes. Paradoxically, a retreat is an advance into God and true self-knowledge. Shut in with God,

there is nowhere to run. Alone with God, we allow his love to bring healing and restoration.

Retreat characterised the life of Jesus. A desert, a hilltop, a boat on Galilee, gave him the solitude he needed for prayer and contemplation. Matthew 14:23 illustrates Jesus' work/prayer balance; *'After he had dismissed them, he went up on a mountainside by himself to pray; later that night, he was there alone.'* If retreat was integral to Jesus, it is vital for us.

I have committed to doing a silent retreat week each year. Retreat, however, should not be a once a year event, but part of daily living. I find it useful to spend 15 minutes each day in the hospital prayer room or another quiet space. Here I can sit and be silent in the presence of God.

receive

Prayer sometimes feels like a chore: a list of people and needs that require our attention. Rather than enjoying a warm but awe-struck friendship with God in prayer, we're distracted by the mundane: the friend we forgot to text back or the task we forgot at work or what we're going to make for dinner. There are times we reach for God and there's only a vacuum: no joy, sense of his presence, nothing. Prayer becomes something we do instead of an endless dialogue with God, our dearest friend. God wants to break into our lives, give us peace in conflict, joy in sorrow and rest in our restlessness.

Prayer is a great chance to express community. Sometimes we'll know that we are struggling to pray, and need the help of others. But why wait for these times? James reminds us that prayer and confession is a group activity as well as a personal one.²

Prayer is not something we tick off in order to class ourselves as a Christian – it should be something integral to our being through the good and the bad times. ■

REFS	1.	2 Corinthians 1:3-4	2.	James 5:13-16
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mythbusters

opioids and hydration in palliative care

Daniella Osaghae explores the evidence



You've heard of evidence based medicine – practising medicine backed up by reliable, *critically appraised* research. Let me introduce you to evidence based ethics! Christian medical ethics shouldn't shy away from engaging with scientific evidence. Here I hope to show you through logic and critical appraisal, how some myths around palliative care can be dispelled by peer-reviewed research.

introduction to logical fallacies

Examples of fallacies used to support myths include:

- **'When I sit down to eat my breakfast, the postman comes. My post must be arriving because I am eating breakfast!'**
'We know that morphine kills because a patient often dies after a morphine injection.'
 - This is *post hoc fallacy* as the two events running chronologically are presented as causally related.
- **'My essay is due in a week – I must choose between sleeping OR writing my essay. I can't possibly do both!'**
'We have to choose between treating the pain and distress knowing it will shorten life OR

Critical appraisal is 'the process of carefully and systematically examining research to judge its trustworthiness and its value and relevance in a particular context'¹

leaving the patient suffering unnecessarily.'

- This is a *false dilemma* – giving the false impression that the choice is only between the essay and sleep in the first example (one can in fact write a great essay without sleep deprivation). Similarly, suffering can be relieved without shortening life.

- **'I haven't been a student at any other university and I don't look at official rankings, but it is a fact that my university is the best. I've had the best time, so it is the best in the world.'**

Doctors believe that morphine kills and 'experience proves' that those on morphine die.

- This is circular reasoning, where the original premise (that my university is best or that morphine kills) assumes the conclusion.

With these fallacies in mind, let's now look at the evidence for two common myths...



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MYTH 1

Doctors regularly kill their patients with morphine as a 'double-effect'

It is still a widely held belief by the general public that death is hastened by opioid overdose in palliative patients. At work, I have come across relatives of patients who voice



concerns about opioid prescribing based on this misconception. Death in such cases is often attributed to respiratory depression, even though it takes a significant amount of morphine to cause this.

When the risk of a potential, unintended consequence (side effect) of a treatment is deemed justified due to the high chance of benefit from giving the treatment, this is known as the doctrine of double effect.² In fact, most treatments prescribed by doctors have side effects (as we see listed at length on drug packaging) but the decision on whether to give a drug is a balance of risks and benefits. It is thus widely assumed that death is a side effect of opioid use, justified when trying to relieve suffering at the end of life.

Estfan *et al*³ explore this premise by seeking to determine if there is an association between opioid titration and hypoventilation for cancer pain in the palliative setting. It is an observational study in the US. Patients were selected based on strict inclusion criteria such as: age over 18 and cancer pain necessitating continuous opioid infusion via syringe driver; exclusion criteria included inability to consent and previous parenteral (intravenous or subcutaneous) opioid use.

method

Baseline data was collected including pain characteristics, vital signs and end-tidal carbon dioxide. End-tidal carbon dioxide, oxygen saturation and respiratory rate were then monitored at the same time each day as measures of respiratory function. End-tidal carbon dioxide was used as the primary variable as it is directly influenced by alveolar gas exchange, so a good marker of respiratory depression.

most treatments prescribed by doctors have side effects but the decision on whether to give a drug is a balance of risks and benefits

results & discussion

The mean increase in end-tidal carbon dioxide following opioid titration was not statistically significant, with all subjects maintaining oxygen saturations greater than 92%. This finding was in spite of equianalgesic opioid dosage (ie high enough dose to be effective in pain relief) being given to the patients. The discussion notes that pain is a known antagonist to respiratory depression, making it very difficult to induce respiratory depression if opioid is only given when the patient is in pain.

limitations

So were there any limitations? This was a small cohort study at one centre, and was not blinded. Many participants were withdrawn due to changes in clinical condition including delirium (not carbon dioxide-induced, as the study checks), withdrawal of consent and out-of-hours admission; of the 129 recruited, only 30 completed the study reflecting the inherent difficulties in recruiting palliative patients.

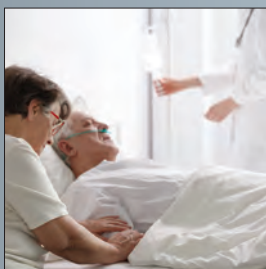
conclusion

Opioids for relief of moderate cancer pain are not associated with respiratory depression and thus they do not hasten death in end of life patients. As few studies of this nature had been done previously, further studies need to be done in different centres – although, notably there was a randomised controlled trial from Switzerland showing similar results to those presented here.⁴

MYTH 2

Doctors regularly allow their patients to die by withholding fluids at the end of life

Another widely held belief is that end-of-life patients become clinically dehydrated, with corresponding biochemical changes seen in blood tests, when parenteral fluids are withheld.



(Note, this does not include enteral fluids/feeding.) Morita *et al*⁵ explore these associations in terminally ill patients in their last three weeks of life, looking at:

- The link between hydration volume and laboratory findings.
- The link between calculated fluid balance and changes in clinical signs of dehydration and fluid retention.

method

This observational study recruited patients from a variety of hospital and community palliative and oncology settings in Japan. Inclusion criteria

included life expectancy of three months or less, age over 20 and incurable malignancy of lung or abdominal origin. Patients with conditions predisposing to fluid overload, such as liver cirrhosis and renal failure, and those using artificial enteral nutrition were excluded. Patients were examined for clinical signs of dehydration and fluid retention. Fluid balance was monitored with recording of fluid input (parenteral fluids) and output (urine, fluid draining, vomiting and insensible body loss). For this part of the study, only patients whose oral fluid intake happened to be less than 500ml/day in the previous three weeks were chosen for simplicity and ethical reasons. Therefore, oral fluid intake was not strictly monitored and oral fluids were not withheld from patients at any time. Sodium, potassium, urea, creatinine and albumin levels on blood tests that happened to be done in the previous week were analysed and patients divided into hydration (so given supplemental parenteral fluids) and non-hydration groups. All of this data was gathered prospectively.

results & discussion

The study had several interesting findings. Mean albumin levels were significantly lower (hypoalbuminaemia) in the hydration group compared to the non-hydration group. This demonstrates that giving parenteral fluids can cause measurable harm as hypoalbuminaemia is linked with fluid retention. On the other hand, there was no significant difference between the hydration and non-hydration groups in their sodium, potassium, urea and creatinine levels (these markers would be expected to go up with dehydration).

