

FRESHERS' EDITION

beginning well

top ten tips for surviving medical school
the Christian contribution to healthcare
on the frontline

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the student journal of the christian medical fellowship



plus: why join CMF?, choosing a church, international medicine, managing time

nucleus



A company limited by guarantee. Registered in England no. 6949436
Registered Charity no. 1131658
Registered office: 6 Marshalsea Road, London SE1 1HL

Managing Editor

Laurence Crutchlow

Editorial Team

Alex Bunn

Charis Fisher

John Greenall

Rachel Grant

Rachel Owusu-Ankomah

Oluwatosin Oyeniyi

Peter Saunders

Design: S2 Design & Advertising

Printers: Partridge & Print Ltd.

International distribution

If you are the leader of an overseas Christian medical group and would be interested in receiving multiple copies of *Nucleus* please contact the editor

Editorial address

The Editor, *Nucleus*
Christian Medical Fellowship

6 Marshalsea Road

London SE1 1HL

Tel 020 7234 9660

Email nucleus@cmf.org.uk

Web www.cmf.org.uk

Editorial policy

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Distribution

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Rachel Owusu-Ankomah
is CMF Head of Student
Ministries

Well, you have arrived at university. A myriad of emotions may be flooding you: excitement, fear and confusion. Perhaps a mix of questions: can I do this? What will people be like? Will I make friends? How do I get to lecture theatre 37F?

Change can be hard, but change is also good. God is changing us to be more like his Son each day, refining us, and trust me, university is a big old refinery.

'And we know that in all things God works for the good of those who love him, who have been called according to his purpose. For those God foreknew he also predestined to be conformed to the image of his Son, that he might be the firstborn among many brothers and sisters. And those he predestined, he also called; those he called, he also justified; those he justified, he also glorified.' (Romans 8:28-30)

So how do we navigate this brave new world as a Christian?

CMF exists to help you do just that. We are an organisation, passionate about encouraging and equipping Christian medical and nursing students to live their best life for Jesus Christ. We want to help you begin at university well, and not just begin, but to run the race of life (including your studies and career) well to the end. As you face opportunities and challenges, may I urge you to fix your eyes on Jesus (Hebrews 12:2) and seek him first (Matthew 6:33). You may trip, fall, or run in the wrong direction - but keep going, don't give up - 'he who began a good work in you will carry it on to completion' (Philippians 1:6).

This Freshers' edition of *Nucleus*, our termly student magazine, is jam packed with wisdom and advice from people that have been where you are now. Advice that I still find refreshing and encouraging, even now, years after I have graduated.

We have top tips on surviving medical school (page 6) but not just surviving, also thriving (page 21). Stories and testimonials from medical students (page 16), nurses (page 25), right the way through training (page 24) to consultants (page 26).

We are also taking you to church, or rather giving you some advice on choosing a church (page 4).

We hope that you enjoy this edition of *Nucleus*; as you will see Christianity and healthcare have a rich shared history (page 52). We wish you well on this new journey and with Paul pray that God will: *'fill you with the knowledge of his will through all the wisdom and understanding that the Spirit gives, so that you may live a life worthy of the Lord and please him in every way: bearing fruit in every good work, growing in the knowledge of God...'* (Colossians 1:9-10)

On behalf of the CMF Student Team,
Rachel

choosing a church

Giles Cattermole helps us with an important decision

Dave had just started medical school. He didn't know many people, and was keen to find a lively and welcoming church. Ideally with free food. He soon found a large, student church near campus, with achingly cool people and 'awesome' worship music. The YouTube videos they used instead of sermons were really cutting-edge. He'd have no problem bringing his mates along, even if all they did was chill and eat pizza.

Gordon was in a similar position. He'd been brought up going to a small chapel and loved old hymns. He found what he was looking for on the other side of town, with a faithful congregation of about 20 stalwarts. He was the only student there, and struggled to get to know the other folk over tea and digestives after the morning service. He couldn't always understand the King James Version, or the sermons, but he knew that the Bible was being taught.

What made Dave and Gordon choose their churches? What motivated you to choose yours? Perhaps you're just starting to look for a church after coming to university or becoming a Christian. Later on you might be sent away on placement for a couple of months, or be off to

another part of the country for your first job – and you'll be looking again. What will shape your decision? I want to suggest two practical questions you need to ask of any church you're considering attending.

- Does it teach people the Bible?
- Can I bring my mates?

These questions need some unpacking. But before we do that, let's remind ourselves that the goal is to glorify God, that God is glorified as his kingdom grows,¹ and that God does the work of growing his church.² Growth is both in *breadth*, as more people turn to Christ, and in *depth*, as each believer becomes more like Christ.

teaching the Bible

Dave's church doesn't appear to be strong on teaching the Bible. Gordon's does, at first glance. But why is teaching the Bible important, and what does it mean?

