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BEGINNING OF LIFE

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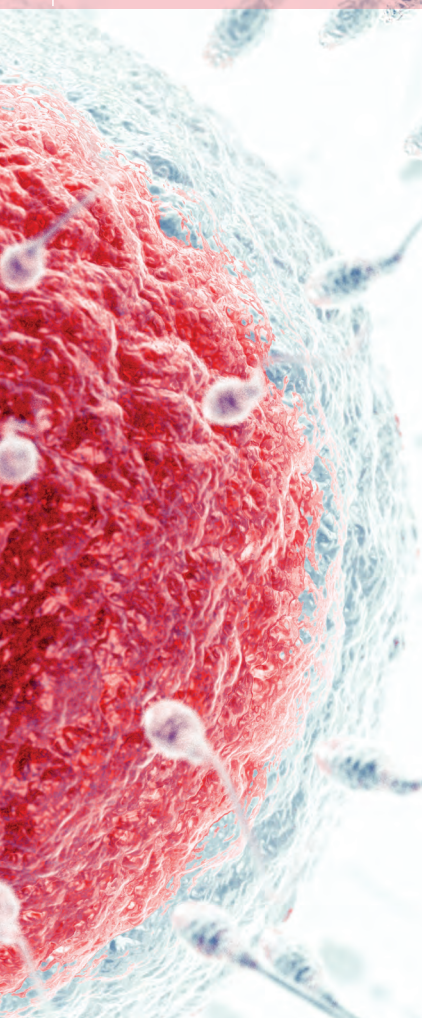

nucleus

the student journal of the christian medical fellowship

plus: leadership, Christian books, Birmingham away day, Peter Singer, Mother Teresa

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nucleus

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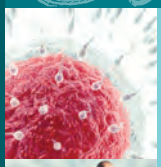
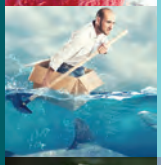

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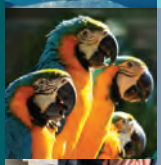
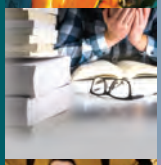

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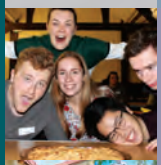



BE INSPIRED


CULTURE

Editorial

unborn children

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

'Your eyes saw my unformed body; all the days ordained for me were written in your book before one of them came to be.' (Psalm 139:16)

Today's parents have access to images of their unborn child that would have been unthinkable only a couple of generations ago. Ultrasound allows us to see a clearly formed image of a baby by twelve weeks of pregnancy, and Google is awash with clinics ready to provide a '3D' or even '4D' view of an unborn baby. Microscopy enables us to see the embryos at very early stages, and to understand the process of conception much better than before.

Such knowledge has not necessarily led to more rights for the unborn. Laws governing abortion have liberalised across the world over the last century. Many countries initially legalised abortion under limited circumstances with strict safeguards, but there is a current trend towards lighter regulation, and indeed towards removal of statutory protections as some continue to campaign for in the UK.

The beginning of life isn't just about abortion. Our understanding of the status of the early embryo will affect our attitudes to some forms of contraception, and the way in which we think about embryo research and fertility treatment.

The rapidly advancing field of genetics advances our understanding both of pathology and therapeutics, but also raises questions. At what point does a genetic intervention move beyond a 'repair', and become a 'redesign'? If we have the technology to manipulate traits that are thought to be undesirable, but not in themselves pathological, should we use it? And if we should use it, is it safe, particularly if we make a change that can be passed onto the next generation (germ line editing)? Even if it is safe, can those future generations be said to have given consent to such a treatment?

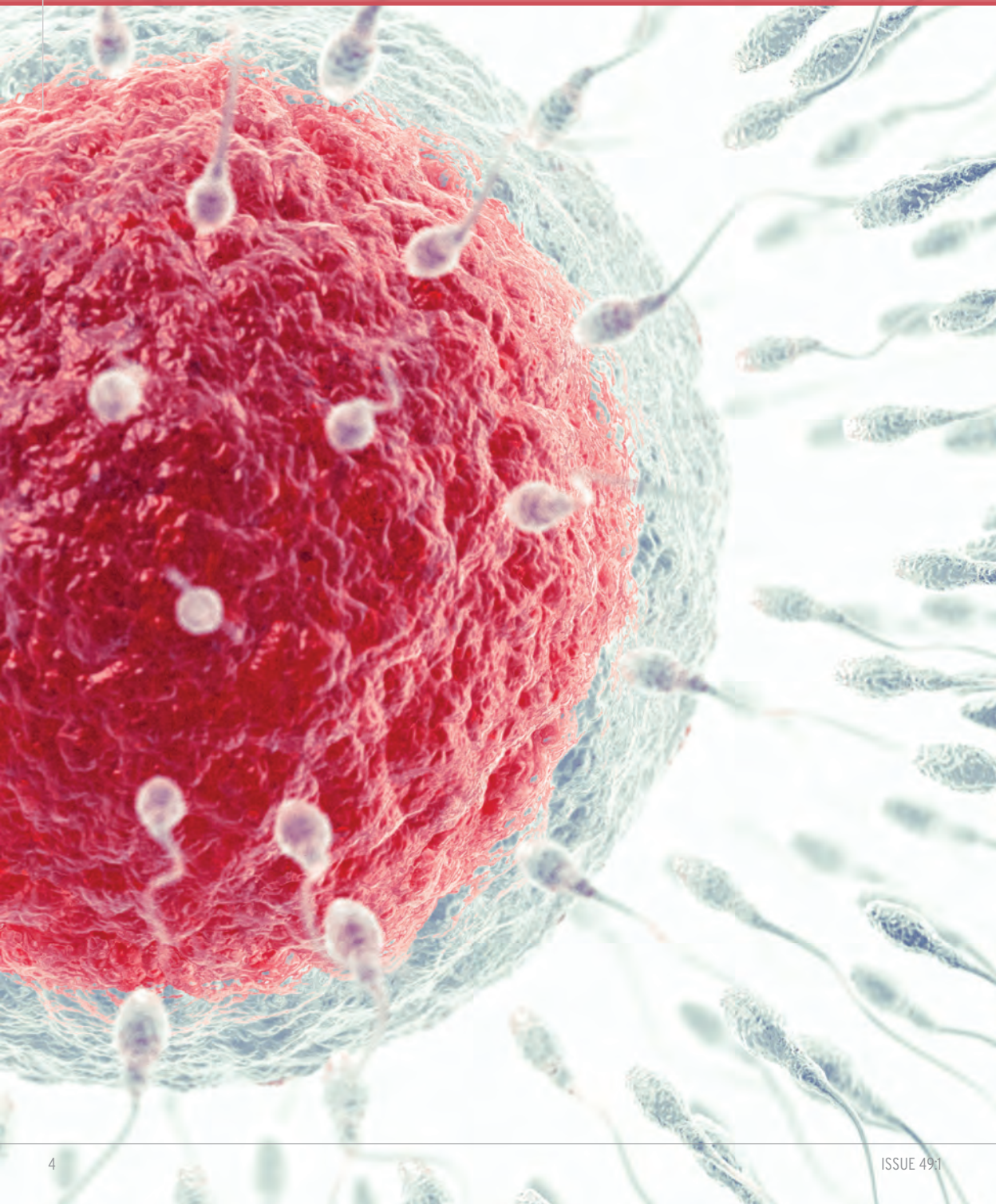
Amidst this minefield, it can be tempting to choose a specialism that avoids such issues. There are very few such things. Perhaps only the geriatrician is entirely exempt. The orthopaedic surgeon will need to know something about the thromboembolic risk of a contraceptive regularly taken by his young patient who has suffered trauma, and the psychiatrist may well see a patient where childlessness or a previous miscarriage have played a significant part in their story. The neonatologist has to grapple with difficult questions balancing available treatments and likely outcomes in very premature babies.

the beginning of life isn't just about abortion

For those engaged in clinical work, we are often forced to consider early life questions as they arise in the normal course of work. But no Christian should be ignoring these issues. If unborn children are persons worthy of protection, then they are one of the most vulnerable and ignored groups in society. 'Speak up for those who cannot speak for themselves' (Proverbs 31:8a) surely applies at least as much as to other vulnerable groups. So even for the layperson, understanding these issues and keeping abreast of current political developments is an important part of our Christian discipleship and witness. ▪

when does life begin?

Laurence Crutchlow explores the Bible's teaching on early life



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

When does life begin? This simple question has grown harder to answer as we have better understood the exact process of conception, uterine implantation, and pregnancy. There has not always been consensus within CMF over the answer, particularly over whether conception or implantation signals the start of life. The morally relevant distinction has implications for how we might view embryo research, some fertility treatments, and certain contraceptives. Such applications have been explored in recent CMF booklets,[1] and I consider them in a student context in the *Distinctives* article on page 26. The present will give an overview of some of the biblical passages often cited in such discussion, consider a little of how we interpret them, and draw some conclusions.

society's view

God created us in his image.[2] Taking human life carries severe penalties.[3] But what constitutes a human life worthy of protection? A young baby girl, healthy, born at term, is still entirely dependent on her parents for every need. Few in the UK would doubt that her life is worthy of protection; ethicists such as Peter Singer may disagree,[4] but widespread female infanticide[5] reminds us that not everyone values the life of a newborn baby. The same girl born at 28 weeks gestation is very likely to survive, and a great deal of effort will be put into her care. Yet a century ago the picture would have been very different, with low chances of survival meaning that she would have been quietly allowed to die.

Now, questions are more likely to arise with a baby born at 23 weeks gestation, where chances of survival are smaller, but not insignificant.[6] Yet under current abortion law in the UK, the very same 23 week-old baby could be aborted on the basis of two doctors' signatures. UK society appears confused on the morality of this, with more than 40% answering 'don't know' to the question 'what do you think the legal time limit for having an abortion should be based on?' in a 2017 poll.[7] A 2011 survey showed 40% favouring retention of the current 24 week limit for most abortions in British law.[8]

Foetal movements can be felt well before a baby can survive outside the womb, as early as 16 weeks. When there was little other certainty about pregnancy, the beginning of movements ('quickening') was of great importance; indeed historian Edward Hall records celebratory fires in London and a *Te Deum* in St Paul's Cathedral to celebrate the announcement of the quickening of the child of Jane Seymour, third wife of Henry VIII, in 1537.[9]

44% of the UK public believe that life begins at conception according to polling

Many parents now 'announce' a pregnancy after a twelve-week dating scan, though this may have more to do with a reduction in risk of miscarriage after this date than attitudes to abortion. It is possible to 'see' a foetus on a scan at six weeks, but all that is visible is usually a heartbeat. Commercial pregnancy test kits usually show a pregnancy two weeks after conception,[10] when a period would normally be missed. More sensitive tests might pick up a pregnancy after eight days. HCG is produced as early as the eight-cell stage,[11] well before implantation, but can also be produced at similarly low levels by other physiological processes;[12] hence even if we were able to detect it at the eight-cell stage, it might not be a clinically useful marker of conception.

Even given these difficulties in observing conception, 44% of the UK public believe that life begins at conception according to polling.[13]

the Christian perspective

Most debate within CMF has been over whether conception or implantation should be regarded as the beginning of life, with the status of the implanted embryo largely settled.

