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WORKING WITH A PURPOSE

making decisions

elective planning

introduction to ethics

nucleus

the student journal of the christian medical fellowship

plus: whole life faith, Tanzania, working for a different master, ill-health as a student, ICMDA

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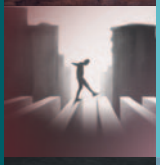

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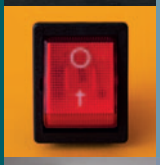

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Editorial

working well, for his glory

Liz Birdie Ong is a medical student in Dublin and *Nucleus* student editor

Once said a scholar, 'When we reach the new heavens and new earth, one of the first things I'll do is dash off to the library',[1] the reason being 'to see if my books made it through'. It was not a statement motivated by self-importance, but simply expressing a soul-deep longing within every human being for our works to 'be of such value… that they might have a place in Christ's eternal kingdom'.

We could wonder the same about *Nucleus* articles that students like you have written over the years! I'm Liz, the incumbent student editor of *Nucleus* (CMF's student journal), working with the office team to bring you news from the frontlines where faith and medicine meet – and also bringing you this opportunity to get involved in this exciting work! Feedback and support included in the package, so don't let your self-perceived abilities stop you!

Work is an incredibly broad concept, but the observation of that scholar encapsulated an important aspect – its link with purpose. Work has a purpose, but it also gives us purpose, hence the heavy weight carried by working age adults who are unemployed. In the words of Spurgeon, 'Man was not created…elected…redeemed…, and…sanctified by God's grace to be idle.'[2] It is when work or life loses long-term purpose that everything may become meaningless – indeed Ecclesiastes illustrates the futility of life and work without an eternal perspective. However, as Christians we can take heart that ours is a Master of every detail of our lives,[3] which radically transforms our purpose.

The main articles of this edition include an exploration of the sacred-secular divide by Sue Holcombe – later followed by a snapshot of the Saline Solution course, a wonderfully applicable way to break down that divide! Later, by weaving theory with application, I add the perspective of a healthcare student to this conversation – what it might mean, knowing who we work for.

The perennial issue of making decisions and the medical bread and butter of ethics are also very helpfully explored; Léonie Fourel turns the table by sharing about a physician-in-training being at the receiving end of medical care – her own inspiring story, and key advice when navigating suffering in university and life.

We also bring a global perspective on work; Dave Moore shares his expertise in planning a medical elective – what you stand to gain, what you should consider in planning, and what you'd do well to bring. Tristan Kawalek provides a day-to-day picture of what it's like on the ground on elective in Muheza, Tanzania, while from Arusha not too far away, Liv Abrams inspires us by letting us live vicariously the extraordinary gathering of Christian students, doctors, and dentists in ICMDA's 17th World Congress.

King Solomon in his God-given wisdom reminds us that 'Whatever your hand finds to do, do it with all your might, for in the realm of the dead, where you are going, there is neither working nor planning nor knowledge nor wisdom' (Ecclesiastes 9:10) – a sobering thought that implies, encouragingly, that whatever disappointments, regrets, sorrows, or challenges life may throw at you, it is never too bad or too late as long as you still have the breath of life in you. Your purpose and value comes not from your work but from your Creator. Move on with confidence into the future he has prepared for you, armed with the promise that he will be by your side.[4] Honour him by choosing to keep living well and working well, for his glory. May the Lord bless you and keep you. Until the next edition.

Signing off,

Liz ■

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whole life faith

Sue Holcombe considers the sacred-secular divide

Sue Holcombe is a nurse and CMF Associate for whole life faith

I have always yearned for a God relationship that spoke into every part of what I did and who I am. As such, I have long been inspired by Mark Greene and his teaching on the sacred-secular divide. For me and my husband, Chris, the daily energy that we put into our clinical work needed to be infiltrated with God's Holy Spirit and his Word filling our lives. That does sound rather as though we are super-Christians that march steadily into our roles in the NHS and are triumphant in everything we do. Not quite!! However, by taking time to think about how we are motivated and what we do that brings glory to God, then combining that with an understanding of how God works through our work (as described in the Bible), we can and do make a difference.

> the daily energy that we put into our clinical work needed to be infiltrated with God's Holy Spirit

First, let me unpack the expression 'sacred-secular divide'. This term refers to something which may not necessarily be your experience but speaks to the way in which we view what we do, where we do it and where we spend most of our time in relation to 'church-life' and 'work-life'.

There is a suggestion that some people may feel that some types of work are more glorifying to God – we could call this a hierarchy of Christian work. For example, a missionary may be at the top of the pyramid with a pastor or vicar coming a close second, followed by those who serve as Sunday school teachers or youth workers, etc. Unless you are in 'full-time ministry', specifically 'Christian work' might only be a small percentage of what you do during the week and be confined to Sundays.

So, what happens on a Monday? Many of us work in healthcare, whether that be full or part-time, or study medicine or nursing. How can we transform our daily lives where we are, so that the time we spend at work, be that at university, as a stay-at-home parent,

stacking shelves at a supermarket, or anything else we might be doing, can be seen in the light of working for God? It is important to know that God values our work.

Recognising that we all want to live our whole lives as people living for Jesus, what then is the daily challenge of being Christian doctors or nurses and how do we flourish in that environment?

Mark Greene says, 'Right now, 98 per cent of God's people (those not in church-paid work) are not being envisioned and equipped for mission in 95 per cent of their working lives.'[1]

a sobering thought!

However:

- Surveys of people aged 14-35 has shown that they are yearning for an authentic, whole-life vision for their lives
- They don't want to be one person on Monday and another on Sunday
- They want purposeful work that makes a positive difference to people's lives and the planet we inhabit

I am sure that this applies to all people, whether young or old.

These three statements are taken from surveys conducted by Barna Group Research which looked at resilience in young Christians and can be further explored in the book *Faith for Exiles, 5 Ways for a New Generation to Follow Jesus in Digital Babylon* by David Kinnerman and Mark Matlock.[2]

We might then ask ourselves the question – is there a theology of work?

In Genesis we read of the creator creating man and woman for work. Work is what Adam and Eve are primarily given to do. The Bible then unfolds in a glorious illustration of the spiritual life and work in harmony. For example, Abraham's dealings as a wealthy herdsman; Jacob's transactions with Laban; Joseph's managerial roles under Potiphar and Pharaoh; Jethro's consultancy; Deborah's judgeship, and Bezalel, the master craftsman of the tabernacle – the list is endless if we look at the Bible through the eyes of the worker.

We have considered biblical heroes but are there examples of ordinary men and women working out their faith in their workplace?

- Joseph the household and business manager – Genesis 39
- Israelite midwives fighting for the value of life – Exodus 1
- Boaz the honest farmer – Ruth 2
- Naaman's slave girl – 2 Kings 5
- Nehemiah the security agent and responder to his people's needs – Nehemiah
- The wife of noble character – Proverbs 31
- Daniel the civil servant – Daniel
- Lydia the trader in luxury goods – Acts 16

Surely these are men and women whose Godly character expressed itself primarily through their daily work in a rich variety of ways.

Current challenges in the NHS can cause us to either explode or become ineffective. They may cause us to think that we are useless as Christians and just give up, put our head down and be silent, or carry on doing our own thing and becoming a little bit different.

Alternatively, we may have a fundamental understanding of who we are in Christ; that God has a plan, and he is our boss. We can start to look at the Bible through workers'/students' eyes; we can pray and ask God to be present in all our experiences whether we see the point or not, asking for Godly wisdom and integrity. It is important for us to seek the fellowship and support of other Christians who can journey with us and share our challenges. In the context of being a student we can be actively seek out people who will be mentors in the faith. We can flourish in this difficult environment.

This leads me to bring in a tool proposed by Mark Greene called the 'six 'M's', which is a slightly different way of looking at where God wants us to be and how we can be Christians in the workplace. None of these things are new but they can revolutionise the way we see ourselves in our everyday lives, helping us to realise that we are already doing some of these things.

the six 'm's:

- **model Godly character**. Most students will not remember or be aware of a fashion some years ago of wearing rubber wrist bands which had WWJD on them – What Would Jesus Do? Unfortunately for some this was just a fad, and the bands did not mention that you might need to know what Jesus actually did to be able to be like him! If we spend time learning about God's character by reading his Word and listening to him in our times of prayer and reflection, then modelling his character becomes more natural.
- **make good work**. How do you measure yourself? Who is your worst critic? For me it is myself. I will often look at people whom I admire and find that I don't measure up. However, God loves the work that we do. He created us to work and the time that we spend at work is important to him.
- **minister grace and love**. I find that, as people working in the medical profession, we are so privileged with this particular 'M'. During every patient and staff interaction we have the opportunity to show grace and love. Asking for God's Holy Spirit to be part of our every moment means that we can faithfully show Jesus' love in all that we do.
- **mould culture**. It never ceases to amaze me how much, when we walk into a room, the atmosphere can be upbeat or down, gossipy, or inspirational. The culture in the NHS can often be difficult and challenging. However, I also know that there are people who can change the atmosphere, change the culture and behaviour. Often this is done by sticking to our God-given values and not indulging in behaviours which do not allow people to flourish.
- **be a mouthpiece for truth and justice**. There are times when we will be called to stand up for what is right, which is especially difficult when something goes wrong. Here is an example of something that went wrong in theatre. A patient was sick following surgery after a swab was left inside. It was very convenient to blame the scrub nurse for the incident, but there was a culture of not double-checking swab counts in some instances which was a fault of the whole team. The clinical director at the time, rather than allowing one person to take the blame for an operational fault, ensured there was a proper review, and safety checks then improved. In that instance it took a purposeful action not to 'go with the flow' but to question the event and then take appropriate action.
- **be a messenger for the gospel**. During my career I have had some opportunities to share the gospel at work, but this did not happen very often. However, sharing the gospel is so much more than praying the prayer of salvation. Every time we have an opportunity to share God's love in the way that Jesus did we can share the gospel. Praying for this is a key part of that and we find that committing our everyday tasks, our everyday meetings, and our everyday routine to Jesus is paramount to being the messenger of the gospel that Jesus wants us to be.

These are the six 'm's. We probably don't do all of them all of the time and sometimes we will be better at one aspect than another, but they do allow us to tell a story of love, hope and redemption every day.

Making a difference as a Christian means bringing God's light to individuals, to every situation, to the GP surgery and the wards. We are, though sinners and therefore fallible, saved by grace; therefore, we can show grace, be full of wisdom, and speak truth, demonstrate justice, and be fruitful and flourish because we are filled with the Holy Spirit.