God's Word is the means by which he grows his kingdom. Throughout the whole Bible, God's Word creates, sustains and sanctifies.³ It grows God's people. It's why the church of Acts 2 was devoted to the teaching of the apostles,⁴ and why the apostles in Acts 6 devoted themselves



Giles Cattermole is an emergency medicine consultant, UCCF London team leader and former CMF Head of Student Ministries

to the ministry of the Word.⁵ Paul stresses again and again to Timothy the importance of Word-ministry. For us today, this means that faithful Bible teaching is essential. A church without this emphasis will not help us grow. When we choose a church, it needs to be one that will teach us the Bible.

But Bible teaching is never in isolation. Word-ministry goes with prayer.⁴ A Bible-teaching church will be one that prays together. Its corporate worship – sermons, prayers, songs, everything – will all be solidly rooted in God's Word. We praise God for what he's done for us, and pray according to what he has revealed to us in his Word. Bible teaching is not just something that the pastor does. As each of us speak God's Word to one another, the church will grow.⁶ A Bible-teaching church should encourage everyone in their Word-ministry to each other. When we choose a church, we should look for one that teaches the Bible, in all its activities and through all its members.

bringing your mates

This leads us to the second point. Because of course, we shouldn't just 'teach the Bible'. We should teach *people* the Bible. The emphasis mustn't just be on the transmission, but on the reception; not just on being faithful to the Bible, but on being helpful to the hearer. In Hebrews, we're urged to keep on meeting together to encourage one another.⁷ When we choose a church, we need to consider how it communicates the message of God's Word to the people who meet there.

Some churches will be better at reaching students, some better with families, some with internationals, and so on. The building they meet

in, the types and timings of meetings, the sort of music, the clothes the pastor wears, all these and more, are not matters of 'right and wrong', but (perhaps) of wisdom.

Remember: it's not just about you, it's about *other* people. And that means non-Christians as well as Christians. Word-ministry grows the church outwards as well as upwards: it is the means of discipleship *and* evangelism. As students, your mission field is most likely to be other students. Not always: some students have children, for example, and their family may be their priority. But whatever our mission field, we need to consider the people we want our church to reach with the gospel. If your friends are from very traditional backgrounds, an informal free church might be inappropriate. If your friends speak English as a second language, perhaps a church that uses old versions of the Bible might be unhelpful.

Dave's church was great at reaching students, but it wasn't reaching them with God's Word. Gordon's church was teaching the Bible, but it wasn't reaching Gordon, let alone any friends he might have invited there. Both of them needed to find a church that faithfully taught people the Bible, and did it helpfully and winsomely.

Looking back at our two questions, the first is absolute. If a church does not teach people the Bible, don't go there! The second is relative; how well a particular church reaches you and your friends might vary over time. Go somewhere that will most effectively help you bring your friends to Christ. Pray for discernment and wisdom. ■

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| 2. Colossians 2:19 | 5. Acts 6:1-4 |
| 3. Genesis 1; Exodus 20; Ezekiel 37; Matthew 4; John 1 | 6. Ephesians 4:15 |
| | 7. Hebrews 10:25 |

top ten tips for surviving medical school

most of these apply to nurses as well... and any other student!

1

put God first

Daily devotions are an important and helpful way of reading Scripture and deepening your relationship with God. Find a time to read Scripture that works for you. Whether that's in the morning, during your lunch break or before bed, try to take some time out with God. Daily devotional books can help.

2

find a church

This is vital! Having a church family at university will help you settle into uni life and provide you with a support network amidst the challenges of medical school. Your Christian Union may organise a 'church search' where you can meet current churchgoers with other newbies and try out several churches together. They will welcome you, and more importantly feed you! In some big cities you can be spoilt for choice, with more churches nearby than Sundays in a year. Don't spend forever looking; aim to settle down during the first term and explore how you can serve.

3

join CMF

Getting involved in CMF is a great way of meeting other Christian medical students, who are often hard to find in a large year group. Having a group of friends who you can relate to both in your faith and studies will prove invaluable. The CMF meet-ups vary between universities but I guarantee all will involve food and either prayer or medical discussions of some sort.

4

get stuck in

Whether you are good at sport, art, coding or business, there are so many societies you can get involved with. Equally, university is the best time to try something new – so go for it! Joining a society is a great way to de-stress, meet new people and expand your interests and skills (not to mention having something to put on your CV).

5

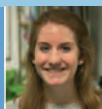
don't get sucked in

Medical school can become very clique-y. You will naturally become very close to other medics, but friendships outside of medicine can be refreshing and just as strong, especially with Christians. Getting involved in your church and joining non-medical societies are good ways of escaping medical conversation.