The calculated fluid balance was not significantly different between those who had clinical signs of dehydration and fluid retention and those who did not. This may be because terminally ill patients have different physiology, where there is fluid shift from intravascular to interstitial spaces rather than total body dehydration, as shown by the same study group in another paper.⁶

limitations

Being an observational study leaves it open to treatment bias. It also focused on abdominal and lung malignancies. Insensible body loss was estimated at 500ml per day per patient, as this is very hard to measure in practice. Patients withdrew for various reasons, but the study helpfully performs analysis to show that there was no significant difference in demographics and cancer type between those excluded and included in the fluid balance part of the study.

conclusion

Active artificial hydration is associated with hypoalbuminaemia. There are no clear benefits in giving artificial hydration to normalise urea, creatinine, sodium and potassium. Calculated fluid balance does not correlate with clinical signs of fluid retention or dehydration. So, when withholding parenteral fluids, doctors are not dehydrating patients. This begs the question of whether there is any need for performing blood

tests and monitoring fluid balance when patients are in their final days.

In summary, we've dispelled two myths of death causation in palliative care. Doctors do not expedite death by prescribing opioids nor do they cause dehydration by withholding parenteral fluids in dying patients. The more studies that are done in this area, the greater the evidence base will become to support the findings here.

you can also empower patients and their families to make informed decisions about their care, based on evidence

I hope this encourages you to explore how research can be directly applied to the way you engage with ethics in your future clinical practice. Evidence based ethics can help as you approach discussions around end of life issues, including sensitively clarifying what is fact or myth. As well as demonstrating integrity as a healthcare professional by dispelling myths, you can also empower patients and their families to make informed decisions about their care, based on evidence. ■

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distinctives: when not to work

Mercy McFarlane considers the joy of keeping Sunday special



Christian medics have better reason for hard work than most – working both for the glory of God and the good of our neighbour. In Luke 4:18-19 Jesus says, “The Spirit of the Lord is on me... He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind...” As future doctors, this is our purpose: hard work is not just a necessity, it is a privilege. By serving in medicine we are following in the footsteps of our Saviour. But as Christians, we are not only called to work, we are also called not to.

In Exodus 20, God gave his people ten commandments to live by. The fourth commandment says: ‘Remember the Sabbath day by keeping it holy. Six days you shall labour and do all your work, but the seventh day is a sabbath to the Lord your God. On it you shall not do any work... Therefore the Lord blessed the Sabbath day and made it holy.’ (Exodus 20:8-11) The argument of Saturday versus Sunday aside, what does it mean to keep the Sabbath holy? In the Bible, for something or someone to be holy, it meant it was

set apart for the Lord. This is what God asks of us, that we set aside one day in seven for him.

This isn’t to say Sunday is all about rules, that we can only go to church, read our Bibles and pray all day. God’s commands are for the blessing and preservation of his people; he doesn’t delight in legalism. But chances are, most of us *aren’t making that mistake*. We tend to verge towards its opposite. We are more likely to see Sunday as just another day to catch up on lectures, study and hang out with friends. These are all worthy things, but if we miss the true purpose of Sunday, then we are sacrificing the best for the good. Too often we are Marthas, running around doing a hundred things, when Jesus asks that we sit at his feet and learn from him. Sunday, particularly is when he asks that we sit under his word. Although CS Lewis was speaking generally, he captured it well in *The Weight of Glory* when he said, ‘It would seem that our Lord finds our desires not too strong, but too weak. We are half-hearted creatures, fooling about with drink and sex and ambition when infinite joy is



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offered us, like an ignorant child who wants to go on making mud pies in a slum because he cannot imagine what is meant by the offer of a holiday at the sea. We are far too easily pleased.¹ This is us. We are sacrificing time spent in God's house, in his word and with his people for the temporary stresses and distractions that surround us.

There is no denying that as medical students we are busy and often proud of it. With more lectures than most students, placements and hours spent in the library, leisure time is already minimal. Many of us will play a sport or an instrument to a high standard. We may be on one committee, sometimes several. Hopefully we make it to church on a Sunday, but the idea of setting aside a whole day, well, we just don't have that kind of time.

But maybe it is our mindset that is flawed. 'Better is one day in your courts than a thousand elsewhere' (Psalm 84:10). In a world of depression, starvation, divorce and cancer, where else can we find fullness of joy or rest for our souls? His desire for us, is that we rest on Sundays from our day-to-day work and focus on him.

In 1793, during the French Revolution, France denounced Christianity, and in an attempt to remove all religious influence, implemented a new calendar: the French Republican Calendar.² This calendar renamed the months, but crucially, it eliminated Sundays with nine days of work and then a day of rest.³ Although this lasted for several years, ultimately the ten day 'decade' failed because workers were burnt out working nine days in a row.

Alongside the command to remember the Sabbath is a promised blessing. In Isaiah 58:13-14 God says, "'If you keep your feet from breaking the Sabbath and from doing as you please on my holy day, if you call the Sabbath a delight and the Lord's holy day honourable, and if you honour it by not going your own way and not doing as you please or speaking idle words, then you will find your joy in

the Lord, and I will cause you to ride in triumph on the heights of the land and to feast on the inheritance of your father Jacob.'" The mouth of the Lord has spoken.'

It offers us the chance to spend time in church, listening to God speak to us from his word, to spend time with Christians for our mutual encouragement and to praise our wonderful Saviour. We can refresh our souls and rediscover our purpose.

in a world of depression, starvation, divorce and cancer, where else can we find fullness of joy or rest for our souls?

There will come a time when most of us will have to work on Sundays. Our works of healing and serving are necessary and good. As junior doctors, maybe we'll get one weekend off in three. Hopefully that ratio improves, as we go through training, but surely it should make us treasure the time we have all the more. Now we have the opportunity to spend our Sundays in God's house and with his people. Now is our chance to grow. If we don't build strong foundations now, how will we stand when our time and chance for fellowship is limited?

I encourage you to rediscover Sundays as the restful blessing God intended. A day to delight in our Saviour and to be with his people. Who knows, taking a day off might force us to learn time management too! ■

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leadership: why are you here?

John Greenall explores knowing your 'why'



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

Why are you here? This isn't meant to be a metaphysical mind-bender, but it is a genuine question that many of us struggle with. We want to serve God. But in our busyness we so often get bogged down in the 'what' of life - 'what do you do'...or 'what do I want to be'...?.

But your 'why' is what lies beneath the surface of your many decisions. It is what informs what you do. Many of you reading this will say you aren't sure what your 'why' is yet. You might be jealous of people who seem so sure of what they are going to do in the future; or paralysed with anxiety that you might miss God's plan for your life.

When you know 'why' you are here, then the 'what' either falls into place or becomes dramatically less important. 'Where should I go for my Foundation Years?' Well, if your 'why' doesn't clearly shape that, then it might not be that important. 'Should I do Core Medical Training or GP Training? Again, if your 'why' doesn't shape that, then God may well use you equally in both.

as Christian healthcare students, why are we here?