So, here's what I want you to do: take your everyday ordinary life, your sleeping, eating, going to work and walking around life – and place it before God as an offering. (Romans 12:1, The Message) ▪

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working for a different master

Liz Birdie Ong asks who we really work for?

Work is mentioned more than 800 times in the Bible – more than worship, music, praise, and singing![1,2] Although I have not counted the numbers myself, that observation seems consistent with what the Bible says about work. It is held in very high regard throughout Scripture and features prominently in our calling both in the present[3] and the future.[4]

I remember a friend I met through CMF's student conference asked for prayer to be 'intentional about focusing on [her] degree so that [she's] doing exactly what God's calling [her] to do in this season'. This prayer request struck a deep chord within me, as I often get distracted with 'Christian work' and forget sometimes that for most Christian healthcare students, our calling to work in this season includes the degree we have been called to study towards! However, remember that 'God desires your heart, not your degree' – a theme explored in the brilliant article of the same title.[5]

How is work for Christians different from work of the world? The difference centres on the fact that we work for a different Master – and this radically transforms our approach to every moment of life, which includes everything that we consider as work or not. Here are some encouraging reminders about work that are based on that crucial difference. Advice has to be tailored to circumstance. So whether you err on the side of high-achieving perfectionism or an apathetic lack of motivation, I hope the points below may be helpful.

working with excellence – our work is our worship

The first implication of working for a different Master (Christ) is the biblical call to a life of diligence and excellence (with whatever we have been given) that comes with remembering that we are 'working for the Lord, not for human masters'. (Colossians 3:23) This includes even the most mundane conversations and tasks – things that the world may not notice, but which the Lord sees and knows, for 'Nothing in all creation is hidden from God's sight'. (Hebrews 4:13) In words usually attributed to David Livingstone, 'If a commission by an earthly king is considered an honour, how can a commission by a Heavenly King be considered a sacrifice?' Indeed, how much more of an honour should we consider work for our divine King and Creator of the universe! Rather than


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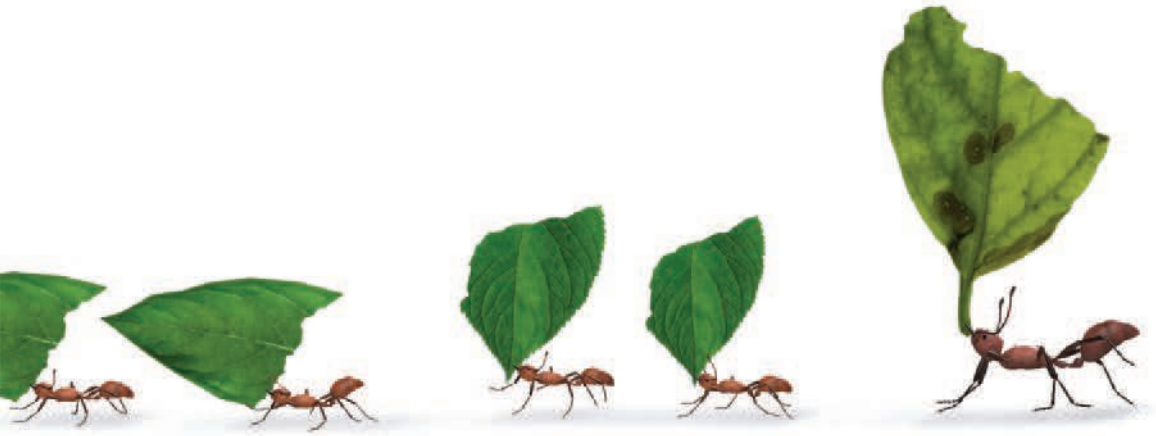

viewing it as a sacrifice, our work is more similar to worship, calling for nothing but the best: perhaps like Mary's pouring out of incredibly expensive pure nard on Christ's feet and head.[6]

Additionally, how we do things is often just as important as what we do, if not more so. God looks at our heart[7] and cares more for obedience rather than outcomes,[8] intentions rather than appearances, means rather than ends.

what does that mean practically?

This may mean choosing to put our God-given heart and soul into our classes and placements – to learn with joy and humility about the nerves and muscles, organ systems, disease processes, healthcare interventions, or diagnostic/therapeutic procedures that come our way in anatomy or physiology or in your allocated teams and rotations because we see his detailed orchestration at work through them all. This may mean finishing well the conversations we have with patients and the tiring grind of rounds with your assigned teams.

It may mean putting effort into a that project your classmates have hurried through because 'it's only 5 per cent of the module' or on a niche topic (eg. a very real project I had on transient abnormal myelopoiesis [TAM]). Practically, it helped me to focus on tangible benefits. Another example would be that perhaps someday I or another clinician might identify a case of TAM because of this paper.

> God does not call us to be successful, but rather, faithful, and fruitful. God looks at the heart

Even when the benefits of a piece of work to you or humanity seem minimal at best, you are almost always never working alone. The quality of your work and behaviour may be a testimony to your colleagues or supervisors. One wise surgeon once told me that patients often don't remember the papers you published, but rather that you cared for them and their outcomes. Another wise surgeon told me that God does not call us to be successful, but rather, faithful, and fruitful. God looks at the heart. Be encouraged to re-evaluate why and how you are doing what you are doing.

Even if a task is of negligible importance and may never be seen by another soul, the only thing that should matter in the end is that there is

nothing that the Lord does not see[9] – including your giving and prayers in secret,[10] and the late nights and tears that no one knows about.

working with freedom – the onus is not on you

Remembering who we are working for frees us from the pressure of obtaining certain goals – because the onus for the outcome is not ours. Indeed, some of the best gifts in life are free to us – and this includes the costliest gift in all of human history: our redemption, paid for by Christ on the cross. We belong to and can rest in a God who 'changes times and seasons', who 'deposes kings and raises up others' (Daniel 2:21) – how much more then is your project, task, job, application, and results of your experiment in his sovereign hands!

what does that mean practically?

Theren are two main practical applications of this: hope in failure, humility in success.

In failure, desperation, and disappointment, this may mean that you choose to be content, patient, persistent, and diligent despite a lack of outward success in the degree, workplace, ministry, and cause you are currently called to. That is, after wise and appropriate considerations about what you can do to remediate or ameliorate the situation. Failure to attain a certain goal that we or others have set for ourselves – not denying the very real hurt that it can cause – does not have to be final, because the onus for the outcome is not on you.

In achievement and success, this may mean grasping the reality that what you have achieved so far is only possible because God has been gracious – perhaps in giving you inspiration and wisdom for an idea, good health to be able to work well and consistently, and the right connections with people who've been instrumental in various points of the whole process. Really, once you consider the hundreds of things that could have gone wrong, the belief that it was entirely your own efforts becomes that bit more implausible!

To tie both together, let me share an encouraging story I heard from an Indian doctor in my church whose future weighed heavily and precariously on her shoulders during the COVID pandemic as the option to go back to her badly stricken home country to work was non-existent. She was in absolute bits coming out of her finals during COVID, thinking she'd butchered it and knowing that in Ireland, centiles are the primary determining factor in job allocation and that international students traditionally do not stand a good chance. She did, fortunately, get a job in Ireland – and when that happened, she could only look back in gratefulness, knowing that with her less-than-stellar performance during her exams, it could not have been her own doing. This story reminds me that, however hard we may work, whatever plans we may have, the Lord directs our steps,[11] and hence, in failure we can have hope, and in success we can remain humble.

So perhaps you have absolutely screwed up your all-important final OSCEs (like I have) – or some other equivalent. Even so, cling on to his sovereignty both in circumstances outside your control as well as in your own self-inflicted mistakes – yes, God is sovereign in both those instances. Let that propel you with confidence to reflect, improve, and move on to everything else he has in store for you!

working by prayer – the onus is on God

'Prayer does not fit us for the greater works; prayer is the greater work'.[12] This quote is speaking more specifically in the context of evangelism, but living a whole-life faith means that there shouldn't be a distinction between 'Christian' and 'non-Christian' work, and the most mundane of tasks may well be a part of evangelism.

Prayer is an oft forgotten and easily neglected aspect of life, especially when deadlines are looming, assignments pile up, and life tips into chaos. We have been called to be constant, earnest, and persistent in our prayer.[13] When it comes to work and prayer, one should not substitute the

other, but rather complement each other. The more work there is to do, the more prayer is needed.

what does that mean practically?
When I find my life descending into chaos, I often notice, in hindsight, that my prayer life takes a back seat, and the rush of things make me forget to bring issues to the Lord first.

This could be done by continually bringing an issue to the Lord in the lead-up, eg. a conversation with a friend or supervisor, an important application, decision, or exam. More often, a one-second 'arrow prayer'[14] – perhaps right before a patient walks into the GP practice you're attached to, or right before meeting your team for the morning handover, or prior to walking into the lecture hall – and entrusting all your conversations and decisions that day into his hands.

working with different goals – different purposes fuel different processes

Every human being can work diligently and excellently, Christian or not. But the ultimate, all-encompassing endpoint is sure to differ. For believers, it is neither fame, promotions, good impressions, nor being seen as successful or pious or even (noble as it sounds) benefitting humanity. It simply is to work for the Lord and for his glory – and nothing else.