The Bible does not give an explicit and simple answer to this question. However a number of passages do talk about life before birth, which points us towards a conclusion.

the Law

To apply 'You shall not murder' (Exodus 20:13) we need some understanding of what early life is. If an early embryo is a person, this command surely applies.

Some have used part of Exodus 21 to suggest that there is some difference between the foetus and any other person. 'If people are fighting and hit a pregnant woman and she gives birth prematurely but there is no serious injury, the offender must be fined whatever the woman's husband demands and the court allows.' (Exodus 21:22)

The Revised Standard Version, widely used in the UK in the past, translated 'give birth prematurely' as 'miscarriage'. This was based on a translation from the Latin Septuagint rather than the earliest Hebrew manuscripts. The implication that the penalty for causing miscarriage was less than murder suggested to some that life *in utero* was less valuable.

Reading 'gives birth prematurely' as per the NIV, this distinction isn't present. Indeed in either reading there is some value attached to the foetus when it is known that the mother is pregnant, as the foetus is protected to a degree in its own right even if the mother is unhurt. The immediately following verses then say that life should be taken for life if there is serious injury,[14] which Piper (in a more detailed summary) suggests could apply to the child as well.[15] We should remember that the primary intention of this and the surrounding verses was probably to clarify 'manslaughter' provisions, rather than the status of the foetus; but even with this caveat, I don't think it can be used to devalue life *in utero*.

God's work in people's lives

'Before I formed you in the womb I knew you …', says God to Jeremiah.[16] Isaiah's perspective is similar: 'Before I was born the Lord called me; from my mother's womb he has spoken my name.' (Isaiah 49:1). Paul echoes Isaiah's statement in writing to the Galatians.[17] It is clear that God has knowledge of us and purpose for us before we are born.

These verses help us to understand God's involvement in our lives. But the primary message of the passages in which they are found is not to give 'proof' of a position on early life. However such verses do make clear that God is relating to us throughout our lives, and is expecting us before we are conceived, which at least implies that even the early embryo must be part of a process in which God is already involved.

David admits that he was 'sinful from the time my mother conceived me.' (Psalm 51:5). The context here is clearly a discussion of original sin rather than of the early embryo, but the Hebrew word translated 'conceive' here is only otherwise seen in the Old Testament in the context of 'becoming pregnant', usually among animals.[18]

Perhaps the clearest exposition of God's work through all stages of our lives is in Psalm 139. The meditation on God's knowledge of us expresses both awe at the depth of his knowledge,[19] and asks him to search us and lead us in the right way.[20] Part of the psalm reflects that God knew and was involved with us *in utero*.

'For you created my inmost being; you knit me together in my mother's womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place, when I was woven together in the depths of the earth. Your eyes saw my unformed body; all the days ordained for me were written in your book before one of them came to be.' (Psalm 139:13-16).

There is no specific reference to conception or implantation. Though the author was almost certainly not thinking foremost of embryology

when the Holy Spirit inspired these words, God would have known that we might come back to them with these questions more than 2,000 years later. But once again, the context of the whole psalm is more clear evidence that God is aware of, and indeed relates to us, throughout our life.

the birth of Jesus

Soon after Mary heard that she was pregnant with Jesus, she visited her cousin Elizabeth, who was pregnant with John the Baptist. We don't have exact gestational ages. But we do know that Elizabeth was in at least the sixth month of her pregnancy;[21] Mary stayed with her three months, and appears to have returned home before John was born.[22] We aren't given the exact gestational age for Jesus, but it seems that Mary left to visit Elizabeth very soon after Gabriel's visit to her.

John (then probably at least 26 weeks gestation) reacts to the presence of Jesus,[23] showing that it clearly is Jesus that is present in Mary's early pregnancy, not simply an anonymous group of cells.

Of course we should take care when extrapolating the miraculous conception of Jesus to other humans. Conceived of the Holy Spirit rather than of Joseph, we should exercise caution in extrapolating every presumed detail of his conception to our own. But we can nevertheless see clear evidence of life having value in the womb, very early in pregnancy.

where does this leave us?

You may be reading this concerned that I have not treated texts you have seen referenced in regard to early life as 'proof'. Or you may wonder whether Bible texts where early life conclusions are implied rather than explicit can be relied upon at all.

God knew the exact workings of early human life when these texts were inspired by his Spirit, and knew that Christians in this era would ask the questions we ask. It is important to let Scripture speak for itself, and understand the primary meaning of a text to be that which it speaks about itself, rather than try to make it say what we want to, to further a given argument. But none of this takes away the clear suggestion in Scripture that God is intimately involved with our lives not only *in utero*, but before we are even conceived.

This may not give an absolute answer to the question 'when does life begin?' but surely places the burden of proof on those who argue for any point *after* conception: they need to be sure that God's relationship with us *doesn't* extend into the period where the early embryo is not thought to be a person. Otherwise, there is a risk that the persons created in God's image may not be afforded the treatment God would want us to give them. ▪

GO FURTHER

There are a number of logical and philosophical considerations outside the scope of this article. A masterful rebuttal of both secular and Christian objections to a 'life begins at conception' position can be found in Peter Saunders' article '*Deadly Questions ... on the status of the embryo*' which is available on the CMF website.[24]

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the ethics of gene editing

Trevor Stammers offers a Christian analysis

Trevor Stammers is a Reader in Bioethics, Director of the Institute of Theology at the Centre for Bioethics and Emerging Technologies at St Mary's University, Twickenham, and is editor of *The New Bioethics*.

Before the completion of the Human Genome Project (HGP) in 2003, it was thought there were around 80,000 coding genes for proteins. One of the big surprises of the mapping was the actual number turning out to be around 25,000, and the rest of the DNA was initially written off as redundant and labelled as 'junk'.

However the 2012 publication of the Encyclopaedia of DNA Elements (ENCODE)[1] challenged that dismissive label showing that much of that 'junk' DNA consists of genes for non-coding RNAs involved in regulating protein coding genes.[2]

The analogy of the genome as the 'book of life' has hence been superseded by less linear ones such as the internet of life where the switches that operate active components may be separated from them by vast distances within the genome.

In 2013, a paper described the use of an endonuclease, CRISPR Cas 9,[3] to edit DNA in eukaryotic cells.[4] Such genetic scissors had been around for years but CRISPR Cas 9 was the first to combine accuracy, economy and speed enabling such rapid progress in the field. It has already led to cures of leukaemia using a virus to add a gene to the patient's immune cells that makes them target cancer cells.[5]

However, the pioneers of genome editing have wider goals than the mere treatment of disease. For most of them, creation of embryos explicitly for experimentation and destruction is ethically acceptable. However, alteration of the germ line (which would pass changes down generations) and genetic enhancement are also on the agenda.

Christian writing on gene editing often emphasises the Genesis account of creation which I now explore using Dietrich Bonhoeffer's 1937 work, Creation and Fall.[6]

hype about both the elimination of all genetic disease and the advent of designer babies is likely to remain just that for the foreseeable future

origins: creation and fall

Bonhoeffer emphasises several elements. First, God is distinct from his creation; creation is not a fragment of God. He does not give birth to the universe but speaks it into being. He creates by his word alone.

Furthermore, that 'which is created by the Word out of nothing, that which is called forth into being, remains sustained by the sight of God'. God does not wind up the universe like a clock and leave it to tick on of its own accord; rather 'he holds all creation together'[7] and 'sustains all things by his powerful word'.[8]

God also speaks life into being – vegetation, sea-life, birds and land animals, all 'according to their kind'.[9] However, when it comes to the creation of humankind, another element is involved. God creates humankind in his own image, male and female, from the dust of the earth. The human body is fashioned out of earth just like those of other animals, but God breathes his life uniquely into this creature which becomes 'a living soul'.[10]

Bonhoeffer singles out two prime elements of what it means to be 'in the image of God'; first, that it means to be free and in particular, free to worship the Creator, and second that it entails the delegated authority of God to rule over creation responsibly: 'I belong to this world completely. It bears me, nourishes, and holds me. But my freedom from it consists in the fact that world to which I am bound …is subjected to me and that I am to rule over [it].'[11]

Bonhoeffer's synopsis of the creation narrative ties in surprisingly well with contemporary knowledge of genomics. The account emphasises:

a) all living things, including human beings, are created out of the clay of the earth. The fact then that the HGP has shown us that there is a huge similarity between the DNA of all species is no challenge to belief in a Creator; the Bible does not encourage us to have too high an opinion of ourselves.[12] It should therefore not concern us that as a species we share over 98% of our DNA with a chimpanzee. We came from the same clay after all.

b) our physical embodiment is affirmed along with the rest of creation as being very good. It is not a mistake that we have bodies like other animals but rather, this is God's intention. Therefore, we are not to regard our bodies as prisons from which to escape but as a 'temple of God',[13] through which we are to live for his worship and praise.

c) despite our genomic similarities with the rest of living things, we are different. Christians have no option but to be 'guilty' of speciesism. Not because we believe other species should be treated in any way we like – there are many scriptural warnings against inhuman treatment of animals,[14] but because we alone have the freedom to rule over and care for the rest of creation and are delegated his authority to do so.[15]

Though for Bonhoeffer a key element of being made in the image of God is the reality of human free will, we are not entirely free to do as we please. God sets a limit on that freedom with a prohibition in the form of a tree from which Adam and Eve were not to eat.[16]

Adam, though made in the image of God, is not God; Bonhoeffer sees the fall as a rejection of contentment with the *imago dei* resulting in an attempt to be as or like God – *sicut deus*. The price of success for Adam is the ultimate one, as Bonhoeffer explains: 'It is true that man becomes *sicut deus* through the fall but this very *sicut deus* can live no longer; he is dead.'[17] Not only does mankind undergo spiritual death – separation from God – the earth from which humanity was fashioned is also cursed.[18]

GO FURTHER

- Gene editing is arguably the most significant medical advance of the millennium to date and it is certainly here to stay.
- As with health and disease, the distinction between therapy and enhancement is not easy to draw. Christian attempts to do so originate from different historic interpretations of the creation and fall.
- While the freedom of the will is a key element of being in the image of God, we are not entirely free to do as we please.
- New developments in genomics have given rise for more reasons to be cautious about genetic determinism.

In the light of Bonhoeffer's analysis, one of the ways we might attempt to discern an ethic of genome editing is to determine whether what is proposed is appropriate to undertake as creatures made in God's image or whether it constitutes an attempt to usurp God's place.

identity, healing and enhancement

'It is a profound misunderstanding of the human condition to think we can optimise ourselves in such a way that all human suffering is abolished', insists Maureen Junker-Kenny.[19] 'It is not good to be alone'[20] is the first thing in the creation account that God declared was not good. Our relationships remain a fundamental human need regardless of how high spec our selfish genes might be.

As with health and disease, the distinction between therapy and enhancement is not easy to draw. Christian attempts to do so originate from different historic interpretations of the creation and fall. Augustine of Hippo (AD 354-430) understands the fall as entailing the ruin of all humanity as the offspring of Adam, from a state of perfection by Adam's sin of disobedience. This Augustinian schema underpins Professor John Wyatt's analogies of the restored masterpiece and the Lego kit.