Having struggled with questions of calling, significance and guidance throughout her medical training, the medical missionary Helen Roseveare had just arrived on her first assignment in Africa. She got off the plane and met the local field director on the runway, who said to her:

If you think you have come to the mission field because you are a little better than others, or as the cream of your church, or because of your medical degree, or for the service you can render the African church, or even for the souls you may see saved, you will fail. Remember, the Lord has only one purpose ultimately for each one of us, to make us more like Jesus. He is interested in your relationship with Himself. Let Him take you and mould you as He will; all the rest will take its rightful place.¹

The Westminster Shorter Catechism asks, 'What is the chief end of man?'. Answer: 'to glorify God, and to enjoy him forever'.² We glorify God through obeying the scriptural 'calls'. We are called to be holy;³ to obey the Great Commandment to love God and neighbour;⁴ and to fulfil the Great Commission to make disciples.⁵ How do we do this? Through being made more into the image of Jesus Christ.⁶

knowing our 'why' helps us grow in leading ourselves

The famous early theologian Augustine said pithily, 'Love, and do what you will'. In other words, we don't need a divine calling for every decision, for every 'what' in our life. We can glorify God in our specialty, and do the specialty that we will. We can glorify God in our relationships, and marry who we will. *'What' we do isn't as important as our pointing to the 'why' we do it - to the glory of God.*

'what' we do flows out of 'why' we are here

Jesus himself knew his 'why', which meant saying no to good things. When people begged him to stay to heal more people and to perform more miracles he answered, *'I must proclaim the good news of the kingdom of God to the other towns also, because that is why I was sent'* (Luke 4:43). The apostle Paul's calling and passion was 'to bring the nations to obedience'⁷ to preach to the Gentiles. Rather than being paralysed by his options (remember, he could travel freely across the whole empire), his 'why' constrained him.⁸

Similarly, we are made with a 'shape', and we should seek to find what that is, to play our part in God's giant jigsaw. Our gifts, experiences, passions and personality all contribute to understanding our 'why'.⁹ 'What' we do then flows out of 'why' we are here, which will differ for each of us. Four CMF

members I've spoken to recently have vividly and passionately outlined their 'why' – one knows it's to develop people in teams; another's 'why' is to be a leading endocrinologist; another is passionate about social justice in the healthcare sphere; another describes their purpose as an advocate for vulnerable children who have been subject to abuse. Their 'why' keeps them going when the 'what' gets difficult, pertinent in the pressured environment of the NHS. For many, their 'why' isn't only relevant to their medical work. Their 'why' shows itself in other areas such as leisure and church involvement.

So what's this got to do with leadership? Overall, knowing our 'why' helps us grow in leading ourselves. But it's also vital to understand how we are shaped to best lead others.¹⁰ The result is immensely freeing. You don't need to compare yourself to people who are doing 'bigger' or 'more significant' things than you. You can see when a decision between two options might mean that both or neither are right. And you are free to say no! Medics are often asked to be involved in all sorts of areas, but reflecting on the 'why' can help us say 'no' to roles that perhaps others can do, with confidence that we are seeking to be obedient to what only we can do.

how to discover your 'why'

First, ask yourself questions like 'What makes me angry?' or 'What roles do I usually gravitate towards and why might that be?' Before bed, reflect on when you felt most alive in the day – during that placement, lecture, or conference. For example, 'that interaction with the family on the ward felt really satisfying. I didn't perform a dramatic procedure on that child, but I sense I'm good at connecting with parents'. Over time, you will begin to learn what makes you tick and this might help you piece together a career path that makes best use of your strengths.

Second, ask those close to you what they think you are passionate about, particularly Christians who share your desire to honour God. They might

reflect on how you speak or how you interact with certain people. Insightful friends can often see your 'why' more clearly than you can, perhaps what gifts God has given you.

Third, let CMF help! We have a wealth of resources, knowledge and most of all real, living members you can connect with. Ask to have a coffee with the GP who works in the local addiction service. Skype the director of the mission hospital. Listen to what they are passionate about. Look for someone whose 'why' might resonate with yours and ask them to walk with you. With CMF you can also take opportunities to grow in your faith, using the online resources and opportunities like Global Track, Speakers' Track, Writers' Training and much more.

And finally, remember that understanding your 'why' is a lifelong process. Try something and get honest feedback on it. Take some risks. What have you got to lose? *As a Christian you can work from your identity, not for your identity.* From the security of your identity in Christ you can answer the call to steward your gifts and go out into the harvest field to make disciples. Time is short, our life is a mist,¹¹ and we are being called to give our lives away in response to all God has done for us.

May our God-given, life-bestowing 'why' lead to you enjoying God and glorifying him in all you do. There is no better or more satisfying way to live than that. ■

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10. See *Nucleus* 47(2):22-24 (May 2017) where I outline different types of leadership we are developing in CMF
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mad moments

look before you leap

Mercy MacFarlane describes some things CMF doesn't recommend



Comedian Tim Hawkins has a wonderful musical video including the line, 'If you're a man who wants to live a long and happy life, these are the things you don't say to your wife'. It gives an arguably helpful guide to keeping one's spouse happy. In similar vein, here is sample of things CMF doesn't recommend, based on prior experience of CMF students in Scotland.

in Christian life

Although frequently romanticised, 'flirt to convert' is not a helpful tool in bringing people to Christ. Unfortunately, this method tends to make the person flirting seem more attractive, rather than the gospel. Missionary dating doesn't work, no matter how cute that guy/gal with you on placement is (I can personally warn against this one.) Try inviting them to the next CMF Christmas/Easter/outreach event. On a side note, if they're already converted, then flirt away; Christian pick-up lines are well known for being the best way to bag yourself a godly husband/wife.

with CMF

It's not a good idea to invite the CMF to watch a film, if you don't know what it's about. In the first year, I attended a CMF social to get to know the older years. We watched a film, vaguely medically related. If you're looking for an uncharacteristically bad rom-com meets drama, *Restless* (2011) is the one for you. **WARNING: SPOILER ALERT.** Enter the story of a boy who deals with his depression by going to the funerals of strangers. In due course, he meets a girl dying of cancer, and in true rom-com fashion, a relationship begins. A story beginning that way, has only one inevitable ending. So far, so *Fault in Our Stars*.



The twist is the ghost of a Japanese kamikaze pilot who flits in and out of the story with no obvious connection or explanation. That, and the recurring imagery of a water-bird which is clearly supposed to be symbolic, but what it symbolises is never clarified. The film left us all utterly bemused, both with what we had watched, and how to react. Had it been tongue in cheek, it might have been funny, but it was purely bewildering, and honestly, just bad.

Lesson – know what you're getting yourself in for, *before* you begin (and before you go to see *Red Sparrow* with your grandmother – yikes!). (On the other hand, if you want a half-decent film to watch with CMF friends, *Gattaca* (1997) is a thought-provoking exploration of a world of genetic engineering.)

While CMF can't promise that avoidance of these things will lead to a long and happy life, common sense, and a little wisdom goes a long way. If in doubt, DO consult Proverbs (or indeed the rest of the Bible...), and maybe the GMC guidelines. ■

Mercy MacFarlane is a medical student in St Andrews

my trip to... the CMF Student Conference

'When we find faith, it involves following the call of the God of mission and becoming participants in it'

Paul Bendor-Samuel

February 2018 saw 350 students gather at Yarnfield Park in Staffordshire for the CMF Student Conference. The Bible talks were given by Dr Paul Bendor-Samuel, the medically-qualified Executive Director of the Oxford Centre for Mission Studies. Paul reminded us that most commercial enterprises have a mission statement, spelling out their purpose. McDonalds says it wants to be 'our customers favourite place and way to eat and drink'. Thankfully God's mission is rather more important! Ephesians 1:10 offers a classic statement of God's eternal plan: 'to bring unity to all things in heaven and on earth under Christ'. Paul's three talks described this great mission statement of God's, and our role as medical and nursing students and professionals in his plans.