6

don't worry about FOMO (fear of missing out)

Don't feel like you have to *go* to everything and *do* everything at university; no one can! Instead, choose one or two activities you enjoy and invest your time and energy into them and the people involved. Having your fingers in too many pies often means you cannot commit fully to each area and group of people. This can lead to superficial relationships with lots of people rather than deeper relationships with fewer.



Rachel Grant is a junior doctor in London and former CMF Deep:ER volunteer

7 keep in touch

It is really easy at university to either get homesick or completely cut yourself off from home. Planning when to visit home ahead of time may give you something to look forward to. Allowing your family and friends into your struggles and enjoyments will provide an additional support network and help sustain long-distance relationships.

8 work for the Lord

Work is good. It's what God intended for us. Nonetheless, it can be hard. Your first year is the time you figure out what working pattern works for you – whether that is in groups or by yourself, in the library or at home. Don't feel like you have to nail this in the first week. It takes time for us to realise how we work most efficiently and how long it takes us to get through last week's lectures. You'll hear the phrase 'work hard, play hard' bashed around at medical school and to be honest, it is a good one to live by. Work as for the Lord in all you do, but remember to rest and spend time doing fun things. Some people find making a timetable of your week and marking out time to work and rest improves productivity and reduces the feeling of guilt when you're resting. Find a balance. There is always pressure to get ahead of the game and competition in medical school, but don't look for your identity in these things. Your identity is found in Jesus and Jesus only.

9 exams come and go

They often feel like the most important thing in the world but try to have perspective. Your first year exams are arguably the most stressful for a medic as you have never sat a university-level exam before and may have no idea how much you need to learn for each exam. The best thing to do is to work hard, pray and have time to unwind. Don't put pressure on yourself to get the top grades – you're only in first year and are still working it all out. Speaking to higher years about their experiences may be helpful or if you really feel stuck, speak to a tutor.

10 enjoy your holidays

They won't last long! Make the most of your breaks by doing whatever it is that you find relaxing and fun. Whether that's resting at home, catching up on your favourite TV programmes or backpacking around the world. Summer is also a fantastic opportunity to get onto a CMF or UCCF summer team or go to a Christian festival to refuel before the next term. Life can often feel like it is all about medicine 24/7. Planning fun things to do in the summer will give you something to look forward to as you trudge through exams. Don't feel guilty if you aren't spending your summer in the lab – it's not to everyone's taste! ■



managing time

Peter Saunders & Caroline Bunting consider how Jesus managed time

Time, or rather the lack of it, is a subject close to every medic's heart. Perhaps we laugh ruefully at Ecclesiastes' claim that 'there is a time for everything, and a season for every activity under the heavens.'¹ If only. When you pause for breath, you might notice that the days have become weeks, the weeks have become months, and a year down the line you have not really made any significant progress. The books you bought with enthusiasm are lying, unread, on the shelf. The friends you vowed to spend time with are still wondering if you will ever slow down long enough to find out how they *really* are.

And, even worse, the time you spend talking to God and reading his Word is taken in snatched moments (if at all), with one eye on the clock and the other half closed.

When we are too preoccupied or too tired, there is little chance of deepening a relationship with our heavenly Father. Bill Hybels asks in his book *Too Busy Not to Pray*, 'Where does the still, small voice of God

fit into our hectic lives? When do we allow him to lead and guide and correct and affirm? And if this seldom or never happens, how can we lead truly authentic Christian lives?'²

Jesus uniquely maintained a balance between worship, prayer, family, friends, work and rest. To do this, he kept an intimate relationship with God and had a clear view of his life task.

The following are some of Jesus' characteristics which, as our model, we can follow to help deepen our relationship with God.

Jesus guarded his devotional life – he regularly spent time in prayer and studying the Scriptures, especially during periods of intense activity.³ He was immersed in the Word of God. Be readers and students of the Bible – make it one of your first priorities.

Jesus did not sin – sin weakens our witness more than anything else. We need to be clean right through. By cutting wrong thoughts and behaviours out of our lives, we have more time and energy to be used by God.⁴

Jesus had a clear strategy – we find Jesus’ mission statement in his sermon to his own community in Nazareth: ‘The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor... to proclaim the year of the Lord’s favour’.⁵ We need to have an overall purpose and vision in line with our own calling within the body of Christ. We have to take control of our lives by choosing to obey God in the same way Jesus did.

Jesus fulfilled everything in his mission statement, but **he had a priority – preaching the gospel** – which took precedence over all his other ministries.⁶ There are many orders of priority given in the Bible, such as the gospel having priority over healing. For each of us, the priorities will be different, but there are certain activities and people God wants us to prioritise.

