

# *essentials* : the life sandwich

**James Adams** considers the social and spiritual determinants of health





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I'm a big fan of sandwiches. Whenever I fancy a snack, I open my fridge, grab my nice olive spread, maybe some breaded ham, mature cheddar and a bit of rocket, and I pull it all together into a rather successful sandwich in under two minutes.

There's a brilliant video of a man who tries to make a sandwich from scratch. He grows his own grain and lettuce, milks a cow to make his butter, extracts his salt from the sea and so forth. The process takes him six months. It takes me just two minutes!

You see the ability to make a sandwich isn't predominantly down to your culinary abilities, but instead the ingredients you were given to start with.

Now imagine the sandwich represents what the world would consider to be a 'successful life'. I've been given all the ingredients I might need, straight to hand. I was brought up in a loving family; I've never experienced abuse; I've always been cared for and built up by those around me, and as such I am reasonably confident. I've been given a stable home and parents who instilled key values in me, but also taught me the importance of boundaries. I had a great education and was shown the value of hard work. My parents protected my health, never smoked around me, and ensured I ate healthy meals. I've been given the best possible start in life. All those ingredients I need to make my successful 'life sandwich' were handed to me on a plate.

Now flip that on its head and think about some of the people society loves to judge. For example, John was brought up in a home where he was abused, resulting in rock bottom self-esteem. He never ate decent meals, so his health suffered. John saw that mum and dad never worked so didn't see the need to try hard at school. He got some bad marks and was branded thick, so he started to believe it was true. Mum battled with anger problems and addiction, which regularly came out

at home and so drink, drugs and lashing-out were part of normal life for him. All his life, people have let him down, and he's learnt that trusting people leads to pain.

Why don't people like John make successful 'life sandwiches'? Is it because they're lazy, or thick, or they don't want to change? Unfortunately, this is what a lot of people believe.

No - it's because they've not been given the same ingredients to make their sandwich. They've had to start from scratch. If you sat a sandwich-making OSCE and were given nothing, whereas your colleague was given all the ingredients they could possibly need, and you were judged by the same criteria - wouldn't you be outraged?

## the ability to make a sandwich isn't predominantly down to your culinary abilities, but instead the ingredients you were given to start with

One of the most common themes in the Bible is serving the poor and vulnerable. Some argue that Scripture dedicates more word time to it than other important themes such as giving, leadership, heaven and hell and even prayer! Clearly, this is a topic that is on God's heart. We would never see prayer as an optional part of being a Christian, just for those who are 'called to it', so why is social justice just for those who 'have that calling'? It seems to me that Scripture suggests serving the vulnerable should be a priority for us all. But where do we start?

The GMC tells us we should care for patients holistically, but what does that mean for patients like John? It means we must learn not just to put plasters over superficial problems, but as Christian medics we should learn to look at the broader picture.

During my intercalated year, I set up a charity called Number 11. Our focus is on creating a family and a home, where we address many of the social determinants which dictate the health of our clients. We work to support clients with issues around homelessness, addiction, battles with mental health, benefits and employment, low skill levels, bereavement and more. Ultimately, we focus on the underlying causes of our client's situation, whether it's abuse, relationship breakdown, isolation or poor self-esteem.

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Eating together, laughing together, playing stupid games and informal workshops, whether they be based on music, art, creative writing or sewing, all have just as much, if not more of an impact than the counselling sessions or employment workshops we run. Why? Because it's not just programmes and services which change people's lives, it's relationship.

The thing we hear most from clients isn't that they are grateful for support in beating addiction, gaining accommodation or finding employment. The thing we hear most is that they are grateful for being given a family.

The years invested setting up Number 11 contained some of the toughest times of my life (managing a building renovation and trying to bring in £350,000 alongside year four OSCEs is something I hope never to repeat) - but I'm convinced through many of the incredible stories of transformation we have seen that this is work we absolutely need to be doing.

As Christian medics, we are in such a privileged position. We understand not just medicine, and the social determinants of health, but also have an understanding of God's heart for each one of our

## questions for reflection

- Think of a vulnerable patient you have seen. What difficulties did they have accessing NHS services?
- Should the NHS itself be dealing with isolation or unemployment?
- How might Christians working in the NHS help with some of these issues, while still providing a clinical service, and avoiding personal burnout?
- What role could your church play in supporting patients like those described here?

patients. His desire is for them to be loved, and to become part of the family that we know as the church. We have an incredible opportunity to combine our head knowledge, with what is in our heart and spirit.

Soon, you are likely to be working in the NHS and focussed on delivering a service. For many of our vulnerable patients, the service will never be enough, and we'll just be putting temporary plasters over the problems again and again. We need innovative ways of addressing the causal issues. We need to bring individuals from chaos, isolation and brokenness to stability, relationship and healing - what the NHS really needs is the church!

And so, we are left with the question where do we fit in? What's your idea? What can you do? Whilst the answer to that will vary between us, the Bible is clear in its instruction for us all to serve the most vulnerable. Let's not leave it to someone else. ■