This means that you can stop caring about the other goals that the world strives for. Rather single-mindedly fix your eyes on Christ alone, for whom we work,[15] and on whatever we've been called to do while keeping his commands, eg. to work with joy, generosity, wisdom, and appropriate sleep/rest (eg. Sabbaths) and without worry, lies, bitterness, laziness, and anger.

what does that mean practically?
This may mean choosing to treat your housemates with love and kindness even as the stress of the looming exam threatens to strip you of every ounce of patience and generosity you possess. This may mean working with diligence rather than laziness in a tedious task, patience rather than bitterness in what seems like an unfairly allocated project or rotation, or peace rather than worry in an important test or application. This may mean sleeping enough and taking your Sabbaths, in full trust that he has created you to need rest and that your obedience of his command to rest will not upset the plans he has for you.[16]

conclusion

Christians are called to nothing short of God's perfect standards – including in our work – but we have a different Master. Our work goals are not of the world, and we depend on a strength that is not our own. This should compel us to work with diligence and excellence, but in the comforting freedom of knowing that the onus is not on us, and that we can bring everything to him in prayer. Wherever he has called you to in this season – which for most would include your degree right now – 'whatever you do, do it all for the glory of God'. (1 Corinthians 10:31) ▪

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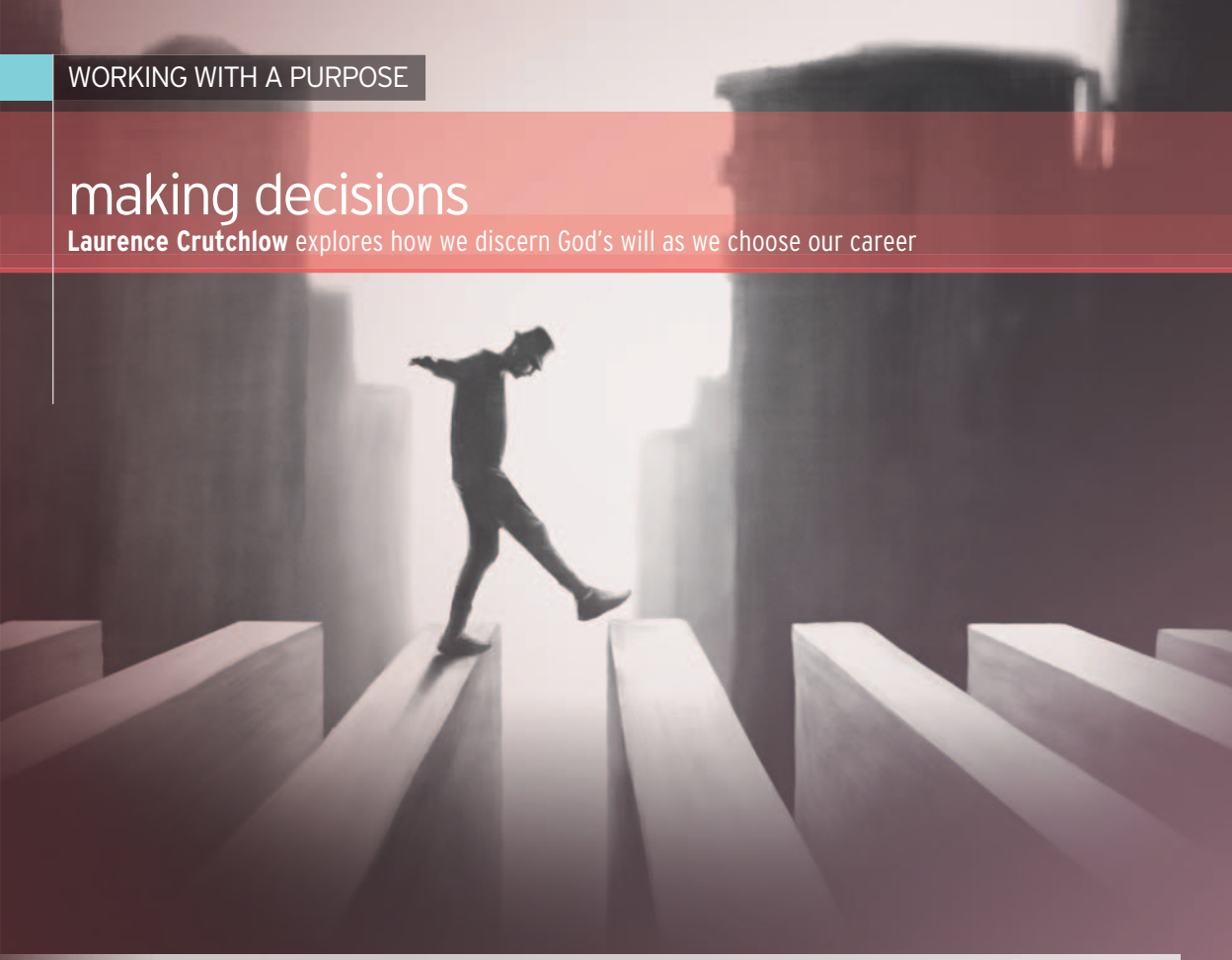
making decisions

Laurence Crutchlow explores how we discern God's will as we choose our career



Psychiatry or paediatrics? Or perhaps orthopaedics or obstetrics? Or enjoying everything so much that you choose general practice? Or instead, do you meet with that recruiter from Citibank – the one whose business card your old schoolfriend gave you last week when she took you out for dinner in a restaurant that even your registrar can't afford?

Healthcare degrees are some of the few that usually launch us directly into a given career path, and are prerequisite to a first professional job. For others it is more fluid; I know a data analyst who begun with a history degree, as well a war studies graduate who is now a judge.

Even with a broad career direction chosen, the panoply of choices facing us towards the end of our studies can be daunting. Here are eight pointers to help you navigate the maze. I focus here on medicine where my own experience lies, though the general principles are equally applicable across the healthcare sector.

1. know who you follow

Jesus … said: 'I am the way, the truth and the life'. Her Late Majesty's example was not set through her position or her ambition, but through whom she followed. Justin Welby, Sermon for the State Funeral of HM Queen Elizabeth II[1]

What really influences us? As the Archbishop of Canterbury rightly understood in his words above, even the Sovereign is not truly autonomous. Even if we claim complete independence, something will drive our decisions, whether values coming from our upbringing, obedience to the laws of the country in which we live, or the counsel of wise friends. At other times, practical constraints such as illness or finances may influence decisions. So, we are following *something*, even if we don't realise it. Even if we don't *want* to follow anyone or anything, we do.

Who we follow should be crystal clear for the Christian. 'Who do you say I am?', Jesus asked Peter (Mark 8:29). The God who we follow is

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'the way, the truth and the life'. (John 14:6) He is the 'First and the Last', (Revelation 1:17) and the 'firstborn over all creation'. (Colossians 1:15)

Therefore, if we want to know what to do, it must surely start with him.

2. know that God both speaks to us, and cares about how we act

So, if choosing what to do starts with God, we need to know whether he cares what we do, and whether he tells us anything about what to do. The answer to both questions is surely yes.

'...in these last days he has spoken to us by his Son, whom he appointed heir of all things, and through whom also he made the universe.' (Hebrew 1:2)

'If you love me, keep my commands.' (John 14:15)

A detailed exposition of how God speaks here would make for a very long article![2] For our present purposes we need to be clear that God *does* speak, that what he says can be understood, and that our actions matter to him. Therefore, his Word should be central to the decisions we make. This does not just apply to 'religious' decisions, like how to pray, nor just to tricky ethical situations, but includes major life decisions we make, such as career choices. While the Bible tells us everything we need to know to be saved and live a life pleasing to God, it doesn't necessarily tell us everything we want to know, and sometimes we will need to apply general principles from it to reach a conclusion.

3. God is sovereign – we will not 'mess up' his plan

God's ultimate plan is clear – to bring everything in heaven and earth into unity under Christ.[3]

I have met Christians who worry a great deal over what seem quite minor decisions, because they are worried that they might 'mess up' God's plan. While their devotion to obeying God is commendable, this level of worry suggests that they have not fully grasped the extent of God's sovereignty. It is he who creates,[4] and sustains.[5] It is he who directs history,[6] and will ultimately bring history to and end and usher in a new heaven and earth.[7]

Even the biggest of our decisions doesn't compare to these things; indeed, even when humans get things wrong the Lord may use it for good.[8]

So please feel reassured as you make decisions; you are quite simply not big enough or important enough to disrupt your creator's purposes in the universe.

4. God is more interested in us than in our career

Or, put another way, there is salvation outside the GMC or NMC register! Nowhere does Scripture give a general instruction to all Christians about what their job should be. Both Scripture and church history show God's people working in all manner of things.

God's greatest desires for us are surely that we love him and love our neighbours.[9] We are to seek first his kingdom and righteousness.[10] Out of following these commands will come the answers to many questions we have.

We are not, however, to think that God doesn't care what we do at work, or how we do it. Loving God and keeping his commands applies just as much in the workplace as anywhere else; loving our neighbours similarly. We will only keep these commands by working 'as for the Lord' (Colossians 3:23). While our work is important to God, medics prone to idolise their career can easily come to see it as a higher priority than he does.

5. (most) Christians can work in (most) medical jobs with a clear conscience

There are a few careers that are clearly not compatible with keeping God's commands. Living from the proceeds of serial burglary is clearly not compatible with 'You shall not steal'. (Exodus 20:15)

Only a small number of areas in healthcare fall into this category – for example being the lead doctor in a euthanasia clinic.

There are more roles that, while not in themselves sinful, are not an option as they so obviously facilitate the breaking of God's commands. This might include an apparently morally neutral secretarial job, which becomes sinful if you are the secretary to the serial burglar above. A medical example might include a job where much of the work was pre-assessing patients for abortion. While taking a medical history and even performing an ultrasound scan is morally neutral enough, most Christian doctors will not want to enable the prescription of abortifacient drugs.

So at least for medical and nursing students in the UK and Ireland, the 'must not do' list will be mercifully short. Of course, the healthcare systems in which we work are in no way perfect, but we will not normally find the systematic corruption seen in some parts of the world. Jobs we must avoid will usually therefore centre on moral issues where we feel we cannot perform a particular procedure that we feel to be against God's law.

Beyond these obvious examples, we should be wary of choices that will cause difficulties of conscience for us, even if these might not be over issues that will trouble every single Christian. The student convinced that the Bible mandates pacificism would face a lot of challenges as a military doctor. If we are very uneasy about prescribing contraception to unmarried teenagers, we may well avoid family planning, and need to think carefully about how this would work in general practice.

However, we need to take care that we do not become so keen to 'keep our hands clean' that we end up entirely separated from the world, struggling to do any work at all. Exactly where we draw the line on conscience issues is often a prayerful decision for the individual; we might, in common with many Christians, exercise our legal right to conscientious objection to abortion and refuse to participate, but accept that a hospital in which we work may perform abortions without our involvement. Although explicit legal protections for conscience are limited, the principle of 'reasonable accommodation' can often make work in a particular field possible, particularly when only a small proportion of the work causes conscientious concerns.[11]

6. wisdom from God

So, relatively little is ruled out. Therefore, most of our decisions will be based on wisdom rather than specific commands. Indeed, wisdom could be said to be the process of applying general commands like 'love your neighbour' to situations we face.

'The fear of the Lord is the beginning of wisdom…'. (Psalm 111:10) Much of 'wisdom' really comes from our very first point – knowing who we follow. If we live with God as our priority, our minds are much more likely to know his will.[12]

Wisdom may well come from God's people. This might be Christians in your family, or in church. They are unlikely to have immediate insight into exactly which subspecialty of orthopaedics you should choose for your elective, but might give good insights into how you respond to stress, how your faith holds up when you are busy or tired, or how well you cope with frequent moves of home or job. All these things can be a key part of discerning the right career choice.