Jesus made time for individuals – in the midst of Jesus’ busy ministry, he did not let the urgent crowd out the important. Jesus was going to see someone who was critically ill with an acute infection when he was stopped by a woman with long-standing menorrhagia. She got his full attention and then, as if to vindicate his decision, God enabled him to raise Jairus’ daughter from the dead.⁷ In your ministry as medical and nursing students, you will not be able to spend time with everybody. Pray that God will show you the people that he wants you to pause with.

Jesus’ strategy was not to do all the work himself but to equip others – this can be particularly hard for us in the medical profession. Many of us are independent pioneers and loners; but God wants us to equip others to do our work so that the work multiplies. We may find that those we equip end

up doing a far better job than we did.⁸

Jesus chose his company – we become like those we spend our time with. How many of the men and women God used in biblical history spent a period of their lives as understudy to some role model? Think of Joshua and Moses, Elisha and Elijah, or Timothy and Paul. Latch on to those older Christians you can really learn from. Seek to learn what it is that makes them effective in God’s service, and emulate it.

Jesus realised it was important to withdraw and rest – even in the face of pressing need. We also need to take time out from study and ministry at regular intervals. Burnout is a major problem for Christians in the medical profession, as we are motivated by a strong sense of responsibility and are aware of the vast amount of unmet needs.

Jesus was never idle – hard work brings God glory because we are emulating God who himself works. It’s important that we think of all service to God as work, not just studying for our future career. Spending time with our families and friends is just as much work in God’s service.

Our prayer is that we would learn from Jesus to use our time in a way that most glorifies God. If our diaries are too full to fit in eternal priorities, then we must reorganise our schedule around God’s concerns, instead of allowing these priorities to be compromised. But don’t let worries about time management consume you. Trust God, for his grace is all sufficient; his Spirit lives and works in you. ■

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talking books – why read?

John Greenall highlights the importance of our reading

In the summer of AD 386, a young man lay weeping under a fig tree in a Milanese garden. Tormented by his failure to overcome his sinfulness, he cried out to God: 'Will you be angry forever?' Suddenly he heard a child's voice, chanting. 'Take and read; take and read'.¹

He'd brought to the garden Paul's letter to the Romans. He picked it up, opened it, and read the passage his eyes first fell on. 'Let us behave decently, as in the daytime, not in carousing and drunkenness, not in sexual immorality and debauchery, not in dissension and jealousy. Rather, clothe yourselves with the Lord Jesus Christ, and do not think about how to gratify the desires of the flesh'.²

Immediately he felt as though the darkness of his doubt had fled. This was the moment of his conversion; the beginning of a life for Christ that has perhaps had more impact than any other since. This young man was Augustine, perhaps the greatest of the early church fathers.

We're not Augustine. We're unlikely to have the influence he did. And I don't want to encourage randomly opening the Bible and

reading whatever we see first. The point is to take, and read, God's Word. It's God's Word that will convict us and change us as we study and wrestle with it. Ask God to make it clear to you by his Spirit.

where do I start?

There are so many books and articles out there to help us do this. But where do you start? What are the key books to read that will give you a foundation?

To help you with this we have launched 'take and read'. It's an invitation to read good books. We've selected a range of readable, relevant books to help you understand the Bible better, and we want you to get your hands on them!

but I'm too busy!

But however good the books and the bargains, many of you may still be reluctant to take them and read them. Perhaps you're too busy, or perhaps you've got too many books already?

Paul wasn't too busy to read. In fact, getting hold of his books and parchments was one of his priorities.³ Busyness is about priorities: do we want to understand God's Word more, and



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

take + read

essential books
for every Christian
medical student

better apply it to in our lives? Spending ten minutes a day reading on the bus, or listening to an audio book can make a huge difference, time you might otherwise spend on Facebook or watching a Netflix box set!

So take books, and read them. And pray that God will use them to help you understand his Word and his will, to help you grow in your love of him and his people, and to equip you better to live out your discipleship as a student.

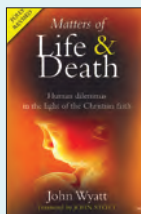
See the CMF student homepage and click 'recommended books' ⁴ to get started. ■

Matters of Life & Death

John Wyatt CMF / IVP 2009 CMF **student price £5.00**

Review by Christi Brasted

Informative, insightful and personally challenging, this book will cause you to reflect on your beliefs and the reasoning behind them. It will make you



question the values society has placed on life, and how that has affected current medical ethics and practice.

