TRIPLE HELIX

WOUNDED HEALERS

THE OTHER END OF THE STETHOSCOPE
CARING FOR TWINS WITH SPECIAL NEEDS
LIFE IN THE VALLEY

winter 2023 **85**

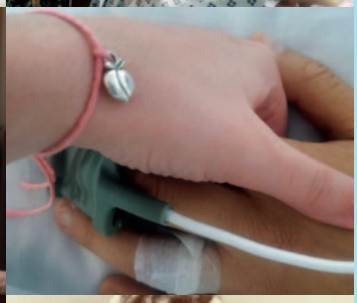
THE MAGAZINE OF THE **CHRISTIAN MEDICAL FELLOWSHIP**

TRIPLE HELIX

85 winter 2023





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beauty for ashes

Steve Fouch is CMF Head of Communications

One cold day in late January 1975, a junior staffer at the Cologne opera house realised with horror that the piano her team had taken out of storage for that night's high-profile concert was the wrong one. Not only was it not the highly-tuned, expensive Bösendorfer concert grand piano the impresario playing that night had ordered, but it was also out of tune, had a broken sustain pedal, and a tinny, jingly tone ill-suited to the playing style of that night's performer.

After pacifying the pianist and assuring him that they would get it tuned, the 17-year-old Vera Brandes managed to get her team to tune and fix up the piano as best they could. It was still not at concert pitch, but it would just about work. To add to the pressures of that night, the pianist, US jazz musician Keith Jarrett, was jet lagged, in severe pain from a back injury, and was significantly sleep-deprived as a result. When he finally started playing at 11:30 pm, he had to wear a back brace to make it through the performance.

The recording of this concert was released as *Köln, 24 January 1975*.[1] It is the best-selling jazz piano album of all time and is still regarded by many as among the great, essential jazz albums. In the face of all adversity, Jarrett managed to produce a masterpiece.[2]

God has given humans incredible creativity and resilience to turn crises and disasters into opportunities. Whether it is the huge leaps in vaccination technology that Covid generated or the incredible adaptability of people dwelling off the municipal rubbish tips in cities like Manila, we can achieve remarkable things when everything else says we should fail.

How much more, I believe, does God create remarkable things out of our brokenness? Paul reminds us of this in 2 Corinthians 19, when God answered his prayer about his 'thorn in the flesh', saying, '*My grace is sufficient for you, for my power is made perfect in weakness*'.

In the incarnation and the cross, we see the Creator of all enter our darkness[3] and share in our weakness[4] and pain, just as we share in his suffering.[5] And out of the apparent disaster of the cross comes the resurrection and the hope of the new creation.[6] In Jesus, God creates something extraordinary out of something broken and awful.

Do we produce masterpieces out of our experiences of adversity? Probably, most of the time, we simply get by. Are we great overcomers? We may aspire to that, but if we are honest, we usually muddle through and do the best we can – nothing spectacular, nothing worthy of note.

Yet God does things we do not see – in us and in those around us. Things that we may not even notice. He is busy creating those masterpieces out of our lives and our brokenness and adversity. Masterpieces we may not even be aware of in this life.

In this edition of *Triple Helix*, we look at what it is like to be 'on the other end of the stethoscope'. We read the stories of members who have faced illness, suffering, grief, and fear. The suffering and loss are real – nothing to romanticise or put on a pedestal. Indeed, I am sure every one of us can tell similar stories. But, as health professionals and followers of Christ, those experiences have particular poignancy and a strange resonance. We deal with the fear, grief, and suffering of others every day as doctors, nurses, and midwives. But we also have a God who has entered into that suffering in a very real way in the person of Jesus.

God has given humans incredible creativity and resilience to turn crises and disasters into opportunities

As we deal with our own weakness and suffering, how does it transform our care for our patients and colleagues as they deal with theirs? How does having Jesus at the centre of our lives transform the negative situations we face?

We hope you are encouraged and inspired by the stories our authors have bravely shared: encouraged in your own trials and challenges and inspired in how you accompany your patients through their suffering. ●

SCAN FOR MORE

references (accessed 12/10/23)

1. You can listen to the album at *spoti.fi/3th8yd6*. The first movement is the best known and most accessible, especially if you are not a fan of jazz!
2. I have to thank the author Grace Marshall, the closing speaker at the 2023 Chartered Institute of Editors and Proofreaders conference, for introducing me to this story about a piece of music I had long loved, but never known the background to. For the full story, read: Waring C. 'The Köln Concert': How Keith Jarrett Defied The Odds To Record His Masterpiece. *udiscovermusic.com*; 24 January 2023. *bit.ly/3txKxhW*
3. John 1:1-4, 14
4. Hebrews 4:14-15
5. 2 Corinthians 1:5, Philippians 3:10-11
6. Colossians 1:15-20

new BMA consultant deal on offer

Mark Pickering
CMF Chief Executive Officer

After months of deadlock between the Government and the British Medical Association (BMA), a new deal is on the table for consultants in England that could unlock the long-running dispute over doctors' pay.

The previous deadlocks escalated during September and October as consultants and juniors undertook coordinated strike action – the first time in the history of the NHS that both groups had been on strike together.

Although the two groups have similar concerns, their negotiations and demands remain separate. Junior doctor leaders have continued to push for 'full pay restoration', amounting to at least 35 per cent, which the Government has rejected as unrealistic.

Consultants, on the other hand, were asking for an above-inflation pay increase to began to address pay erosion. They also sought meaningful reform of the independent body that makes pay recommendations to the Government, the Doctors' and Dentists' Review Body (DDRB).[1]

The Government, through Health Secretary Steve Barclay, had for some months said there would be no more negotiation on pay after accepting the DDRB's recommended offer of six per cent for doctors earlier in the year. However, things shifted significantly during November.

At the CMF Junior Doctors' Conference on 10-12 November, strike action came up in the Q&A session with the main speaker, Rev Dr Matt Lillicrap. He very helpful laid out some insightful pointers, such as:

- Industrial action has a strong Christian history in defending the legitimate rights of workers;
- These are matters of conscience, and we must be careful not to bind consciences in either direction. It's also entirely appropriate to reconsider our view and change our position in light of shifting situations;
- Can we articulate cogent Christian reasons for taking industrial action, and if so, can we express these with sufficient distinctiveness in our words and actions when others may be following much more self-interested agendas?

This felt like a significant moment, and it led us to pray corporately in that Saturday evening conference session for the Lord to act.

Fascinatingly, on the following Monday morning, the sacking of Home Secretary Suella Braverman led to a wider cabinet reshuffle, resulting in a new Health & Social Care Secretary, Victoria Atkins. This fresh impetus and opportunity appears to have been crucial in the new deal being agreed between the Government and BMA negotiators less than two weeks later. What an incentive for us to keep on praying!

The new deal on offer is significant, with a further average uplift of 4.95 per cent and a simplification of pay banding that would mean junior consultant pay would increase more rapidly in future. Concessions made by the BMA negotiators include relinquishing some existing top-up payments and reducing current demands for premium pay rates for overtime shifts.[2]

The deal will now go to BMA consultant members, with a result expected in January. There is significant hope that progress here will help to unlock the more entrenched junior doctor pay demands too.

There is a long way to go still. Morale remains low amongst doctors, and there is a risk that this new offer may reignite pay disputes with nurses and other lower-paid healthcare workers.[3] Meanwhile, waiting lists are higher than ever, with almost eight million waiting for routine treatment. The NHS continues to be under severe strain. Let's pray for the Lord to work and for all those in leadership positions to act with integrity and wisdom.

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2. Triggle N. Fresh pay offer could end NHS consultant strikes. *BBC News Online*. 27 November 2023. *bbc.in/3sZb9bV*
3. Smali J. Consultant pay offer will make future nurse strikes 'more likely'. *Nursing in Practice*. 27 November 2023. *bit.ly/3SYE0Yz*

Gaza and Israel

Steve Fouch
CMF Head of Communications

The Hamas attack on largely undefended Israelis on 7 October 2023 has shocked the world. The murder of around 1,200 (Israelis – both Jew and Arab – and several foreigners)[1] and the kidnap of another 240[2] from southern Israel has rightly been almost universally condemned.[3]

The Israeli response has also shocked the world. In seeking to destroy Hamas' infrastructure through bombardment and ground assault of the Gaza Strip,[4] the death toll among Palestinian civilians (given by the Hamas-run Gaza Health Ministry as over 14,500 as of 21 November)[5] has also raised anger and international protest.[6]

At the time of writing, the war has paused for prisoner exchanges and to allow much-needed food, water, fuel, and medicines to reach the beleaguered population of just over two million in the Gaza Strip. The infrastructure of several major hospitals in Gaza has been significantly damaged; health workers have died or are dealing with a lack of power, water, medicines, or other essential supplies to care for the injured, the sick, pregnant women, and their children.[7]

CMF stands in support of our fellow health workers who seek to save lives and work constructively for peace in both Gaza and Israel. In particular, we have been praying for the Al-Ahli Arab Hospital in Gaza, run by the Anglican Church (Episcopal Diocese of Jerusalem), and we have links and contacts with the Turkish-Palestinian Friendship Hospital, where cancer and palliative care services were being developed and supported with the input of some CMF members.[8] Those services have all but stopped through a lack of resources. Many of the staff or their families have been injured or killed in the fighting and the bombardments.

Meanwhile, in Israel, the EMMS Nazareth Hospital continues to serve as a Christian hospital to a primarily Arab Israeli community. They face particular challenges at the moment, as heightened inter-community tensions bring hostility and fresh difficulties in relations with the wider community.

the Letby effect; *a warning to NHS culture*

full story at *cmf.li/Letby*

Bex Lawton, incoming CMF Head of Nurses and Midwives

Pippa Peppiatt, outgoing CMF Head of Nurses and Midwives

Chris Holcombe, CMF Associate for Healthcare Leadership

One of the most horrifying scandals ever to hit the NHS was that of Lucy Letby, a neonatal nurse who was found to have killed seven babies in her care and attempted to murder six more.

We cannot even begin to imagine the grief the families involved in this case must have gone through over these last eight years, and are still going through. The atrocities committed by Lucy Letby are chilling and deeply distressing. Our first thoughts should be for these families and to pray for them as they come to terms with this awful loss.

But we cannot ignore the impact this has had on the NHS. Firstly, the impact has been acutely felt by the nursing profession. That one of their own, someone tasked with the care of the most vulnerable in a profession that has some of the highest trust levels among the British public, should take the lives of those in their care so callously seems incomprehensible. As *The Guardian* said on 22 August, '*the nursing profession faces a long task to reassure families and patients that crimes and apparent failings will not be repeated*'.[1]

But it has also has had an impact on those in management positions. Several paediatricians raised concerns about the abnormally large number of neonates dying or suffering adverse events whenever Letby was on the wards. The hospital management dismissed these concerns and even reprimanded the doctors for harassing a popular nurse, requiring them to apologise to Letby.[2]

Patient safety was not put first, nor was the dogged pursuit of the truth. Reputational concerns and a desire not to upset the feelings of the individual involved seem to have taken priority. There are good whistle-blowing policies and governance structures. But these policies 'sit on a shelf'. At the same time, there is enormous pressure from above that gives a very different message – 'do not complain, do not cause a scandal, meet the targets, do everything – regardless of resource – while also delivering this year's cost savings'. Even though this is patently impossible.

There is an unequal fight between a good, well-written policy and the daily pressure, whose message is in many ways the opposite. The government, NHS England, CEOs, and Trust Boards don't always want to hear the truth.

The government's primary concerns are re-election and avoiding & limiting reputational damage. This culture is cascaded down through the system, not least through Trust CEOs, whose jobs are on the line if they are deemed responsible for reputational damage and the ensuing political fallout. With an average tenure of only three years for an NHS CEO, this is a well-grounded fear!

There is often no honest conversation. The consequences are likely to be severe for all involved. Cheshire Constabulary have opened a corporate manslaughter investigation against the Countess of Chester Hospital's senior leadership team.[3] And a public enquiry has just begun into the whole case.[4] Many of those involved may face criminal proceedings, and every decision will be scrutinised. Rightly so, but also with long-term consequences that may only push the problems down on managers and ward staff, and avoid the hard questions about NHS and political cultures that have contributed to Letby's crimes going unheeded for too long

In today's NHS, true honesty is not always a welcome message. It has not ended well for most whistle-blowers in the NHS, in the same way as it did not end well for many of the prophets of the Old Testament. Yet God did, and still does, call us to champion the truth and to speak up for the voiceless, as he called Jeremiah to speak to King Zedekiah, or Nathan to King David, or Moses to Pharaoh.

If you have been affected by the issues raised by the Lucy Letby case or find yourself struggling with whistle-blowing issues in your workplace, please get in touch with our Pastoral Care Team, who are there to offer a listening ear, prayer, and, where appropriate, onward referral to other services.
cmf.li/CMFPastoral

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3. Sawer P, Bullen J. Lucy Letby hospital to be investigated over corporate manslaughter. *The Telegraph*. 4 October 2023. *bit.ly/3RncOla*
4. O'Donoghue D, Moritz J. Lucy Letby public inquiry formally opened by judge. *BBC News Online*. 22 November 2023. *bbc.in/410NlRn*

CMF has convened a series of prayer meetings to bring together members with links to the region, including the three hospitals named above. Please continue to pray with us for peace, for aid to reach those most in need, and above all, impossible as it now seems, for reconciliation and healing between the communities in Israel, Gaza, the West Bank and the wider world, sundered by the war and the history of this region.

If you want to support the work of Nazareth Hospital or Al-Ahli Arab Hospital in Gaza City, you can get more details on the following websites:

- Nazareth Hospital Trust – *nazarethtrust.org*
- American Friends of the Episcopal Diocese of Jerusalem – *afedj.org/institution/ahli-arab-hospital-gaza-city*

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8. *Ibid*

Huw Morgan
is a retired GP, medical educator, and medical missionary

THE OTHER END OF THE STETHOSCOPE

ILLNESS IN CHRISTIAN HEALTHCARE PROFESSIONALS

Huw Morgan reminds us of God's power to transform our own human frailty and mortality as we deal with our own suffering.

key points

- Our mortality and human frailty are easily overlooked in our youth, and often it is only a personal encounter with illness or disability that reshapes our outlook.
- Whilst we need to take care of our wellbeing, we also need to be spiritually attuned to what God is showing us when we face such difficulties.
- Whilst it can be hard to do so, being open with our colleagues and fellow believers when we face health struggles is vital.