According to Wyatt, 'Our bodies do not come to us value free. They are instead wonderful, original artistic masterpieces which reflect the meticulous design and order imposed by a Creator's will and purpose.'[21] This original masterpiece has however become defaced by the effects of the fall and the task of medicine is to renew the body back to the Creator's original intentions, just as an art restorer does with a damaged painting.

Wyatt contrasts this with the 'Lego kit' view. 'There is no right or wrong way to put the pieces together. There is no masterplan from the designer. There is no ethical basis of Lego construction. You can do what you like. In fact, as the advert says "The only limit is your imagination"'.[22]

Furthermore, since there is no natural order within a random, mechanistic view of humanity, the difference between natural and enhanced is obliterated completely.

A different view, however, was taken by an earlier Christian theologian, Irenaeus (AD 130-202), who viewed the creation of Adam and Eve as a work in progress.[23] The first stage – that of being in the image of God – is complete. However, mankind is not yet mature and hence imperfect. Thus God's declaration of his creation as 'very good' did not mean for Irenaeus that the world was free from imperfection but that it was perfectly suited to God's purpose of developing us into his likeness. Ironically the very thing that constitutes the essence of sin for Bonhoeffer – mankind seeking to be like God – becomes the purpose of God for mankind in Irenaean thought.[24]

though our genes do influence everything about us, they do not determine everything we do

The Irenaean Adam has proven very attractive to many contemporary theologians such as Ronald Cole Turner who sees gene editing as having a legitimate role for mankind as partners with God in co-creating our own development: '...the question of the human creature as creator [or 'co-creator'] who contributes to the divine work of creation through new technology, remains an open question, more urgent than ever.'[25]

genetic determinism

Christianity contends that we are more than the sum of our parts, including our DNA base-pairs. However scientists have often embraced a rather fundamentalist genetic determinism. Francis Crick famously summarised such a view that '*You*, your joys and your sorrows, your memories and your ambitions, your sense of identity and free will, are -in fact no more than the behaviour of a vast assembly of nerve cells and their associated molecules'.[26]

Jockemsen points out several problems here: 'If the DNA sequence contains a message, this presupposes a meaning in the message which cannot be generated by the mechanism which translates it. Furthermore the DNA has not generated the translation mechanism since in order to be expressed it needs that mechanism. The genetic message itself "needs an explanation – both a final and causal one".'[27]

New developments in genomics have given rise to more reasons for caution around genetic determinism such as the evidence that non-coding RNAs (ncRNAs) and their effects are influenced by environmental factors including smoking.[28] So with both the majority of DNA not coding for proteins and environmental factors influencing the ncRNAs' control of protein-coding DNA, the central dogma of molecular biology of one gene/one protein is increasingly untenable.

This is without taking into account the exploding field of epigenetics. Epigenetics is a field which has borne a range of definitions. Perhaps the simplest is 'the study of heritable changes in gene function that cannot be explained by changes in DNA sequence'. The key point here is that changes to the DNA other than mutations of DNA sequencing, can influence phenotypic changes, some of which are heritable.

Where does this leave us theologically in relation to our human responsibility before God? It surely confirms that though our genes do influence everything about us, they do not determine everything we do.

a Christian view of gene editing

Gene editing is arguably the most significant medical advance of the millennium to date and it is certainly here to stay. Christians are likely to take differing views on particular aspects of it depending on how Augustinian or Irenaean their theology. The goal of healing or enhancement will be another factor in their evaluation, as will the precise details of the technique being used. The correction of a single gene defect either before fertilisation or in the early embryo has already been considered as analogous to fetal surgery in terms of obtaining consent.[29] However most gene

editing researchers see the creation and destruction of embryos as an intrinsic necessity in reaching that point, and many Christians will find this unethical – the end point here being neither healing nor enhancement of the embryo involved.

Hype about both the elimination of all genetic disease and the advent of designer babies is likely to remain just that for the foreseeable future. The more that is discovered about the complexities of interactions of genes and their modifiers both within the genome and the environment, the more unlikely the selection of traits such as intelligence or artistic creativity becomes let alone any prospects of moral enhancement.

Moreover, Christians should bear in mind it is not the perfect whom Christ calls to be his people but rather those who acknowledge their sickness and moral failings.[30] 'God chose the foolish things of the world to shame the wise; God chose the weak things of the world to shame the strong.

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God chose the lowly things of this world and the despised things – and the things that are not – to nullify the things that are'.[31] No amount of genetic editing will bring salvation from our sin; only the blood of Christ can do that.[32] ■

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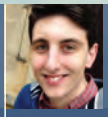
This article was adapted from the Rendle Short Lecture given at the CMF 2017 National Conference

the reasonableness of conscience

Toni Saad explores moral reasoning in medicine



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The last few years have seen a flurry of excoriating critiques of conscientious objection in the academic press. Many argue that it should no longer be tolerated.[1] As one pundit puts it: 'if people are not prepared to offer legally permitted, efficient, and beneficial care to a patient because it conflicts with their values, they should not be doctors.'[2]

Christians in healthcare should respond to these concerning claims. There is plenty to say about them. But it is also useful to take a step back and consider what conscience is. Then we will understand its role in clinical decision-making and its relationship to conscientious objection. This will help us reflect on the current opposition in this area.

conscience: the instrument of moral reasoning

Some associate 'conscience' with guilt: it is the barb which snags us when we wilfully sin. But we must not confuse the *pangs of conscience* with conscience itself. There is more to conscience than the consequences of ignoring it.

The apostle Paul addresses conscience in his epistle to the Romans. The Roman Christians were confused about laws concerning the ceremonial cleanness of foods; Paul reminds them that all foods are clean. But he adds a caution: beware of the weaker brother's conscience. 'All food is clean, but it is wrong for a person to eat anything that causes someone else to stumble' (Romans 14:20). What Paul is saying is that although you might be happily (and rightly) convinced that eating bacon is clean, do not practise this legitimate liberty in a way which offends your brother. If he is convinced in his own mind – albeit wrongly – that not all foods are clean, do not lord your good conscience over him.

This doesn't seem like it has much to do with conscientious objection in healthcare. Yet, Paul concludes this teaching with: 'But whoever has doubts is condemned if they eat, because their eating is not from faith; and everything that does not come from faith is sin' (Romans 14:23). The principle underlying this teaching is that if one's conscience, even if it is mistaken, conflicts with one's actions, then one has sinned, even if the thing done is not wrong in itself. For example, though it is not a sin to eat bacon, if your conscience convicts you that it is and you eat it anyway, you have sinned. The thing itself is not a sin, but the intention to act against conscience is.[3]

This raises some questions. What is conscience? If it is merely a gut feeling, why not ignore it? If it is merely an emotional response after the fact, why not suppress it?

> conscience is the act of reason which applies general moral principles to particular situations

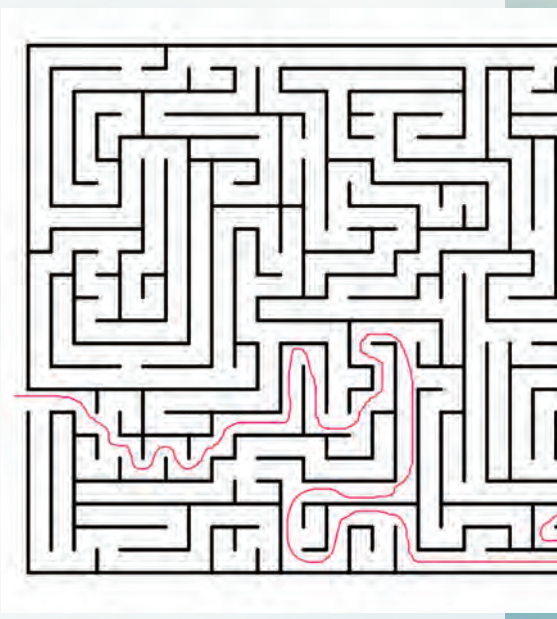
Clearly, Paul does not think conscience is trivial. He understands it to be something which is constitutive of morality, and believes that seeking to do the right thing involves the mind, (specifically the conscience) putting principles into practice. It is the God-given instrument of moral reasoning. To violate its demands is to become indifferent to good and evil.

In the language of philosophy, conscience is the act of reason which applies general moral principles to particular situations.[4] Conscience takes a general principle (eg. it is wrong to kill innocent persons) and applies it to a situation (eg. Socrates is a person) to yield a judgment about how one should act or refrain from acting (eg. I should not kill Socrates).[5]

Why does this matter? For one thing it shows

that morality is reasonable, not irrational, and neither is conscience: to apply conscience is an act of reason. For another, it shows that every time anyone tries to do the right thing, whether they are aware of it or not, they use conscience. Every decision we make – assuming we are trying to do the right thing – necessitates conscience, including routine clinical decisions.

If a patient complains of feeling nauseated, miserable and of not opening their bowels for five days, my decision to prescribe laxatives is moral. I first realise that my patient is subject to something bad (constipation). Then I must be disposed to do good to them by reversing this condition, which in this case means prescribing laxatives. Absurd as it might sound, prescribing laxatives to a patient is a moral decision of conscience. Conscience takes the general principle about loving one's neighbour and specifies it to the situation presented.



conscientious objection: opting out for moral (and clinical) reasons

To conscientiously object means refraining from taking part in something one considers to be gravely immoral. It is not merely a refusal to do something one does not like. It means opting out of something because one is morally opposed to it. It is not a whim, or a pretext for laziness or prejudice, and neither is it an opportunity for activism. Conscientious objection arises when the demands of patients or colleagues are so incompatible with the requirements of one's conscience that one must abstain from taking part in them.

Conscientious objection to abortion is an important case in point, in part because of the conscience clause in the Abortion Act (1967).[6] Yet conscientious objection can potentially arise to any proposed act which one considers to be seriously wrong, not just abortion or the other 'big two' (euthanasia and contraception). We tend to think that conscientious objection only applies to a predetermined list of controversial procedures. This is far from reality. It can arise from many a clinical scenario where one is asked to do something morally wrong.

To see this, it is helpful to distinguish between *conscientious objection to ends and conscientious objection to means*. Conscientious objection to ends occurs when the morality of the given goal is in question, for example abortion, female genital mutilation, euthanasia, or amputation of a healthy limb. The conscientious objector opposes the thing because it is wrong in and of itself. However, the conscientious objector *to means* does not object to the thing itself but to its appropriateness, for example the prescription of antibiotics to a patient with a viral cold who demands them. Put like this, it becomes clear that conscience and conscientious objection are at work even when they go by another name. And whether it be *to means or ends*, it is the same process of conscience applying general principles to particular situations.

For example, no intensivist opposes CPR, intubation and ventilation in and of themselves. Yet if a patient demands such escalation of care when it is clearly not appropriate, he may object to it. Moreover, one often hears it said that it would be wrong – cruel even – to attempt to perform CPR

on certain patients. This moral language does not imply that CPR is wrong in and of itself, only that there is a time when it is so grossly inappropriate that it becomes wrong. In this situation, one does not object to ends but to means.

This shows that conscientious objection is happening all around us. When a patient asks for an intervention which is inappropriate but not wrong in itself, we make a moral decision based on our intention to do good to say 'no'. A request might be slightly inappropriate, but nevertheless within what can reasonably be considered beneficial. At other times, however, the request might be downright dangerous to the patient or others: a patient in renal failure demanding their normal doses of (renally-cleared) sedatives. Saying 'no' to such a request is usually viewed as the work of clinical judgment – which it is – but it is primarily a moral judgment specified to a clinical setting. There are so many such cases of conscientious objection in clinical practice that we often fail to recognise them as such.