John Wyatt is Emeritus Professor of Ethics and Perinatology at University College London. He writes from a wealth of clinical experience and research, and

discusses very complex issues in depth with the utmost sensitivity and delicacy, reflecting on biblical concepts and drawing examples from his personal experience. His approach is systematic and easy to follow. He brings a fresh perspective to the domain, combining his strong Christian values and his experience as a practising doctor. Reading this book has increased my knowledge of medical ethics and strengthened my personal convictions regarding issues such as euthanasia and embryonic stem cell research. It is without doubt a must-read for any Christian medical student and I can not recommend it enough.

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This article was adapted from an article in *Nucleus* Spring 2014 by Giles Cattermole

Hard Questions About Health and Healing

Andrew Fergusson CMF 2005

student price £4.00

Review by Sarah Montgomery-Taylor



The book begins with the foundations of what we believe as Christians as a basis to approach issues of health and healing. It discusses the need for a balanced view of healing between the physical (that most doctors have), and the spiritual (that Christians might have), and how this gap might be bridged by the church. The issue of cure versus healing is a key topic in the book. Healing includes aspects that are physical, social, psychological and spiritual – it is, therefore, a much more holistic approach. A brief look at the issue of suffering is important in light of the tension between the promise of a future free from all suffering and the broken world we live in now. Fergusson (former CMF General Secretary and GP) writes very practically about why and how we should pray for healing, and how we can deal with the outcome – God always answers prayer, but not always in the way we want. Many personal and clinical examples help to illustrate his points, and make this an extremely engaging and insightful read.

Cure for Life

Bernard Palmer CMF 2017

£6.00 RRP (or 5 copies for £25)

Review by Rachel Owusu-Ankomah

This may be a short book but it sure packs a punch. It provides an unashamed, systematic, whistle-stop tour of what faith in Jesus is really about. A picture of Jesus builds to a spotlight moment where the reality of Jesus Christ is clearly displayed in a way that is hard to escape. It encourages the reader to stand at the crossroads and make a decision.



Seasoned with Bible verses, personal testimonies and various examples from Christian and secular culture – often with a medical slant – the reader is taken on a journey exploring who Jesus is, what he did and how we should respond. Chapters are short and accessible; any Christian jargon is explained. Common questions are addressed, such as what it means to follow Christ, the reliability of the Bible, whether Jesus really died on the cross, and how to become a Christian.

The last two chapters examine what the Christian life should look like. It provides encouragement on living like Jesus, reading the Bible, praying, meeting with other Christians, and sharing Jesus with others. This is a book to read, and then give away to those wishing to look into Christianity. I was inspired and encouraged by this book, and now have a pile of them which I have started handing out!



FAITH : MEDICINE : LIFE

DeepER

'I really enjoyed organising and participating in the Sydenham Conference, and meeting students from all over the world. I grew in my knowledge and appreciation of all that CMF is involved in. I could go on and on, I really loved my time as a volunteer!'

Emma, foundation doctor in London,
Deep:ER Fellowship



Deep:ER Fellowship

For F3 year or other year-out opportunities, giving a minimum of two days a week for a year (graduate).



Deep:ER Student Fellowship

For intercalating students who can give approximately one day a week for a year (student).

find out more at cmf.org.uk/students/volunteer



working for Jesus

John Greenall & Alex Bunn consider study and work as a Christian at university and beyond

As you embark on several years of study, you will spend most of your waking hours engaged in writing, reading, revising, placements and lectures. And yet we rarely hear a sermon on work. So here are four things for you to take into your studies:

your work doesn't define you

The day before I started medicine, a dear old lady at my church squeezed my cheeks (yes, really) and said, 'you're so clever, I always knew you'd become somebody special'. Now, she meant well, but constant praise like this can lead to pride that says 'I am better than others', and I become defined by what I do.

There's a massive temptation for healthcare workers (and students) to place their identity in their work. As Tim Keller often says, many people seek a kind of salvation from career success.¹ I believe many medics do the same but in a different way; saving others can become a means of trying to save themselves. The good news as a Christian is that you are free from the relentless pressure of having to prove yourself. You don't need to work *for* your

identity, you can work *from* your identity.

To know who you are, you need to listen to what God says about you. Let me challenge you to prioritise time with God in prayer and in his Word throughout your studies. The habits you lay down now – whether good or bad – will continue throughout your career.

your work matters

You may be going into medicine or nursing with a desire to see amazing things happen. And yet, very soon you may well be irritated by immunology or confused by cholelithiasis. In ten years you may look around you and find you are a deeply disillusioned GP or district nurse because, as much as you are trying to make a difference, you are being swamped by red tape, or overwhelmed by 'the worried well'.