As privileged members of the caring professions we seek daily to pursue our Christian calling by caring for the sick and injured. Illness is what we're familiar with from a professional perspective, and what we encounter on a daily basis in the lives of our patients. When we ourselves become ill (as we all surely will in due course), it can be a discomforting and challenging experience. We can feel suddenly vulnerable and confused as we personally encounter symptoms and their consequences in our own lives. We may feel spiritually challenged as well, something we may not readily admit to lest we tarnish our presumed reputation as a competent and caring Christian professional.

Four hundred years ago, the physician Thomas Sydenham (1624-1689), sometimes known as 'the English Hippocrates', had the following wise advice to give:

It becomes every person who purposes to give himself to the care of others, seriously to consider the four following things:

First, that he must one day give an account to the Supreme Judge of all the lives entrusted to his care.

Second, that all his skill and knowledge and energy, as they have been given him by God, so they should be exercised for His glory and the good of mankind, and not for mere gain or ambition.

Third, and not more beautifully than truly, let him reflect that he has undertaken the care of no mean creature; for, in order that he may estimate the value, the greatness of the human race, the only begotten son of God became himself a man, and thus ennobled it with His divine dignity, and far more than this, died to redeem it.

And fourth, ***that the doctor being himself a mortal human being, should be diligent and tender in relieving his suffering patients, inasmuch as he himself must one day be a like sufferer.*** (emphasis mine)[1]

Recognition and due acknowledgement of our mortality and humanity should help us all to be 'wounded healers', able to learn and grow from our own experiences of illness to better empathise with and care for our patients. So how do we do that? I offer a few suggestions below.

> recognition... of our mortality and humanity should help us all to be 'wounded healers'

1 keep as fit as you can, both physically and spiritually

Paul reminds Timothy that, '*physical training is of some value, but godliness has value for all things, holding promise for both the present life and the life to come*'. (1 Timothy 4:8) I imagine all readers of this know what constitutes a healthy physical lifestyle, but do we give adequate attention to our spiritual fitness too? Regular Bible reading, prayer, fellowship, worship, and cultivating a continuing desire to serve, all help to nurture our souls and prepare us for coping with illness when it comes.

2. seize the day

You may be well today, but who's to say that will still be the case in five, ten, or fifteen years' time (or even tomorrow)? Don't put off plans for new avenues of service or other major life decisions about how you believe God is leading and using you. None of us knows the future and we cannot take good health for granted. Hebrews starkly reminds us, '*people are destined to die once, and after that to face judgment*'. (Hebrews 9:27)

3. don't ignore symptoms

In my experience of illness, both in myself and in Christian (and other) colleagues, healthcare professionals are good at denying, rationalising, and ignoring symptoms that they would take seriously if presenting in a patient consulting them. We are also good at taking inappropriate action in response to perceived illness (such as running blood tests on ourselves and informally trying to get opinions from colleagues) instead of seeing our own GP.

4. understand that illness involves loss

Generally, when we are seriously ill, quite a lot of the suffering we may experience is not just from the overt symptoms of the illness, but from what we have lost as a result of it. We may be unable to work, unable to play sport or take other recreational exercise, have to cancel holiday or other travel plans. Our roles in church or in other Christian organisations may have to be curtailed. At a deeper level than these external losses may be a spiritual crisis, 'Who am I now that this has happened to me, and I've lost some of my key roles in life?' we may ask ourselves and God. Or 'I've always been fit and have looked after my health – why is this happening to me?' Although we work amongst suffering people every day, the personal experience of suffering can challenge and disorientate us in unanticipated ways. ▶

It can be helpful to remind ourselves of the stages of grief[2] as we seek to navigate our way with God's help through the terrain of loss as a result of illness. It starts with **denial**, referred to above. Then comes **anger**, as we face up to the reality of the illness and realise how it is going to change our activities, plans, and perhaps life decisions. This is followed by **bargaining**, where we try to make deals with God, 'If you take this from me, I'll serve you in new ways', or 'Surely you don't want me to give up these ways I've been serving you'. Then comes **depression**, as the reality of the continuing illness and consequent life changes press in upon us. It is particularly hard for Christians (especially healthcare professionals) to admit to depression, as there remains a widely held fear that doing so will generate criticism from fellow believers, rather than compassion. Sharing the problem with at least a few trusted, praying Christian friends will help. Finally there is **acceptance** as we adjust to a new pattern of life and perhaps regular treatment, adapting to the reality of our changed circumstances and the possibilities that it opens up. Of course, response to loss does not progress in the rigidly linear fashion as listed above. Often people move backwards and forwards in no particular order through different stages.

5. have a support group that will pray for you regularly

It is important to have a group of Christian friends (such as a homegroup) who will pray for you and perhaps offer other support if you need it. Social media, like WhatsApp, allow rapid communication within a closed group so new developments and needs for prayer can be quickly shared. We all must make our own decisions about how much we want to tell our church and other wider groups we may be involved in, but having a definitive group who will respond rapidly to prayer requests is very helpful. Sometimes, the Lord intervenes in miraculous ways, but regular prayer is supportive whether or not this happens.

James reminds us, '*the prayer offered in faith will make the sick person well*'. (James 5:15)

6. find new ways forward

It is important to recognise that whilst there are losses in being seriously ill, there are also gains. Hopefully, we can find these for ourselves (provided we are not too debilitated by the illness). Having to lay down some responsibilities may free us to explore new things when we have the energy. We may need to develop new devotional practice and explore new areas of prayer (eg contemplative prayer, simply focussing on being in God's loving presence, is particularly helpful when energy levels are low). We may be able to do some serious spiritual reading, which our normal routine left no time for. For some perhaps early retirement will be a necessity, which may lead to many new possibilities and opportunities. Whatever our circumstances, particularly if our illness is or could be terminal, it is important to remember we are still loved by God and held in his loving arms through it all. '*The eternal God is your refuge, and underneath are the everlasting arms.*' (Deuteronomy 33:27)

the challenges of illness can also be a pathway to a deeper and more real relationship with God

To conclude, Christian healthcare professionals face a potential 'double-whammy' when we become ill. We share the difficulties of all our colleagues in responding appropriately and in a timely manner to symptoms that we paradoxically all too easily misinterpret despite our training and experience.

We also share with fellow believers the spiritual struggles that may accompany facing serious illness and possible death, including a reluctance to divulge these to other Christians (especially if our illness involves depression and anxiety). However, the challenges of illness can also be a pathway to a deeper and more real relationship with God, as we learn to accept the reality of our mortality and allow God to mould and teach us in our suffering and disease. We could all benefit from the spirit of Job, who said, '*Shall we accept good from God, and not trouble?*' (Job 2:10) ●

SCAN FOR MORE

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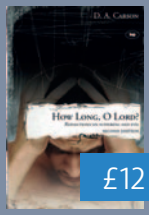
further reading

Failing Intelligently
Caris Grimes
cmf.li/46SPP61
£9

The Doctor's Life Support 5
ICMDA
cmf.li/49X28ki
£7



How Long, O Lord
D A Carson
cmf.li/3t25gdW
£12

LIFE IN THE VALLEY

James Lawton recounts his walk through the darkest valley as he waited for a liver transplant.

James Lawton
is a software developer based in Oxford and married to Bex Lawton

Even though I walk through the darkest valley, I will fear no evil, for you are with me; your rod and your staff, they comfort me.
Psalm 23:4

This is the verse a friend shared with me a short while before my second liver transplant assessment that led to me being added to the liver transplant waiting list. He's someone who has had more than his fair share of dark valleys and walked paths I'll never know or understand. If this was what he clung to, then it could be what I would cling to also.

To be honest, for the first 40 years of my life I would say that I 'occasionally walked through some slightly shaded areas'. Not so much valleys. Not too dark really in the grand scheme of things. Psalm 23 had always been more about finding that quiet, peaceful place to sit with Jesus when life was busy and I needed a breather. But in 2019, as good health ▸

SCAN FOR MORE

suddenly gave way to liver cirrhosis, and 'might one day need a transplant' became 'will need a transplant', the green pastures began to fade, and it was time to face the valley.

waiting and trusting God

Darkness is an accurate picture of how I (and we) felt when I was first referred for transplant assessment. I was fatigued and already needing to take naps every day. It felt like I became yellower and yellower each day. Nothing felt sure or certain any more. The road ahead was completely unknown, completely invisible, absolutely petrifying. And what if there was no road ahead? What if our family of five became a family of four and the kids had to grow up without me? We were told by the transplant team that it was important to get our financial affairs in order. Bex and I made wills. My thirties had very much been a time of questioning what I believed, questioning who God was, and living with a mix of faith and doubt. As I contemplated my mortality, I had to fight the thought that maybe God was disappointed in my lack of faith. So maybe this was my time to go and then Bex would find a better Christian husband.

In church I've often heard people say things like 'I'm trusting God for your new job' or 'I'm trusting God that the next one will be Miss Right'. And, as someone living with a chronic illness in a charismatic church community, there's often 'I'm trusting God for your healing'. The problem I found with this is that God doesn't always do these things. And if God doesn't do the things that we're trusting him for, then does that make him untrustworthy? I decided that, for me, to trust God in the valley meant trusting in who he is and not what he would do. I chose to trust that he would be with me and that, whatever happened, he would use it for some good. I had to keep coming back to this, to keep trusting that God would make something beautiful out of this journey, wherever it led.

waiting with uncertainty

I was not added to the liver transplant wating list after my assessment in 2019. Just before the assessment, my bloods began to improve and continued to do so until they returned to near normal levels by the end of the year. I don't pretend to understand this. Some of my Christian friends will say that God stepped in and did a miracle. The doctor who carried out my ERCP would suggest that they had stretched something and that it could have helped clear things. Others I know with the same disease have said that this happens sometimes and often with no clear explanation. What I do know is that it meant that I was well from January 2020 until December 2021 – a period that covered the worst of the Covid pandemic. Knowing the impact that Covid had on the number of transplants carried out, I will always be thankful to God for my improved health during this time and mourn for those lost during those dark days. Living with uncertainty, though, was excruciating for us. When we found out I was not going on the list I breathed a huge sigh of relief, as a devastated Bex broke down in tears. In the darkness, how do you know if a change of direction is good or bad? How do you plan anything when everything can change overnight? How do you carry on making packed lunches, going to work, doing the school run, when your mind is distracted by blood tests and hospital appointments?

as I contemplated my mortality, I had to fight the thought that maybe God was disappointed in my lack of faith

waiting for the call

On Christmas Eve 2021, I first noticed some fatigue creeping back in, and Bex spotted the slight yellowing of my skin and eyes. Blood tests confirmed my liver was struggling again and a second transplant assessment ended with me being added to the waiting list at the start of March 2022. Waiting was something I should have been well prepared for as I had oodles of experience of having to wait for a child to get their shoes on. Unsurprisingly, waiting for the call to go for transplant is a very different experience to that of dealing with the child who saw fit to file their shoe in the freezer! Every night, as I remembered not to put my phone on silent, I would wonder whether the call would come that night. I knew that that call was the only key that could unlock a brighter tomorrow, but there was a huge trepidation about having to walk through that door. After three months on the waiting list, I got my first call. It came in early June, just a few days after I had been admitted to hospital, with blood tests showing a rapid deterioration in my liver. A positive Covid test would thwart my chances of a transplant that day and, 18 days later, I would miss out again when the liver I had been offered was reassigned to a more urgent case.

It was my third call, early in July, when my transplant operation went ahead. If the first few months of waiting had been tough, the last month became more and more unbearable. I itched all over and couldn't help but scratch and scratch until I bled. My energy levels were so low I struggled to make it up the stairs. How long could my body keep

reference

1. Philippians 4:11

going? Through the tears, I pleaded with God for the call to come. I don't know what it should look like to be full of faith as you see and feel yourself fading away but, for me, it was just about choosing each day to keep walking through that valley and putting my hand in the hand of the one I had trusted in as a boy all those years ago.

the other side of the valley

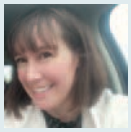
Without a doubt the hardest days were the week spent in ICU after my operation. Having tested positive for Covid again after the transplant, I could not have any visitors. My first real memory post-op was of not being allowed more than a few drops of water at a time, whilst also being given free rein to pump myself full of opioids. This seemed odd but I wasn't going to say anything for fear of losing my precious fentanyl button!

ICU was when my 'Liver on a Prayer' WhatsApp group came into its own. For many months this group of 100 or so friends, mostly Christian but some other religious and non-religious friends, had walked with me and prayed for me. Now I needed them to carry me. Sat alone in ICU on day one, I sent them a very faint voice message – 'Boom, I did it'. They celebrated with me! When my lazy kidneys refused to kick into gear, they prayed for me. When my bowels weren't opening, they prayed. When the laxatives then did far more than I could ever ask or imagine, they prayed. And when I sent a voice message sobbing and at the end of myself, they prayed. In practical ways and through prayer and just by being there and loving us, this group made the journey that bit easier for us. I'm sure I will continue to find frustrations with the church as an organisation, but I've seen the church as a body acting in love in an amazing way and will always treasure it.

I cannot begin to express how thankful I am to Jesus that he brought me out of the valley. I got to enjoy the new dawn I so desperately longed for. In the valley, I felt the shadow of death lurking. I felt blind in the darkness, scared, helpless, and devastated, knowing Bex and the kids had no choice but to walk the valley too. But from my weakest moments, I now have a deeper trust in God and gratitude for life, and I have faith that God will continue to bring good out of all we went through. o

I KNOW MY PLACE: IN THE WAITING ROOM

Bex Lawton recounts the agony and the hope of waiting for her husband, James, to come out of theatre after his liver transplant operation.