This demonstrates that conscientious objection is merely one by-product of conscience. Conscience is at work whenever we make a clinical decision. Often it only comes to mind when there is a severe conflict between a patient's demand and our understanding of the right thing to do, yet it is at work in the formation of every clinical judgment. We should think of conscientious objection as only the beginning of practical reason.[7]

why is conscience objection under threat?

Opponents of conscientious objection have not reckoned with the fact that conscience is at work in every clinical decision, not just the morally controversial ones, and that conscientious objection under the name of clinical judgment is already part and parcel of good practice. It seems therefore, that restricting conscientious objection when it comes to the 'usual suspects' is arbitrary. More could be said about this,[8] but a theological angle will help us think more clearly.

What does the offensive against conscientious objection teach us about our spiritual condition? For one thing, it shows how much emotivism colours our thoughts. There is an underlying assumption in some quarters that morals are irrational, that morality is just a sophisticated way of expressing likes and dislikes, and so is any appeal to conscience.[9] Therefore, moral claims can be dismissed when it is convenient to do so. If the conscience is fundamentally irrational, then it can be overruled by those for whom it is inconvenient. But man is not a fundamentally irrational creature, but a thinking being, fashioned in the image of the God of reason. God has equipped all human beings with an innate sense of right and wrong, and a conscience to use to seek the former and avoid the latter. Paul, again writing to the Romans, says concerning the Gentiles who are ignorant of the law of God that 'the requirements of the law are written on their hearts, their consciences also bearing witness…' for they 'do by nature things required by the law.'[10] By the grace of God, no human being is completely indifferent to good and evil, which is to say that no human being is without a conscience. Conscience and conscientious objection, therefore,

are not only for those of faith, but for all who care about doing the right thing.

Another reason why conscience is marginalised is apathy towards God. Why would anyone care about God's law if one does not recognise him as Creator, Legislator and Redeemer? In an imaginary world where there is no ultimate judge to whom we are accountable,[11] the dictates of conscience are often too inconvenient to obey. Conscience and its application of the law which God has written on the human heart seems much less important.

conclusion

Paul exhorts us to not be conformed to this world's thinking, but rather be transformed in the renewing of our mind. By God's grace, our conscience is being renewed, in order that it aligns more closely with God's good, pleasing and perfect will.[12] As we perceive the requirements of morality more clearly, we might well encounter external demands which come into conflict with these. Our conscience will be at work (as it is every time we try to do the right thing) whether or not objection is necessary. Encouragingly, there is plenty of scholarly ammunition to defend the liberty of conscience in the public square.[13] We can make the case for conscience, not as a special religious exemption, but as a basic function of human reason and clinical practice. ■

SUMMARY

conscience

- A function of reason which we use every time we try to do the right thing
- Applies general moral principles to specific situations to yield a judgment about how one should act

conscience objection

- *Conscientious objection to ends* and *conscientious objection to means* can be distinguished, though both are substantially similar in that they entail the application of general moral principles to particular situations
- Conscientious objection *to ends* includes objection to abortion, euthanasia, contraception, female genital mutilation, or an amputation of a healthy limb
- Conscientious objection *to means* (often called clinical judgment) entails objecting to the appropriateness of means, not to the end itself. For example, under some circumstances, CPR and/or invasive and aggressive organ support can be so inappropriate as to become wrong, and a doctor would be morally justified in refusing to perform such things under certain circumstances
- Conscientious objection, in the name of clinical judgment, goes unnoticed in clinical practice

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just ask
questions from students

Abigail Randall, a GP in East London and medical school link for Bart's and the London Medical School is now taking on this column.

competitiveness

Medical school seems to bring out my competitive side. I'm constantly comparing myself with others and wanting to do better than them. Is this wrong? Or is it right to want to glorify God by working my hardest and doing the best I can?

It's natural to want to do well in exams and to get the best grades we can. But it can be very hard to unpick our motives in this. There are many good motives for working hard and doing the best we can: avoiding the folly of laziness; wanting to display God's glory; seeking the best exam results in order to open up the maximum number of opportunities to serve the Lord, and so on. We might cite the lazy servant of Matthew 25:14-30, who disastrously buried his gift in the ground rather than putting it to use.

But our motivations can be nuanced and conflicted. It's so easy for pride to creep in. We want to do well by human standards and it makes us feel good when we do.

Beware envy. Wanting to do better than others adds a slightly different twist. If I want to do better than someone else then by the same token I want that person not to do so well as me.

Remember your identity. The world will tell us that our identity comes from what we do – I'm a midwifery student. I'm a medic. I'm a top rower. She runs the homeless shelter. She got 99% in that exam. But this is not the way God thinks of us. Our identity as Christians is based not on what we achieve, but on who we are – all that we are in Christ.

Don't fall into the trap of muddling identity with academic (or any other) achievements – you'll only be disappointed in the long run. For example, what happens to that identity when you fail an exam, or don't know the answer to a question in the ophthalmology outpatient clinic? (Even if you never fail an exam, and your clinical knowledge is impeccable, these things are temporary and ultimately unfulfilling.)

We may glorify God with our exam results, but let's remember that God's glory is also showcased in the weak things of this world. Human wisdom tells you that the harder you work, the better your exam results. But God in his grace has chosen '...the lowly things of this world and the despised things...so that no one may boast before him.' (1 Corinthians 1:28-29)

Of course human understanding and medical knowledge are of some value, and don't let us waste valuable educational opportunities. But to set our hearts on particular grades above all else? 'Set your hearts on things above, where Christ is, seated at the right hand of God. Set your minds on things above, not on earthly things.' (Colossians 3:1-2)

Practically, try to think more about the manner in which you study or spend your time, and less about the possible outcomes. The Lord is interested in our *doing right*, rather than our doing well. Remember Colossians 3:23, 'Whatever you do, work at it with all your heart, as working for the Lord, not for human masters.' ■

If you have a burning question, why not email us: *nucleus@cmf.org.uk*. The best question each issue wins free student membership for a year.

leadership : vulnerability

John Greenall explores vulnerable leadership

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

are we aware of the perils and the power of vulnerability?

why is it so important in leadership?

My respiratory placement was probably the scariest of medical school. I dreaded Tuesday mornings when the esteemed Prof would take us around the respiratory ward. 'So, Greenall, what did you learn from your reading on psittacosis that I set you last week?' My answer, lacking in any scientific knowledge and evolving into a story about my friend's pet parrot, was given short shrift. I was left feeling rather small, which if you know me, is quite some (six and a half) feat!

Fast forward three years to my first week as a Cardiology F1 on nights. The registrar has asked me to prescribe a GTN infusion. Fearing the registrar's dressing-down for disturbing her (again), I boldly prescribe a rate 'somewhere in the middle' of the 1-10mg/hr dose, before I (and likely the patient) am saved by the sister in charge.

We are averse to being vulnerable – being 'exposed to the possibility of being attacked or harmed, either physically or emotionally'.[1] It's so tempting to cover up and pretend to have it all together. Why? Deep down we are people pleasers; we pretend we have all the answers. We love the approval when we can recite the 'six 'P's' of the ischaemic limb (go on, I bet you can't remember them all!). We are trained to cast ourselves in a good light to impress our consultant, and in future our colleagues, the nurses and the patients.

The irony is we admire vulnerability in others. We are surrounded by vulnerability in our healthcare setting. Indeed, we want our patients to be vulnerable! When I ask a teenage girl with abdominal pain about her periods or whether she is sexually active, I am looking for the truth, because otherwise I can't help her. It's why I love paediatrics, because kids (until they are teenagers) are so transparent!

So, we are aware of the perils and the power of vulnerability. But why is it so important in leadership?

Being vulnerable in leadership isn't often celebrated as a strength. Indeed, it's more often

seen as a sign of weakness. 'Football manager on the brink' screams *Metro*. 'Prime Minister wobbles in big speech to the CBI' roars *The Times*. But as Christians who are in leadership, we are called to be vulnerable.

But we can be tempted to show we 'have it together' to somehow legitimise our leadership. To ensure our followers have faith in us; that they are following someone they can emulate. How many speakers use examples in their talks that are from the past – 'I used to struggle with x,y,z, but now I've overcome it and walk free'. Whilst this is good to hear, it isn't real vulnerability at all, and if anything, it discourages people admitting a present struggle.

character blemishes – what are your foibles?

As you lead others, let me implore you to know yourself. Know your strengths. Know your sinful habits. And (perhaps less commonly taught or encouraged) know your character foibles. Perhaps you are a great communicator and can cast vision, but you talk too much. Perhaps you are a solid and disciplined Christian but can come across as abrasive, critical and not as gentle as you need to be. Perhaps you are responsible, careful, you hate to be wasteful (a person who others would like as their treasurer!) but verge on miserliness and an ungenerous attitude. Or perhaps you're kind-hearted, eager to work, but not reliable or punctual, always overextended and leaving people to sweep up behind you.[2] These character blemishes are not sin. But a lack of self-awareness can hamstring your leadership. We all know leaders who have character traits that make them difficult to work with. It's a lack of insight (what some people call emotional intelligence) that can become a lifelong issue. The longer it persists, the more difficult it can be to spot!

'Do not think of yourself more highly than you ought, but rather think of yourself with sober judgment, in accordance with the faith God has distributed to each of you.'
Romans 12:3

four selves to self-awareness

1 OPEN SELF
I can see - you can see

For Open Self, this should normally be easy enough to see.

2 BLIND SELF
I can't see - you can see

For the Blind Self, we need reflection and feedback from others. A helpful question we can ask is '**What's it like to be on the other side of me?**' I ask this of everyone I directly lead – and I want to hear feedback. Over the last year that has included 'you're not tough enough with strong characters', 'you step in too soon without letting me find a solution' and 'you use too many words on your slides.'

3 CONCEALED SELF
I can see - you can't see

For the Concealed Self, we need disclosure and confession. It can be hard to find someone to oversee you, to pastor you. Colossians 3:16 says 'Let the message of Christ dwell among you richly as you teach and admonish one another…' This only happens as we have relationships where we can confess our sin and ask forgiveness. Who is pastoring you?

4 UNKNOWN SELF
I can't see - you can't see

For the Unknown Self, we need teaching and reflection on experience. Reading, journaling, and reflecting with others is key here. We should also pursue sharpening friendships. Honest friends who love you enough to say the hard things might mean difficult conversations,[3] but it's worth it! Sit down with a friend and say, 'Look, I want to go deeper. I want you to ask me difficult questions. I want you to tell me my character foibles and to help me address them.'

Someone who can help with this might be a spiritual mentor. Do you have someone a little further on the journey who you can meet with to chat and reflect? Often that person won't come to you, it will be you who will need to seek out that support.

imposter syndrome? – know your true identity

It is imperative that as leaders we know ourselves. But we need more than that. Because we all have weak spots. We can suffer from imposter syndrome, with that nagging fear that we'll be exposed for who we really are and be disowned. We often go to great lengths to avoid feeling vulnerable. We confabulate and cover up the fact we don't know the answer to the consultant's question. Or talk about our friend's pet parrot!