Lectures can be boring. Supervisors can be demanding. Work can be frustrating. And let's be honest, we can sometimes despise what we do. As a Christian, you can be confident that your work matters; it won't be meaningless, it won't be forgotten. As Paul says, 'your labour in the Lord is not in vain'.²



John Greenall is CMF National Field Director and a paediatrician in Bedfordshire
Alex Bunn is CMF Associate Head of Student Ministries and a GP in London

It's amazing to know that all we put our hand to will come to fruition. One day you will work with joy and satisfaction, on a renewed earth. You will not despise work; it will no longer frustrate you. That is the Christian hope.

your work is a vocation

Surveys show that as few as 1% of medical students feel that medicine is a vocation as opposed to simply a job. In fact, you may feel that the important spiritual work is done by pastors and evangelists.

A job is a vocation when someone else calls you to do it and you do it for them rather than yourself. It is so easy to forget this as we study, or try to please our university or our supervising consultant. But as a Christian, there is a whole dimension of work that can transform it even in the darkest of times. We passionately believe that God is calling every medic and nurse to glorify him in and through our work.

Paul gave this advice to slaves, which might equally apply to students:

'Serve wholeheartedly [with zeal, enthusiasm, eagerness], as if you were serving the Lord, not men, because you know that the Lord will reward everyone for whatever good he does'.³

So what kind of work does God reward? Well, not just evangelism, but washing floors, cleaning laundry, emptying bins... calming the alcoholic urinating in the casualty bin on a Saturday night, writing a thorough essay, comforting a depressed friend, answering emails promptly.

Do you ever go to work and say 'Today I am going to work for Jesus'? 'I'm changing this IV for Jesus'? 'I'm doing this revision for Jesus'? All that we do is for God's glory. We need

supernatural power to do this; it isn't easy in our own strength, because it goes against the grain. In fact, being a preacher or a missionary is often easier – there is a certain spiritual glamour in doing it even – compared to the messy world of work in our secularised society.

your work is God's grace

As you study, it can be so tempting to feel special. How hard you worked to get your A-levels, how you performed better than your peers at interview... and so on.

And yet as I reflect on my life, I realise that I didn't produce these doors of opportunity, they opened for me. I didn't earn my gifts of memory and application, they were given to me. Everything I have is because of God's grace. When I understand how loved and accepted I am in Christ, suddenly my work can be risked. I can risk my reputation, my position, my influence – because they are not the ultimate thing in my life. I am truly free. And we will become people of greatness when, like Esther, we are truly able to say 'If I perish, I perish';⁴ not trying to make ourselves great, but by serving the one who is truly great and gives us all things.

CMF is here for the whole of your working life. We want to engage with the difficult questions of student life and the workplace and as a movement support one another as we are Jesus' hands and feet in healthcare. ■

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This article draws from two longer treatments of the subject in *Nucleus* by Giles Cattermole and Alex Bunn
bit.ly/2awBCz8 bit.ly/2aKUEEU



you're not the only one...

four CMF students share their stories

...who suffers from mental illness

In my second year, I became unwell with depression and anxiety. To the outside world I seemed fine but I actually felt incredibly alone and ashamed. Despite treatment and support, things progressively worsened and I was almost hospitalised two weeks before my end of year exams. It was an awful time as I began to believe the lie that if I was to 'rely on God more I would not feel like this'.

This is not true! In the darkest times, when I felt unable to drag myself into another day, all I had to hold onto was that God would never let me go nor give up on me. Looking back, I can see that when I felt most alone God drew closer even if I couldn't feel it. I decided, against advice, to sit my exams having not done much revision and fully expecting to resit. However, God was gracious and I passed, proving to me once again that God is bigger than anything we face. Mental illness can be scary, isolating and difficult to explain, but you're not alone.

A 3rd year medical student at the University of Edinburgh

...who fails exams

In my second year, I failed exams in both semesters. This was a combination of not enough preparation, and bad luck! Needless to say, it was very stressful. I asked God to give me the work ethic and motivation to keep studying so I could pass. I also asked him to keep me calm and unstressed when I could feel myself getting anxious and worried. I know that God has a plan for me, I know he will help me to achieve it, and I also know it won't always be easy. From the moment I decided to do medicine, I knew that it was what God intended. However, I also knew that if I did completely mess up and fail, God would not leave me; he would either provide a way for me to continue with medicine, or would show the other plans he had for my life. This confidence in his power and will has helped me through the stress, time and time again.

Through hard work, determination and faith in God, I managed to get through my resits and pass with decent marks. Failing exams is not the end of the world. You can come back from it; if God wants you to be doing something, he will help you get there, and God really will help carry your burdens, whether that's stress, worry or anything else.