Bex Lawton
is the new CMF Head of Nurses and Midwives and a paediatric nurse in Oxford

There's no stained glass here. No daylight streaming through a serene Jesus looking down from his cross. In fact, there's no natural light at all. Just four windowless walls boxing me into the belly of the hospital. An artificial glow hums and flickers, making night and day indistinguishable to its inhabitants. No, there's not the usual narrow pew or plastic chairs that link to form a row. Only plastic chairs chosen for their compatibility with Clinell wipes. But it's here that I sit, the bare skin on my thighs sticking to the seat, one uncomfortably hot summer night in July. And I pray, like so many before me. Because, whilst there may not be candlelight or soft Hillsong music playing, and there are *Hello* magazines rather than hymn books, I am in no doubt that this intensive care waiting room is a holy place.

These pale walls, with their unobtrusive and forgettable art, have witnessed countless events now etched in its visitors' memories. This room is not for the bored. Oh, what a novelty that would be! To wait for a routine appointment in the clinic that's running over. Or to wait for take home meds outside pharmacy on a Saturday morning before discharge. No, in this room we wait for life. Or possibly even death. Time teases the weary. Whole days are lost in the blink of an eye, yet hours stretch out for those who have nothing to do but watch the smallest hand tick slowly around that clock face.

'I was told I'd get an update around two o'clock, it's four now! What does that mean?' The English may be known for our stiff upper lips, but here they wobble and our reserve crumbles. Here, we are at our most vulnerable, our most fragile. Listen. These walls echo with the prayers of the desperate. Some will call upon

a God they know loves them, with a fluent prayer language practiced on ordinary days, in quiet times before the world wakes. Others try it out for the first time. Pleading, begging, bargaining with a deity they're not sure exists, but now need to believe in as everything they know and trust crumbles. 'If you're out there…' or 'can you hear me?' and 'If you can save her, I'll do anything'.

I wonder if that box of tissues sat on the table was bought in here by a nurse, like me. Was it strategically placed there as bad news was broken to someone, to stem a tide of tears? It's my turn to use them now, as I dab my eyes. I've seen so many visitors pace up and down in rooms like these. Phones permanently grasped in trembling hands. High pitched and highly charged updates going out to family and loved ones. Like them, my body is in flight-or-fight mode. Adrenaline courses through me in response to trauma. But I'm unable to do either. Fleeing isn't an option for those who have vowed 'in sickness and in health'. And where could I possibly go when half of me is being wheeled through from recovery? I twiddle the band of gold on my left hand nervously, whilst its pair lies motionless in 'patient's belongings'.

It's not my fight this time either. That's a challenge for all of us are used to being on the frontline. It's usually my responsibility to monitor, to measure, administer, and assess. I normally know everything that's happening in my patient's care, but today I know the least. I won't be receiving handover, and I won't be involved in the decision making, the huddle, or MDT. That's not my place today. Because after all, he is not my patient. He's my husband. And today, my place is to wait here.

I deliberately stay sat down. Early on, when we were added to the transplant waiting list, as his auto-immune disease progressed, a friend messaged me, 'James updated us about his liver – standing with you, perhaps even sitting with you, on his throne'. A reminder of Revelation 3:21, first written to the lukewarm church in Laodicea, '*To the one who is victorious, I will give the right to sit with me on my throne, just as I was victorious and sat down with my Father on his throne.*' What is Jesus doing right now? He is sitting. Temple priests before him had to stand continuously whilst they carried out their duties of worship, prayer, and sacrifices. But Jesus' work is complete. 'Christ Jesus who died – more than that, who was raised to life – is at the right hand of God and is also interceding for us.' (Romans 8:34b) My great high priest intercedes for me from his seated 'It is finished!' position. And I will posture myself that way too. I won't pace fervently, as I've seen so many others do. I will wait, sat down. Bum firmly placed on plastic seat. As I choose to trust in Jesus' victory. As I trust in his kingship. I choose to wait in his perfect peace.

'Thank you for your presence here, God. I don't need to ask you to come. You promised to never leave or forsake me. I'm so thankful for your faithfulness. Thank you for being here with me now. I love you LORD'.

I pray for all the usual things. For healing and protection for my Jim, for his life to be saved, for wisdom for the team working on him, but also for our donor's grieving family, and for the other patients in ITU as well. I'm not on my own, over one hundred people have joined us on a WhatsApp group to pray through this journey, and many more besides. A text comes through now from Georgie, a friend made through CMF. Proof to me again that we truly are a fellowship, not just a membership. 'I'm just imagining seeing my Hubbie intubated and covered in lines and infusions and praying so much peace over you, if you get to see James tonight. Remember he's not in there because something's gone horribly wrong – he's in there because everything has gone right, and our prayers have been answered and he's been given a NEW LIVER from God. Being hooked-up is temporary, just allowing his body to rest a while after an absolutely life-changing day…for the better'.

Time to phone the number I've been given for the cubicle he's going to be admitted to.

'Good evening. My name's Bex, I'm James' wife. I'm sorry to bother you. There's no hurry, I know you'll be busy and need to get him settled. But just to let you know, I'm in the waiting room down the corridor, and I'd love to pop in and eyeball him quickly when you think that's appropriate.'

'Sorry, who did you say you were?'

'Rebecca, Bex. I'm James' wife.'

'Oh I'm sorry, we didn't think he had any next of kin. There's nothing here in the notes.'

'Err, that's a shame!' I laugh a little, 'He very much does. A wife and three kids who love him, to name but a few. Can I give you my details again now, so I can be kept up to date?'

'Yea, sorry. Come on in. Take the first right and we're room nine, third door on your right. You can see him now and we'll get your number'.

'OK, thanks'.

It's not the first time (nor will it be the last) that I choose to laugh something off. My default must be to show grace and forgiveness, otherwise I know I will quickly lose peace and become even more exhausted. This is how God is leading me, how he's teaching me to wait. Prayerfully. Not on my own, but with my brothers and sisters in Christ. Sat down. Even when my body is on the go, flitting between school runs and hospital visits, I will speak to my soul as the Psalmist does. Sit down soul! Choose to trust. Choose to wait peacefully.

At last it's time for me to make my way down the corridor. I take a steadying breath in and push the door open.

I remember Georgie's timely text. 'Don't be scared of what you see. Remember he's not at death's door, he's at life's'. ●

it's usually my responsibility to monitor, to measure, administer, and assess. I normally know everything that's happening in my patient's care, but today I know the least. I won't be receiving handover, and I won't be involved in the decision making

SCAN FOR MORE

John Wyatt
is Emeritus Professor of Neonatal Paediatrics at University College London and CMF President

CARING IN THE LIGHT OF ETERNITY

John Wyatt relates how his experience of caring for his mother with dementia revealed the amazing hope we have for the new creation.

key points

- For those with no faith, caring for people with respect seems largely an exercise in nostalgia, remembering how they were.
- Christians can care for people with dignity, respect, and love because of the wonderful Christ-like person they may become in the new creation.
- In Jesus' resurrection body we catch the first glimpse of the new humanity; physical, but perfected and glorious.

SCAN FOR MORE

To begin with, the changes were subtle. Unexplained anxiety and tearfulness, episodes of uncharacteristic blankness, and irritation and anger with medics and their pointless tests. As the dementing process continued, my mother tragically changed and aged before our eyes. Her confusion increased; she was frequently distressed by terrifying visual hallucinations. Her limbs became permanently flexed and distorted. Visiting her on the acute psychogeriatric ward, I remember being overwhelmed by grief at her obvious distress and fear. I wept in the consultant's office, powerless to do anything to alleviate my mother's anguish.

Thankfully that dreadful period passed. *Quetiapine* had a remarkable effect in improving the psychotic symptoms, and compassionate and skilled nursing and medical care transformed my mother's condition. She became peaceful and relaxed. Although she could not communicate, she enjoyed holding hands with my father, listening to music, sometimes even singing along, especially to old hymns from her childhood in the Christian Brethren.

knowing our patient's story

My father was tireless in visiting her, spending hours every day at her bedside. It was very important to him that the staff knew about her past, knew the sort of person Grace used to be. He put photographs on the wall – this is what she used to be. Grace with her children, Grace at the nursery school she pioneered, Grace laughing delightedly with a little child.

We all understood why this was so important to him. It mattered that the staff treated her with respect and dignity, because of who she really was. She was so much more than this little aged, distorted, pathetic being appeared to be.

From a secular perspective, when caring for an elderly person ravaged by disease and disability, this backward-looking perspective is the best you can get. Yes, this being in the bed seems pathetic and pitiable. But that is not the whole story. They were remarkable, once. They were strong and active, once. They used to be beautiful. For those with no faith, caring for people with respect seems largely an exercise in nostalgia. But as our family spent time with my mother, we were sometimes reminded that this was not the end of the story. As the family met at her bedside in those occasional but special times of prayer and singing, although my mother could not speak and sometimes did not even recognise us, we knew that we shared in the Christian hope. This was not the end of the story. By God's grace we would meet again. And so we had to care for her now, not only because of who she was, but also in the light of the wonderful person she was going to be.

> when we love someone... affected by disease...when we care for them with dignity, respect, and love, we are saying that these are the sort of people who may, in God's grace, be transformed and enter into the new creation

'*And now these three remain: faith, hope and love. But the greatest of these is love*.' (1 Corinthians 13:13)

In the great hymn of 1 Corinthians 13, Paul places Christian love together with faith and hope. They are three virtues which all point to the future. To use theological jargon, they are eschatological virtues pointing towards the end times.

knowing God's story

When we love someone who is desperately affected by disease, by a degenerative condition, by disability – the malformed baby, the person in a persistent vegetative state, the profoundly demented individual, the destitute, homeless heroin addict – when we care for them with dignity, respect, and love, we are saying that these are the sort of people who may, in God's grace, be transformed and enter into the new creation. We treat these individuals with respect because of the wonderful Christ-like person they may become in the future. We are saying that this is not the end of the story – there is more going on here than meets the eye. This is just the end of the beginning...

Of course we may not know whether this particular individual is dying in the Christian hope, whether they will be raised to new life or tragically to a second death. And it is not for us to decide into which category this person comes. But this does not change the way we should care for them. We can treat each person in the light of the new creation, in the light of what, by God's grace, they could become.

God's strange and wonderful creation plan was to take his amazing image and to place it in a pathetic, weak, vulnerable, and fragile carbon-based life form. It was a strange and risky enterprise to make mysterious God-like beings out of the dust of the earth. And if you look at the history of mankind it seems very much like the plan has gone hopelessly wrong. There is so much evil, so much pain, so much ▶

IN OUR LIFETIME

50% OF US WILL BE 'AFFECTED' BY DEMENTIA

WHILE

33% OF US WILL BE 'DEVELOP' DEMENTIA

IN 2023, **IN THE UK**, THERE ARE

944,000+ PEOPLE LIVING WITH DEMENTIA

IT IS ESTIMATED IT WILL RISE TO

1 MILLION BY **2030** AND

1.5 MILLION BY **2050**

IN 2023, **WORLDWIDE**, THERE ARE

55 MILLION PEOPLE LIVING WITH DEMENTIA

STATS FROM THE ALZHEIMER'S RESEARCH UK DEMENTIA STATISTICS HUB DEMENTIASTATISTICS.ORG

This article was originally published in the Spring 2014 edition of Triple Helix

distress, so much disease. Surely, the best thing to do is to wipe the slate clean and start again? Humanity needs to be wiped out of cosmic history and there needs to be a fresh beginning.

But then Jesus, the second Adam, is born. He lives and dies and is raised from the dead. The risen Jesus is a physical, recognisable, touchable human being. His risen body isn't utterly alien and different, a completely new kind of reality. It's the same as before, but different. He is Adam all over again, but different.

knowing our part in THE story

The Creator God takes on a human body made, like all other bodies, from the dust of the ground. God in the form of Jesus takes up the dust he has made and incorporates it into his own body. And after death on the cross, he is raised as a physical, touchable, recognisable human being who goes out of his way to demonstrate his physical reality to his bewildered disciples.

The Gospel writers go to great lengths to emphasise the physical reality of Christ's restored body and its continuity with his old physical body. The writers are all adamant; the grave is empty. The molecules of which Christ's body were composed are no longer buried in a part of the ground in Palestine. The risen Jesus eats and drinks. He breaks bread. He talks. He is touched. He is recognised by his friends. His body even bears physical scars. There is no room to doubt the physical continuity between Jesus' original body and his resurrection body. It is the same, but different. In his resurrection body we catch the first glimpse of the new humanity, of Homo Sapiens 2.0.

As Paul writes: '*And just as we have borne the image of the earthly man, so we shall bear the likeness of the man from heaven*'. (1 Corinthians 15:49) The image of God inherited from Adam will be fulfilled and transformed into a new and much more glorious image. Yes, we shall still be reflections, we shall still be images. We shall not lose our creaturely dependence. But we shall discover the true likeness that we were always intended to bear, the true identity that we were intended to indwell.

In the new heaven and the new earth there will be no sickness that needs healing and no tears that need comforting. But there will be greeting and blessing, laughter and love, joy and peace. Our relationships with others will be healed and redeemed, there will be forgiveness and reconciliation.

in the new heaven and the new earth there will be no sickness that needs healing and no tears that need comforting

further reading

Love Thy Body
Nancy R Pearcey
cmf.li/413hgsh

Facing Serious Illness: Guidance for Christians towards the end of life
cmf.li/3yuSi6I

And the Bible teaches us that this new age is already reaching backwards into our age. Our current age is being invaded backwards from the future. This new way of being has already started and our lives are being touched by the melody of heaven.

And even the hospital bed, the intensive care unit, the care home, the hospice, the place of disease and dementia and pain and dying, even those places can become invaded by a breath, a fragrance, a melody from the new creation, by the life-giving Spirit of Christ. That's why we are called to care for our patients in the light of the future. In fact, Christian love can only be intelligible, can only make sense, in the light of the Christian hope.

'*[Love] always protects, always trusts, always hopes, always perseveres. Love never fails...*'. (1 Corinthians 13:7-8a)

From an earthly perspective, it seems that all too often love does fail. You pour out your love, your care, your time, and attention and then it's gone. It seems so often as though your love is thrown back in your face. To show persistent, sacrificial love to a disabled child, a violent disturbed adolescent, or a chronic schizophrenic may seem pointless, futile, and meaningless.

But the words of Paul remind us and rebuke us when we are despairing – '*Love never fails*'.