We need help to be secure enough to take it on the chin when someone criticises us. That's where, as Christians, we are called to root our identity firmly in Jesus. Vulnerability starts with knowing ourselves but relies on knowing who we are in Christ.

Like Jesus, we can be deeply secure in our self-identity as a beloved son of the father.[4] Like Jesus, we can handle criticism because we work *from* approval rather than for approval,[5] keeping us from the idols of pride (when we look down on others and sense our superiority) and despair (when we look up at others and sense our inferiority). When we compare ourselves favourably to others, we are less likely to admit weakness. And vice versa, when we feel inferior to others we are still unlikely to do so, feeling we will push ourselves even lower down the pecking order.

Like Jesus, we can have a vulnerability of spirit that means we don't have to defend our reputation or project an aura of invincibility. After all, he could serve others who should have bowed the knee to him because his identity was so secure.[6] And like Jesus, we can know the strength to fear God and not man as we lead others. True vulnerability is when we allow people full access to ourselves, without reservation, just as Christ gradually revealed himself for humans to understand who God is.[7]

If we want to lead like Jesus, we need to be ready to be vulnerable. If we want more than fans or admirers, then we need to be ready to reproduce ourselves in others by sharing our inner life with them.[8] We may risk ridicule and loss of respect; but we will be following in the footsteps of Jesus himself 'who, being in very nature God, did not consider equality with God something to be used to his own advantage; rather, he made himself nothing by taking the very nature of a servant, being made in human likeness. And being found in appearance as a man, he humbled himself by becoming obedient to death – even death on a cross!' (Philippians 2:6-8). May our vulnerability mean we are ready to go and to live likewise. ■

SUMMARY

- Being vulnerable is difficult and potentially costly, especially as a leader when we want to 'lead by example' (But this is one way to lead by example!)
- We all have character blemishes which, if not identified and dealt with, can hamper our leadership
- We need to know ourselves through seeking reflective feedback, disclosing and confessing sinful acts and attitudes and pursuing sharpening relationships.
- Our security to survive such self-disclosure only comes through a deepening understanding of our identity in Christ

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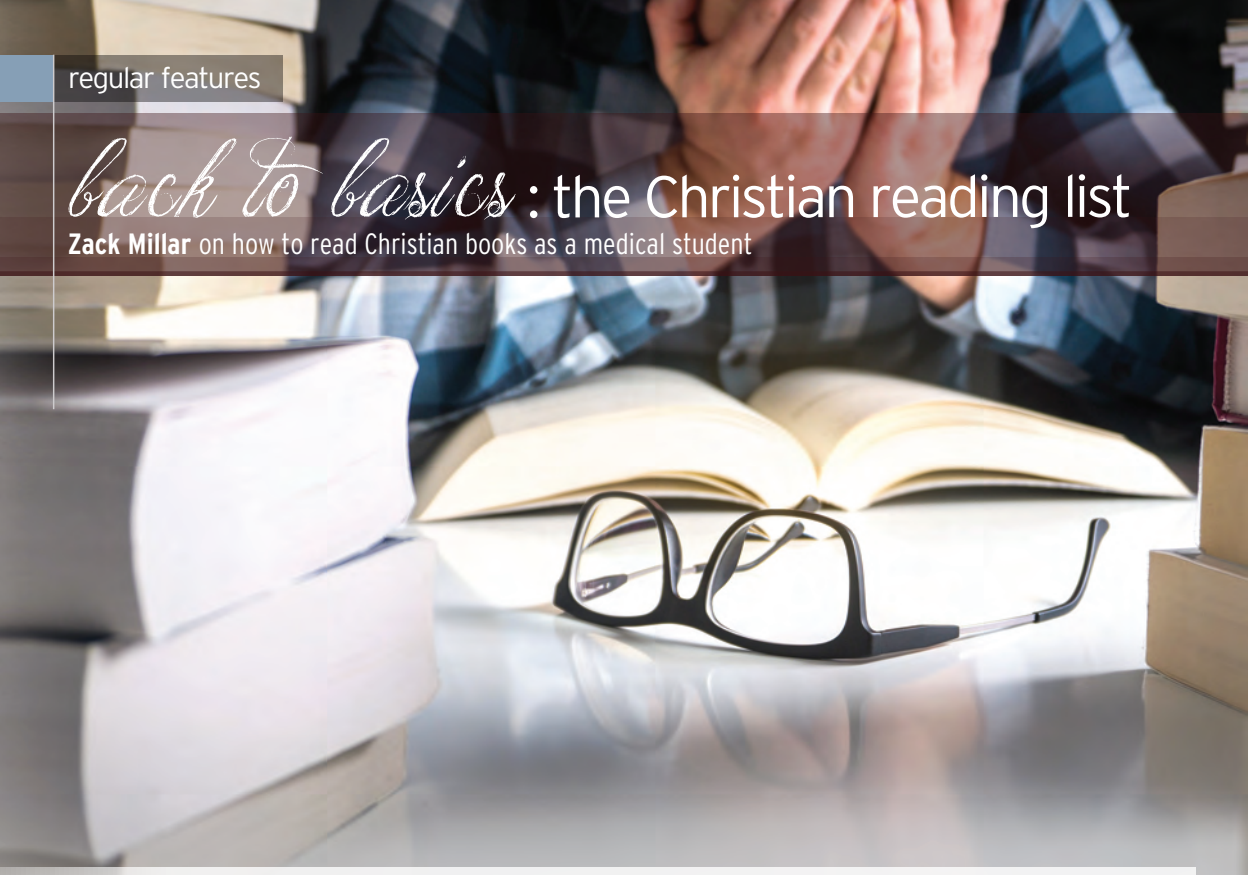

back to basics: the Christian reading list

Zack Millar on how to read Christian books as a medical student

My first week of medical school was punctuated by reading lists. Each department presented us with a honed array of textbooks, study guides and flashcards, all promising to be the definitive resource for our learning. Utterly dizzying in its volume and scope, I wondered, '*How on earth can I cover all of that?*'

The trouble is, my arrival at church as a student felt eerily similar. 'Have you read this book, or this one? How about *this* one?' I looked at other students with less contact time and I thought, '*That's all right for them, but I don't have as much time as they do.*' Dutifully, I raided book stalls and borrowed from my friends, but I was terrified that I would finish medical school knowing nothing about hyperkalaemia and everything about dispensationalism instead. I watched dejectedly as the stack on my bookshelf grew ever higher.

It is possible to achieve significant Christian reading whilst studying medicine to the best of our ability; we can graduate with both the satisfaction of a degree and a richer understanding of our God. But to do this we need to form a realistic and achievable plan.

the first (and essential) book

The best way to get to know someone is never to read about them but rather to let them speak for themselves. If we want to get to know God, what better way is there to do that than to read the Bible? Any Christian book, no matter how well-respected, is written by a fallible imperfect person. The Bible is entirely different. 'All Scripture is God-breathed,' writes Paul to Timothy, 'and is useful for teaching, rebuking, correcting and training in righteousness, so that the servant of God may be thoroughly equipped for every good work'. (2 Timothy 3:16-17) The Bible is the word of God breathed out for us. When we read the Bible, we can rest assured that what we read is completely true, accurate and applicable to our lives.

Whatever Christian books you want to read, make sure that the first one is the Bible. There is of course much blessing to be gained from reading the wisdom of others, especially when it comes to passages of the Bible that are more difficult to understand. However, we must not let that wisdom take the place of the inspired word of God. When we find life getting in the way of the Bible (or church),

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the first and most crucial step is to refocus. Then we can worry about other books!

what to read next

The trouble with specialist medicine is that you risk losing sight of the bigger picture. The same is true for theology; we get so excited about the minutiae and end up missing the wood for the trees. First and foremost, theology is 'the study of the *nature of God* and religious belief'.[1] When we read something theological, we must remember that primarily we are studying God himself and not simply accruing knowledge for its own sake.

With that in mind, before starting any Christian book, ask yourself: *is this going to build me up as a Christian and bring me closer to God?* The answer to that question could be 'no' during one period of your life and 'yes' during another. If the answer is 'no', right now, then are you really making the best use of your limited time? Of course, there are very few books that would yield absolutely no benefit whatsoever! As medics though we need to prioritise our reading.

SMART goals

The SMART criteria[2] have been helping individuals and organisations achieve their goals since 1981. They are just as applicable here too!

First, be *specific*. 'I want to read more' is an incredibly vague sentiment. Instead, choose a particular topic you would like to study. After choosing your topic, set a target that is *measurable*, *achievable* and *relevant*. Decide on a number but be sensible. As tantalising as a 14-volume set may be, most likely you would need to be prepared to dedicate at least a year to the project (and then set your goal as one-two volumes per month). Unless you have extraordinary determination, a shorter-term goal may be more realistic (such as one book per term or every four weeks). Finally, once you have set your target, make it *time-bound* and stick to it. Do not succumb to the temptation to let it drag on. If you know that a chapter a day will achieve your goal, make sure it happens!

how to read (effectively)

Some of us may be thinking, '*I read all of Harry Potter*[3] *in two weeks. Surely one book a term is a bit pessimistic?*' When we read Harry Potter, how much did we really savour the words? Did we take the time to mull over profound writing, or were we swept along by a compelling narrative? Many parts of the Bible (and indeed Christian books) are indeed compelling to read, but we must not romp through them.

What does it mean to 'meditate on your [God's] precepts and consider your [his] ways?' (Psalm 119:15) It means to spend time thinking about what we just read, placing it in its context and considering how it applies to us. After reading anything, think: *how will tomorrow be different because of what I read today?* If it takes an entire term to get through one book, but we get through it properly, then it is far preferable to reading shelves of books superficially.

achieving our goal

As Christian medical students, our goal should be to leave medical school with greater knowledge of both our Creator and the humans he created. When we prioritise the Bible first and relevant books second, we can begin to set realistic targets for ourselves and devote enough time for proper meditation from our reading. How will you get excited about God without taking the time to get to know him better by delving into his word? Then set a target today, pick up a book, and marvel at the rich complexities of our Lord. ▪

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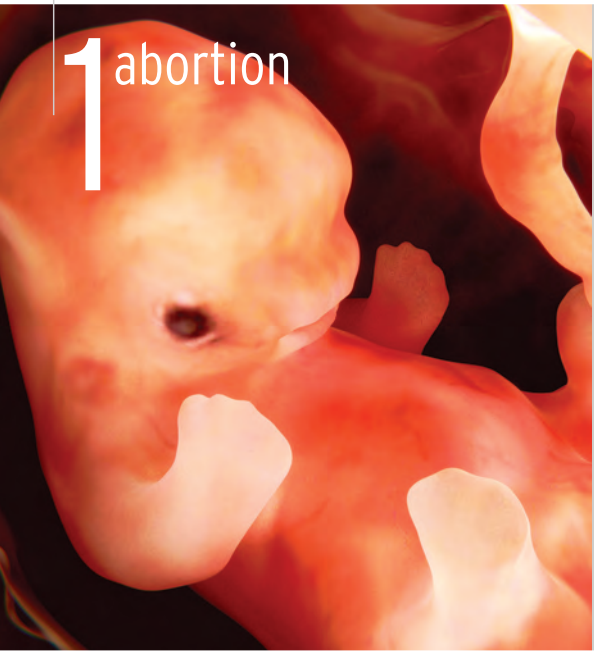
2. Doran G. Management Review. *AMA Forum* 1981; 70 (11): 35-36
3. Other fiction is available.

distinctives: In the begining...