God may also speak through straightforward circumstance; he is surely sovereign over these. If we need to remain living in particular town, perhaps to care for parents or other family, this is telling us something. If we find early on that we are physically very unsuited to working overnight, some specialties are clearly going to be better choices than others. God has created and will use each of us, which includes not only our gifts and skills, but also those things we don't do so well.

7. don't discount 'common sense'

God's wisdom may also come simply via day-to-day learning. You will get a chance to experience

something of most specialisms at medical school. But exposure varies, and while most students get a reasonable amount of general medicine and surgery, fields like ENT and ophthalmology easily get squeezed out, and exposure to general practice differs hugely. Some specialisms, like chemical pathology or neurophysiology, may get no curriculum space outside the lecture theatre at all.

But so long as you are aware of these biases, medical school should help. It may not give you that great an insight into the day-to-day life of your vascular consultant, but if you consistently faint in theatre and can't stand the sight of large amounts of blood, it should be obvious that vascular surgery is not the career for you.

Exam results do help – but in a limited way. Medical school exams are usually set to ensure that students have reached a minimum safe level of competence, rather than to discern excellence. Therefore, most students often achieve surprisingly similar marks; so being on the 20th percentile rather than the 80th may mean very little in terms of marks achieved, and is probably not a good guide to future aptitude. However, if you are consistently very high ranked in a subject, and enjoy putting extra work into it, his may well be a field in which your God-given skills would be put to good use.

The point regarding exams continues into postgraduate life; it is very common to take postgraduate examinations more than once, and occasional failure does not mean that a specialty is unsuitable.

8. can CMF help?

Yes! Although CMF doesn't purport to give formal careers advice, being part of a big network of healthcare professionals can be really helpful.

CMF has members in almost every specialism. A CMF conference is one of relatively few places where it is absolutely fine to approach a senior doctor you don't know and ask about their work and career, and how their faith plays a part in this. Most will be not only delighted to help but encouraged by students taking an interest. Similarly junior doctors can advise on job applications and requirements.

If you have deeper questions about the issues raised in this article, you could also contact your local CMF medical school link, one of the student team in the office, or the Pastoral Care and Wellbeing service.

concluding

I appreciate that I have not given easy or complete answers. Part of this is deliberate. Clearly there are some things that godly Christians must do, and must not do. But in a great many things there is freedom. Although not everything may be wise, we can too easily become paralysed with indecision, leading us to do nothing (which is rarely the right option either!).

Understanding God's will should be liberating – if we are living within his boundaries, and our hearts are inclined towards obeying him, we have a wonderful freedom to live our lives. We can be confident in the decisions we take, knowing that we have included him in them. After all, in his sovereignty he will find a way to change what we are doing should he wish to.

Then we can be free to wholeheartedly pursue the career we work in, and serve God effectively as we do this. ▪

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3. Ephesians 1:10
4. Genesis 1:1
5. Colossians 1:17
6. Daniel 4:17
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8. Genesis 50:20
9. Matthew 22:37-39
10. Matthew 6:33
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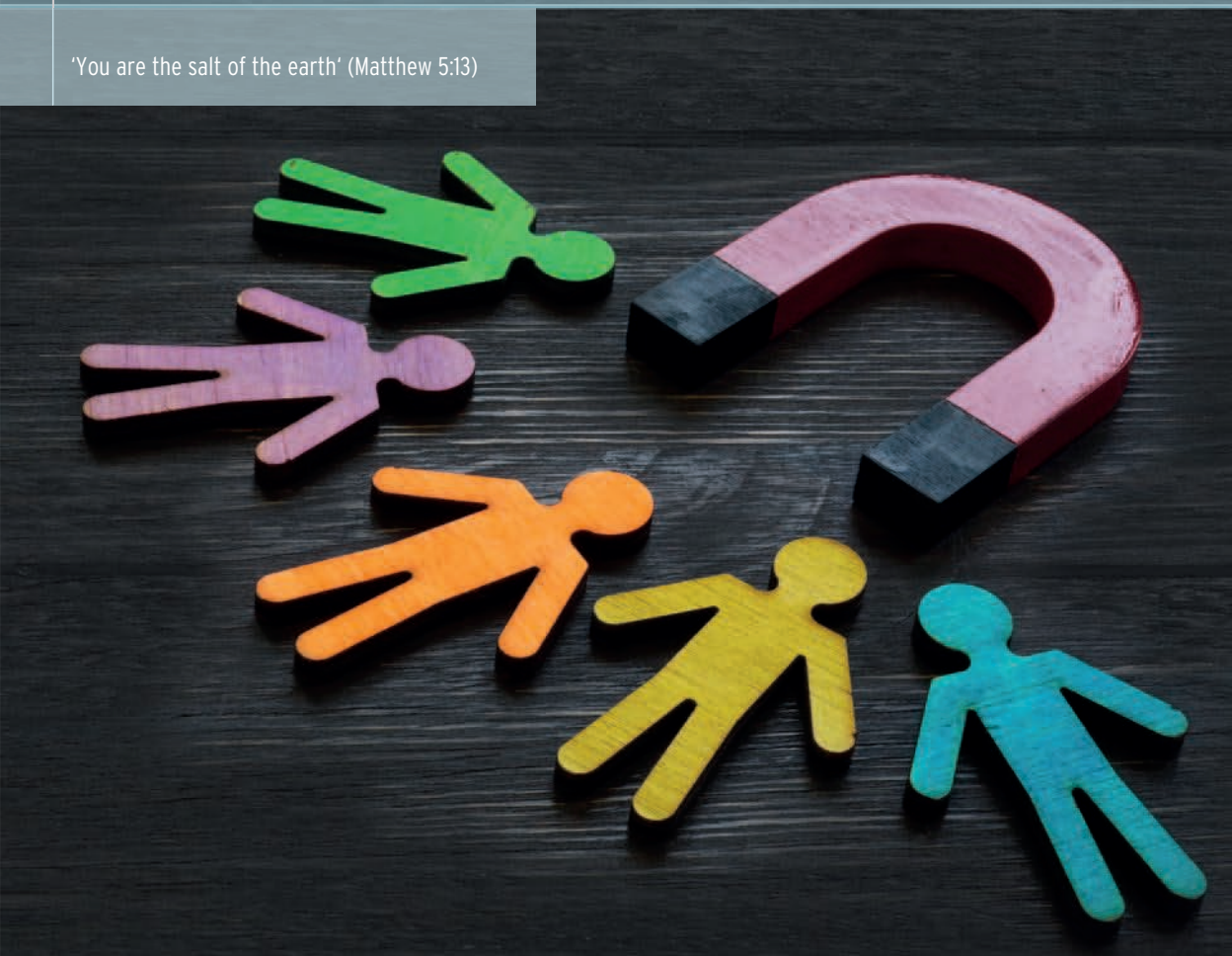
12. Romans 12:1-2

sharing faith

Chris Borges Da Silva reminds us that faith has a place at work

'You are the salt of the earth' (Matthew 5:13)



Have we lost our saltiness?

It was an overcast Sunday morning in Croydon, south London in 2006. I followed my mum to church; the gospel was preached, and I responded. I put my trust in Jesus. My heart fell in love and my head has been catching up ever since. I had found a treasure that gave me so much; it needed to be shared. Since then, I graduated as a medical doctor from arguably the best medical school in the world.[1] Since graduation medicine has taken up a large majority of my time. This is probably the same for you if you are healthcare bound. When I look at the metaphor Jesus used in Matthew 5, I ask myself, am I still appropriately salty? How do I provide the right amount of salt in a confusing healthcare context?

The Saline Solution enables us to ask and answer these questions with material based on five questions formulated to interact with the Christian healthcare professional journey. This course has helped multitudes of students, doctors, nurses, midwives and allied health professionals think about how they can stay salty by sharing their faith at work in a tricky healthcare context, avoiding

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manipulation and declaring war on apathy. In many countries, the Saline Solution helps us consider whole person healthcare, interacting with more than just the physical aspect of the patients we serve.

It can be easy to think the if we haven't shared our favourite two-minute gospel presentation with someone, then we haven't 'done any evangelism'. Yet it is unusual to have the opportunity to do this in the vast majority of healthcare interactions. The Saline Solution uses one of Jesus' agricultural analogies in a way that reassures and encourages us. In John's gospel, Jesus talks about the process of sowing and harvesting.[2] It is clear that although we often focus on 'harvesting', there is much work to be done in cultivating and sowing.

As a healthcare professional, our interactions with patients around faith are far more likely to be in the 'cultivating' category – perhaps a few words that God might use to give a patient hostile to the church a more positive impression of believers, so encouraging a patient to accept that invitation to church that comes from a Christian in their workplace months later. This is not only for patients, but also colleagues that we might see over and over again. In all the courses I've attended this notion of cultivation always brings a healthy discussion, especially if your specialty does not make it easy to see the same patient again and again.

In Rebecca Manley Pippert's *Out of the Saltshaker and into the World*, Christians are encouraged to make evangelism a way of life by 'planting the seed and declaring the truth'. This can be a yearning for Christians regardless of their profession. But evangelism can be challenging to do well in a healthcare context. Patients can be vulnerable and subject to coercion by an abuse of power. The Saline Solution is tailored to evangelism in a healthcare context and includes discussion about the perceived power imbalance between healthcare professionals and patients.

FURTHER READING:

- Pippert RM. *Out of the Saltshaker and into the World*. IVP, 2010.
- Keller T. *Every Good Endeavour*. Hodder Christian Books, 2014.
- You can also access the Saline Solution material as online self-directed learning, freely available on registration at ihsglobal.org/spot.

For a reminder of salt, scan the QR Code

We must be careful that being thoughtful about how we use our position at work does not lead our hearts into the sacred-secular divide. When we are updating the surgical list or seeing that patient for what feels like the hundredth time, are will still bringing glory to God? Read Tim Keller's *Every Good Endeavour* to answer this. If you have already read it, you'll know what I mean.

At my last Saline event I saw a friend who was at the first ever Saline course I taught. This was his fifth or sixth course as he progressed from medical student to junior doctor. As his life and seniority changes, he gets something different each time. We spend most of our lives at work. This can make it easier to become like everyone else around us and forget the power of the gospel.

Could we commit to attending a Saline Solution course? CMF runs these periodically, with details on the CMF website. The box below also links to an online version which will teach the same material – although there is much to gain from the interactions at a face-to-face course.