This hope, reflected in Paul's first letter to the Corinthians, is that though tongues will fail, prophecies will become unnecessary and partial knowledge will become complete, those hidden acts of genuine love and compassion will somehow remain. In some mysterious way they will become part of, become incorporated into, the new heaven and the new earth.

By God's grace those who were round her bedside will meet my mother again. And together we will walk and laugh and sing in the new heaven and new earth. The love poured out years ago has not been lost or forgotten.

'*Love never fails*'. o

KNOCK, KNOCK!

CARING FOR TWINS WITH SPECIAL NEEDS

Gwen and **Barry Evans** share the trials and triumphs of parenting their two sons.

Gwen Evans *is a psychoanalytic psychotherapist from a nursing background and* ***Barry Evans*** *was an infectious disease epidemiologist*

What follows is a brief account of our experience of attempting to access necessary provision from medical and care services for our twin sons over a 42-year period. This involved contact with four teaching hospitals in London, another outside London, three district general hospitals (DGHs), and two hospices near where our sons were in care during the last years of their lives. Over the years we met hundreds of people who, had it not been for the twins, we would never have met. Alongside health professionals were many care staff at their boarding school houses and in their adult care homes. With few exceptions these environments mostly worked well, and we are especially grateful for the excellent standard of care and support they and we received during the terminal stages of their lives at their care homes.

parents not doctors

The experience of caring for our twins, both of whom had complex special needs, was often of an intensity and complexity that it is difficult to convey. ▶

key points

- Caring for children with multiple special needs on into adulthood places them and their parents/carers in the hands of many health, care, and educational professionals – the experiences of which can vary widely.
- Navigating care needs in a resource-stretched health and social care system puts ongoing and considerable strains on all family members, including other children.
- Receiving and demonstrating the love of God in all of life's challenges is vital to our journey of faith. However hard the struggle, there is profound beauty to be found in brokenness and the knowledge that we are so precious to God that he sent his only Son for our salvation.

SCAN FOR MORE

Being 'on the other end of the stethoscope' entailed the management and monitoring of their various medical needs, attending numerous appointments, coping with acute episodes of illness, and ultimately dealing with the terminal phase of each of their lives. They repeatedly benefitted from a great deal of expertise and treatment to which they were fortunate to have access.

Being their parents rather than their doctors sometimes led to a blurring of roles. We probably share that in common with many who want the best for their children or ageing parents. While we hold a great deal of gratitude for so much of their care, there were occasions when we were confronted with inadequate provision, unsafe practice, ignorance, and hostility. We once felt so let down and angry with a senior member of staff that we made a formal complaint.

homeward bound

We had been working in Bangladesh (where our older son was born), returning to the UK because of complications with the next pregnancy. Here we were without a home or jobs and living with a great deal of uncertainty. David and Robbie were non-identical twins born at 37-weeks' gestation. During his earliest months, David spent weeks in an oxygen tent with a serious chest infection. Over time their developmental delay became increasingly obvious, though when seeking a professional opinion, a GP told us there was nothing wrong with Robbie and we were neurotic medical parents. David and Robbie had some language skills at the level of two-to-three-year-olds, which was consistent with their global developmental level.

being their parents rather than their doctors sometimes led to a blurring of roles

Throughout their childhood we were fortunate enough to have regular appointments with a chest physician at a centre of excellence. David had seizures that were problematic to control. He benefitted from a term-time placement at a residential school specialising in managing neurological disorders, with a hospital facility on site for complex epilepsy. He was there term-time between the ages of five to eighteen.

Slowly we adjusted to the demands with which we were confronted. Immediate and very demanding practical needs left little space to think through what the future held for us as a family. The essay, *Welcome to Holland*[1] encapsulates something of our experience at that time.

It became clear that it was not going to be possible to return to Bangladesh, which we found unsettling. What to do with our dashed hopes and how to reorientate ourselves professionally? For years we were seriously sleep deprived (often doing two-hour night shifts to relieve each other) and stressed. Most adversely affected in all this was not one of the twins, or even our marriage, but our oldest son, although we tried to do our best for him too. The challenges to our faith were numerous (not least around seeking God for 'healing').

Because we needed to communicate with David and Robbie in ways they could understand, we kept it simple and repeatedly spoke to the truth that Jesus loved them. Over time we found we took this in again and again for ourselves, finding it to be profound rather than simplistic. Although our twins in this life could never understand the concept theologically, we experienced and bore witness to the meaning it held for them at the core of their being. This was, and continues to be, truly precious and comforting.

A member of David's care staff often accompanied him to a church local to his care home and commented that, although he 'did not believe' himself, he was very aware of what being there meant to David. Very sadly the same church had a particular view on healing that the care home staff later deemed inappropriate, and so the residents were no longer taken there. It had been possible to take Robbie to church during his early years, but over time he became extremely disruptive. At the hospital where he had nine admissions in the last 18 months of his life, there is a multifaith chapel (which Robbie called church). He wanted to go and would identify the cross on the wall, ask for the very large and heavy Bible from the lectern, and sat quietly when we opened it at John 3:16 and told him it said Jesus loves Robbie very much. On one occasion it was very noticeable that the tension he had been holding lessened considerably.

The twins had an undiagnosed (probably very rare) genetic syndrome. Along with neurological impairment they both had bronchiectasis with frequent episodes of pneumonia. The entirety of their schooling was geared around their special needs, and much of this input was outstandingly good. Robbie was more clearly on the autistic spectrum, and at the age of eight he joined David at the same term-time boarding school. He knew the site from being with us during our weekly visits to see David. They were not in the same residential house, as they were better managed apart. This was possibly not the best placement for Robbie, but we had neither the time nor energy to cope with a different geographical location and school ethos.

However, managing the school holidays was extremely stressful and each one had to be planned for on a daily basis.

nearing the end of our tether

Towards the end of their lives they were frequently admitted to hospital by ambulance with an acute deterioration in lung function. Robbie attended Accident and Emergency (A&E) on more occasions than David, requiring at least one member of his care staff and/or at least one of us to attend with him. In general, our experience of paramedic and A&E staff was excellent.

Hospital admissions were problematic. Would there be a suitable bed, if any? The wait was often very hard. As were the trolleys, and Robbie resolutely refused to ever go to sleep on one! This often happened at night. On one occasion at a London Hospital we were told that it was very unlikely that a bed would be available that night. Having been up most of the previous night and spending all day with him in a very busy A&E, which was unsettling for Robbie, we were near the end of our tether. The environment was totally incomprehensible to him, as was the level of noise. We chose to bring him home, very aware of the risks, and had to sign the self-discharge papers. Although an appropriate and necessary protocol, this was not easy to do, but we made it clear we would take him back the following day when a bed became available. The incident was reported to Social Services – again due protocol, but tough. This is what 'being at the other end of the stethoscope' meant for us at the time.

Our experience on the wards of two large DGHs was mixed. In general, the medical management was good, but other aspects were patchy. For every hour of every day and night of every admission, the boys had a member of their care staff, or one or both of us with them. This degree of continuity acted to protect them from the often-bewildering frequency of changes in the ward staff. Many were kind, but their ongoing contact was usually short-lived – a contributory factor to which was the frequent changes of ward to which they were admitted.

Some staff could be thoughtless. For example, on separate occasions a nurse provided a clean sheet to change a wet bed in the middle of the night but did not offer to help with the task. Despite sophisticated computer systems for medication, we bore witness to human error and potential error on a number of occasions. Mercifully, the twins' care staff observed this too and averted some of the potential errors. The quick skill of a radiographer, who somehow managed to get a scan of Robbie's chest done without a fight, meant so much. Such too was the care of a physio who looked nonplussed when Robbie did not respond to 'roll over'. She persevered and came back the next day to say hi (much to Robbie's delight). All in a day's work for them but they brought skill, a can-do attitude, and even an element of fun, and in so doing gave more than they will ever know. However, caring for adult patients with severe learning disabilities on general medical wards was very challenging.

facing the end

David died in October 2016 aged 36 following 10 years of progressive neurological deterioration with probable MND. He was a wheelchair user for five years. Despite having a gastrostomy peg for around a month, his inability to swallow meant he could not stop saliva going into his lungs. He died with many of those close to him around his hospital bedside.

Robbie's bronchiectasis caused right heart failure, which in the last four months of his life became much more severe. In September 2022, he died peacefully, aged 42, with us by his side in his care home.

The journey for us would not have been possible without support from family, friends, church, and care staff, including the prayer support of many. Even though we knew this, there were times we felt isolated. More recently, we have found reading Psalms helpful, especially reading a complete Psalm. Psalms of orientation, disorientation, and new orientation have ministered to us in fresh and deep ways. At other times, there was a great deal of fun, but also, perhaps inevitably, tensions. Sometimes managing expectations (both ways) proved way harder than we could ever have imagined. We hold so many memories, including David's joy at attending Christian house-parties when videos were made of his participation, and an album of photos was looked at most days until the next event a year on. Robbie had one joke on repeat - 'Knock, Knock' (who's there?) 'Me'. He never tired of it! Someone who knew his propensity for the knock, knock lines sent a card to us after his death stating that heaven's gate is open wide – no need to knock.

We were usually on the same page over decisions and supported each other when needing to act unilaterally. It was not always easy to ask for support, and we tried not to take it for granted, but we had limits, and being extremely weary is hard. We identified this in others too. Along the way we have become aware of many folk who struggle with major life challenges (often long-term). Our experiences have made us more open to diversity and what it means to be human. We loved our sons dearly and our loss is indescribable. Throughout we have clung to knowing God has not abandoned us. He has been with us, and '*he who promised is faithful*'. (Hebrews 10:23) All through the storm, God's love has been the anchor and our hope for eternity is in him alone. o

the journey for us would not have been possible without support from family, friends, church, and care staff, including the prayer support of many

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SUCCESS
AND FAILURE IN THE HEALTHCARE PROFESSIONS

Nirmalan Arulanantham looks at two Old Testament figures to see what they can teach us about thriving and surviving in the modern healthcare system.

Nirmalan Arulanantham *is a Consultant in General Medicine and Clinical Pharmacology at Cumberland Infirmary, Carlisle*

Healthcare professionals are programmed for success. Doctors, nurses, paramedics, pharmacists, and physiotherapists are all in careers with clear pathways. Effortless career progression and success are ideals that are celebrated. Christians working in healthcare may unwittingly absorb these values and expect success in both their work, personal, and church lives. The successful professional, married with children, and also a church elder is, perhaps, a celebrated ideal. They manage to work a full-time job, while also finding time for family and playing an active part in church life.

Life teaches us that things are rarely so simple. The NHS is facing ever increasing pressures, with staff shortages and mounting patient demand and expectations. A failed exam, a broken relationship, or a new health complaint can add fuel to the fire when someone is already under pressure at work.

a difficult work environment

The series *Cardiac Arrest* from the 1990s which was set in a fictional hospital in the North of England.[1] It was written by Jed Mercurio, who was a disillusioned doctor turned screenwriter. It characterised an NHS that is plagued by low morale, impossible working conditions, and difficult staff. Dr Andrew Collin is a slightly nervous, overconscientious junior Christian doctor bullied by his senior colleagues, who ends up becoming cynical and having an affair with a nurse. Dr Rajesh Rajah is a Hindu doctor waiting for an arranged marriage, but meanwhile pursuing a promiscuous lifestyle, unknown to his parents. There is one scene where a little child is being resuscitated by a team while some nurses at the desk callously order a pepperoni pizza. Managers are portrayed as being driven by targets with no concern for the wellbeing of the staff. Most of us who have worked in the NHS will relate to seeing most of these caricatures at some stage, although thankfully not at the same time in the same hospital, and usually in a milder form.

the Bible, the NHS, and serving in Babylon

Having worked in the NHS for 27 years, it is not uncommon for me to hear people dreaming of the 'promised land of retirement' away from the stresses and strains of a difficult job. Christians will not be surprised that the Bible, and the Old Testament in particular, has a lot to offer us in terms of navigating and thriving in difficult circumstances. Christian are called to serve throughout our lives. We serve a heavenly master until our last breath. The stories of Joseph and Daniel are inspiring and encouraging.

Joseph (Genesis 37, 39-41)

The up-down-up trajectory of Joseph's life can be inspirational. Joseph is very much the spoilt, good-looking son of Jacob and Rachel. He manages to annoy his older brothers, who sell him to slave traders (a valley in his life trajectory). He gets to Egypt where he is employed by Potiphar and does well (a brief mountain top) until he is accused of attempted rape by Mrs Potiphar. He ends up in the Egyptian equivalent of Wormwood scrubs (another valley). But here again the Lord rescues him, putting him in good favour with the jailer, and he is given a supervisory role over other prisoners. After helping the cupbearer, he is mentioned to Pharaoh (two years later!) and ends up as Prime Minister of Egypt navigating the country through an international crisis.

lessons we can learn from Joseph

Joseph's perseverance in the midst of challenges is an encouragement to us all. God was with Joseph (Genesis 39:2). He kept his faith. Similarly, we too should not be overly surprised if and when we face difficulties and challenges. Deciding when to stop persevering and change course is a matter of wisdom that senior colleagues and pastors and church friends can help with. Some people may find that they are a 'square peg in a round hole' and may wish to change career. Trials and setbacks can equip us with resilience in the face of adversity. Joseph must have learnt a lot of skills of diplomacy in Potiphar's house and the prison.

Joseph and forward planning

Joseph reminds us of the importance of forward planning. How many of our apparent crises are caused by poor planning of time, finances, work-life balance, and omitting the Sabbath rest? We may over-commit ourselves with work and church activities when our families need attention. Judicious planning of annual and study leave can make a potentially stressful time a lot smoother. How many of us have thought ahead to 2030 and what we will be doing? Being disorganised is not a Christian virtue!