Laurence Crutchlow considers beginning of life conundrums



1 abortion

If life *in utero* is of value to God, then unborn babies surely deserve the protection of the sixth commandment as much as any other human. UK law doesn't reflect this, with the Abortion Act (1967)[1] allowing abortion until the 24th week of pregnancy in specific (though broadly interpreted cases), and up to birth in cases of foetal abnormality. The Act does not apply in Northern Ireland and previous tight restrictions on abortion in the Republic of Ireland have been liberalised after a majority voted for this in the 2018 referendum.

For students, the main questions will be about our training and engaging with our friends. Many people we know will see abortion as a right, and go to considerable lengths to defend this 'perceived' right. There is limited research on medical students' views, though a 2008 paper suggests that a third hold pro-life views,[2] more than we might expect. Conversations need to be handled with care; with 197,533 abortions carried out in England and Wales in 2017,[3]

2 contraception

If you believe life begins, or even simply may begin at conception, this raises questions about methods of contraception which may act after conception but before implantation. Such treatments could be seen as inducing a very early abortion, rather than preventing a pregnancy. Older progesterone only pills, some forms of emergency contraception, and IUCDs have historically been the main areas of concern.

You will not be prescribing contraception as a student, but you may well find yourself discussing it, not just with

3 fertility treatments

The ethics of fertility treatments run far wider than questions about the early embryo; issues such as the legal status of surrogacy, sex-selection and pre-implantation diagnosis mean this is a broad and complex field. Purely in considering the ethics of early embryos, the main concern is over embryos which are produced in fertility treatments that are subsequently not implanted in a womb. Historically, most of these have simply been discarded or used for research. Some who are concerned about this have

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it is quite likely that friends have direct experience of it.

The Abortion Act (1967) contains a conscience clause, making clear that medical professionals are not obliged to participate. GMC guidance on *Personal Beliefs and Medical Practice* gives further guidance. BMA guidance [4] is clear that medical students can opt-out of watching abortion procedures.

Although nearly all abortions in England and Wales are funded by the NHS, less than a third now take place in NHS hospitals,[5] meaning that questions over medical student participation may loom less large than they did. Even so, think through your position now. Will you watch abortions? Will you clerk patients who have been admitted for one? Will you insert a cannula for such a procedure?

I observed an abortion as a medical student, though chose not to participate in any way. This led to discussion with the consultant performing it: he didn't agree with my concerns about the procedure, but interestingly thought abortion wasn't discussed widely enough in obstetrics and gynaecology where few people opposed to abortion worked. Not all the nursing staff were open to any discussion, which mirrored my experience when I was working in obstetrics and gynaecology as an SHO some years later. My discussions at that time were much easier because I had thought about the issue before the moment when it became important; I'd counsel you to do the same.

While we must think through our position, we need to be careful that our ethics isn't simply about saying 'no'. Even when 'no' is clearly needed, we should consider how to support those requesting abortion. Some CMF members have been involved in Crisis Pregnancy Centres and similar initiatives, which help both those grappling with an unwanted pregnancy, and those dealing with trauma from a previous abortion, sometimes many years ago. Options (*www.optionswimbledon.org*) is an example of one such centre. ■

patients but with friends, who assume that you are the fount of all medical knowledge. Some of you may well get married while still students, and need to think about the question personally rather than professionally. A detailed survey is outside the scope of a short article, but I would recommend two recent CMF publications. *Contraception: A Guide to Ethical Use* is a booklet that looks at all the currently used contraceptive methods, and brings together evidence on how and when they act. There is enough detail for the medical student or doctor, but straightforward enough language that the pastor or interested layperson will also find the booklet helpful. It is available from the CMF bookstore.

There is also a Contraception CMF File (Number 66) which addresses the wider question of whether Christians should use contraception at all, which is available on the CMF website.[6] ■

now begun to organise 'embryo adoptions', with embryos used by other couples who are able and willing to. Embryo Adoption (*www.embryoadoption.org)* is a Christian-run website in the US, which gives more information, though such a practice is not without its own legal, ethical, and practical problems.

CMF has considered the issues around fertility treatment in far more detail in the booklet *Facing Infertility*, available from the CMF bookstore. ■

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local groups: Birmingham CMF away day

Isaac Barnes explains how it works

The annual Birmingham CMF away day is always a highlight in our busy calendar. You would have thought it would be tricky to drag 40 busy medical students away to a small church south-west of Birmingham on a rainy and cold day in November. However not much dragging was needed with the promise of great food, fellowship, games and teaching from the Bible!

the day itself

An early start and a complicated mix and match of drivers and passengers meant we arrived early at the church set in the beautiful countryside of the Lickey Hills in South Birmingham. After the usual formalities – a hot drink and ice-breakers, the real purpose of the day began – getting into God's word and hearing from him. We had two-three sessions, accompanied with times of sung worship and group or individual prayer. Following lunch, we braved the elements for a walk through the beautiful countryside, followed by games, dinner together in the evening, and a big tidy up before we headed home.

the organisation

This year, Nick Greaves, a fourth year at Birmingham was the day's main organiser, pulling all the different aspects together with help from the Birmingham CMF and its committee. This involved coordinating prayer and sung worship, booking the building, arranging car sharing, food, CMF members to help organise games and ice-breakers and most importantly arranging for a speaker to come and teach us from God's word.

CMF away day 2018

James Howitt, CMF Associate Staff Worker in Essex spoke on the topic of 'Whole Life Worship'. Here are the key points:

- How many hours do we spend a week in worship? If you attend church once or twice a week, maybe two-three hours? Maybe you're a worship leader, so with music practice does that take it up to five-ten hours? Or do we spend all waking hours in worship to the Lord?
- In the Old Testament, worship involved the temple, a priest and sacrifice. The temple was

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where God was present; the priest interceded for the sins of the people, and the sacrifice removed sin. Christ fulfils these Old Testament requirements.

In sending his Spirit, God allows us to worship him anywhere as our bodies have become the holy temple.[1] Jesus is our High Priest who intercedes for us before the Father.[2] Our lives are now a living sacrifice – our actions do not earn us a relationship with the Father, but are an outward sign of him changing us.[3] This is our true whole life worship: it is wrong for us to separate our church 'worship' from the rest of our lives.

how do we practically apply this to ourselves? (Here are two examples)

1. As future healthcare professionals, we must be careful to keep our identity in Christ, rather than making our identity as a doctor an idol.
2. Building bridges – throughout his ministry, Jesus built many bridges (between Jews and Samaritans and between men and women to name just a few). We must make sure our whole life worship includes reaching out to all people, rather than discounting some as below us or 'too sinful' to know Christ.

I cannot recommend having a local CMF away day enough! It is a great opportunity for your CMF group to come together to enjoy fellowship, God's presence and to learn about him. ▪

REFS

1. 1 Corinthians 6:19
2. Hebrews 4:14-16
3. Romans 12:1-2

counterparts: Brazil

Bruna Proença has just completed medical school at the Federal University of São Carlos, Brazil

A few weeks ago, I finished my sixth year of medical school in Brazil. I am still in the midst of evaluations and tests, but hopefully I'll be able to get a residence in clinical neurology. Looking back, I can't put into words how great has been the faithfulness of God during my university years.

My country is mostly Catholic, so I see crosses and chapels all over the hospitals which are mostly known as holy houses. Pain and suffering is usually the way people rethink their lives and start thinking about eternity. In Brazil, I see a vast field to spread the gospel, but I see other religions gaining space: new age theories and spiritualism mixed together – a fake solution for our mortality. In the midst of a religious culture, the medical environment here is filled with apathy, competition, pride and financial interests. In Brazil, few are the states that have a good health service and that are accessible to most people.

Around that background, I started studying medicine in 2014 in the state of São Paulo, one of the most well-developed states here, with no strong conviction in my life. By God's grace and mercy, I got saved during an exchange program to the USA in my third year. I saw myself as small and lost and met the immeasurable and powerful love of Christ. My life was suddenly changed and I understood I was part of his great plan and finally gave up control. The things that happened from that moment on are a sequence of supernatural and unexplainable miracles.

I met a CMF group during that exchange trip. When I came back home, I got connected with CMF Brazil. Being part of conferences and training encouraged and equipped me to start a CMF group in my university, in parallel with an evangelism and discipleship girls' group supported by my home church. In the midst of a busy life of a medical student, I saw God's faithfulness in multiplying the time and effort we gave to his work; I saw the word of God changing and encouraging many lives. I had the great joy to see my parents and some classmates baptised.

At the beginning of 2018, I had the opportunity to participate in the Sydenham Conference in London where I met amazing people, received high quality and Bible orientated teaching and practical material to read and share with groups. I also received wisdom from doctors who were part of CMF UK. I had to make huge decisions regarding my next steps. I have come to understand medicine as a way to serve: each patient is highly valuable to God. I am humbled by the privilege to impact people's lives. Equipped by courses supported by CMF, such as Saline, I can apply comprehensive care and approach patient's spirituality in my practice.

Christ has turned chaos and hopelessness into beautiful things in my life. It doesn't matter about the pressure and busyness of our lives as students and health professionals. If we keep our eyes on Jesus, he is the source and perfecter of our faith.[1]

'I keep my eyes always on the LORD. With him at my right hand, I will not be shaken.' (Psalm 16:8) ■

REF

1. Hebrews 12:2

my trip to... South Africa

David Rassam describes an elective in South Africa

The best thing about medical school is the elective, a long-anticipated opportunity to explore what it's like to be a doctor elsewhere in the world. Having just completed finals and full of medical knowledge, I felt emboldened and ready to serve in sub-Saharan Africa... how wrong I was!

I travelled to Bethesda Hospital in the remote, mountainous village of Ubombo in KwaZulu-Natal. Founded by missionaries in the 1980s but now run by the provincial government, it provides healthcare to the local Zulu population. Situated in one of the poorest regions in South Africa, the effects of poverty on the wider determinants of health that we take for granted here in the UK were evident. Many patients present late for reasons such as poor health literacy and physical or financial accessibility. I clerked patients in the hospital's walk-in clinic where you would encounter just about every condition medical school fails to teach you – all whilst trying to navigate speaking Zulu! Tuberculosis, HIV and other communicable diseases are rife, and you quickly learn to anticipate the influx of booze-fuelled assaults on payday! Traditional medicine is also commonplace amongst Zulu people. Patients often present after *muti* (herbal remedies) given by *inyanga* (traditional healers) have proven unsuccessful, or indeed as a result of them, with severe renal or liver failure. Setting aside the array of medical and cultural differences, there was ample opportunity to practice skills that went beyond the scope of medical school, which proved invaluable. I learnt skills varying from lumbar puncture to relocating dislocated limbs to assisting in caesarean sections.

