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 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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