As healthcare professionals, we can better cultivate the hearts of our patients and colleagues, sometimes sowing and occasionally reaping a harvest. ▪

REFS

1. The managing editor is in full agreement. The student editor may be less certain.
2. John 4:34-38

Distinctives: physician, heal yourself

Léonie Fourel explores dealing with disability and ill health at medical school

I started medical school six years ago, nervous but excited at the prospect of starting a lengthy degree in a different country. I made new friends and slowly settled into my new environment. I looked forward to putting my love of learning and science to beneficial use for the healing of others, but never dreamt that I'd need that healing myself.

I struggled with my health from the first year, but things worsened and eventually got so bad that I failed my Year Four exams. I was devastated at the prospect of retaking the year, especially as I was due to intercalate in a really interesting subject. But that summer was the start of an incredible journey of hope in which God has been showing me that truly, his power is made perfect in weakness.

Two years later, I have (finally!) graduated, now with several diagnoses in tow. As I look back on my time at university, here are some of the lessons I learnt along the way. I hope you find them useful, whether you're dealing with ill health yourself or supporting a friend.

God meets us in our suffering

We can find great comfort in knowing that we have a God who understands suffering. Jesus chose to submit himself to one of the most excruciating forms of death that we humans have managed to invent to purchase our salvation. He is our example for how to suffer well, taking our sorrows to God in prayer and finding comfort in his Word.

Matthew, Mark, and Luke all recount Jesus' prayers in the garden before his arrest.[1] His response – that the Father's will would be done – is incredible. Such an attitude in the face of distress and suffering can only come from one place. Jesus knew his Father intimately, and knew he could trust him.

We get to know our God by spending regular time

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in his Word. This is so important. Acute suffering is generally not the time to be determining your academic stance on disability theology. But if you have come to know God's heart for you prior to your trials, then, like Jesus, you will be able to stand firm on his character revealed to us through scripture.

As I understand God's sovereignty and goodness better, I find myself asking 'why?' less often. Instead, I now come to God in prayer with my feelings and my fears, and I allow myself to be reminded of his truth and comforted by his love.

So, let me ask you this: when you encounter suffering, will you run towards your Father with your pain or will you run away from him? Do you believe he is who he says he is? Will you work with him in giving glory to his name? Do you seek God for who he is rather than what he can do for you? Would you still follow him if he took away your health? Your degree? Your loved ones?

May we be people who can join Job in declaring, 'Yahweh gave, and Yahweh has taken away. Blessed be the name of Yahweh.' (Job 1:20-21 LSB)

suggested sources of support

Ill health can be lonely and stressful at times, so I want to share some resources I found particularly useful throughout my time at university.

Find yourself some **solid Christian friends** and get plugged in to your **local church body**. This is so important. Disabled or not, we cannot get through this life alone. These are the people who will walk through life with you, if you let them. They are also a primary means by which God speaks into your life. Please do not let fear or pride prevent you from reaching out to God's people for emotional, spiritual, or practical support.

Your **University's disability and support services** are there to help make your studies easier and more sustainable. Don't burn yourself out because you think you need to do things the 'right' way. The right way is the one that enables you to do your best work and still have energy for the rest of life. And if you don't qualify for the Disabled Student Allowance because you're an international student or don't have Student Finance, find out how else the university can support you and whether they are able to pay for any reasonable adjustments and accommodations themselves.

You should have access to an **occupational health service** for placements – they can be helpful for recommending ways that your university and placement providers can support you on the wards.

Does your course have a disability champion or student network? I found it helpful to talk to other students in the same position. It helped normalise many of my struggles and allowed us to work together to find solutions, such as working with the medical school to change exam formats for disabled students.

parting words

Medical school is your chance to practise being a medic. Your university will focus on preparing you to be a GMC-approved doctor fit for work in the NHS. Make sure you also use this time to practise being a Christian medic; a disabled medic; perhaps an international medic. Add whatever other adjective needs to be included in that sentence to fit your circumstances.

Finally, let me leave you with these words of Jesus: 'in this world you will have trouble, but take heart, for I have overcome the world.'[2] Suffering is not optional, and it comes in many forms. Being a Christian does not shield you from the sorrows of this life. But we serve a God who delights in us, and who comforts and sustains us in our time of need. So whatever God allows to come your way, take heart, friend, take heart. ▪

REFS
1. Matthew 26:36-46; Mark 14:32-42; Luke 22:39-46
2. John 16:33

Essentials: a very short introduction to ethics

Trevor Stammers shows that common frameworks all owe something to Christ

Trevor Stammers is a Former Associate Professor of Medical Ethics at St Mary's University

It's hard to deny that some things are morally right and others wrong. Those claiming they don't believe in objective morality soon backtrack when a perceived injustice is done to them! Moral realism is the view that ethical claims report facts and are true claims if they get those facts right.

In practice, ethical decisions are often made based on many factors such as feelings, social pressure, conscience, or predicted outcomes. Acting on such factors may or may not lead to appropriate ethical responses but in medicine we need to make ethical decisions in a grounded way. This whistle-stop tour explores the best-known ethical models, followed by a Christian appraisal.

historic ethical frameworks

There are three major historical ethical frameworks

virtue ethics

Virtue ethics dates back to Aristotle (384-322 BC). Virtue ethics, rather than focusing specifically on what is the 'right' thing to do, instead asks what sort of moral character we ought to cultivate in order to flourish as human beings. It focuses on the *motive* for our actions rather than on the actions themselves.

Aristotle's view of the virtues was that they always lay in a 'mean' between two extremes of corresponding vices. For example, in the case of courage, the vice of deficiency is cowardice, while the vice of excess is recklessness.

Aristotle's concept of virtue as the 'golden mean', however, only works for the limited number of virtues. What would be the extremes, for example, of the virtue of love? Nevertheless, virtue ethics emphasises that we can get a good outcome from actions arising from our ethical decisions, and yet still have unethical motives. Doctors' motives for better care of some patients rather than others can have a similar spectrum of motivations. Virtue ethics emphasises that motives matter in ethics.

deontological ethics

Deontological (meaning rule-based rather than God-based) ethics is associated with Immanuel Kant (1724-1808) a Prussian polymath, best known for his formulations of the famous Categorical Imperative (CI). The most frequently well-known expression of Kant's CI is the formulation of Universal Law which is (in my own paraphrase), 'Act on the principle that at the same time, you can will everyone else to act upon as well'.

most contemporary medical moral decision-making, especially in resource allocation, is utilitarian in nature

This principle is often misapplied in contemporary medical ethics. For example, Kant considers suicide is unethical because, even if you yourself desire it, you cannot also reasonably want everyone else in the world to kill themselves as well. Sometimes appeals to Kant's CI are made to justify assisted suicide and euthanasia on the grounds that if I were suffering intolerably, I would want to die in this way, and thus I could also will it for everyone else who feels the same way. This, however, is to focus on feelings rather than reason. Also, to introduce a caveat such as 'if they were suffering unbearably', is in Kantian thought, a hypothetical rather than a categorical imperative. Hypothetical imperatives always have an explicit or implied 'if' in their formulation. Suicide, murder, and lying are *always* wrong for Kant; the formula of 'Universal Law' is exactly that – it must always apply across the board.

utilitarian ethics

Most contemporary medical moral decision-making, especially in resource allocation, is utilitarian in nature. Rather than asking 'What is the rule?' most contemporary bioethicists focus on 'What is the outcome?'

The ethics of utility is usually attributed to Jeremy Bentham (1748-1832). The central idea is that 'the greatest happiness of the greatest number' [1] is the measure of right and wrong. Whilst at first this sounds reasonable, and certainly appealing, it soon runs into obvious difficulties, as not all forms of pleasure are of equal value to everyone. Bentham's follower, John Stuart Mill (1806-1873), recognising this, introduced the concept of 'higher and lower pleasures', famously stating that, 'It is better to be a human being dissatisfied than a pig satisfied; better to be Socrates dissatisfied than a fool satisfied…'. [2]

Christians looking to make ethical decisions Christianly need growth in familiarity with biblical teaching, which helps to form the mind of Christ in his followers

principlism

All three of the previous three foundations of ethics were eclipsed in 1977, when the first edition of Beauchamp and Childress' *Principles of Biomedical Ethics* was published and soon became the bible of Western bioethics. With its four key principles of autonomy, beneficence, non-maleficence, and justice the system as a whole is known as Principlism. Within Principlism, the concept of autonomy is understood in terms self-rule and personal choice. Beneficence and non-maleficence are 'doing good' and 'not-doing harm' respectively, and justice in Principlism is often, though not exclusively, solely regarded as distributive justice.

The widespread adoption of Principlism is not hard to explain. It is easy to understand (certainly in comparison to Kantianism) and therefore easy to teach. It does not require any metaphysical beliefs so can be used by atheists and religious believers alike and it is easily applied to medical ethical dilemmas. One of its main problems is there is no clear way to decide what to do when application of one of the four principles conflicts with one or more of the others.

a biblical appraisal of ethical theories

Elements of each of the previous systems find support from scripture.

virtues: motivated by Christ's love

Living virtuously is obviously vital for those Peter encourages to 'make every effort to supplement your faith with virtue' [3] and instructs 'to proclaim the virtues of him who called you out of darkness into his wonderful light.' [4] The fruit of the Spirit – love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control [5] – could be considered as a list of Christian virtues. As could Paul's other list of things on which we should focus our thoughts – honesty, being honourable, justice, purity, loveliness, excellence – all of which he clearly states as praiseworthy virtues. [6]

rules: obedient to Christ's commands

Christians are 'not under law, but under grace,' [7] and hence are not motivated merely by obedience to rules but out of love for Christ. Nevertheless, Jesus says that if we love him, we will keep his commandments. [8] As the Scriptures, including the Old Testament, contain the things concerning Christ, [9] so Christians looking to make ethical decisions Christianly need growth in familiarity with biblical teaching, which helps to form the mind of Christ in his followers. [10]

consequences: conforming to Christ's wisdom

Though Christians may consider utilitarianism the least likely framework to deliver consistently ethical outcomes, Jesus' saying that 'wisdom is proved right by all her children' [11] should give pause for thought. Furthermore, in the parable of the unjust steward, [12] the commendation is related to the outcomes which demonstrated how savvy the steward was (note that though Jesus does not say the master commended the steward for his dishonesty, but rather for his shrewdness). Outcomes were clearly important to Christ.

principlism: holding together in Christ

All four principles of Principlism are present in the Bible. That is one reason why it works so well in many cases. God has given us autonomy and the responsibility of exercising it wisely.[13] The Gospels are full of examples of how Jesus 'went about doing good'[14] and the New Testament commands his followers to do likewise.[15] Jesus never acted maleficently in word or deed,[16] and taught his disciples to speak and act likewise.[17] Finally, justice is a major foundational theme running throughout the entire Bible.[18]