The main talks were complemented by a choice from 18 seminars, of which students could attend four. Along with perennial favourite topics such as FY1 Survival and Psychiatry, this year included discussions on Artificial Intelligence, 'Serving without Sinking', and Singleness.

Evening entertainment included a ceilidh, film viewing, and a chance to catch up on the England v Wales match from earlier in the afternoon. ■

THE MAIN TALKS ...

Very challenging and a great reminder of what we are on this earth for and our purpose as followers of Jesus.

THE MAIN TALKS ...

Very easy to follow and full of biblical truths. His own anecdotes made it more memorable.

THE MAIN TALKS ...

Loved thinking about uncertainty and patience waiting for God when he says 'no' to certain things...

THE MAIN TALKS ...

Really clear talks on a solid overarching theme – made me excited and realistic about mission work in a way I haven't been before.

THE SEMINARS

I've been a Christian for five months so it was an incredible help for me and also when explaining my faith to my friends

THE MAIN TALKS ...

Thanks SO much for giving me the opportunity to renew my faith and re-align my priorities in life

THE SEMINARS

Really appreciated this seminar, made me feel a bit more confident about F1, or at least that others were feeling the same as I was!

THE SEMINARS

One of the most excellent speakers I've heard so far on the topic and I've been to a few as I've been single for more than a decade now.

THE SEMINARS

It was so helpful to see the compassionate approach, building on the theology of last year's abortion seminar to make it clinically applicable (re abortion seminar).

THE SEMINARS

Faith / reason – Really interesting and helped me to strengthen my faith. It looked at reason from a great perspective and clearly explained.

THE SEMINARS

She was kind, innovative, social media savvy, wise, funny, thoughtful and single herself! It really was very very good.

crossing cultures: 18 delegates, 1 mission

Bukola Ogunijimi reports on SYD 2018, with help from two delegates

The Sydenham (SYD) Conference brings together students and junior doctors from across the world, and has been run by CMF since the 1990s. Named after 'English Hippocrates', Dr Thomas Sydenham (who described the eponymous chorea), the conference equips delegates to lead Christian medical groups through Bible teaching, fellowship, and specific talks. SYD is held immediately prior to CMF Student Conference, which all delegates attend.



Daniella Osaghae and I (both Deep:ER volunteers) were based in London's best office (CMF's Johnson House, of course) and coordinated the programme and travel plans. 18 delegates from 15 different countries were able to attend.

We spent an incredible week together, starting each morning with prayer and praise, and studying evangelism, discipleship and medical ethics. Other practical sessions taught what to consider, when starting or running a CMF group with members from a variety of denominations.

We spent time exploring London (so many selfies), visiting Parliament and the British Museum (we concluded it ought to be called the Egyptian museum due to the number of Egyptian artefacts on display!). We toured Cambridge (did you know that Isaac Newton was a Christian?), and spent the final evening enjoying a cheeky Nando's together.

The Sydenham Conference reminded me that God is at work across the globe, and his word is relevant and active for people of all nations, tribes, and tongues. Though from across the world, we were wonderfully united in our desire to see his gospel reach far and wide among medical students and doctors.

Since returning home, the Sydenham delegates have given talks, written articles, organised mission weeks, and one has even helped start up his country's first CMF group! We've been encouraging

and praying for one another through it all, and seen that Jesus truly is at work raising up Christian leaders in medicine.

Mike Ronoh travelled to SYD from Kenya:

There is an African saying - '*Kutembea kwingi kuona meng*'; translated, it means: 'the more you travel, the more you see and learn'.

I landed at Heathrow at 0800 the day before the conference. A thousand expectations crossed my mind as this was my first trip overseas. Everything would be new. I was so excited yet scared by being in a different continent, environment and culture. What would happen if I get lost in those underground machines called tubes, don't 'mind the gap' or stand on the left instead of the right? What if I freeze in the snow? One of my expectations was to experience the snow but as the saying goes, I was ready to learn.

I appreciated the warm welcome, without which perhaps you would now be reading about a missing Kenyan last seen at Heathrow airport. London is a busy city and everyone is always on the move. I found this interesting and if you doubt this statement, just plan a trip to Africa – we are just never in such a hurry. Often, I felt cold and would suffocate myself in my newly bought winter clothing, something I'm not used to.

I have never felt the spirit of unity in Christ like I did during the conference. Every speaker spoke



Bukola Ogunjinmi is an intercalating medical student at St George's, and Deep:ER trainee



to my heart. From sharing unlimited continental breakfast every morning to walking together in the streets of London, we formed a strong bond between us in the short time we had together. The conference sessions were just phenomenal and another benefit of the conference was gaining access to great quality books.

God used this conference to impress in my heart a vision to share and build others through what I have learnt and experienced. To CMF UK, I am forever indebted to you for investing your resources and time into our lives. Thank you so much for planning and ensuring the success of the conference. This is a true example of love in action. God bless you.

Rachad Ghazal, a medical student in Beirut:

Though there is no Christian medical student movement in Lebanon, students can be involved in general campus ministry and medical mission. Some Christian doctors are involved in ICMDA, and through them I came to know about CMF.

Last summer, I met a group of student doctors and nurses from CMF UK who came to Lebanon. I signed up for the SYD not knowing what to expect, along with Dr Lee, a South Korean surgeon who has served God in neighbouring countries and is now serving as a medical missionary in Lebanon.

The topics covered at SYD not only enriched my trust in the word of God but also made it rock-solid

in preparation for different topics and challenges. Seeing fellow Christians who take upon them the name of Jesus Christ, worship God (in its meaning, and its entirety) and serve him in their fields was truly a blessing. They taught us how to be better witnesses for Christ in our community, in our field, and in our student groups.

The content they prepared was delivered in concise yet complete 'boost-packs'. We learned CMF doctrines and leadership do's and don'ts, to a Christian perspective on controversial dilemmas like abortion and euthanasia. In addition to the conference sessions, we had the opportunity to buy books and get our hands on some CMF publications. These were really the *crème de la crème*. As soon as I got back home, I started reading the CMF publications and felt really blessed by the contents.

At the Student Conference, the amount of prayer and time put into preparing each seminar was truly apparent. The seminars really challenged and changed my perspectives on how to perceive or deal with daily challenges in the light of the Word of Life.

I would recommend both conferences to anyone who is still hesitant or is considering applying. The growth and change I experienced there was one of the best things that happened to me since I believed in Christ. Dr Lee and I came back equipped with a better understanding of CMF. We have started our own CMF Lebanon group. Our group is still small, but we pray for the Lord to overshadow quantity by quality. ■

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local groups: CMF in Galway, God's way

Josh Chan describes God's work through a reluctant student leader

Arriving in Galway to pursue medicine fulfilled a dream, but nothing had prepared me for what was to come. Having found a new church and CU, both warm and welcoming, I hungered for something more. I wanted literature to fulfil my needs as a Christian in medicine. I found CMF Ireland's Facebook group, and received an invitation to the CMF Irish Conference at Greystones, Co. Wicklow.