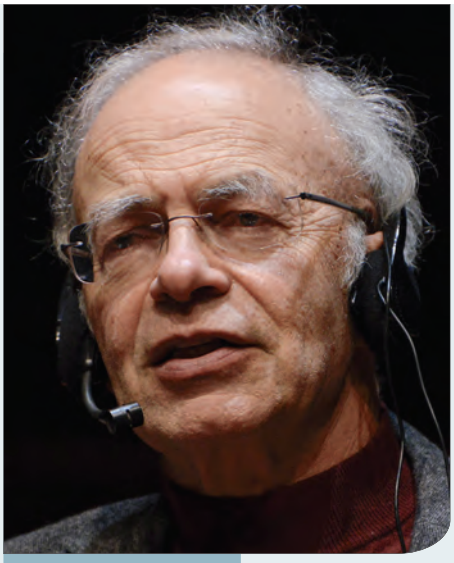
Whilst I witnessed first-hand the dire effects of poverty in the form of debilitating disease, it was not that what struck me most. I was most disturbed by the spiritual climate in the region. Remnants of Christian influence could be seen; however, they were often deeply ingrained with ancestral rituals and beliefs that were new to me. Attempts I made to talk about faith were met with indifference. The concept of evangelism seemed strange to the Zulu people I met; their identity being tied up in their tradition, which in turn, was their religion. The gospel discussions and Bible studies I had anticipated didn't come to fruition and I felt deflated.

Overall, I took far more away from Bethesda Hospital than I was able to offer. The experience was a steep learning curve in many ways that could not have been substituted by any number of books or courses. It's innate to our Western mindsets to expect and seek instant results, but our God is not goal-driven. Results are important, but do not define us in God's kingdom. Our stewardship must not be self-serving but instead be humble and patient, lest it be in vain. He delights in our day-to-day obedience and produces fruit from our hands for his glory and because of our faithfulness. Let's resist the temptation to obsess with targets and expectations to make us feel purposeful, and instead focus on allowing God – and not ourselves – to make us useful for his kingdom. Prepare to be unprepared, but go! ▪

Reviews

author review: Peter Singer

1975 was the year that the Vietnam War ended; the year *Jaws* was released in cinemas worldwide; and the year the animal rights movement was brought to the forefront of philosophical and ethical debate when Australian born philosopher Peter Singer released his book *Animal Liberation*, in which he popularised the term 'speciesism'. The term is defined as the practice of treating members of one species as morally more important than members of another species when their interests are the same.[1] Singer argued against the concept that membership of the human race gives human interests an inherent increased value over the rest of the animal kingdom.



Peter Singer

Four years on, Singer released his philosophical text, *Practical Ethics*, where he explored concepts of utilitarianism, and somewhat shockingly, argued not just for abortion but also infanticide in certain circumstances.

To form such conclusions, Singer drew a distinction between the terms 'human being' and 'person', one commonly made by abortion advocates. His conclusion was that what constitutes a human being is biologically determined by examination of our chromosomes and that our membership of species *Homo sapiens* should never be in doubt.[2] Being a person however, requires the presence of the 'indicators of humanhood'. Developed by bioethicist Joseph Fletcher, this includes a minimum IQ, sense of the past, communication ability, self-awareness and self-control.[3]

Singer places responsibility for the idea that killing a human being is inherently more wrong than killing a chicken, for example, squarely at the feet of Christian doctrine. He also suggests that the sanctity of human life entrenched in Western belief needs to be re-examined.[4] His position is that arguing that the killing of human beings (as defined above) being more wrong than any other sentient life is akin to *species discrimination*, and that there is no justification for such a position. He explains his ethical theory of preference utilitarianism, which can be summarised as *an action is right if it maximally furthers the interests of those affected by it*.[5]

From this then, Singer draws that there are two distinct types of argument against the killing of persons, neither of which he believes count in the case of abortion and infanticide. First, he suggests that an indirect anxiety would be caused by a policy of killing persons, and it would be wrong to create such anxiety. Yet a foetus or newborn is unable to comprehend such, and therefore cannot be affected.[6] Second, that the conditions of personhood give us cause to have a preference to plan for the future and go on living, and killing a person thwarts that desire and is therefore wrong.[7] Infants and foetuses, Singer argues, do not possess Fletcher's required indicators, so do not have these same desires, and are therefore not persons.

Whilst not looking to immediately compare abortion and infanticide, Singer acknowledges that his position essentially requires him to do so[8] in order to remain philosophically consistent, as his conclusions logically extend that far.

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Furthering this line of argument, since his reasoning around killing cannot apply to infants, then the only way to define whether killing an infant is wrong or not is consequentialist, that is to say where the weighing of positive and negative effects is balanced to provide a summative outcome.[9] As anyone who has worked on a labour ward can attest to, the birth of a child is generally a joyous affair, and one that would be hoped and expected to lead to a reasonable quality of life, therefore on balance the killing of such a child would be negative. However, were the child born severely handicapped, he reasons that the child may be expected to have a very poor quality of life, and that 'parents may, with good reason, regret that a disabled child was ever born. In those circumstances, the effect that the death of that child will have on its (sic) parents can be a reason for, rather than against, killing it'.[10]

Andrew Sloane, a medical doctor and theologian at Ridley College, details several critiques of Singer in his 1999 paper entitled *Singer, Preference Utilitarianism and Infanticide*[11] some of which I shall attempt to summarise below.

Singer's account of the development of ethics in human society is at odds with a *moral order* theory, which he would be unable to adopt as it would undermine the purpose of his study, however his conclusions are largely hypothetical and do not carry more weight than other explanations which can be used with equal (or in the case of altruism, possibly greater) weight to explain the same moral developments.

Then there is the question of justice. In Singer's view, if an action maximally furthers the interests of those affected by it, it is a right action. This does not mean however, that all parties must be positively affected by such action, meaning that particular forms of oppression such as slavery may appear to be right under this viewpoint. Yet actions such as slavery are generally considered to be wrong, regardless of their maximum utility. Their majority views are no doubt the product of key ethical institutions and intuitions, and despite conflicting with utilitarian thinking that certainly does not mean one is unjustified in holding them.

Finally, if we are to be concerned with the preferences of 'persons' and whether or not they are harmed, the inherent question remains as to why? If there is no inherent meaning, why does progress, or the progression of society, or possible future personal fulfilment matter to begin with? How can Singer claim that any choice or way of living is better than any other?

As Christians, we believe that we are made in the image of God.[12] We are called to 'Speak up for those who cannot speak for themselves, for the rights of all who are destitute' (Proverbs 31:8). The question that rings within my heart when I read Singer and others like him, is how do we value those who are most vulnerable? Does their vulnerability and lack of voice make them disposable, for us to do with as we like and destroy for our own convenience? Or does it demand compassion and protection for those who cannot yet speak for themselves? We need advocates in a world that forgets that we were all once the same – too young to speak, but that our Father knew us even in our mother's womb.[14] ■

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12. Genesis 1:27
13. Jeremiah 1:5
14. Psalm 139:13

news reviews

Lavinia Miries, Kelly Hibbert, Alex Bunn

is 'aid' always good?

Strings Attached[1] is a documentary film produced by Culture of Life Africa,[2] in association with Lux Lab under the presidency of Obianuju Ekeocha. She is a speaker, social activist and specialist biomedical scientist.

The film was launched at a preview event in the House of Commons in October 2018, hosted by the Society for the Protection of Unborn Children, and sponsored by Mary Glindon MP.[3]

The film aims to present the unheard story of women in Africa and how their life and health are affected by governmental aid coming from wealthier countries. The producer emphasises the need for basic resources such as water, food and an improved healthcare system over contraception and abortions. Yet a significant proportion of the money sent by Western governments as aid is set aside exclusively for sexual and reproductive health and rights. While this might represent one necessity, the producer asks why this particular concern is so prevalent among other nations and shares her views on the matter.

Though the content is not exclusively medical, watching the film could be a good exercise for critical thinking. It raises questions about whether or not 'aid' is always, without question, and in any circumstances in the service of good.

1. Strings Attached *bit.ly/2E7oSCy*
2. Culture of Life Africa *bit.ly/1kbhOlo*
3. Parliament launch for new film exposing UK funding of abortion industry in Africa. *Society for the Protection of Unborn Children* 19 October 2018 *bit.ly/2Aj4U4o*

illegal abortions

In November 2018, after the discovery that it was illegally performing abortions, Marie Stopes Kenya (MSK) was ordered to 'immediately cease and desist offering any form of abortion services' by the Kenya Medical Practitioners and Dentists Board (KMPDB). Shortly afterwards, Marie Stopes International (MSI, of which MSK is a subsidiary) was instructed to close clinics in Niger for the same reason. In these countries, abortions may only be carried out if the mother's life is at risk. Statistics in Kenya show that this law is in accordance with the population, with 87% of Kenyans opposed to abortion.

Given that MSI is primarily funded by Western governments, including the UK, this implies that money provided by the UK government is being used to fund unlawful terminations. The UK government, via the Department for International Development (DfID), gave £163.01 million to MSI from 2012-2017; in addition, a further £200 million has been pledged to the 'Women's Integrated Sexual Health' (WISH) programme – MSI will receive £77 million of this.[1]

DfID funds projects which aim to improve maternal health services overseas. However, a recent report carried out by the Independent Commission for Aid Impact (ACAI) found an 'intensive focus on family planning', to the detriment of other significant causes of maternal morbidity and mortality such as haemorrhage, hypertensive disorder and sepsis. It seems that funds are being diverted away from where they would have the greatest impact, in order to increase access to abortion. While maternal healthcare is an important and complex issue, the exposure of MSI's illegal practice in this area has raised concerns over where funds should be targeted.

1. Gulland A. UK to help poorest women around the world gain access to birth control. *The Telegraph* 30 August 2018 *bit.ly/2ssoPtc*

gene edited twins

Dr He Jiankui recently announced the birth of twin girls whose genes he had edited as embryos to make them HIV resistant. Just two months later the Chinese government put him under house arrest for his unauthorised research. His work raised alarm around the world: is it safe or ethical to alter the genome, especially when the

purpose is not to correct a significant defect? The government's reaction raised another ethical issue: are his actions worthy of the death penalty?[1]

1. Rogue Chinese gene scientist He Jiankui who edited babies' genes under guard as work is probed. *The Straits Times* 11 January 2019. *bit.ly/2sA18ip*

PVS patient delivers baby

A woman who had been in a permanent vegetative state for over a decade has given birth in a hospital in the States. The staff apparently only realised she was pregnant when she when into labour, which itself may raise questions. The case is not unique, and highlights the vulnerability of cognitively impaired people in care. Staff suspected of abuse may be moved on rather than brought to justice, particularly as formal investigation brings an institution into disrepute and may impact business. But a pregnancy is impossible to ignore. Police are seeking DNA samples from all males who have recently worked at the facility.[1]

1. Madani D. Panicked 911 call on woman in vegetative state giving birth: 'Baby's turning blue.' *NBC News* 11 January 2019 *nbcnews.to/2sxGn75*

transgender prescribing doctor fined

A GP has been convicted of running an illegal transgender clinic online, despite being refused a licence by the NHS regulator. The doctor provided hormones to children as young as twelve, many of whom had been denied treatment on the NHS. She said: 'The needs of this minority group of people must be recognised. We as a country can do better. The NHS waiting time of up to four years for a first appointment is unconstitutional.'[1]

1. Ward V. GP convicted of running transgender clinic for children without licence. *The Telegraph* 3 December 2018 *bit.ly/2Qz1gfQ*

man becomes father without consent

A man has lost his appeal for damages to cover the cost of raising a child he did not consent to have. His ex-partner had forged his signature for the IVF clinic in Hammersmith which had stored his sperm for a previous procedure. But the court ruled that although the clinic had failed to gain informed consent, that the law sees having a healthy child as an incalculable benefit. The businessman spent £750,000 on legal fees, and likened the fertility sector to the 'Wild West'.[1]

1. Smyth C. Father loses case over fake IVF consent. *The Times* 18 December 2018 *bit.ly/2FCNZwZ*

new guidelines on clinically assisted nutrition and hydration (CANH)

The Royal College of Physicians have released new guidance on withdrawing feeding and fluids from people in persistent vegetative (PVS) and minimally conscious states (MCS).[1] The guidance greatly expands the conditions for when nutrition can be withdrawn, including stroke, dementia and other neurological conditions with a 'downward trajectory'. The new guidance denies any distinction between turning off a ventilator and removing a feeding tube for food and water, as both are now regarded as 'forms of medical treatment'. Decisions will no longer need to be referred to the Court of Protection, but will be left in the hands of clinicians.