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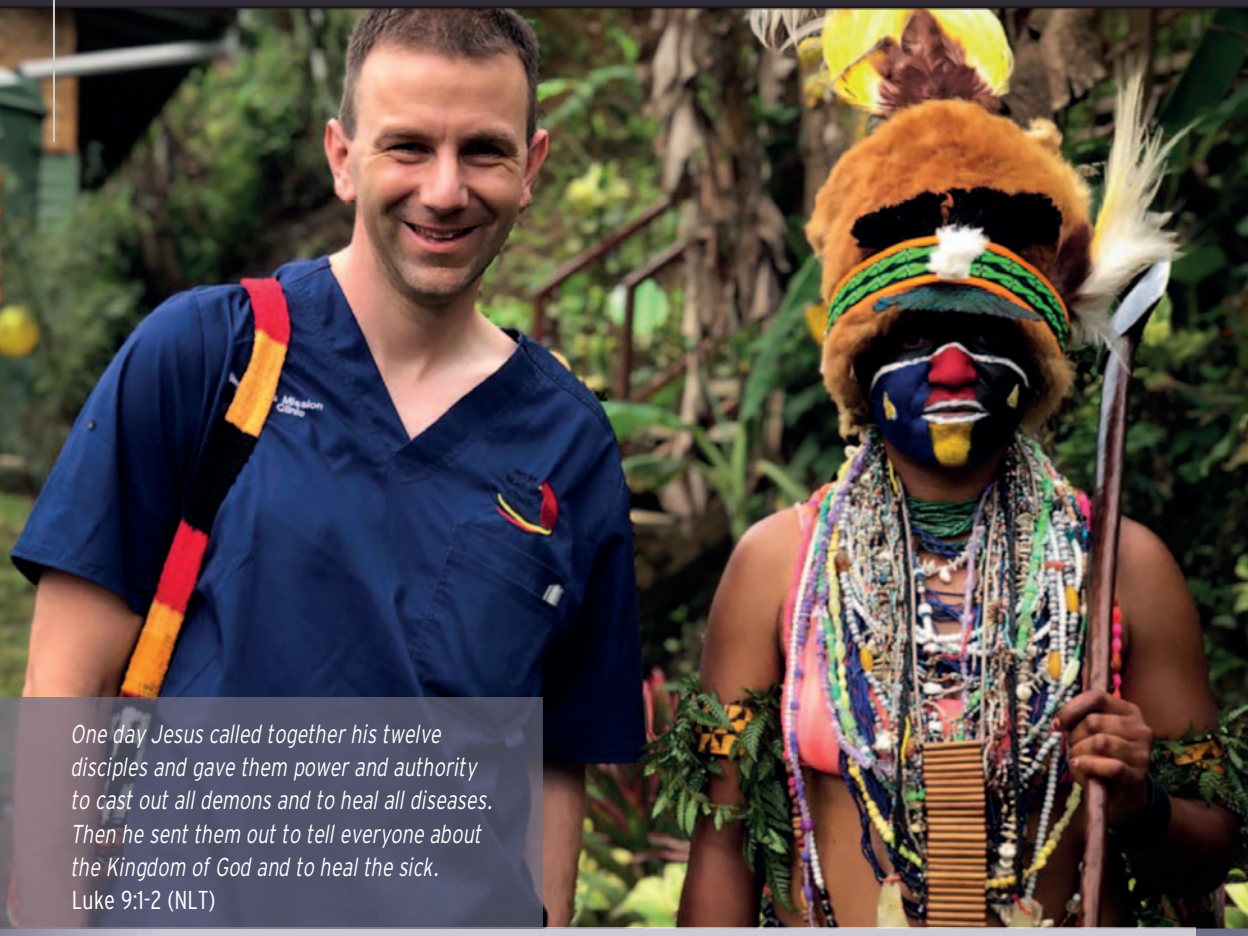
4. 1 Peter 2:9
5. Galatians 5:22-23 (ESV-UK)
6. Philippians 4:8
7. Romans 6:14
8. John 14:15
9. Luke 24:27
10. Philippians 2:5
11. Luke 7:35
12. Luke 16v8
13. See for example Genesis 3:1-13, Deuteronomy 30:19, Joshua 24:15, Philippians 1:22, James 4:4. 1 Peter 4:3
14. Acts 10:38
15. See for example Matthew 5:44, Luke 6:35, Galatians 6:10
16. 1 Peter 2:22
17. 1 Peter 3:9
18. See especially Psalm 89:14, Micah 6:8, Revelation: 19:1-2. The word 'justice' occurs at least 143 times overall

Electives: planning your trip

Dave Moore gives inspiration and wisdom



One day Jesus called together his twelve disciples and gave them power and authority to cast out all demons and to heal all diseases. Then he sent them out to tell everyone about the Kingdom of God and to heal the sick.
Luke 9:1-2 (NLT)

The link between the spread of Christian faith and healthcare goes back to the example of Jesus and the early disciples. Preaching and healing have often gone together in the history of Christianity, whether it was the Christians in Roman times caring for plague victims, monasteries in the Middle Ages becoming centres of healing, or the establishment of mission hospitals throughout the world as part of the spread of the Gospel in the last 250 years.

Christians continue to make a significant contribution to global health and in many low- and middle-income countries faith-based organisations form a sizeable proportion of the healthcare system. I worked in Papua New Guinea where 50 per cent of healthcare was provided by church health services, which often have a reputation for serving under-served populations in remote areas with dedication, integrity, and limited resources.

An elective placement provides students with a special opportunity to learn about global health and see a different healthcare system first hand. In a globalised world, such perspectives are vital in understanding the patients we see every day in the UK. Experience in resource-limited settings can equip healthcare professionals with skills and ideas that they can bring back on their return.

As Christians, we are called to 'love our neighbours'

Dave Moore is CMF Associate Head of Global

– this can have global dimensions as we understand the challenges faced by others around the world and we see how we can be involved through prayer and action.

Some students use their elective to spend time in a global centre of excellence in the speciality of their choice and certainly there can be value in this, particularly if they are wanting to work there in the future. Other students choose to spend much of their elective time travelling or taking an extended holiday. So, it can also be a good thing to enjoy the journey and take time to appreciate the people and places we visit, within the constraints of what your university requires of your elective time.

The unique opportunity an elective provides to explore the health challenges and healthcare experienced by people in the majority world of low- or middle-income settings is particularly valuable. Christians may want to use this as an exploratory first step in a journey in global health and mission and see first-hand what it is like to work in medical mission. This may lead to further cross-cultural service in the future or equip you to support medical mission in other ways such as prayer, giving, and friendship.

For me, a medical elective in a rural mission hospital was a first step in a long journey to serving in Papua New Guinea. At the time I wrote:

Probably one of the best few weeks in my life, a real challenge but I enjoyed the medical work and opportunities for friendship. A good time to think, read and learn about mission work and life in another country and how others see the world. The six-week medical experience was worth about six months of training in the UK.

I was able to return to the hospital where I did my elective as a newly qualified GP for five months. After that I did further training to be equipped for medical mission – including Bible, mission training and tropical medicine, before going back to Papua New Guinea for another four years.

Medical electives are all about training, but students with more experience who are approaching their junior doctor years can often be quite useful to the receiving team. The key is in coming with a humble attitude as a learner and being flexible and willing to help. It is important to recognise your limitations and only work under the supervision of others and be able to say 'no' to things you are not comfortable doing clinically. In some low- and middle-income settings the hospital staff may be used to students being able to perform more practical procedures – it's important to be able to say if you don't have the experience and need supervision.

planning considerations

There are a surprising number of steps to work through in planning an elective and you should start the process 18 months beforehand. Leaving it too late can make it impossible to get through the required steps.

Here are some factors to consider in deciding where to go and what to do:

- What would you like to get out of the elective in terms of training experience? Are you looking for experience in a specific specialism or something broader? Most mission hospitals offer a wide range of experience in medicine, surgery, anaesthetics, paediatrics, O&G, and tropical medicine, which is useful for students and doctors in the initial stages of training. If you are interested in education, primary care, and public health, there can be opportunities in these areas too.
- Could this be a first step in medical mission that would lead to going back to the same place in the future? If so, is this a place where you could see yourself serving at a later point in your career, perhaps as an F3 doctor or junior nurse?
- Can you speak another language already? If not, you probably want to stick to an English-speaking elective experience as the language proficiency

level needed to practice medicine is quite high.

- Would you like to go through a mission agency to be able to benefit from their experience and support?
- The electives database on the CMF website has listings for countries and mission agencies. *cmf.org.uk/global/electives* There are also elective reports from previous students. If you have questions or would like some guidance about good places to go, please get in touch.
- Is this a safe place to go? Your medical school may ask you to prepare a risk assessment document. Road travel, personal security, and access to medical help if you become seriously ill or injured are crucial factors. You will need travel insurance. Consult Foreign Travel Advice from the UK Government: *gov.uk/foreign-travel-advice*
- Do you want to go on your own or with a friend? Travelling with others is better for security and safety and gives emotional support, as you have someone to share your experiences with before and after the elective.
- Once you have found an organisation and placement, you will need to apply for a visa, volunteer work permit, and fulfil any health clearance requirements, eg. HIV testing, and a chest X-ray for TB. These steps can take a few months. I would not recommend booking your flights until you have a visa and a work permit sorted out, as there are often delays.
- Seek out travel health advice. Websites such as *fitfortravel.nhs.uk/home* and *travelhealthpro.org.uk* will give you an overview of what you need. A specialist travel clinic is even better, and they can often provide vaccines and antimalarials. Some can prescribe HIV post-exposure prophylaxis in the event of a needle stick injury. This is a medicine you should take with you. Sexual health clinics may also provide this – your medical school should have guidance about this.
- Consider specific interventions to reduce your risk of malaria, such as insecticide treated bed nets, repellent, and clothing that protects your legs and arms from bites. Malaria can present several months after your return to the UK, so be suspicious about any febrile illness, particularly in the first year after your return.
- Don't be put off by the costs of an elective. God can provide! If you reach out to people who have been significant in your life and have an interest in medical mission, you will find that others may be willing to support you in your journey in global health and mission through prayer, giving, and encouragement. Consider reaching out to friends, family, church, youth leaders you know, your local CMF group, and organisations that provide

funding for electives (see CMF website for details). There are often specific bursaries available, eg. CMF has a bursary for students going to the Leprosy hospital in Nepal. Your medical school may have special bursary funds too. Consider the environmental impact of your elective in your choice and incorporate carbon offsetting into your budget. You can offset carbon emissions through Climate Stewards who also have health-related projects (*climatestewards.org).*

- After your elective, arrange a debriefing session with the organisation that organised your elective, or someone from your church or CMF group. Write a report and thank any donors or prayer supporters. When you take photos on your elective, ask patients and staff for permission to use them in reports and online. Please send us your report to include on the CMF website as a help to future students.

what should I take?