Daniel (Daniel 1-6)

Daniel was a Hebrew teenager who was deported to serve in the court of Nebuchadnezzar in the late seventh century BC. He was an extremely talented individual, good looking and clever. He was given a Babylonian name – Belteshazzar – which would have been depersonalising. An extraordinary individual, he served under three separate regimes – Nebuchadnezzar, Belshazzar, and Cyrus – spanning 70 years. Many of his contemporaries would have been executed (indeed three of them faced a fiery furnace,[2] and Daniel himself a den of lions,[3] all for refusing to compromise their faith!). Nevertheless, he was an excellent employee, being both diligent and tactful.

serving in Babylon

Christians can take heart that even when serving in a system that can often be challenging, we should aim to not only survive, but THRIVE. Daniel can teach us many lessons. While diligent and dutiful, we can see that he was happy to compromise in non-essential matters but was unwavering when it came to matters of principle. He was polite and judicious when he disagreed with those in authority over him. He made his points diplomatically, winning him favour with the Babylonians.

The chief ministers and the satraps tried to find grounds for charges against Daniel in his conduct of government affairs, but they were unable to do so. They could find no corruption in him, because he was trustworthy and neither corrupt nor negligent. Finally these men said, 'We will never find any basis for charges against this man Daniel unless it has something to do with the law of his God.' (Daniel 6:4-5)

Daniel and prayer

Daniel serves as an example of how we should pray. He was regular and disciplined in his prayer habits. And he had an excellent workplace prayer group in Hananiah, Mishael, and Azariah (Shadrach, Meshach, and Abednego) who prayed with him and for him. As healthcare professionals we need prayer support from the home church as well as Christian colleagues. We need to use discretion when sharing prayer requests as there may be issues of patient confidentiality involved.

other sources of help

In addition to the obvious source of help from pastors and Christian friends, we should not neglect GPs, counsellors and coaches who can offer advice and help. Both Joseph and Daniel benefitted from the kindness and care of people who were not believers (another example is Joseph and the jailer). We need to look for skilled individuals to offer help and advice when it is necessary.

conclusion

The stories of both Joseph and Daniel are examples of people of God who thrived and succeeded despite very difficult circumstances. For a Christian this means we have hope even in the midst of a difficult work atmosphere and gives us opportunity to shine. Life carries no guarantees, and we can rest assured that even if things do not turn out the way we expect, the Lord is still in control as we journey towards our permanent home. ●

Helen Baxendale and Andrew Lancel, stars of *Cardiac Arrest*

SCAN FOR MORE

key points

- The harsh environment that the NHS can sometimes be for Christian health professionals is not as overwhelming as it sometimes seems when we look at the lives of Joseph and Daniel from the Bible.
- Both men's lives show us how we can live authentically as Christians and serve our teams and employers well.
- Above all, both stories show that God can use failure and set back as much as success to achieve his ends.

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LESSONS FROM THE ARCHIVE EPISODE 5

THE MEDICAL PRAYER UNION AND LIVINGSTONE COLLEGE

Mary Scharlieb

Mark Pickering draws out some colourful people and stories from the 75-year history of CMF's immediate predecessor, the Medical Prayer Union.

Mark Pickering *is CMF Chief Executive*

In my fourth article I discussed how the coming of 'home medical mission' to London in the 1870s intersected with the remarkable Dr George Saunders and his first retirement from military medical service. His energy and passion led him to the fledgling London Medical Mission in 1871; from there he went on to play a key role in the founding of the Medical Prayer Union (MPU) in 1874 and then the Medical Missionary Association (MMA) in 1878, shortly before retiring for a second time in 1882.[1] Numerous previous members of the Christian Medical Association joined enthusiastically with the MPU, such as Dr Samuel Osborne Habershon, who had supported the launch of the Guy's Hospital Christian Union back in 1849, and who chaired the first annual meeting of the MPU in October 1874.[2]

key points

- The combination of fellowship, student support, and promotion of medical mission that characterised the earlier Christian Medical Association was again evident throughout the life of the Medical Prayer Union.
- Specific partnerships with mission organisations such as the Medical Missionary Association and Livingstone College continued throughout its history.
- Ultimately, the MPU was unable to survive the disruption of two world wars. The earlier decision to move away from direct integration of student and graduate ministry was a significant factor in weakening the organisation.

SCAN FOR MORE

student events

Medical students were integral to the MPU from day one. In the last article we heard from Dr Saunders that, '*by 1880 nine of the eleven medical schools [in London] held meetings weekly for Bible study and prayer*'.[3] The students also met centrally, including in the Harley Street rooms of Dr William Fairlie Clarke, who organised *conversaziones*, where up to 200 students could enjoy an evening together and hear an inspiring talk from a Christian consultant or medical missionary.[4] In later years, these gatherings became memorialised as the 'Fairlie Clarke Conversaziones'. At a time when the entire medical student population of London was around 2000, these events were able to pull in ten per cent of them![5]

In addition, and demonstrating the close integration of the MPU and the MMA, from 1894 the MPU sponsored an annual student Missionary Breakfast, where up to 100 students would come to hear missionary doctors from many varied countries.[6] These continued for well over 100 years, passing from the MPU to CMF after 1949. I remember helping to organise them myself as a student, being challenged by inspiring speakers as we met at the top of Guy's Hospital Tower!

BMA breakfasts

Another event with a long heritage was a breakfast held for doctors at the Annual Representatives' Meeting of the British Medical Association (BMA). This first began in 1892 and appears to have been held sporadically until becoming a regular feature from 1923, again until very recently. Each breakfast was usually chaired by the President of the BMA – a fascinating throwback to days when the BMA and its Christian members were much more likely to be in broad alignment than they are today![7]

Harold Moody – 'Britain's Martin Luther King'

One of the many fascinating people in the MPU was Dr Harold Moody. Born in Jamaica, he came to London and graduated top of his class from King's College in 1910. However, despite his academic prowess, he faced very significant racial prejudice, being prevented from taking up a hospital post due to his skin colour.

He went on to found his own general practice in Peckham, South London. A blue heritage plaque marks the house today and a nearby park commemorates his links to the area.[8]

Later he also founded the League of Coloured Peoples and became a significant campaigner for racial justice – politely and persuasively making his case when others advocated more violent means. He has even been dubbed 'Britain's Martin Luther King'.[9]

In addition to these campaigning activities, he was a keen supporter of Christian missions, chairing both the Colonial Missionary Society and the London Missionary Society.[10]

However, there is also a heartwarming story of cross-cultural brotherhood from the time he was struggling to find work.

William McAdam Eccles

Mr William McAdam Eccles was a prominent surgeon at St Bartholomew's Hospital, and one of the main figures in the leadership of the MPU throughout the majority of its history, for almost 50 years. He was Secretary of the MPU in 1898[11] and was President at the time of his death in 1946. He was also President of the London Medical Mission[12] and a lecturer at Livingstone College (see below).

At the height of his struggles against racial prejudice in London, Dr Moody relates part of the story in his own unpublished autobiography, *My Life*, quoted here by his biographer, David Killingray:

> medical students were integral to the [Medical Prayer Union] from day one

Then quite a surprising thing happened, which convinced me that I was taking the right step and God was with me. Mr McAdam Eccles (not of my own hospital) who had known and observed me throughout my course offered me the job of the Medical Superintendent of the Marylebone Medical Mission at £150 per annum – a responsible post in which I was very happy for some years.

Prof Killingray continues:

Moody's post as Superintendent involved attendance as a doctor for three afternoon sessions per week, and 'the conduct of religious services on Wednesday and Sunday evenings'. These relatively light demands of the appointment thus gave him time to continue with post-graduate medical studies at King's, particularly in ophthalmics which interested him greatly. The working environment at the Medical Mission was agreeable to Moody and made easier by the friendly relationship that he soon established with Miss EM Hancock, the sister in charge; she was to remain a life-long friend. Moody began work there on 1 October 1911.[13]

Despite the incredible sadness of the prejudice that Moody faced as a Black doctor in London, I found it inspiring to know that during that dark period, not only was he supported and welcomed by a leader within the MPU, but also that he gave back in service to the poor through his own work, including at the Marylebone Medical Mission. It was a particular joy to me to find Dr Moody's MPU membership form, tucked away in the remaining archive material kept at the CMF office!

1874 MPU founded

1878 MMA founded

1882 Dr George Saunders retires

1882 Dr Mary Scharlieb becomes one of the first women to graduate in medicine in England

1889 Mr William McAdam Eccles becomes MPU Secretary

1892 First MPU BMA Breakfast

1893 Dr Charles Harford Battersby founds Livingstone College

1910 Dr Harold Moody graduates

1911 Dr Moody starts at the Marylebone Medical Mission

1949 MPU merges with the Medical Section of the Graduates' Fellowship of the InterVarsity Fellowship to form CMF

CMF was founded in 1949, and 2024 will be its seventy-fifth anniversary. However, its roots go back much further, and there is plenty to learn from the people and organisations that came before it. This is the fifth of a series of articles featuring some of the main highlights.

despite the... prejudice that Moody faced as a Black doctor in London...not only was he supported and welcomed by a leader within the MPU, but also... he gave back in service to the poor through his own work

Mary Scharlieb

Another leading light through much of the MPU's history was Dame Mary Scharlieb. An inspiring pioneer in so many ways, she moved from England to Madras in India (today's Chennai), where her husband was a lawyer. Whilst there, she was moved at the plight of so many Indian women who suffered in childbirth. She trained first as a midwife and then as a doctor at Madras Medical College, graduating in 1878.

Returning to the UK, she became one of the first female UK medical graduates in 1882. She met Queen Victoria, spent time back in India lecturing at the Madras Medical College, and later took up various roles at the Royal Free Hospital in London, lecturing in forensic medicine and midwifery, and eventually becoming Chief Gynaecologist there.[14]

In her later years she was Vice President and then President of the MPU, chairing numerous student missionary breakfasts, until her death in 1930.[15]

Livingstone College

A unique and fascinating project during this period was Livingstone College, launched in 1893 and based in East London, which provided basic medical skills for missionaries who were not doctors. Many of them were going out to isolated areas without access to reliable medical care. If they or their colleagues should become sick, knowing some basic medicine could be lifesaving. This was a lesson learned from the early missionary movement, when a high proportion of missionaries succumbed to fatal tropical diseases.

It was founded by Dr Charles Harford Battersby, son of the founder of the Keswick Convention. He went out as a medical missionary to Nigeria in 1890 aged 25, but was invalided home after a couple of years with Blackwater Fever, a serious complication of malaria. Back in the UK, he became medical secretary of the Church Missionary Society, and founded Livingstone College.[16] He was also another Vice President of the MPU.[17]

Over the years, Livingstone College provided many missionaries with basic medical education, for three, six or nine months, or an intensive one month summer course. Practical experience was gained locally, eg at an East London medical mission, or the Mildmay Mission Hospital.[18] One early lecturer at the College was Dr Patrick Manson, the 'Father of Tropical Medicine',[19] who went on to found the London School of Hygiene and Tropical Medicine in 1899. Despite his later worldwide fame, his very first experience of lecturing in tropical medicine was in 1894, at Livingstone College![20]

Dr Tom Jays was Principal from 1920-1946 and was also one of the last surviving MPU committee members. During his tenure the MPU held a Saturday day conference for some years at Livingstone College.[21]

Livingstone College was a fantastic answer to a pressing need during its first 50 years or so. However, in the period after the Second World War, as wider medical services developed, the need for the College reduced – its original mission had essentially been accomplished. Its new Principal from 1946 was Stanley Hoyte, previously a missionary surgeon in China. As the need for the courses dwindled, he gradually wound down the College's activities and the building was sold. Its assets were eventually merged with the MMA in 1963,[22] which in turn merged with CMF in 2004.

two mistakes in the MPU

In its early years, the MPU made two decisions that seemed entirely reasonable at the time but which, in hindsight, caused deeper problems as the years went by.

student-graduate separation

Although students were vital to its birth and early momentum, over time these ties were gradually loosened. Within the universities and colleges of the British Isles, during the late nineteenth century, various evangelical Christian Unions and student missionary movements were springing up and coalescing. These were strong in cities such as Cambridge, Oxford, Edinburgh, and London, and spread to other cities, eventually forming a national movement in 1893 which came to be called the British College Christian Union (BCCU), soon renamed as the Student Christian Movement (SCM).[23]

The graduate leaders of the MPU, as busy clinicians, recognised the importance of the growing national student movement. They first affiliated the MPU student work to the BCCU in 1898, and eventually in 1906 transferred their student work entirely over to what was by then the SCM.[24]

Affiliation to the larger student movement made perfect sense, bringing in greater resource and broader horizons. We can see how it was tempting too for the MPU leaders later on to transfer their student work completely into what seemed like safer, and less clinically committed, hands. They did retain some student contact, chiefly through sponsoring the annual student missionary breakfasts. But the winds of change were afoot, and this was the first step down what became a darker path.

a lack of doctrinal clarity

When the MPU was formed, it aimed to draw together those Christians with a living faith who believed in the value of prayer. Its original object was simply '*the promotion of Christian intercourse amongst the Members and Students of the Medical Profession', and the means employed included 'Prayer and the study of the Scriptures*'.[25]

In its early years, further clarity did not seem necessary – its members understood each other. Yet as the years went by, liberal theology was gaining ground within evangelical church circles, and within the Student Christian Movement. Many were questioning the authority of the Bible, or the centrality of the atoning death and resurrection of Jesus. These growing tensions eventually led the Cambridge Intercollegiate Christian Union (CICCU) to disaffiliate from the SCM in 1910, along with some of the London hospital Christian Unions.[26] This rupture was painful at the time but necessary, laying the foundation for a rejuvenated student movement to be reborn in the coming years, of which I will say more in the next article.

However, because the MPU had distanced itself from its student roots, and lacked the doctrinal clarity to engage actively in the theological shifts of the early twentieth century, it was doubly weakened at a time when even darker storm clouds were gathering.

the disruptions of war and a gradual fading

The First World War, of 1914-18, disrupted the activity of the MPU and halted its annual student missionary breakfasts for a few years. However, the leadership made strenuous efforts to reinvigorate the Union in 1922. Amongst other things, this is when the annual BMA breakfasts were restarted, continuing regularly for many years.

Whilst activities went on for some years, they never appeared to regain their initial strong student links nor any sense of doctrinal clarity. The MPU in its later years was a worthy fellowship of doctors, supporting each other in prayer, doing what they could to live out their Christian testimony professionally, and supporting and promoting medical mission, including among medical students.