However, the latest peer reviewed research from the American Academy of Neurology (AAN) suggests that non-specialists are poor at predicting outcomes from these conditions.[2] It found 4 in 10 people who are thought to be unconscious are actually aware and that 1 in 5 people with severe brain injury from trauma will recover to the point that they can live at home and care for themselves without help. ■

1. Clinically-assisted nutrition and hydration guidance. *BMA* 4 January 2019 *bit.ly/2SUusfm*
2. New guideline released for managing vegetative and minimally conscious states. *American Academy of Neurology* 8 August 2018 *bit.ly/2w90vho*

HEROES + HERETICS

Alex Bunn looks at the life and legacy of Mother Teresa

HERO + HERETIC 25: MOTHER TERESA 1910-1997

IMAGE: PA

Mother Teresa 1910-1997

How did a little nun become a Nobel Prize winner, the most admired person of the 20th century[1] and 'the greatest Indian' since Gandhi?[2] All these were bigger feats given that she was born Albanian, with the less memorable name Anjezë Gonxhe Bojaxhiu. She renamed herself after Therese of Lisieux, a role model for holiness through faithfulness in small things. But what started small, she grew to be one of the world's most recognisable movements, with over 5000 Missionaries of Charity working in 139 countries.[3] Her express aim was to make God known through acts of compassion:

'No one thinks of the pen while reading a letter, they only want to know the mind of the person who wrote the letter. That's exactly what I am in God's hand. God is writing his love letter to the world in this way, through works of love'[4]

redemptive suffering and the inner darkness

After a few months training in Dublin, in 1928, Teresa joined the community of Loreto in Calcutta (now Kolkata) to teach. The poverty left a deep impression. Teresa felt called to launch a new religious community (Missionaries of Charity) to respond to and 'quench the thirst of our Lord Jesus Christ for the salvation of souls'.[5] This was to be achieved by a new vow 'to care for the poor and needy, abandoned, sick and dying who, crushed by want and destitution, live in conditions unworthy of human dignity…and performing services however mean and lowly they may appear'.[6]

She had a vision that God was especially present in the midst of the misery she witnessed: 'I have never seen so much suffering – I only saw an open Calvary – where the passion of Christ was being relived in the bodies of crowds and crowds of people.'[7] She believed that God meets us there: 'sorrow, suffering is but a kiss of Jesus – a sign that you have come so close to Jesus that He can kiss you…if you come close to the crown of thorns it will hurt you'.[8] One patient found this a hard teaching: 'please tell Jesus to stop kissing me!' Evangelicals may be wary about the lack of distinction between the purpose of the suffering of Christ and the believer in Teresa's writing. However perhaps she exposed an unbiblical materialism in the West, that means we are surprised when adversity comes, and fail to see God's sovereign purposes in it.[9]

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Her own inner life darkened after she pioneered the new order. Previously she had known God's presence, union and love. Afterwards she felt 'convicting emptiness, coldness like ice so great that nothing touches my soul'.[10] When her letters were published, this shocked her supporters, who had been impressed by her serenity and joy. She wrote that she wore 'cheerfulness as a cloak by which I cover my emptiness and misery'. She worried this was a deception, but resolved to live the joy she did not feel. God would be glorified through her ordeals: 'I will smile at your hidden face – always'. Some believe that this absence was a crisis of faith, others are reassured that Christian leaders are not immune from pain and doubt.[11]

missionaries of charity building

end of life and early life care

Her ministry in India began in 1952, after a 13-year-old boy in Calcutta was turned away from a hospital, and died alone in the gutter. The story hit the press and pricked the conscience of a city overflowing with the destitute following the Partition of Bengal in 1947, with many living in abject poverty in 3,000 official slums. The Sisters were given a dormitory attached to the Hindu temple of Kali, goddess of death. It was a fitting place for the Sisters to attempt to provide a dignified death for 'people who lived like animals to die like angels', because they were within the sight of a loving face.

Teresa was passionate about the value of early life too, famously scooping the occasional abandoned baby out of a dustbin, however desperate their plight. Malcolm Muggeridge interviewed her at the BBC, and was so captivated by her simplicity and generosity that he followed her to Calcutta.

His film *Something Beautiful For God* catapulted her to fame, and drew him eventually into the Catholic faith. 'The notion that there were too many children was to her as inconceivable as suggesting that there are too many bluebells in the woods… as she holds this child she says in a voice and with an expression of exaltation most wonderful and moving 'See! There's life in her!' Her face is glowing and triumphant.'[12] When reflecting on whether her work was insignificant given the scale of the human need, he wrote that Christianity is not utilitarian, God's love is often disproportionate and unreasonable. For instance, 'there is more joy in heaven when one sinner repents than over ninety righteous people who do not need to repent.'[13]

the Nobel Prize for peace… and courage

Whilst many applauded the charitable work that nobody else would touch, Teresa was an unlikely candidate for the Nobel Peace Prize. Teresa taught that peace began with a loving word and a smile, but many couldn't see the connection with international diplomacy. She was finally awarded the Prize in 1978. Her iconic blue-edged sari was not ideally suited to the Norwegian frost, but she declined heavy fur coats, conceding only woollen socks inside her sandals. She asked for a concession of her own: that the banquet be cancelled and £12,000 donated to her fund for leprosy care. Her speech however was uncompromising:

Mother Teresa, Tirana, Albania

'And I feel one thing I want to share with you all, the greatest destroyer of peace today is the cry of the innocent unborn child. For if a mother can murder her own child in her womb, what is left for you and for me to kill each other? Even in the scripture it is written: "Even if mother could forget her child – I will not forget you – I have carved you in the palm of my hand." Even if mother could forget, but today millions of unborn children are being killed. And we say nothing... To me the nations who have legalized abortion, they are the poorest nations. They are afraid of the little one, they are afraid of the unborn child, and the child must die because they don't want to feed one more child, to educate one more child, the child must die.' [14]

the greatest disease of all?

The world would catch up with her on another big issue: compassionate care for what she deemed the 'untouchables' of the West. She opened New York's first hospice for people dying from HIV/AIDS on Christmas Eve 1985. Teresa used her international fame wherever she could, even when it seemed hopeless.

When Teresa came to the West, she was shocked by a pathology she considered worse than leprosy or cancer: 'Being unwanted is the greatest disease of all'. [15] She was saddened by the neglect of the elderly in care homes, who she witnessed watching the door for visitors, without hope. In the UK, a prosperous country that did so much to support her, the homeless living in 'cardboard coffins' shocked her. She was moved to set up a service for those discharged too early from psychiatric hospitals.

She finally got to be an official peacemaker in 1982, when she became the unlikely negotiator for the evacuation of 38 handicapped children, trapped in the crossfire in a Beirut orphanage. She travelled widely, and once remarked 'if there are poor on the moon, we shall go there too'. [16] Surely, one of her most satisfying trips must have been returning to Albania. It was only after the fall of communism in 1990 that religion was again legalised. (It is a delicious irony that the most famous citizen from the world's first atheist state was a Catholic nun.) If you fly to Tirana today, you will fly into Airport Nënë Tereza. Her name is celebrated absolutely everywhere.

no stained glass saint

Mother Teresa died in 1997, and was canonised in 2015, meaning the Vatican declared her a saint. Witnesses testified that prayers offered to Teresa and contact with her medallion immediately cured a woman with abdominal masses. [17] This raises the question of what defines a saint, [18] who prayers should be addressed to, and how miracles are verified.

Critics have also complained that Mother Teresa was so idolised that the public were blind to her flaws. In particular, Christopher Hitchens made a damning documentary in 1994, entitled *Hell's Angel*. [19] It was typical of Hitchens' polemical style to provoke and exaggerate, but perhaps only he would raise the difficult issues about medical standards, financial probity, political affiliation and aid tied to conversion. These are important issues for many Christian charities today.

should a Christian charity have secular outcome targets?

The Lancet ran an article raising concerns about

how medically appropriate her service was.[20] For instance, the Sisters had an impressive ethic of touching the untouchable. However, infection control policies are needed, especially for intravenous equipment. And was there a strategy to identify patients who needed referral for treatment that was more than palliative? Critics claimed that her view of the value of suffering was a disincentive to seeking optimal medical care. But at least she was providing basic care for the utterly destitute, who had often been entirely excluded from healthcare.

should a Christian charity be 'political'?

Aid agencies are inevitably confronted with the challenge of whether they should be addressing the causes of poverty as much as the consequences. Teresa was accused of making pacts with various dictators in Haiti and Albania to gain access. Was it her job to 'afflict the comfortable' as much as she comforted the afflicted? Was she legitimising the failure of governments or romanticising poverty?

did the Sisters coerce deathbed conversions?

One of the most serious accusations was that the Sisters conducted non-consenting deathbed conversions. Dying patients were certainly offered a prayer of blessing. Teresa wrote that conversion was the 'changing of the heart by love'.[21] This might suggest that the Sisters would have considered it inappropriate spiritual care to coerce someone with limited capacity into faith or attach conditions to care. But it's hard to assess allegations of this sort with certainty.

In contrast, some evangelicals have accused her of being a universalist,[22] teaching that everyone will ultimately be saved, because she would seek common ground with those of other faiths. It is worth remembering the delicate political situation she faced in pluralistic India. A mob once came to the House of the Dying to shut down what was seen as a threat to local religion. The leader entered and was impressed at how the Sisters tended maggot-ridden wounds, and a young Hindu priest was cleaned up from vomit and filth. He returned to the mob and promised to evict the nuns on one condition: that they persuade their mothers and sisters to undertake the same work. The crowd dispersed and did not return.[23]

It is a theme of this *Nucleus* series that few heroes are as infallible as their myths portray. But Teresa wrote that ultimately she wanted her life to point away from herself – an aim worthy of any Christian hero: *'there stands one thing very clear – my weakness and his greatness. I fear all things from my weakness - but I trust blindly his greatness.'* ■

INSPIRING EXAMPLES OF MOTHER TERESA

- Costly service to the world's poorest and untouchables
- Courage in speaking up for the unborn
- Discernment in seeing the West's spiritual poverty
- Launching a sustainable worldwide movement

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