I wasn't sure what to think. Will there be godly teaching? What about my pharmacology test next week Tuesday? Prayerfully, I was led to finish studying by Thursday and headed to the conference. I arrived to a warm welcome and much excitement - the latter of which was confusing. As I set down my suitcase I bumped into a Cork student who, as I introduced myself, exclaimed 'you're the one that came from Galway!' What had I walked into? Little did I know that my presence was an answer to the prayers of many people from Cork to Dublin to London, for many years: that a Galway student would attend CMF Irish Conference, and that a CMF group would begin in Galway.

Praise and prayer, Saturday morning as the sun rose over the Irish Sea, was beautiful. Early morning hunger disappeared! This was it: teaching, fellowship, literature, connections, and all the resources that CMF has to offer. I was taken aback at how international the attendees were, literally from around the world studying in Ireland and I got a fresh sense of how global the church really is. Amidst the excitement and joy, I immediately signed up to be a member and agreed to be the contact person for Galway.

On Sunday, though sad that the conference was over, I was spiritually refreshed. I returned to write my test and surprise! I got 100%! 'OK God, what happened? I didn't study all weekend!' I made the right decision to connect, learn and worship. This



was my affirmation. Life is not just about studying or marks. It's about trusting God to lead your life.

Over the following weeks, I began to feel resentment; each campus had a CMF group, but not

Galway. 'God, why did you put me in a school without a CMF group? You know how much I loved the fellowship and encouragement at the conference.' Resentment pushed me to seek opportunities to transfer to a school with a CMF group. But God does not make mistakes. 'You are where you are for a reason.' 'Is this a joke, God? Who am I? What can I do?' Over the months, God continued to nudge at me: 'CMF Galway needs to happen'.

During the summer, I received an email from a final year student who knew about my vision for a CMF group. She had been very encouraged by weekly prayer meetings in the hospital she was attached to. She saw the benefit for incoming students, and was committed to seeing a CMF group begin. We formed the first committee. Two weeks' later, we started with about six for a weekly Bible study. This grew to 18 before I left Galway. Since then, so many Galway students have benefitted from attending CMF conferences. It's been a long time coming but CMF Galway is here and God is working. Please pray that we continue to grow from strength to strength, spiritually and in number. We praise his holy name! *Deo favente* (with the favour of God) is emblazoned on the NUI Galway coat of arms. They couldn't have chosen a better motto.

But he said to me, 'My grace is sufficient for you, for my power is made perfect in weakness.' Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. (2 Corinthians 12:9) ■

Josh Chan is a NUI Galway graduate & has moved to Canada

Review

TV: *Black Mirror: Nosedive*

Imagine a world where you get rated by everyone you meet, all the time. Not only that, but your rating is closely related to your socioeconomic status. If you do not score high enough, you get pushed to the margins of society. Welcome to the world of *Nosedive*, one of the Charlie Brooker's *Black Mirror* series.

Lacie Pound is a 4.2/5. She desperately wants to increase her rating so that she can buy a luxurious apartment which promises to finally make her content. The golden opportunity arrives when her popular childhood friend Naomi asks her to be her maid of honour after seeing a post of Mr Raggs, a stuffed toy they made together as children. The reality is that they have fallen out over the years and each is only interested in achieving a higher rating. Nonetheless, they keep up the appearances and Lacie sets out on a journey which only gets darker and darker...

The message is chilling. It lays bare the dangers of our generation's obsession with social media. Instead of investing in real relationships, people become more concerned with creating an image of themselves that they think others will like. This endeavour leaves no room to express genuine emotions or opinions, if they may not be 'liked'. People begin to judge others based on their profile rather than getting to know them. Reality is gradually replaced with 'virtual reality'. Of course, as Lacie finds out, nobody is perfect. We can't please everyone and some things are simply



out of our control. But how is she going to cope once her perfect image starts to crumble?

This dystopian vision of the world is in stark contrast to the biblical view which tells us that God loves us irrespective of who we are, or what we have done. No matter how bad things get, he has provided the way for redemption. We do not and cannot earn salvation. We know our value because of what Jesus has done for us on the cross, regardless of how the world may 'rate' us. He promised us something far better than a 5-star rating: eternal life in a loving relationship with the everlasting father, the ultimate source of happiness. Yet Jesus warned us that if we follow him, the world will hate us, just as it hated him. This is the opposite of 'like'. The message of the Bible has never been more

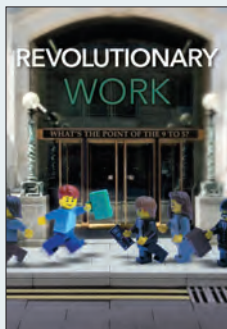
countercultural than today.

If you want to find out if Lacie eventually manages to break free from the madness of a rating-obsessed society, watch *Nosedive*. As you watch it, consider how our society's expectation to keep up the perfect image on social media might have affected you. Does social media make you anxious about how others rate you? Does it raise wider questions about how we see our identity? How can we live more authentically for an audience of one? ■

Ania Pawlak is an F3 Doctor in North-East England and a CMF Deep:ER volunteer.

Revolutionary Work: What's the point of the 9 to 5? *William Taylor*

Paperback, 115 pp, 10 Publishing
ISBN: 9781910587997



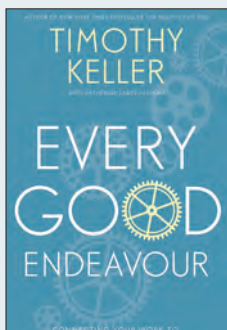
Garden City: Work, Rest, and the Art of Being Human *John Mark Come*

Paperback, 338 pp, Zondervan
ISBN: 9780310347569



Every Good Endeavour: Connecting your Work to God's Plan for the World *Timothy Keller*

Paperback, 288 pp, Hodder & Stoughton
ISBN: 9781444702606



I take it that Jesus worked as a carpenter... but I've no reason to think that his work transformed the Judean furniture industry and I'm pretty sure he could have done that if he'd been the best carpenter he could be'

So quotes William Taylor, author of *Revolutionary Work*. Short and easy to read, this book based on four sermons gives a light yet punchy overview of biblical work. However, light on word count does not mean light on content, and Taylor's conclusions are a real challenge to ideas often ingrained in us as medics.

Beginning with 'What is the point of work?' we see all work is dignified and given by God, who is himself a worker. We are challenged to recognise the false pride that so easily creeps inside us and whispers that we are superior to others, either for the good we do or the knowledge and learning required to do it. Taylor calls his reader to avoid work snobbery, and reflect on 'if I were made redundant tomorrow, would I be prepared to work at anything, and still think it was of equal value?'

Further on, we see Taylor's rejection of the cultural mandate, be fruitful and multiply,¹ following man being cast out of Eden. He concludes that in a fallen world, work will always be grim, and the best we can now hope for is a tenuous and unsatisfying dominion over the world, a feeling which anyone who has worked a night shift in A&E can no doubt empathise with.

The book strongly argues against popular thinking that work will fulfil all our dreams, give us any real sense of meaning, or make any significant changes to the world. That being excellent at what we do, as with Jesus' apparent missed opportunity as a furniture magnate, is of little concern, as none of what we do will last into eternity.

The book's greatest strength, that it is short and easily readable, is also its weakness. Taylor fails to define what work is, and makes some comparisons



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to references to colonial slavery that need more focus to make sense of. It frames the discussion well and I respect that he doesn't pull any punches; this is certainly no head-in-the-sky millennial snowflake festival, but I struggled with the bleaker picture painted, which ultimately left me feeling work was more drudgery than revolutionary.