- Ask the people you are visiting what might be helpful to bring. Take some small gifts, such as a solar light, caps, T-shirts, chocolate, or shortbread.
- Useful medical equipment and gifts would include a strong head torch, stethoscope, and pulse oximeter. *Lifebox.org* can supply robust anaesthetic pulse oximeters that beep. Cheaper alternatives are available via Amazon.
- Consider a journal, even if you are not in the habit of using one. There is so much to take in!
- Be 'street-smart'. Why not take a decoy phone and wallet with you just in case.
- A small Bible.
- *Travelling Light* devotional book from CMF – *cmf.li/3umQui9*
- *Oxford Handbook of Tropical or Clinical Medicine*.
- Dictionary, phrase book or language App. There are courses in medical french and spanish available.
- Stickers for children. A bubble wand might go down well too!

FURTHER INFORMATION

- CMF website electives resource including elective handbook. *cmf.org.uk/electives*
- The Electives Network, *electives.net*
- Electives planning webinar (CMF YouTube Channel) – to be uploaded.
- We can offer a '1:1 Elective Zoom advice call' – contact *dave.moore@cmf.org.uk*
- CMF International Facebook Group (for CMF Members)
- Short training courses, Developing Health Course (5 days) – July 2024
- Global Track (18-month training programme alongside your study/work) – September 2024

Look out for CMF Global at the 2024 Student Conference, where we will be doing a seminar, and come talk to us there at our Global stand.

summary

- Consider the elective not just as a one-off experience but as a first step on a journey into global health and mission. Is this a place you could return to after qualification? Is it something that you could support going forward by prayer, giving, or staying connected personally with a health worker you met?
- Start the planning process 18 months in advance – there are a lot of administrative steps.
- Go through a mission organisation to benefit from their support and expertise. They have years of experience of helping other students organise electives and can help you avoid some of the pitfalls.
- Go with a friend if you can for added security, emotional support, and the opportunity to be able to process what you experience.
- As you travel, enjoy the journey, and take the time to appreciate the people and places you visit. ▪

my trip to... ICMDA – never a lonely moment

Olivia Abrams reports on the 17th ICMDA World Congress

But thanks be to God, who always leads us as captives in Christ's triumphal procession and uses us to spread the aroma of the knowledge of him everywhere.
(2 Corinthians 2:14)

what even is a World Congress?

This may be a question you are asking and is definitely one I mused over during my journey to Arusha, Tanzania – perhaps something I should have considered before this point. I was attending what I had described to my nearest and dearest as an 'international Christian doctor conference thing', showing a worrying ignorance about exactly why I was boarding two planes, and travelling for 24 hours. My attendance itself is a testament both to the persuasive powers of CMF staff members, and the power of monetary bribes and a free holiday (the CMF student bursary, which covered my flights).

One accidentally deleted visa, three surprise first class upgrades, and 20,000 borrowed Tanzanian shillings later, I found myself seated in the plush, warmly lit main lecture hall of the Arusha International Conference Centre (AICC).

The International Christian Medial and Dental Association (ICMDA) is an umbrella organisation with a mission to 'start and strengthen national Christian medical and dental movements' across the world.[1] There are currently 107 countries with an ICMDA presence, 106 of which were represented in Arusha. Consequently, the gathering of people at the World Congress was a breathtaking witness to the power of the gospel in creating unity. I was struck from the first moment by the depth of relationships, both new and old, formed across geographical, cultural, and linguistic barriers. A particularly poignant demonstration of this was the breaking of bread together on the final day of the conference, as representatives of the global family of God.

There was never a lonely moment at the AICC. United in Christ, and with a passion for healthcare,

Olivia Abrams is a medical student in Birmingham

friendships were formed quickly and deeply, whether that be with your neighbour during a talk, your fellow diners at meals, discussion partners at seminars, elevator buddies, or surrounding loo queuers! During breaks, we eagerly discussed the challenges to faith and healthcare in our array of different home countries, encouraged each other in faith, prayed together, and at times cried together. I feel immensely grateful for every person I met at the World Congress. I was deeply encouraged by the living faith evident in so many of my brothers and sisters across the world, when it can sometimes feel like the gospel in the UK is suppressed and dwindling. At the same time, I was deeply convicted by the heavenly perspective of many of these same brothers and sisters, a light holding of material things which can be lacking in the UK – and is definitely lacking in my own life.

One of the highlights for me was my discussion group during the student conference (this took place for three days preceding the main conference) – a randomly allocated group of students who, between us, represented Namibia, Tanzania, Zimbabwe, Kenya, and the UK. I was mockingly referred to as 'the first world', a defunct term which implies global superiority of countries such as the UK.

Although terms like 'first world' and 'third world' have, thankfully, fallen from favour, I acknowledged how privileged I was in so many ways, as we discussed the state of healthcare, and the safety of Christians within our countries. Frankly, my outrage at the current junior doctor salaries in the UK were put into perspective when I was told that it is common for surgeons in Zimbabwe to buy their own equipment. Every member of my group was honest

and vulnerable about the challenges they had faced across their lives, many of which I could not even comprehend, and demonstrated an incredible love for God, and love for others in the face of adversity. I was humbled by their warm acceptance of me, their concern for the UK, and for my personal challenges, which I felt paled in comparison to theirs. I am so thankful for the laughter and common ground we were able to share as medical students, but more importantly, children of God. I am so grateful for this time, and the WhatsApp group we still use to share prayer requests.

Every morning in Arusha, we worshiped together, led by an incredible worship band and choir from the Tanzanian regional group, who were kindly hosting us all. This was a true highlight of our time together. We heard in the morning from Dr Voddie Baucham, who spoke about the theme of 'service', with a different focus every morning, including endurance, joy, faith, vocation, compassion, and passion.

In the afternoons, we attended seminars of our choosing, picked from an almost impossibly long list of options, before meeting together again late in the afternoon. Lunch was provided, and often dinner and evening entertainment; for example, the incredible international talent show, which showcased the vast number of cultures represented – my camera roll is full of wonderful clips.

All the talks were incredible, and I learned so much from every single one of them. As I re-read my notes to write this article, I have been struck anew by the many wonderful biblical truths conveyed. One talk that has particularly stayed with me is Florence Muindi's 'Transformational Ministry'. A roller coaster of challenge and encouragement, humbly using her own experiences as an example, she reminded us of our commission to make disciples, the power we have to do this through the Holy Spirit in us, and in our constant access to God through prayer. Dr Muindi also warned us about the dangers of earthly comfort and security. In all this, she reminded us of the eternal hope we have, in light of which all earthly joys pale in comparison, liberating us to serve Jesus as he calls. Wow!

so, what even is a World Congress?

I still don't know what it means. I do know, however, that in Arusha I met with brothers and sisters from across the world. We built friendships, had fellowship, worshiped together, encouraged each other, laughed together, celebrated each other's cultures, ate good food, and most importantly, learned more about Jesus with and through one another. We learned how we can serve him using medicine, both at home, and across the globe – and it was transformative.

See you in South Korea 2026! ▪

The 18th ICMDA World Congress will be held in Jeju Island, South Korea in Summer 2026. More details can be found at *icmda.net/worldcongress*, where you can also see more testimony and pictures from Arusha, and watch many of the talks.

REF
1. *icmda.net/about*

Electives: Muheza, Tanzania

Tristan Kawalek reports on his elective...

Tristan Kawalek is a clinical medical student in Birmingham

The four weeks I spent at St Augustine's, the District Designated Hospital for Muheza district (or as the locals call it, Teule) were a long time in the planning, yet they flew by in what felt like an instant and will live long in my memory.

Muheza is a town in the north-east of Tanzania, somewhat unflatteringly described by *Lonely Planet* as, 'a scrappy junction town'. It was here that I lived for four weeks, spending the weekdays in the hospital and the weekends in the surrounding area. St Augustine's Hospital was originally set up by the Anglican Church of Tanzania, but is now run by government employees. This, however, did not detract from its Christian ethos, with morning worship and prayers being conducted at 7.45 am, which was a joyous way to start each day. Additionally, many members of staff were devout Christians, as I found out through discussion or when I attended the local church.

I sometimes struggled to come to terms with the great level of need and the desperate situations that I witnessed in patients' lives

For my first two weeks I engaged with, and worked alongside, the hospice department. These weeks, spent with the highly dedicated and hard-working staff that make up the Muheza Hospice Care, were challenging, inspiring, illuminating and humbling. I was blessed to work alongside a young male Christian nurse, whose insights and care helped me understand the challenges of poverty, lack of food security, and limited health education. This was invaluable, as I sometimes struggled to come to terms with the great level of need and the desperate situations that I witnessed in patients' lives.

The days with the palliative care team often began with a meeting, followed by a large breakfast in the hospital 'canteen' (which was certainly different to those I am used to). We would then commence our home visits, which would entail bouncing, off-piste, over muddy, bumpy, and windy red-dirt roads before arriving at a patient's house. We would always be greeted very warmly by the patient and the family; so much so, that all the team normally numbering five or six would be given a chair, even if this meant that the patient had to sit on the floor. I found this display of hospitality to be a humbling challenge to accept, but I was never allowed to give up my seat. A discussion with the patient would then ensue (in Swahili – my proficiency in which did improve a little during my stay, but never enough to understand the discussion). The necessary medications would be provided and, in some cases, food, soap and other essentials.

During these home visits I saw a wide range of clinical cases. We drained seven litres of ascitic

fluid from the abdomen of a lady with hepatocellular carcinoma; I saw a young boy with HIV who had suffered from pathological fractures in both legs (aetiology uncertain, as yet) and many suffering the effects of HIV or anti-retroviral medications. As we travelled to and from the home visits I was struck by the disparity of housing in this area of Tanzania, with some living in rather grand brick-built houses with tin roofs, and others in mud huts made up of a single room. Tragically, the lady who was suffering from hepatocellular carcinoma was living in a mud hut with a leaking roof. As we drained her fluid, it began to rain and to see it dripping through onto the bed of this lady was deeply saddening.