Yet the original vigour never quite returned. And when in 1939 war came again to the UK, the activities of the MPU dwindled yet further. Its leadership had aged without a regular influx of students and younger graduates, and some of the older leaders died around the time of the Second World War. Chief among these was Mr McAdam Eccles, who died in 1946 after being the backbone of the MPU during these later years.

a final attempt brings help

In the post-war years, the small remaining committee of the MPU made new efforts to revive the association. In April 1948 Dr Neville Bradley, MPU Secretary, placed an advert in the *Lancet*, seeking like-minded Christians:

It would seem from many points of view that the time is opportune to link medical men and women in some more effective way in order to promote and maintain a distinctive Christian witness in what is tending to become an increasingly secularised and nationalised service... [27]

His words were prescient, and little did he know that such a 'distinctive Christian witness' was already arising – the Medical Section of the Graduates' Fellowship of the InterVarsity Fellowship (IVF). His advert was perfectly timed, and came to the attention of the IVF medical leaders, including Douglas Johnson. This was the catalyst that eventually led to the MPU and IVF medical graduates joining together in 1949 to form CMF. The next article will flesh out this part of our story in more detail.

> [God] ensured that the faltering movement could be absorbed into a new iteration with fresh vision and energy

The MPU had run its course. For 75 years, during times of strength and weakness, it had been God's movement for that time. During those years, thousands of Christian doctors and students were supported, and a number of particularly inspiring individuals emerged. Some decisions made in good faith turned out to cause problems later, yet God's faithfulness and provision clearly shone through. In his wisdom, he ensured that the faltering movement could be absorbed into a new iteration with fresh vision and energy.

what can we learn from the Medical Prayer Union and Livingstone College?

- Some ideas and organisations may be suited to particular times and situations, yet come to a natural end point, such as Livingstone College. We need wisdom and sometimes courage to recognise when something has run its natural course.
- We should consider the unintended future consequences of our decisions, and be willing to re-evaluate the situation as theirs effects become clearer, such as the separation of students and graduates in the MPU.
- The inspiring story of Harold Moody and William McAdam Eccles shows that Christian friendship can transcend racial prejudice in healthcare.
- We see from Mary Scharlieb a great example of a very early female doctor who combined a passion for medical mission and professional excellence with leadership in the MPU. o

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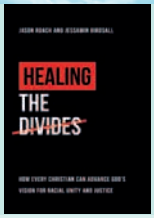
This series will continue to sketch out the history of the modern Christian medical and nursing movements in the UK, as we approach CMF's seventy-fifth anniversary in 2024. If any readers have an interest in this area, or relevant material to contribute, please contact Mark on *admin@cmf.org.uk*



Healing the Divides

How every Christian can advance God's vision for racial unity and justice

Jason Roach and Jessamin Birdsall

- The Good Book Company, 2022, £10.99, 144pp
- ISBN: 9781784987275
- Reviewed by **Chris Green**, a vicar in North London

Healing the Divides is such a good and important book, that I'm not going to review it, merely praise it. Here are seven reasons:

First, it is uncomfortably British. The headline rhetoric and stories surrounding race are frequently US in origin, and we know their explanations – and excuses – often don't resonate here. That's dangerous. 'We don't have *that* problem over here,' is close to, 'we don't have *any* problem over here.'

It is forensically honest that racism is an unmissable reality in 2023, in the city where I live. It's an ugly lived reality for many – violently so for some. Elements of racism are even worse in the UK than they are in the US.

Birdsall's contribution is disarming and complicating, because introducing Japan repositions the black/white polarity. Can't Japanese Christians experience racism too?

Secondly, the book is nuanced. I've read books on racism with a superficial biblical exegesis – not this one; it is faithful, thoughtful, and hard-hitting.

White people, like me, learn to evade the challenges of addressing racism, by seeming to dismantle the theological agenda of 'Black Lives Matter' (BLM), 'Intersectionality', 'Cultural Marxism', 'Critical Race Theory', and by showing how 'wrong' 'they' are. We think in so doing that we've done away with the issue. Instead, Roach and Birdsall provide much-needed granularity. BLM is undoubtedly a political movement with an agenda, but do we hear it as a cry of pain, a political creed, or a philosophical concept? All three – but only paying academic attention to the second and third denies what is going on for my Black sisters and brothers. On a biblical timeline, BLM is a fallen lament at sinful injustice.

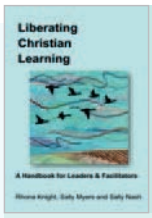
Third, it's honest. Roach's experience of being on the receiving end of racism in my city, *in*, *at*, and *from* church, silences me. Our brother is being open and telling us the truth about ourselves (me).

Fourth, it's generous in offering me the words to use without fear of being patronising, inept, offensive, or out-of-date. Permission is given and trust is extended, and I need to build on that.

Fifth, it's uncomfortable. The book tells stories I can't match. I've never been held up by the police because I'm a white man, out on my own. I've never had my colour be the first thing that people notice about me. I've never had to wonder if I'm only in the room to make up the numbers, or to make someone else look good. I've never had to teach my sons what do if their car is stopped. This gift of a book is such a gently-worded rebuke.

Sixth, it's a calm call to action, because the gospel is the deepest answer to this mess, and so local churches should be places where conversations happen, relationships deepen, and honesty and love are modelled.

Seventh, therefore, I must hear that call, and act. I can't assume that the challenge of promoting good racial relationships in the local church is someone else's responsibility. I can't leave the commenting on (yet another) injustice to a Black church leader. It is not the victim's responsibility to end the oppression. ◘



Liberating Christian Learning

A Handbook for Leaders and Facilitators

Rhona Knight, Sally Myers, and Sally Nash

- Self-published via Amazon 2023, £7.99, 136pp
- ISBN: 9798375358994
- Reviewed by **Patricia Wilkinson**, a GP in East Lancashire and a member of the *Triple Helix* Editorial Committee

As health professionals, and as Christians, we are called to lifelong learning. This short book is a helpful overview of different learning styles with practical suggestions. Although the examples are primarily based on a church context, they can apply to any 'learning event' or group. Each chapter has both theory and suggested application. Group dynamics are mentioned and how to deal with the 'awkward' person. There are hints and tips throughout, including choosing a venue, setting up, and identifying the learning objectives. Each chapter ends with a short list of 'Takeaways' to think about and consider.

A lot of the theory will be familiar to anyone who is a trainer in any setting. It also looks at Jesus' various approaches to teaching and has a brief introduction to theological reflection. The authors emphasise that one approach doesn't fit all, and that how we learn is as important as what we are learning.

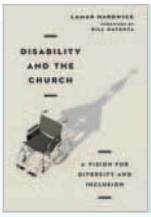
This book will not tell you how to teach, or how to learn. Rather it is a short, practical overview of how Christian and medical adult learning should and could be.

I would recommend *Liberating Christian Learning* to all teachers and learners alike, whether Christian, medical, or both. ◘

SCAN FOR MORE

WANT TO CONTRIBUTE?

CMF reviews Christian books relevant to readers interested in health, healthcare, and bioethical issues from a biblical, Christian perspective. If you would like to write a review or have a relevant book for review, please get in touch with CMF via *communications@cmf.org.uk*



Disability and The Church

A Vision for Diversity and Inclusion

Lamar Hardwick

- Inter-Varsity Press, US, 2021, £10.65, 208pp
- ISBN: 9780830841608
- Reviewed by **Grace Dalton**, CMF Intern

Georgia-based Pastor Lamar Hardwick was diagnosed with Asperger's in his thirties, and advocates for robust inclusion efforts within congregations.

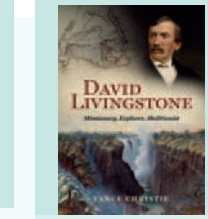
Hardwick has coined for himself the moniker 'Autism Pastor', though I felt that there was a dearth of commentary on autism and faith (I am biased in my interest, however), despite the book including other theological reflections alongside its practical wisdom.

Several Biblical assertions struck me as presumptuous. Is it warranted to conclude that Moses had a speech-related 'disability'? Or that the palpable lacerations in Jesus' post-resurrection body imply that he would have had a 'disability' due to nail-damaged wrist and ankle tendons? But other Bible-based points are sagacious.

Powerful anecdotes from Hardwick's ministry assist us in beginning to comprehend the experiences of people with disabilities. Hardwick shares insightful thoughts on pastoring people with varied conditions, and his empathy shines through. I'd have been inclined to include some direct quotations from individuals with physical limitations, particularly given the wheelchair on the cover. He asserts that those within a minority are best placed to speak of the experiences of that minority, so I can't help but wonder if this ought to apply regarding physical disabilities also. Those of us on the autistic spectrum who are 'able-bodied' should hear from those whose limitations are of a different nature.

Astute parallels are drawn with the exclusion that has been faced by the African-American community (of which the author is also a member). He reflects on the transgression of Black folk being excluded from churches, challenging readers to address the exclusion of disabled people; and relays how meaningful active representation efforts, such as Black History Month, were for him as a young person within that minority.

The book challenges readers to actively accommodate those with disabilities, without whom the Church is incomplete, compelling us to ask, 'Who is missing?'. Hardwick contends that comprehensive inclusion is simultaneously costly and surprisingly possible. Recent years have seen a (sometimes flawed but needed) reckoning with racial inequality. This book reminds us that the exclusion faced by the disabled (albeit differently motivated) also needs attention. Whilst aimed at church leaders, *Disability and the Church* is a worthwhile read for any Christian, prompting us to give greater thought to our engagement with people who are too often overlooked. ◦



David Livingstone

Missionary, Explorer, Abolitionist

Vance Christie

- Christian Focus, 2023, £39.99, 768pp
- ISBN: 9781527110076
- Reviewed by **Peter Pattisson**, retired medical missionary and GP

Here is a blockbuster new biography of a giant of the Victorian medical missions scene. Making extensive use of and quotations from primary sources (journals and letters), as well as reference to earlier biographies, the author gives us a rounded portrait of David Livingstone and the thirty years he spent in Central Africa (1841-1873). The subtitle, '*Missionary, Explorer, Abolitionist*' sums up the three strands of his ministry, which were interwoven from start to finish.

The costliness of pioneering comes through strongly – the cost to family, health, comforts, and, sometimes, reputation. Along the way, Livingstone is credited with developing a reasonably effective quinine-based treatment for 'African fever' (malaria) long before its association with the Anopheles mosquito was established.

Mary, his wife, was the daughter of Robert and Mary Moffat, pioneering missionaries in South Africa (and later in Matabeleland, now Southern Zimbabwe). Supportive throughout, she died in Central Africa in 1862.

The celebrated meeting with Stanley occurred quite late in Livingstone's life. Stanley was 30 years old, Livingstone almost twice that. The pair struck up an unlikely friendship based on mutual respect.

As 'the Doctor' threaded his way between recurrent sickness, unreliable 'helpers', warring tribes, and rampaging Arab slave-traders, what comes through strongly is Livingstone's even-handed integrity, treating all men with respect and honesty. He was way ahead of his time in his courtesy to Africans and other supportive colleagues, and they loved him for it.

Devotional quotations from the journals reveal the deep faith that undergirded all his travels. His life could be summed up in Paul's words, '*However, I consider my life worth nothing to me; my only aim is to finish the race and complete the task the Lord Jesus has given me – the task of testifying to the good news of God's grace*'. (Acts 20:24) Fittingly he was found to have gone home to his Master kneeling by his bedside close to Lake Bangweolo in what is now Northern Zambia. Most of the subsequent missions in Central Africa can trace their roots to Livingstone's pioneering labours.

There is one omission – a few maps would enrich the text for readers less familiar with the geography of Central Africa than is the author. Nevertheless, I highly recommend this book. If you can afford the cost and the time to digest its 750+ pages, you will be amply rewarded. ◦

Against the Stream?

A Memoir

John Sandford-Smith

- The Ulverscroft Foundation, 2023, 281pp, £12.50
- ISBN 9781399947176
- Review by **Roger Timms**, a retired GP in East Anglia

John Sandford-Smith's warm and engaging memoir is dedicated to his beloved wife Sheila, his partner in 55 years of medical and faith adventures. She died of COVID-19 at the start of the pandemic. Beyond that deeply sad introduction, this is a highly captivating story of medical work and Christian mission across continents.

After public school and Cambridge, where John encountered and dedicated his life to Christ, there followed clinical medical training in London. After house jobs, he applied for surgical and ophthalmological training in Quetta, Pakistan. How did he get there? Well, he bought an old Land Rover, of course, and, with two companions, drove all the way, encountering the bitter East European winter and the appalling roads of the Middle East on the way. That they eventually arrived safely was little short of a miracle!

After Pakistan came work in Nigeria, by which time John had married the lovely nurse who had once sneakily squirted ethyl chloride local anaesthetic spray up his trousers while he was examining a patient.

Their children followed in due course, growing up around the world. John trained and worked in very adverse circumstances – nothing the NHS could throw at him would unsettle him after this. Despite witnessing and working amid great hardship, he always maintained his sense of humour. He recounts one friend's anecdote from Nigeria. They came upon a minibus that had driven off the road, ending up on its side in the bush, emblazoned with a Bible verse from the twenty-third Psalm, reading 'He makes me lie down in green pastures'.

After Africa and Asia, John returned to the United Kingdom, where he secured a post as a consultant ophthalmologist at an East Midlands teaching hospital. It was here that I first encountered him. He and Sheila showed great kindness and hospitality towards me and all the junior doctors.

While based in England, he continued to travel, undertaking mission, teaching, and ophthalmic surgery around the world, well into retirement. The needs are vast, and so he worked on establishing eye services where there had previously been little or no provision.

Sandford-Smith recounts in fascinating detail the events leading up to the Biafran war in Nigeria during the sixties, and the current conflict in Yemen, both of which he observed at close quarters. He writes with great warmth and insight.

This is the story of a life well-lived, serving God and humanity, spreading the love of Christ among patients and colleagues, and having a lot of fun along the way! ●

New Medicine, Old Values

Discovering the Roots of Values Based Medicine

Sam Leinster

- CMF, 2023, £12, 158pp
- ISBN: 9780906747865
- Reviewed by **Professor David Misselbrook**, Past Associate Professor in Family Medicine, RCSI Bahrain, Dean Emeritus Royal Society of Medicine

This is a wonderful book. The experience and the wisdom of the author are obvious on every page. Its themes are tackled in an intelligent and well-informed manner, benefitting from the author's historical approaches to many of the chapters. This helps us to understand the underlying principles, not just a description of current orthodoxies. The brief case reports and anecdotes from the author's experience are particularly well-judged, always adding to the practical application of the principles discussed.