Enter *Garden City*, John Comer's book that reads somewhat like a 288-page tweet. However, once I got past the one sentence paragraphs and flamboyantly dramatic style, I found an optimistic and engaging book which gives weight to both work and rest, and the natural rhythm of the two that our lives as medics can often miss.

Unlike Taylor, Comer embraces calling, and while he concedes that this is a luxury of a comparatively rich few, finding what 'God had in mind' when he made us is central to both fulfilment and contribution to the world, both now and into eternity.

Obviously written for millennials, the book places us in the role of 'co-rulers' with God, arguing that all work that contributes to the world in a positive way (which in Comer's mind covers the vast majority of what could be defined as work) is made full time ministry through us. He quotes 'there is no such thing as Christian music, because a melody can't be Christian, only a songwriter can'.

Much of the second half covers the more forgotten subject of rest. God works and rests, as should we, and as medics it's important we make time to rest, which as Comer shows means more than simply not being at work. This is an especially crucial practice given that technology has made it possible for us to work anywhere and at all hours. How much more satisfied might we be if we learned to rest every once in a while? He gives us insight into how understanding of the Sabbath has changed since it was handed down to Moses, and goes on to give practical suggestions as to how we

might take time to glorify God in our rest and to wonder at his creation.

Finally, *Every Good Endeavour*, Tim Keller's foray into the discussion of work. Keller appears to occupy a middle ground between Comer and Taylor. A job, he asserts, 'is only a vocation if someone else calls you to do it for them rather than for yourself'.

He concludes that our ultimate value from any work, therefore, comes from being called by Christ into that work. He also helpfully reminds us that work ultimately is cursed following the fall, and those times where we find work unsatisfying and more toil like does not mean we are sinful or disobedient.

Keller seems to not only want us to take more meaning out of our work than simply a salary, but to remind us how we work is as important as the finished product. Just because we are busy, or have a chance to get ahead, does not give us permission for an ends-justify-the-means approach. Although self-interest is not wrong in itself, Keller shows, conducting ourselves in a Christ-like way is more important than either selfish gain or even company prosperity.

This book is the clearest and most encouraging about the sacred-secular divide, cutting away at the separation which begins as a desire to make disciples, but can rob our work of its meaning. Whether reading a Bible or a textbook, our work is no less part of building God's kingdom.

Ideally, read all three books. They give an excellent contrast to one another. If you are new to the topic all together, Keller may give the most well-rounded and grounded view. Comer thrilled me, Taylor challenged me, and all three felt like they brought me closer to understanding how to live out Jesus' ultimate desire for me through work. ■

HEROES + HERETICS

John Martin looks at the life and legacy of the great evangelist

Special

HERO SPECIAL: Billy Graham - will there ever be another like him?

It's entirely possible that many student readers of *Nucleus* will hardly know the name Billy Graham. But at the peak of his powers Billy Graham ranked with Martin Luther King as one of America's best known and most respected twentieth-century Christian leaders and with Mother Teresa and Pope John-Paul II as a global Christian figure. He died aged 99 on 21 February 2018. He personally directed that his epitaph should simply say, 'Billy Graham, preacher'. But this is only part of the story. His legacy extends far further.



Billy Graham (7 November 1918 – 21 February 2018)

the preacher

Billy Graham preached face-to-face to an estimated 215 million people, leading 417 missions in 185 countries. By judicious use of mass-media he multiplied his audience many times over. He burst on the scene as a 28 year-old in September 1947 where he drew an audience of 6,000 to the Civic Stadium, Grand Rapids, Michigan. He soon caught the attention of the newspaper tycoon Randolph Hearst, who though he never met Billy Graham, used his newspapers to propel the preacher into the limelight. The evangelist had all the attributes of an all-American icon, tall, wavy golden hair, and a truly amazing voice. For a great example of the power of Billy Graham's message sample this three

minute video:
bit.ly/2p9R9PC

Billy Graham and his team would rent a big venue, a stadium or park, with every detail meticulously planned. The lead in time was often two years or more. He never acted without securing invitations from local churches and they would bus in large numbers of members who brought along their unconverted friends and neighbours. Locally recruited choirs numbered as many as 5,000. He purveyed a simple gospel. He had the

knack of using simple but lively language to explain the life of faith. He would tell a gripping story,

make his audience laugh and then command holy silence. His most characteristic phrase was: 'the Bible says.' Right at the start of his message he would create an expectation that listeners would dedicate their lives to Christ and they did in droves.

At the climax of the message he would invite the choir to quietly sing 'Just as I am' as he invited people to 'get up out of their seats' and walk to the front to signal their decision to receive Christ as Saviour. Often he would stop at the end of a stanza to re-enforce the invitation. It was a method he copied from the Chicago evangelist Dwight L Moody (1837-1899). Then he would lead inquirers (as they were called by the Billy Graham team) in a short



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prayer of commitment. They would then be met one-to-one by a counsellor trained for the task by the Billy Graham team, recruited from local churches. Inquirers were given literature and counsellors were expected to follow up the contact.

The Graham team first came to Britain in 1954 and returned another 15 times. Not all religious leaders were welcoming. The then Bishop of Durham, Michael Ramsay, later Archbishop of Canterbury, fulminated over the 'menace of fundamentalism', accusing the evangelist of being sectarian and heretical. But the meetings filled the 11,400-seat Harringay Arena every night for twelve weeks. Two closing events, at White City and Wembley Stadium, drew crowds of 65,000 and 120,000 respectively. Billy Graham won over the poet laureate John Betjeman who wrote in *The*

Spectator: 'Billy Graham knows his Bible so well and he brings the scenes of our Lord's life on earth, so vividly before us, that neither Catholic nor Evangelical could quarrel with him.'

Perhaps Billy Graham's most famous mission was at New York's Madison Square Garden, 15 May – 1 September 1957. It had a mighty impact. More than two million people attended in person. Over 56,000 people came forward to pledge to follow Christ. Millions more across the US watched the meetings on TV. For years the formula stayed much the same, although there were tweaks from time to time. In the Republic of Ireland, Catholics drew a different meaning than Protestants from the

invitation to 'come forward and receive Christ'. So the language was adapted. Eventually Graham stopped calling his missions 'Crusades' having been persuaded this was a serious stumbling block to Muslims.

Billy Graham preached in three campaigns in Sydney, Australia and I attended them all and have lots of personal memories. The 1959 meetings were held at Sydney's Agricultural Showground, but they could be heard even in the outback thanks to landline relays. At one of these meetings in a country town near where I was raised, a charming but hopeless drunk named Toby Priestley was soundly converted. My Dad became his mentor and



17 June 1966: Dr Billy Graham, standing on the roof of his car addressing people in London's Soho.

IMAGE: PA

to my knowledge Toby never touched a drop of booze again. Twice my family travelled to Sydney to sample the meetings. I will never forget the final Sunday. The Showground was packed to the gunnels and overflowed to the neighbouring Sydney Cricket Ground.

Billy returned to Sydney in 1968 and 1979. In 1968, I volunteered as a counsellor. In 1979, I was involved with media relations and helped run a 'School of Writing', one of the many parallel events that went with visits by Billy Graham.