A 4th year medical student at the University of Manchester



...who feels (depressed)

Having spent my first two years in the library, my third year brought its own challenges. Waking up earlier, seeing patients all day, and the pressure of consultants challenging my medical knowledge, meant by the end of the first semester my self-esteem reached an all-time low and my interaction with my friends was suffering. I stopped doing the things I enjoyed and sleeping became a battle. After two weeks of failing to cope with it all, I reached the lowest point of my medical school journey so far: I thought about ending it all. I realised I needed help and to speak to someone before I got worse.

I confided in my mother and sister, which was the best decision I made because they prayed with me, reminded me how proud they were of me and encouraged me to rediscover my passion for medicine.

Although some of my assignments were affected, I can testify that God was faithful throughout and I am in a much better place with the support and prayers of my friends and family.

A 4th year medical student at the University of Leeds

...who is a failure in following Jesus

I viewed university as the time to step out as a Christian adult – becoming settled in a new church, striving to explain the Gospel to non-Christian friends and learning to live all of life for him. In reality, I was scared and sinful and felt that the demands of following Jesus were just too high. In reading Mark's gospel, I realised that I am frequently ashamed of Jesus' words; I would prefer to look powerful than serve, and I would rather not suffer for him. Mark's gospel showed me that I wanted to keep my own life instead of obeying Jesus' commands. The only solution to that was to see Jesus' death on the cross as the ransom that I desperately need to be able to follow him.

A 4th year medical student at Barts and the London Medical School



God-man-God... a basic gospel outline

Laurence Crutchlow suggests an easy and memorable gospel outline



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

You've just enjoyed a discussion of autonomy in an ethics seminar. During the coffee break your friend asks: 'You Christians seemed to have a lot to say in that session. What do you actually believe?' You've got five minutes. What will you say?

The motto 'Be Prepared' is important not only at scouts (and in medicine), but it is also vital in evangelism. Many Christians memorise a 'gospel outline' to help – much like the way medics use mnemonics. But there are hundreds of gospel outlines around. Which one do you learn?

what makes a good gospel outline?

start in the right place

Many outlines assume too much – beginning with sin, for example, assumes not only that the listener knows God exists, but also understands his character. Start further back. Affirm God as real, and briefly describe him.

be Christ-centred

All too often Jesus features merely as a mechanism to solve a moral conundrum for a God who has to work out how to reconcile his mercy with his justice. We can't ask people to trust Jesus if we don't tell them about him.

calling for repentance

The term 'repent' is repeatedly used in the New Testament.¹ We must explain what 'repent' means, however unfashionable.

the cross central, but not first

The cross is central, but other things must first be explained for it to be understood. The important fact is not that someone was

crucified. What really matters is *who* was crucified. People are saved when they trust in 'Jesus Christ and him crucified'.²

faithfulness about judgment

If judgment is ignored, what is the point of the gospel? If we are not going to be called to account for how we have lived, why do we need forgiveness? Without the reality of judgment, any logic in the gospel collapses.

we can't ask people to trust Jesus
if we don't tell them about him

why this outline?

The five-points are succinct and adaptable; use them to build a one minute answer, or structure a whole hour's lecture (if anyone will listen for that long!). Below I suggest some content for each part:

1. God (ruler)

God exists. He created the universe,³ and sustains its very existence.⁴ Humans were made for a relationship with him. God is holy⁵ – that is, he is pure, perfect, and unable to relate to that which is not holy. We can know him because he has revealed himself to us through his Son, Jesus Christ.⁶

2. man (rebel)

God created humans to be holy,⁷ like him. But none of us consistently live with God as our ruler and creator.⁸ We assume (wrongly) that we are to govern our own lives. This results in either wilful disobedience of God (sin), or plain ignorance of him. We deserve God's judgment,⁹

and have no right to be in his presence, or live in his kingdom.

3. God (rescue)

God's love for us means that – despite our rebellion – he wants to rescue us from this judgment.¹⁰ Only someone who has always lived consistently with God's commands could take that punishment in our place – everyone else deserves punishment.¹¹ Jesus is the only person to have lived a perfect life, free from rebellion against God.¹²

Sent to earth by God, Jesus' three years of public ministry culminated in his execution on a cross. In dying, he received the punishment we deserved for our rebellion against God. On the third day after his death, Jesus came back to life with a new, transformed body. It was not just a 'spiritual' resurrection.

Jesus showed that he was victorious over the power of sin. Jesus was given all authority in the universe by God. He is Lord over all things. He has taken the punishment we deserve, giving us an offer of forgiveness that demands a response.

Jesus' teaching invites us to repent (turn from our rebellion against God) and believe in him (to trust that he is God's Son, and live in obedience to him).

4. what if I don't (rejection)

If we ignore or reject Jesus, we remain banished from God's presence because of our rebellion. Nothing that we can do will repair our broken relationship with God. We will receive the judgment we deserve, and be cut off from God forever, in hell.