The book covers a wide range of medical values. This includes the usual suspects, such as moral values, through to professional principles, such as compassion. Leinster explains clearly why issues of science and evidence also relate to fundamental values.

The book is written most directly for a Christian audience. It would be particularly valuable for students and trainees, but even the most senior doctor would gain from reading it. For juniors, though, it will be a valuable resource that could help clarify perspectives across a wide range of professional issues, helping doctors develop the sort of practical wisdom that oozes out of every page. Although, I do wonder about the choice of putting the 'Christian perspective' at the end of each chapter. Why not the beginning? However, this is a very minor gripe about an excellent book.

I must make a particular comment about the final chapter, 'Applying the Principles'. This is a mature and well-thought-through reflection on how we should approach important dilemmas. What counts as a legitimate change in practice in changing circumstances, and what becomes a surrender of values as customs and fashions evolve around us? This chapter is such an excellent example of grounded reflection, so vital to doctors working at the grassroots and so characteristic of the whole tone of the book.

I wish I could have read this book years ago. It would have accelerated so much of my own professional development. But better late than never! The book would form an excellent basis for reflection and for self-directed PDP that could be discussed with one's appraiser. ●

GLOBAL

Developing Health Course 2023

The Developing Health Course (DHC), which in 2023 was on 8-15 July, is aimed at health workers serving in global health and mission and those preparing to go. The input of bursary students from around the world enriches the learning experience for everyone. This year, we welcomed health professionals from Burundi, the Philippines, Ethiopia, Poland, and Nigeria. The course has also become a focal point for Christians in the UK involved in global health and mission and has fostered the building of relationships and a 'community of practice' that continues through the year. It runs each July at the London School of Theology.

Alison, a midwife working for several years in South-East Asia, shared:

When I first went overseas it was very difficult. The year after I went, I came to the Developing Health Course. It was so inspiring, and I learned a lot and met such great people. The spiritual side of it was such a blessing. It was great to meet up with people who know what it's like to live in a low-resource setting,and to learn from each other. It inspired me to go back and do even more. I think I probably would have given up if I hadn't had something like this course to learn from and to be encouraged.

This year we added a Saturday afternoon Mission Fair event with talks on 'Why mission?', 'The role of the Church in Mission', and how you can engage with the national believers when you go to work outside of the UK (including the work of the International Christian Medical and Dental Association – ICMDA). We were joined by twelve mission agencies who had exhibition stands and were available to talk with participants.

The theme for this year's course was 'Serving with Humility in Global Health'. The clinical teaching programme included training on building healthier communities, disability, mental health, paediatrics, acute care, palliative care, non-communicable diseases, women's health, and leadership. Many clinicians with significant cross-cultural experience gave their time to deliver stimulating and relevant teaching.

In the evenings, we covered topics such as integral mission, working in multicultural teams, handling conflict, engaging in a post-colonial world, and going out and returning to the NHS.

We used a wide range of learning activities – case studies, workshops, small group presentations, skills stations, complex learning scenarios, and online teaching by subject experts from India, Germany, and Uganda.

Relationships grew through sharing meals, a BBQ, a frisbee, and walks, providing significant personal encouragement. The course has evolved in the 50 years it has been running. Most of the course participants are now younger healthcare professionals planning to serve abroad for a year or two. Health workers serving overseas now come back to the UK more frequently for shorter periods. A two-week course has become one week, with online training events offered through the year.

Contact us if you are interested in attending next year (13-20 July 2024 at London School of Theology) or if there are other ways that we can support you in your journey in global health and mission. Email *globalcoordinator@cmf.org.uk* or visit *cmf.org.uk/global/dhc* ●

***Dave Moore** is Associate Head of CMF Global*

MEMBERS

CMF member Shirley Heywood receives health award

In September of 2023, Shirley Heywood, a UK trained gynaecologist working in West Nepal since 2003, received the eleventh annual Swasthya Khabar Health Award from Nepal's Prime Minister, Pushpa Kamal Dahal, for her work with International Nepal Fellowship (INF) over the past 20 years establishing a service for repair of obstetric fistulae.

The Swasthya Khabar Health Award is a flagship annual event of Nepal Live Group, honouring health professionals and organisations working in Nepal's health sector. This is a recognition for the work of Shirley and her team towards Nepal achieving the third Sustainable Development Goal of ensuring healthy lives and promoting wellbeing for all at all ages. [1, 2]

INF's small team of outreach workers covers three provinces in West Nepal, speaking to government at provincial, district, and local levels, giving orientation to community groups, mothers' groups, health workers, and female community health volunteers to find women with fistulae and to encourage safe birth practice. They have partnered with the Nepali government hospital in Surkhet to provide fistula surgery since 2009, initially through annual camps, but since 2018 in a 17-bed specialist fistula treatment centre.

CMF would like to congratulate Shirley for this award, and also to give God the honour for the fantastic work he has done through her and her team to improve the lives of Nepali women. The recognition of the importance of this work by the government is very encouraging. ●

1. Goal 3: Ensure healthy lives and promote well-being for all at all ages. *United Nations. un.org/sustainabledevelopment/health*
2. Fouch S. The Sustainable Development Goals one year on: A great opportunity for the church to grasp. *Triple Helix*. Autumn 2106. *cmf.li/2lPP4te*

FELLOWSHIP NEWS

updates from across the Christian Medical Fellowship

STAFF & VOLUNTEER MOVEMENTS

This autumn has seen a significant change in in the CMF staff team at all levels. We welcome your prayers as the new staff establish themselves in the coming weeks and months.

leaving

Pippa Peppiatt left as Head of Nurses and Midwives at the start of December after many years of building and developing the nurses and midwives ministry of CMF. A network of volunteers and supporters, and a growing and God-honouring fellowship of Christians in nursing and midwifery across the UK and Ireland are her legacy. Her infectious energy and humour will be missed by all.

Trevor Stammers stepped down as Public Policy Associate in October. He has been a prolific blogger, writer, editor, and contributor while supporting the public policy team. He is stepping back to enjoy some more family time.

Jennie Pollock left as the Head of Public Policy at the end of October to get married! Jennie has worked tirelessly as we have sought to expand the range of engagement CMF has with health policy issues and bioethics, as well as developing new resources.

Steve Sturman stepped down as Associate Head of Doctors' Ministries this December. Steve has built CMF's pastoral care ministry over the last four years, establishing a strong team of pastoral carers across the fellowship. He has also been involved in a wide range of other projects, including the support of trainees from Ukraine and support for some of our end-of-life public policy work. Steve will continue as a volunteer Associate supporting the pastoral care work of CMF.

Bethany Fuller finishes as the Peer Support Coordinator for Newly Qualified Nurses and Midwives at the end of the year, having pioneered events and resources to connect newly qualified nurses and midwives with the fellowship and support them with their transition from being students to fully qualified professionals.

Grace Dalton finishes her term with us as the Operations Team Intern at the end of the year. Grace has been instrumental in helping the team keep up-to-date with the needs and changing circumstances of members. o

WEST MIDLANDS DAY CONFERENCE

This autumn's West Midlands Day Conference (*A broken NHS? – Finding Perspective to Navigate a Struggling Health Service*), saw 50 delegates gather together to reflect on the life and times of the prophet Jeremiah, helping us to navigate our experience as Christians in today's NHS.

The day included time for reflection and response as well as discussion and prayer. Organised by the West Midlands Catalyst Team, all were involved in some way during the day; welcoming, leading sessions and seminars, and providing refreshments. o

CMF SENIORS CONFERENCE 2023

why do the young need the old?

You might be forgiven for thinking I had arrived at the recent CMF Seniors' Conference by mistake, or that I somehow misunderstood what was meant by 'seniors'. Well, rest assured that it was entirely intentional on my part, and a great opportunity for me to share the important work of the junior doctors ministry within the CMF family.

The conference as whole was a blessing, from sharing stories with senior obstetric colleagues, to hearing about work being done both at home and abroad, as well as reflecting on Psalm 71, it was a truly encouraging time. Perhaps the most encouraging for me was the willingness of older brothers and sisters to learn about how they can support juniors in their local areas, including those they supervise and mentor. It was particularly touching when delegates came and shared with me personally and thanked me for coming to tell them about the very real challenges that juniors face in 2023, and the need for godly, older, and wiser Christians to support them in their walk of faith.

So in answer to the title question, why do the young need the old? I leave you with the words of the Psalmist:

'Since my youth, God, you have taught me, and to this day I declare your marvellous deeds. Even when I am old and grey, do not forsake me, my God, till I declare your power to the next generation, your mighty acts to all who are to come.' (Psalm 71:17-18) o

***Paula Busuulwa** is Chair of the Junior Doctors Committee*

NURSES & MIDWIVES

the Emerald Isle

It was good to finally go to Ireland to connect with some of our new nurse members in Dublin and Galway, and also a few Christian nurses that aren't yet members. One nurse had already begun gathering others to pray but hadn't known about CMF until now and was keen to connect. Please pray that nurses and midwives in Ireland who are in need of connection and support will hear about CMF. Also pray for a new student nurse and midwife group in Dublin, being led by two enthusiastic student nurses called Adam and Temi, reaching out to students from both University College and Trinity College. o

***Pippa Peppiatt** was CMF's Head of Nurses and Midwives*

SCAN FOR MORE

WANT TO CONTRIBUTE?

If you would like to share news and stories of CMF activities in your area or workplace, please contact us via *communications@cmf.org.uk*. We will need copy for the spring 2024 edition by 30 March.

NURSES & MIDWIVES

A number of our nurses and midwives' student groups have reported having successful freshers' week gatherings, with the CMF Freshers' Packs being well received and new members joining. We are looking forward to meeting together at the Student Conference in February.

When we caught up with Lily, a student nurse at UCCF Forum this summer, she said: *Since the Student Conference I have been thinking more about how to include my faith and prayer in my care. One way I found that I was able to do that was whenever I was physically in contact with my patients, whether that was washing them or giving them injections, I was able to pray for them and include God in their care. I also found that on my last placement, on a dementia ward, in my free time I was able to play one of the pianos to my patients, and found that many of them would respond very well to Christian music like 'Amazing Grace'. It was such an encouragement to hear Christian music through the ward and know that God was there with my patients in that difficult time.*

In September we held an online Writers' Day for members who wanted to develop their writing skills. Some were putting pen to paper for the first time, whilst others were honing their skills. All rated the training as 'excellent' and said they would recommend it to their friends.

'I loved how vulnerable and open the group was. There was lots of space to express ourselves and thrash out inspired ideas. The teaching was wonderful – learning from Bex and Georgie was an absolute privilege. They are such encouragers.'

'You provided helpful content/resources, but I hadn't anticipated the joy and encouragement it would bring. God has met with us today - it has been a real blessing.'

'What a wonderful day! This training went above and beyond my expectations. I would recommend it to anyone, whether they would call themselves a writer or not. It will help you find a way to honour and glorify God with words, in a way you didn't think you could do'. **o**

***Gemma Griffiths** is CMF Associate Staff Worker for Nurses and Midwives*

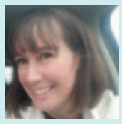
STAFF & VOLUNTEER MOVEMENTS

joining

James Tomlinson joined the team at the start of October as the Head of Volunteers and Networks. James is a GP in the West Midlands and is the current West Midlands Catalyst Team Leader. He has also served as the ICMDA Eurasia Regional Secretary. James will be developing our ministry through and to volunteers and specialty networks.

Ben Daniel joins as the new Operations Director, taking over from **Graham Sopp**, who has held the role of Interim Operations Director since the summer. Ben has worked in various roles, including as Office Manager for an MP and Operations Manager for CARE. He brings a solid Human Resources and financial administration background, as well as a strong Christian faith and desire to serve God. Please pray for them both as Graham hands over and takes a well-earned retirement in the run up to Christmas, and Ben picks up the reins as we start a new and significant year in the life of CMF.

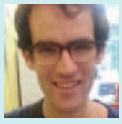
Susan Marriott joins the team as the new Associate Head of Public Policy in January, with agreement to progress to Head of Public Policy in June. Susan has worked as a GP and as a student worker with a city centre church. She is currently studying for a Masters in Theology in Christian Ministry at Oak Hill College.



Bex Lawton has taken over from Pippa Peppiatt as Head of Nurses and Midwives having served as Associate Head of Nurses and Midwives for the last two years. She also works as a paediatric nurse in Oxford. Bex brings a passion for the spiritual growth of nurses and midwives, as well as many other creative gifts. Please pray for them both during this time of transition.

Lizzie Chitty joins our team as a new Associate Staff Worker for nurses and midwives, especially those with a global connection – either those working in the UK from other nations, or those from the UK working around the world. She will also be joining the European Committee of Nurses Christian Fellowship International (NCFI) to represent the UK and Ireland. Lizzie is a nurse based in Nottingham with many years' experience of nursing with Mercy Ships. She is volunteering with us one day a week, so please pray for her, as it is a lot to pack into just one day!

Sally Palmer joins the team as the new Field Team Administrator, taking over from Marolin Watson, who stays on with the Field Team as a volunteer one day a week. Sally will manage a lot of the correspondence, event administration, and other work that keeps the Students, Nurses & Midwives, and Doctors teams working.



Leo Hacking has joined the Student team to help coordinate and support the running of the SYD (Student and Young Doctors) conference/training week in January. SYD brings together students and newly qualified health professionals from across Europe and the wider world for a week of intensive training culminating with the CMF student conference.

Paul Mehdi is working as a volunteer in the Global Department, and brings many skills, including film making, to the team.