Historians agree that the 1959 Greater Sydney Crusade had the greatest impact of the three. Two schoolboy brothers were among thousands who came forward in response to Billy's invitation, their names, Peter and Philip Jensen. Decades later, Peter – a theologian of distinction – became the Anglican Archbishop of Sydney. Philip, an effective evangelist, ended his working life as Dean of Sydney. One of the most important long-term legacies of 1959 was that it prompted a large cohort of men to respond to the call to the Anglican ministry.

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Very early on, Billy determined never to engage with speculative theological questions. As the first editor of *Decision* magazine, Sherwood Wirt, once told me: 'Billy never changes.' But in inessentials he did. In the 1990s, he remodelled the formula, though never the message. In place of the



3 May 1966: A raised hand and a dramatic pause as American evangelist Dr Billy Graham preaches to 9,000 people at Earls Court, London, during a dedication service for his Greater London Crusade.

IMAGE: PA

traditional 'youth night' he offered a 'Concert for the Next Generation', featuring Christian rock, rap, and hip-hop artists. Young people listened intently to the ageing Billy's message.

Billy Graham the entrepreneur

Billy Graham was a person of prodigious energy and superfit. He multiplied his audience through use of literature, landlines, radio and television. In 1950, Graham founded the Billy Graham Evangelistic Association (BGEA) which still operates. He founded *Hour of Decision*, a weekly radio broadcast syndicated globally for more than 50 years. He syndicated a newspaper column, titled 'My Answer'. He founded Youth for Christ and *Christianity Today* magazine. (It remains the US flagship evangelical magazine.) He started World Wide Pictures which produced and distributed more than 130 films. He helped develop the Evangelical Council for Financial Accountability, TransWorld Radio, World Vision and the National Association of Evangelicals. The list goes on.

staying above reproach

Many preachers fall prey to sin. Billy Graham was always aware of temptations that come with money

and fame. Very early on he appointed a board which independent of him set his salary. It ensured he never got enmeshed in the financial hijinks of later televangelists. He openly encouraged intercession that he would be kept from sexual temptation. He ensured this with a strict rule that other than his wife Ruth he would not meet one-to-one with a woman. He was strictly teetotal. He would instruct minders to keep an eagle eye out at receptions in case an opportunist journalist would slip an alcoholic drink into his hand and snap a photo, while he intently engaged in conversation.

the Lausanne Movement

By giving his blessing to and attending the 1974 International Congress on World Evangelisation in Lausanne, Switzerland, Billy Graham ensured the longevity of a most important global movement. The key players were England's John Stott, Bishop Jack Dain from Sydney and his brother-in-law Leighton Ford. His support gave the Congress prestige and momentum which otherwise would not have occurred. Lausanne helped evangelicals recover their social conscience and gave voice to a generation of evangelicals from the increasingly important global south. Lausanne 1974 heralded the great mission fact of the times: that the transmission of the gospel was no longer one-way, the West to the rest. It circulated from everywhere to everywhere.

Billy Graham and the evangelical movement

When Billy Graham came on the scene in the 1940s the evangelical movement, especially in the US, had grown somehow 'hard in the arteries'. Over many years it had been riven by internal controversies and was at risk of becoming marginal, not only in the US but in Britain as well. In Billy Graham, the constituency found a new face. He helped unite it and gave it new energy. He was instrumental in forming new alliances for the sake of the gospel. Some, of course, remained suspicious, not least of his good relations with

discussion points

- What 'connecting points' to the gospel might help your friends?
- How can a medical student stay 'above reproach'? What are the biggest temptations?
- Can you communicate the gospel clearly and succinctly? If not, talk to your CMF Student link about organising a Confident Christianity course

Roman Catholics. He became a counsellor to a succession of US presidents from Dwight Eisenhower to George W Bush and a global ambassador for the Christian faith.

will there be another like him?

The gospel remains the same but the social context in which it's offered changes all the time. Social media is rapidly changing how ideas and messages are transmitted. Drawing big crowds to a Christian rally is probably a thing of the past. Billy Graham, like Dwight L Moody before him, was essentially a revivalist, calling people back to a faith where they knew many of the main elements. Today, in the Western world large swathes of people do not know the Christian story and many are downright hostile to it.

Communicating the gospel today raises challenges similar to those faced by Paul when he preached in Athens (see Acts 17). Paul stood before an audience which did not possess the connecting points to the gospel that he could use with Jewish audiences. Communicating to pagan Athenians required Paul to re-mix the story using distinctively different cultural connectors than those he would use with Jews. He delivered the same essential content but with a fresh presentation. We face a similar task for our times.

Billy Graham, 'he being dead, still speaks' (Hebrews 11:4). ■

news reviews

assisted suicide, stem cells, abortion

1

Hawaii becomes sixth state to legalise assisted suicide

Hawaii has joined California, Colorado, Oregon, Vermont, and the state of Washington to become the sixth state to legalise assisted suicide. Due to come into effect on 1 January 2019, the 'Our Care, Our Choice Act' was signed into law on 5 April 2018 by Governor David Ige. This Act requires that a patient requesting assisted suicide be over the age of 18, with a terminal illness, and deemed to be in the last six months of life by two doctors. At this stage they are permitted to self-administer a cocktail of lethal drugs.

However, many groups believe that this Act leaves vulnerable patients at risk, saying that the views and fears of many of those in the medical and disability communities have been ignored. In addition, this Act legally forces doctors to record the immediate cause of death as the terminal illness. Where the term 'assisted dying' may be considered a stretching of the truth, forcing doctors to mislabel the cause of death as a terminal illness when the cause was in fact barbiturate overdose is nothing short of mandatory lying.

SPUC 6 April 2018. bit.ly/2lu7yt0

The Christian Institute 12 April 2018. bit.ly/2JZxs4Y

stem cell trial offers new hope to MS sufferers

Results from a new trial hold out hope for a revolutionary treatment option for patients suffering from multiple sclerosis. The international trial involved a technique previously used only for cancer patients - autologous haematopoietic stem cell transplant (HSCT). Rather than using embryonic stem cells, stem cells are harvested from the patient's own blood and bone marrow. Their immune systems are obliterated using chemotherapy drugs, and then re-booted using their own stem cells.

Three years down the line, the treatment was

unsuccessful in only 6% of cases, whereas current standard drug treatments had up to a 60% rate of failure. Overall those in the HSCT study had symptom improvement, where those on standard treatments had symptom deterioration.

While this treatment is expensive, it is about the same price as the annual cost of some multiple sclerosis drugs, but with far better prognosis. Although neither available nor suitable for all, this is likely to become the new standard treatment, giving hope for a new lease of life to many multiple sclerosis patients.

The Christian Institute 20 March 2018. bit.ly/2rsT5Dq

BBC News 18 March 2018. bbc.in/2pm4X9R

senior Conservative challenges lawmakers to consider reducing 24 week limit for abortion

Maria Caulfield, the Conservative Vice Chair for Women has called for a debate to consider whether the 24 week limit for abortion is too late. She made the point that although when the 24 week limit was first introduced, babies were not considered viable, those now born prematurely have the same healthy life expectancy of the general population.

Without being overtly critical, Caulfield maintained that current legislation should be challenged, since as it stands Britain has '... one of the most liberal abortion laws in the world'. She argued that our laws should be based on the evidence of what medical research says is medically possible.