Alongside the home visits, I also sat in on a few clinics with patients in the palliative care department, where I was struck by the limits of medical care in Tanzania. Many patients presented with conditions which have relatively good prognoses in the UK, but here they were on the palliative care pathway, as they were deemed incurable in this setting.

when I asked before visiting, if I could bring anything from the UK, a head torch was top of the list

For the remaining two weeks of my stay, I spent my time in the main hospital, observing various specialties and clinics. I saw my first caesarean (we do not study Obstetrics and Gynaecology until late in the course in Birmingham), a wide variety of debridements, and a hernia repair, among other things, mostly undertaken by the same surgeon! I was amazed by the versatility and diversity of the skills of the few surgeons at this hospital. This enabled them to complete complex surgery in a difficult environment. The work of the hospital, and especially that of the surgeons, is regularly compromised and affected by the frequency of power cuts in Muheza. These outages would occur most days, sometimes multiple times a day and could last anything from a few seconds to many hours. This can be a challenge to the surgeons when they operate at night. Hence, when I asked before visiting, if I could bring anything from the UK, a head torch was top of the list.

Of a number of clinics I attended, the most memorable was the albino clinic. Before coming to Tanzania, I had scarcely thought about the struggles that albino people face in daily life. However, since meeting individuals with this condition whilst on my elective, I shall never have the same perspective again. Not only do they suffer from issues arising from reduced melanin in a high-UV, almost equatorial country, but they also suffer high levels of abuse, community rejection and in some cases murder, as witch doctors have been known to request specific body parts of an albino person for their nefarious purposes. (This has mercifully been reduced in recent times, thanks to the excellent work of a number of great charities.) The clinic I attended was run by the charity Standing Voice and I was deeply encouraged to hear of the amazing work they are doing throughout Tanzania, in hospitals, schools, and communities.

Throughout this medical elective experience, I was pushed out of my comfort zone in many areas and forced to live very differently to how I have for the last 27 years of my life. However, in all the uncertainties and difficulties, I was amazed and grateful to see God going before me and revealing himself as all I need. I found Psalm 121 to be of great comfort and encouragement throughout my time in Tanzania. In times of uncertainty, doubt and difficulty, I reflected on the wonderful truth, that 'my help comes from the Lord, the maker of heaven and earth' (Psalm 121:2), therefore I need not fear as 'the Lord will keep you [me] from all harm'. (Psalm 121:7) ▪

Reviews

TV: *Queen Charlotte (Netflix)*

Relationships can be challenging at the best of times, but what is it like to navigate one when you hold power over a nation in your hands, and much of what you do is under public scrutiny? In her latest show, Shonda Rhimes of *Greys Anatomy* fame, explores this theme by telling the story of King George III and Queen Charlotte. Although historical figures,[1] Rhimes notes: 'this story is completely true, apart from all the bits we made up'. The eighteenth-century Ton (Ton refers to class-conscious, hierarchical society)[2] is vividly re-imagined: beautiful locations, decadent costumes, and ornate hairstyles. History aside, at its heart, much like the rest of the Bridgerton universe, this is a love story.

The show has received rave reviews and made stars of its young cast including India Amartefio (Charlotte), Arsema Thomas (young lady Danbury) and newcomer Corey Mylchreest (George). Audiences have been captivated, not only by the characters, but the story they tell of two young people falling in love following an arranged marriage who seek to honour the commitment they have made to one another despite the challenges of life.

As their story evolves over six episodes, *Queen Charlotte* handles two things particularly well (here come a few spoilers): mental health, and love amid suffering and scrutiny.

There is still so much stigma and ignorance surrounding mental ill health in today's world, even in the UK. How much more so in the early nineteenth century before the advent of modern psychiatry. We see George not only hiding his condition from his wife, wanting to protect her from himself, but also turning to a seemingly cruel and sadistic 'quack' in the hopes of getting better and even finding a cure. It was shocking to watch and an uncomfortable reminder not only of how things were, but of how much we still need to do as a society and healthcare profession about awareness and engagement with mental health and wellbeing.

On the flipside, it is heart-warming to see that, despite George's difficulties, Charlotte 'stands by her man'. When she uncovers all that he has been hiding regarding his mental health, she is filled with compassion and shows her deep love for him by protecting, supporting, and advocating for him. They often find comfort and solace in grounding themselves in the simple and ordinary despite their very public and ostentatious lives. Love and suffering appear also in the parallel stories of Lady Danbury and Lady Bridgerton.

As I reflected on why the series impacted many and was so well received, I wondered if it taps into some of our deepest desires as human beings; to be seen, accepted, and loved unconditionally. The world is often telling us that we will find answers to these desires in another person or relationship, but as Christians we know that ultimately the satisfaction of our deepest desires comes only through the person and work of Jesus; the unshakeable and unchanging one who is with us in our sufferings; the one who loves us so much that he suffered immeasurably so that we could have life and have it in its fullness. ■

Rachel Owusu-Ankomah is CMF Head of Student Ministries

REFS

1. More historical information via *Historic Royal Palaces* at *bit.ly/3MylyRd*
2. More detail via Wikipedia at *bit.ly/3StmwTJ*

news reviews

Marolin Watson

recovering from surgery at home

In an experimental move designed to reduce waiting times and the risk of infection, patients having colostomy reversals in Somerset are being sent home on the day of their surgery. Thanks to technology that measures blood pressure, oxygen levels and heart rate, post-operative monitoring can be done remotely by a nurse acting as an intermediate care clinician while the patient is able to enjoy home comforts. This strategy also frees up hospital beds and it is hoped that it can be extended to other procedures where the risk of complications is low.

The greatest benefit, however, is to the patients themselves who no longer have to wait up to two years for an ileostomy closure, which could now take place as quickly as several weeks after bowel cancer surgery. Dubbed the 'Hospital at Home Scheme', it is to be hoped that other NHS trusts will follow Somerset's example, with benefits to patients and the wider health service.

1. Bowel cancer patients allowed home on same day as stoma surgery. *BBC News*, 8 November 2023. *bbc.in/3O4kLcM*

reducing the incidence of breast cancer

Around 47,000 people per year in England develop breast cancer, and women on average have a 15 per cent chance of contracting the disease during their lifetimes. The risk is higher in post-menopausal women and those carrying the BRCA gene mutation.

A drug previously used post-operatively to prevent breast cancer from recurring has now been approved for use as a prophylactic in women at elevated risk of developing the disease for the first time. Anastrozole is off-patent and can therefore be produced cheaply to provide a daily dose for the 289,000 women estimated to be eligible for the drug, with a potential saving to the NHS of £15m in treatment costs.

As with all medication, there are possible side effects (though less serious than those associated with tamoxifen), many of which mimic menopausal symptoms as the drug targets oestrogen. But for women at high risk, the benefits outweigh the inconvenience.

1. Anastrozole: Thousands to be offered drug to prevent breast cancer in England. *BBC News*, 7 November 2023 *bbc.in/3064QdQ*

the high cost of industrial action

'Industrial action is estimated to have cost the health service £1bn this year.'[1] But the cost of this year's strikes by healthcare workers cannot be measured only in monetary terms. Waiting lists have lengthened (to 7.8 million) and there is a real concern that the NHS will struggle to cope with the extra demand for beds this winter.

Staff shortages contribute to this crisis with one in ten posts unfilled. The vicious cycle of overwork and stress imposed on those who remain in the NHS is likely to result in more doctors, nurses, and midwives leaving either to work in other countries or less demanding careers in the private sector.

1. NHS struggling to open extra winter beds and fill staffing gaps. *BBC News*, 14 November 2023 *bbc.in/3U5IjBN*

nitrous oxide now a Class C drug

Whatever the wisdom of turning a widely-used drug with minimal deleterious health effects into an illegal substance, possession of 'laughing gas' is now officially a criminal offence.

As any medical student will know, nitrous oxide or 'gas and air' is the drug of choice for relieving the pain of childbirth (not very effective in my experience!). Used recreationally, and inhaled from balloons into which the high-pressure gas has been released, it causes short-lived euphoria. Although prolonged and frequent use can lead to

neurological damage, mainly due to vitamin B12 depletion, occasional light use has fewer negative effects than alcohol or cannabis, and the Advisory Council on The Misuse of Drugs advised against a ban because of the possibility of unintended consequences.

Besides the health risks that come with heavy and prolonged use, discarded gas containers have a significant environmental impact, with the small silver capsules littering many urban streets now increasingly replaced by large and heavy canisters that contain much more of the gas and make excessive use much more likely. Time will tell whether the ban will lead to a reduction in the health and social consequences of this drug.

1. Nitrous oxide: Laughing gas possession becomes illegal. *BBC News*, 8 November 2023 *bbc.in/424Devt*

an assessment of the current global crisis

The opening paragraph of a report[1] by the '*Lancet Commission* on peaceful societies through health equity and gender equality' makes disturbing reading and is worth quoting in full:

'The multiple and overlapping crises faced by countries, regions, and the world appear unprecedented in their magnitude and complexity. Protracted conflicts continue and new ones emerge, fuelled by geopolitics and social, political, and economic pressures. The legacy of the COVID-19 pandemic, economic uncertainty, climatic events ranging from droughts to fires to cyclones, and rising food insecurity add to these pressures. These crises have exposed the inadequacy of national and global leadership and governance structures. The world is experiencing a polycrisis—ie, an interaction of multiple crises that dramatically intensifies suffering, harm, and turmoil, and overwhelms societies' ability to develop effective policy responses.'

This is the world that you, as a student, are inheriting and it is easy to feel overwhelmed by the enormity of the situation. But as a follower of Christ, you have an eternal hope that you can hold out to those who are in despair, whether healthy or sick. The Saline Solution course[2] is one tool to help to show you how.

1. The Lancet Commission on peaceful societies through health equity and gender equality – *The Lancet*, 4 November 2023 *bit.ly/3Sk7qzy*
2. *cmf.li/Saline*

addressing the UK's shortage of doctors

Despite plans to boost the recruitment of doctors within the UK, the BBC reports that the NHS will continue to rely on doctors from overseas for the foreseeable future. Currently, NHS England is short of nearly 11,000 doctors. Last year, 63 per cent of those serving in the NHS were trained in other countries, while 2,000 UK doctors left to practise overseas.

The government plans to pour a very substantial amount of money into additional training places for healthcare workers. But will young people be attracted to a career that requires five years of intensive study followed by work in an often-stressful environment? Strike action by junior doctors has highlighted the fact that, for the first few years at least, pay is not considered to be commensurate with the demands and responsibilities of a career in medicine.

NHS England acknowledges that education reform is needed if the needs of patients are to be adequately met both now and in the future. ▪

1. Overseas doctors will remain 'crucial' despite recruitment drive – regulator. *BBC News*, 13 November 2023. *bbc.in/303Z38Q*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