SCAN FOR MORE

The Reverend Professor Peter William Brunt, CVO, OBE, MD, FRCP, FRCPE, FRCSE (Hon)

(*b* 1936, Prestatyn, Wales, *q* 1959, Liverpool, d 2023, Morpeth, Northumberland)

Professor Peter Brunt was a truly extraordinary man – an exceptional doctor, a gifted minister, and a loving family man and friend. From a very early age, Peter knew he wanted to study medicine. Graduating from Liverpool medical school in 1959, he went on to do house jobs in Liverpool Royal Infirmary. He married Anne, a fellow medical graduate, in 1961. After further jobs in Liverpool, he left for a research post at Johns Hopkins University in Baltimore with his wife and three daughters. He studied familial dysautonomia, under Victor McKusick (the founding father of medical genetics), attaining his MD and sparking his love of and future career in gastroenterology.

Returning from the States two years later, Peter worked in Edinburgh with Bill Sircus, and then in London with Dame Sheila Sherlock. She wished to keep Peter, but fortunately for the people of Northeast Scotland, he accepted an appointment as consultant physician with an interest in gastrointestinal (GI) disease in Aberdeen in 1970. He rapidly established an excellent GI unit, which became renowned throughout the UK. Peter travelled between three sites on a sturdy old bicycle in all weathers and at all times of day and night!

Peter was greatly concerned by the increasing incidence of alcohol-related liver disease in society. His compassion and care for those trapped in alcohol dependency was enormous. He sat on and chaired many local and national committees, advised the Scottish government, and received funding for research projects to advance treatment for these patients. He published widely. Peter's special interest in young people with severe Crohn's disease was inspiring. He looked after many, thrilled to see them grow up and function as thriving adults despite their disease.

In 1983, Peter became the Queen's physician, a post which he held until his retirement in 2001, when he was made Commander of the Royal Victorian Order. He had many visits with the Queen and Queen Mother at Balmoral, which he considered a huge privilege.

Peter had a tremendous relationship with his surgical and medical colleagues. Each Friday morning, every member of his team, including the ward sister, was given an appointment with him so he could check that all was well with them. If you were in his presence, you received his undivided attention. Ward rounds with him were a rich experience. They would often, however, take all day! His extensive knowledge in so many subjects meant he was able to relate to everyone. He may have read the same book that a patient had on their cabinet, and he would launch into a review. He told many a charming anecdote at a bedside. He was deeply interested in his patients. He wrote in the patients' notes with large, flourishing letters using a green or purple fountain pen. In the middle of the night, therefore, with a sick patient, it was easy to find Professor Brunt's plans for them. Many young doctors wished to emulate him. His integrity, wisdom, care and Christian character were exemplary.

Peter was a brilliant teacher. Even after he retired, he continued for five years to teach the early medical students the art of history taking. In 1996, he received a personal chair. The Gastroenterology Unit in Aberdeen is named the Peter Brunt centre, a reflection of the high esteem in which he was held.

Peter's Christian faith was evident to all. He taught a Crusader class and was very involved in both his church and the Christian Medical Fellowship. Once, when talking to a group of captivated Christian medical students, he told the story of walking through the city of Westminster in late 1963 on his way to his final MRCP viva. Feeling slightly overwhelmed, he noted an inscription on a building which read '*In quietness and confidence shall be your strength*' from Isaiah 30:15. He immediately had a sense of peace. Throughout his life, Peter emanated that quiet confidence and strength in his God. He was always willing to speak to CMF student groups and take students to the annual conference. He and Anne opened their home with generous hospitality to multiple students and junior doctors. Peter was humorous and his warmth and kindness were palpable.

> throughout his life, Peter emanated [a] quiet confidence and strength in his God

Peter often preached, and following recommendation by the Bishop of Aberdeen, undertook training for ministry at the department of Divinity at Aberdeen University. Following further encouragement from the then Archbishop of Canterbury, Peter was ordained as a non-stipendiary rector in the Scottish Episcopal Church in 1996. He faithfully took services, opening the scriptures and caring pastorally for the congregations in Bieldside, Upper Deeside, Patterdale, and latterly in Northumberland.

In spite of his enormous achievements in the eyes of the world, Peter remained ever humble and true to Christ. The hymns sung at his funeral echoed that his life was focussed on glorifying God, and so we thank and praise God for the influence and imprint that Peter has left on many lives. o

***Pam and Simon Barker**, Aberdeen Royal Infirmary. Pam served as one of Peter Brunt's House Officers (FY1/2) in the 1990s.*

WANT TO CONTRIBUTE?

If you would like to write an obituary or notify us of the passing of a member, please email *communications@cmf.org.uk*

deaths

We were saddened to learn, just before going to press, of the passing of **Keith Sanders** (*q* June 1954, Bristol, *d* November 2023, Evesham). Keith trained in surgery and obstetrics in Bristol. Serving in the Merchant Navy during World War Two, he also served for several years as a medical missionary in North India at Raxaul Hospital. While there, several members remember meeting him as students, and finding him a great inspiration to their own missionary service.

Keith was CMF's second General Secretary, between 1974 and 1989. During his tireless, fifteen-year tenure, he travelled the length and breadth of the British Isles, meeting with local CMF groups, encouraging students, and persuading many more Christian doctors to join and get involved with the fellowship. During his time as General Secretary, the fellowship grew to roughly its current size, laying the foundations for everything CMF has grown into over the last four decades.

Concurrently with much of his time at CMF, Keith also served as General Secretary of the International Christian Medical and Dental Association (ICMDA) for several years.

He remained a passionate supporter of CMF for the rest of his life, showing a particular interest in the support of nurses and midwives and support their inclusion into the fellowship a decade ago. A more fulsome obituary for Keith will appear in the spring edition of *Triple Helix*.

A thanksgiving service for Keith's life is planned at Tewkesbury Abbey on 29 December at 2 pm. Please contact *communications@cmf.org.uk* if you would like further details of the online service live stream. o

Other members who have died recently:
James McIntyre (*b* 1932, *q* 1956, Edinburgh, *d* November 2023)
Mary Matthews (*b* 1954, *q* 1977, Kings College London, *d* October 2023)
Prof George Parks (*q* June 1959, Belfast, *d* 2023)
George Christopher Metcalfe (*q* June 1952, Cambridge, *d* July 2023)
Phillip Chapman (*q* June 1959, *d* October 2023)

If you would like someone to talk and pray with, contact the CMF Pastoral team on the link below. The CMF Pastoral team are available daily for members, to listen and pray when you need support.

cmf.li/CMFPastoral

TH EVENTS

Upcoming events

SCAN FOR MORE

HOSTED BY CMF

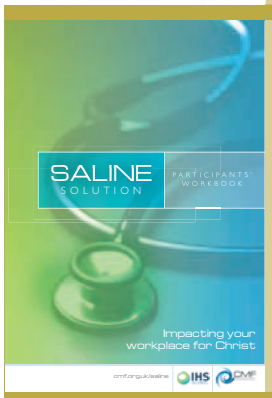
RASH
9 March 2023
Chroma Church, Leicester
cmf.li/RashLiecs24

Equipping you to care and advocate effectively for refugees and asylum seekers in the UK.

HOSTED BY CMF

CMF Student Conference
2-4 February 2024
Yarnfield Park, Stone,
Staffs, ST15 0NL
cmf.li/SC2024

Courage in the chaos - lessons from the life of Daniel, with Dr Amy Orr-Ewing. What does it take for us to courageously live for Christ in the classroom, clinic, and beyond?



HOSTED BY CMF

Saline Solution
9 March 2024
Crawley Baptist Church,
Crabtree Road, West Green,
Crawley, RH11 7HJ
cmf.li/saline-crawley

A one-day course to help you practise whole person healthcare.

HOSTED BY CMF

NAMfest Pre-Conference
18-19 April 2024
Yarnfield Park, Stone,
Staffs, ST15 0NL
cmf.li/NAMfest24

Join us for 24 hours to celebrate ten years of CMF Nurses and Midwives!

HOSTED BY CMF

CMF National Conference
19-21 April 2024
Yarnfield Park, Stone,
Staffs, ST15 0NL
cmf.li/NC2024

How Big is Our Great Big God?
Dan Strange explores our relationship with our living and life-giving God.

Ruth Yvonne Pavlovic (née Selwood)

(*b* 29/12/72, *q* 1997, United Medical and Dental School of Guy's and St Thomas' Hospitals, London, *d* 2/11/23, Sheffield)

It was as a medical student at Guy's and St Thomas' Hospitals Medical and Dental School that Ruth chose to follow Jesus. She became involved with CMF, becoming student editor of *Nucleus* from 1995 to 1997. Ruth had a brilliant mind, an incredible capacity for hard work, and a passion for the lost. She was excellent at making quick connections with people and was an extremely good editor and writer. Memorably, she had a letter to the *BMJ* published, pointing out that *Nucleus* and not the *Student BMJ* was the first international journal for medical students.[1]

Moving to Birmingham in 1998 to train in Medicine and then in General Practice, Ruth got involved in shaping CMF's activities locally, helping pioneer open house groups for junior doctors. From 2000 to 2003 she served as a CMF Staff Worker, initially for the Southwest and then the Midlands, investing into the lives of medical students in Cardiff, Bristol, Birmingham, Nottingham, and Leicester. Former CEO of CMF, Peter Saunders, recalls, '*Ruth was sometimes a challenge to work with, but she was incredibly productive. There was a certain impulsiveness about her, and she never quite mastered a hairstyle, but I always preferred the way Ruth did things to the way others didn't.*'

> there was a certain impulsiveness about her... but I always preferred the way Ruth did things to the way others didn't

On completing GP training, Ruth joined a Christian GP practice in West Bromwich, who agreed a flexible working pattern enabling her to travel and serve with the International Christian Medical and Dental Association (ICMDA) in the Eurasia region. Ruth saw the need to be intentional in finding and building up Christian healthcare professionals in the Middle East, Turkey, and North Africa (METNA). Pioneering ICMDA's work in this area, she was a great networker with a grasp of ethics, apologetics, and Islamics, and of the language and cultures of the region. Ruth understood the importance of working in partnership with others, developing relationships with PRIME,[2] HCFI,[3] and HOME,[4] amongst others. Across the vast METNA region she inspired people to serve Christ and laid the foundations for the ongoing work that continues until today.

In 2007, she moved with her husband, Alex, to Sheffield, where she pursued her interest in mental health, retraining in Psychiatry and Jungian Analysis. She had a voracious appetite for learning, achieving professional qualifications in three specialties and two masters. She was a brilliant doctor, colleague, and friend, with a servant heart – always willing to step in and help. She was adept at quite a range of activities, from playing the violin, piano, and latterly cello, to rock climbing, speaking French, learning Arabic, and playing tennis. And she had a great sense of humour. Although sometimes uncompromising and frustrating, Ruth had a passion for life and for others.

Life in Sheffield was not without adversity and challenge. Diagnosed with late-stage cancer in 2018, recent years were shaped by the regular rounds of chemo alongside being mum to Hugo. Ruth lived several years beyond when her death was prognosed – and this life and faith were seen by many as answered prayer. Although medically retired, Ruth took up her Jungian Analytic training again in 2022. Ruth took every setback with determination. While she openly – and healthily – expressed her anger and frustration, she held onto Christ, and he clearly held her.

Reflecting on a CMF summer team in 1996 Ruth wrote, '*If I learnt one lesson in Poland this summer, it is that God's Spirit is in control, ripening the fruit as he chooses. He simply requires workers willing to give the trees a good shake. Even an inept old one-eyed cow can shake a tree. All that he asks of us is to be faithful in each situation, not to worry about the big picture – which can be paralysing – but simply to "Trust in the Lord and do good" (Psalm 37:3).*'[5]

Contributors:
James Tomlinson**, **Peter Saunders**, **Mark Houghton**, and **John Gilbert

references (accessed 23/11/2023)
1. Selwood R. Nucleus, not Student BMJ, was first international journal for medical students. *BMJ* 1996;313:1557c
2. Partnerships in International Medical Education
3. Healthcare Christian Fellowship International
4. Healthcare Outreach Middle East
5. Selwood R. Editorial. *Nucleus*. Winter 1996. *cmf.li/3sOFXMA*

APPLES OF GOLD

Ruth Eardley, a GP in Market Harborough, reminds us of the power of our words.

SCAN FOR MORE

A word aptly spoken is like apples of gold in settings of silver
Proverbs 25:11

My mother is a tough cookie. So it was a bit of a shock to visit her in hospital and find her in tears. It was 1983, and I was six months from finals. I was already floating around the wards with a well-thumbed British National Formulary (BNF) in one pocket and a pager in the other. (We wore white coats then and the BNF was a lot slimmer. Weren't we all?) Some medical students had taken to wearing their stethoscopes around their necks in homage to their favourite consultant. Some of us, with qualification just around the corner, were perhaps thinking more of ourselves than we ought. We were going to heal the sick, give sight to the blind, maybe even raise the dead (if our CPR training paid off). We were DOCTORS. Well, nearly.

But it was a doctor who had made my mum cry. A consultant at that. A cardiologist who wore his stethoscope around his neck.

Mum was forty-seven, a bit young to be on a coronary care unit with a dodgy ECG. Then again, with her family history of ischaemic heart disease, maybe she was lucky. One cousin had died at 39, another on the squash court at 50. At least she was alive! Today she would be greeted at the hospital by a team in scrubs, eager to salvage her left ventricle and perform the miracle of PCI.[1] Back then, she was given a beta-blocker and a hospital dinner (fish and chips, as it happened). And statins were not on the menu till the late 1980s.

I hugged my mum and sat down. She told me about the ward round. 'He spoke to the students, not me. He said it would infarct again. And again. I had hoped to live longer. To see grandchildren. To do more with my life. I've done so little so far.'

This story is forty years old. My mum later read, '*It is finished*', (John 19:30) and came to learn that, even though she wanted to do more for God, the Lord Jesus Christ had already accomplished all that was necessary for her life and her eternity.

I read, '*reckless words pierce like a sword*', (Proverbs 12:18) and learned how vulnerable we are when we are poorly.

One of the nurses might have read, '*A word aptly spoken is like apples of gold in settings of silver*', (Proverbs 25:11) because she came up to Mum after the consultant had left and said, 'He's not God, you know'.

And so it proved. That was forty years ago. So we're having a party for mum soon. She's 87 now. All welcome! o

reference

1. Percutaneous coronary intervention (a coronary angioplasty with a stent)

national conference

CMF
Christian Medical Fellowship