Furthermore, she stands against the decriminalisation of abortion currently being advocated by the British Pregnancy Advisory Service and others. As the law currently stands, two doctors are required to sign off on an abortion, something Caulfield says helps protect vulnerable women. ■

The Christian Institute 2 March 2018. bit.ly/2jEllsm

HEROES + HERETICS

Ben Saunders is inspired by a woman who is proclaiming good news to the poor

HERO + HERETIC 23: KIRAN MARTIN Founder of Asha, New Delhi

What does it mean to make a difference in the world, or the lives of others? As a medical student and now as a paediatric trainee, I am constantly asking the question. Having been blessed with the great opportunity to study medicine and practise it, how do we use what we have been given to bring God glory?

One of Jesus' famous sermons was in his home town of Nazareth, where he proclaimed what many see as his manifesto. He didn't endlessly repeat the slogan 'strong and stable' or put up election promises on a stone. He read from a prophecy about himself in Isaiah:

"The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor.

He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord's favour." (Luke 4:18-19)

As Christians we are called to live like Christ, and as Christian doctors this Nazareth manifesto provides us with a great framework to 'make a difference' – one that lasts eternally. To preach the gospel to the poor who have no hope, to free prisoners and the oppressed, and to treat illness and suffering so people know they are blessed by God.

On my elective in 2012, I travelled to New Delhi and had the pleasure of meeting a woman who embodies this manifesto of Christ - bringing healing,



Kiran Martin

hope, empowerment and change through the gospel. From small beginnings as a one-woman clinic and drug dispensary in a Delhi slum, Dr Kiran Martin's organisation, Action for Securing Health for All (Asha),¹ has grown to become one of the world's finest models for slum development, working in over 90 slums in Delhi and bringing lasting change.

I love to travel, and have had the pleasure of visiting many different places, from

Azerbaijan to Liberia. I love experiencing other cultures, but I found my ten weeks in India was certainly a challenge at times. More than the heat and my apparent propensity to *Giardia lamblia* gastroenteritis, there is a palpable sense of inequality and injustice there that saddens the soul. Huge rubbish tips scoured by children picking out items to sell and dirty slums full of families trapped in poverty sit next to extravagant shopping malls selling designer suits and Rolls Royces.

The caste system hugely influences the culture – the situation you have been born into is where you should remain, however bad it may be, and condemns the next generation to the same state. The chains of poverty are interlinked and complicated – just providing good healthcare is not enough. Without challenging the things that keep people poor, such as lack of education and the rule

of the slumlord, means open sewers remain outside the front door and the poverty cycle continues.

This is what Kiran saw first-hand in 1988 when she set up a clinic in *Ambedkar Basti*, a Delhi slum, during a cholera epidemic. She had recently finished paediatric training and hearing of the situation there, decided to help. Setting up a borrowed table and seeing patients, she quickly realised how complex the suffering was there. After the

clinic, people came up to talk to this woman who was unique in showing an interest in their welfare.

'People were desperate to share their problems with me... being kicked around by the police, having to beg for a bucket of clean water to wash in from wealthier neighbourhoods. I very quickly realised that just sitting there as a paediatrician with my clinical skills doing the same thing all day every day was not going to get me anywhere. I needed to start working with communities to bring about change.'²

Driven on by her Christian faith, she decided to do whatever she could to achieve this. With some like-minded people, that year she founded Asha, 'hope' in Hindi. She began with small 'OPDs' – seeing a wide variety of patients in clinics, but also meeting with people in the community to find out what the needs were.

People in the slums needed so much more than good healthcare...

freedom for the prisoners

Firstly, they needed empowerment. This is



The work of Asha

a concept Kiran is extremely passionate about. People are equipped to help themselves, not given handouts that increase their reliance on others. Exploitation was easily achieved when communities were not united or aware of their rights as citizens. No one owned the houses they lived in, yet their lives were dictated to by the slumlords who rule communities and demand protection money; there is a constant risk of eviction. No ownership of

the environment means people do not care about where they live – dirty taps don't get fixed, rubbish is left in the gutter, and disease spreads.

Asha empowered the people to take ownership of their slum and their problems – women's groups in particular were educated on their rights, coming together to form a unified front and badger police and government officials so conditions were improved. On my elective, seeing first hand the slums where Asha had been for years and where they were just beginning to work, was a stark contrast. Clean toilets vs open latrines, paved roads vs muddy paths, and dirty vs clean water. Visible change had taken place, and people's health dramatically improved as a result. Modestly, Kiran does not claim responsibility for this. She says she merely showed communities what they could achieve together.

setting the oppressed free

Slum dwellers in India work hard, pulling rickshaws to domestic cleaning to small businesses. But no one makes more than enough to get to the next day.

lessons from Kiran's life

- Recognised health is not just a matter of healthcare. (Addressing socio-economics is vital – so listen to all those sociology lectures at medical school!)
- Empowered people to help themselves and bring lasting change.
- Saw God would use her in a wider role than medicine – she achieved much more by not just seeing patients.
- Knew the gospel brings visible change to lives and communities.

When an unexpected cost comes up, there is trouble. No one has bank accounts or real power over their money so they fall prey to loan sharks. Microfinance schemes provide loans but are too small to make a difference. Kiran often feels these schemes tell people they're not worthy of being in the mainstream banking system, and don't properly empower.

Kiran invited the Finance Minister of India to see Asha in 2008 and together they came up with a solution. In partnership with banks, Asha enabled slum dwellers to set up accounts and obtain low interest loans to build their businesses, repair their homes, or pay for their children's education. They are motivated to work themselves out of poverty, so much so, the finance minister has boasted to the corporate world in India about the repayment rates of the urban poor and how their example should be followed.

I will never forget visiting the home of a teenager in an Asha slum. He lived in a house smaller than my bedroom, with one room for all his family. All six of them slept on the floor, but the walls were covered in books! Textbooks for his studies at school. There is a great desire for education, and with education comes opportunity, so Asha brings that too. Through motivation, advice and financial help they have seen over 1,500 teenagers from slums achieve the unthinkable and study at university.

proclaim the year of the Lord's favour

Prior to Asha's involvement, health outcomes were dire. Infant mortality was around 100 per 1,000 live births, and under-five mortality 149 per 1,000. Preventable diseases were claiming lives daily. Asha provides a three tier system of healthcare to meet people's needs. The clinics are manned by doctors and paramedics, with the capability to perform basic investigations, as well as links to tertiary referral centres but the key tier is the community itself.

Asha trained networks of community volunteers to help achieve their health outcomes. These

previously illiterate women from the community attend births, give vaccinations and treat minor illnesses. Infant mortality has fallen dramatically, to just 16 per 1,000 in 2013, lower than the Indian national average at 57. Vaccination rates in Asha communities are almost 100 per cent, better than the UK at 94 per cent in 2017.³ Again, Kiran humbly says, 'it's really a tribute and a testament to what the communities can do for themselves.'

proclaim good news to the poor

One of the greatest experiences I had on my elective was a meal with some of these women. A lot had come from awful backgrounds, but they had been given knowledge that was saving lives. Far greater was the fact that these Hindu women now knew Christ. We sat on the floor eating dhaal, and then I listened as they praised God and sang songs to him. Though my lack of Hindi meant I couldn't understand every word, the joy on their faces was palpable. Christian sisters helping their communities, making a difference. This is what brings glory to God.

India is a country where there is much suffering and injustice. It's easy to see that and despair, but the gospel brings real hope. ■

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3. Childhood Vaccination Coverage Statistics, England, 2016-2017. *NHS Digital* 20 September 2017 digital.nhs.uk/catalogue/PUB30085



the physician **film off**

What is your favourite film or TV series about working in healthcare? Email us at nucleus@cmf.org.uk giving your reasons in no more than 500 words and you could win a CMF book pack!

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