5. what if I do (reconciliation)

If we repent and believe that Jesus has taken

Confident Christianity



Do you ever feel that your evangelism skills could be honed? Do you long to get the gospel message through to

your friends but struggle to communicate? Or perhaps you worry about the difficult questions that might get thrown at you should you share your faith. This course is interactive, fun and highly relevant to students.

our punishment upon himself, God forgives our wrongdoing. He treats us as if we had never rebelled in the first place! We are part of God's Kingdom, as we were made to be. God gives us the Holy Spirit, who enables us to live a life pleasing to him. The Holy Spirit is also a 'deposit' – a guarantee that we will spend eternity with God, adopted as his children. We must choose soon whether to accept God's offer, since only God knows when Jesus will return, and tomorrow may be too late.

how to use it

This outline could help in everyday conversation; or could be used by a speaker at an event. The individual sections help answer more specific questions. You might not use the whole outline every time. To learn more, come along to a Confident Christianity day conference run by CMF – ask your local group leaders to organise one. ■

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thriving in exile

Laurence Crutchlow reminds us of our real home, and how to live well until we get there



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



Where's home for you? If you haven't worked out an answer before freshers' week starts, do it now.

Along with 'what course do you do?' and 'which halls are you in?', it is one of the staples of conversation in queues to register, or at

the first meeting of the medical school choir. Describing the exact location of the Warwickshire market town where I grew up was never easy, given that many of my student colleagues seemed rarely to venture outside the M25...

Jump forward four years, and it might be much harder to answer 'Where's home?' Once long holidays end, the connections you kept up back at your parents' home get weaker, and often your adopted university city becomes home. The former country-dweller realises that they haven't seen a green field for months!

Medical careers don't lend themselves to geographical stability in the early phases, and it may be that you are well into your thirties before you feel settled somewhere. Changing address often means changing church, so our spiritual foundations can also feel mobile; particularly after graduation, when the often close-knit fellowship of CU and student CMF is no longer there.

our actions should follow Jesus' example

our true home

I'll always remember a CU staffworker (who happened to be married to a doctor) talking about this uncertainty. What surprised me was that she was so positive about it. She'd come to realise that her true home was with God, and that uncertainty here wasn't only to be expected, but a positive reminder that we wouldn't feel completely 'at home' on this fallen earth. Indeed Peter describes his readers as 'aliens and strangers in the world'.¹

Sometimes this is quite obvious for the Christian. When our beliefs are subject not only to ridicule but outright hostility, or when we see disregard for human life, it isn't difficult to remember that we are exiles, not of this world. But this isn't always so obvious in healthcare. The vast majority of people that we work with are loving, compassionate and

well-motivated, whether they hold any faith or none. It doesn't always feel like 'exile', and so it is easy to forget that the way we live is still very different.

how should we live?

Scripture gives us many principles for living, and thriving, despite these tensions. Here are a few of them:

1. submit

Whether to human authorities,² or within our homes or the church,³ the principle is clear. We are to follow Christ's example.⁴

2. be holy

'Be holy because I am holy'.⁵ Our actions should follow Jesus' example, and we should live as he intended us to. 'What would Jesus do?' is still a helpful question, though we must remember that we are not fully God as he was, so not everything will be identical (we are not, for example, called to walk across the ornamental lake on campus to reach our lectures).

3. seek the peace of the city

Jeremiah 29 records a letter sent by Jeremiah to the leaders of the exiled Jews in Babylon. Perhaps surprisingly, it commands them to 'build houses and settle down... marry and have sons and daughters'; and to 'Seek the peace and prosperity of the city into which I have carried you into exile. Pray to the Lord for it, because if it prospers, you too will prosper'.⁶ We should carry on our lives, and pray for the secular structures and institutions around us.

4. come out of her

In contrast, Revelation 18 details the fall of Babylon, probably referring to the fall of the

secular dominance of the world. God's people are instructed to 'Come out of her, my people, so that you will not share in her sins'.⁷ There is a point where we must be separate from the rest of the world, to avoid being pulled into sin.

These principles are sometimes in tension. Striving for holiness while submitting to the authorities is difficult, but possible. Do you submit to the authority of your consultant by inserting a cannula for a patient having an abortion; or do you place God's commands and the life of the baby involved first?

The balance between 'seek the peace' and 'come out of her' can be even harder. We might well 'seek the peace' on our campus as we serve on a student union council, but 'come out of her' as we make clear our opposition to decisions that might restrict the freedom of Christians to meet.

Being holy is a lifelong challenge. We have no hope of doing it for ourselves. Only God is holy. But through the Holy Spirit dwelling in us we are transformed to become more like him.⁸

if Jesus is Lord over our lives,
what he says applies to
everything we do

not just surviving, thriving

The Bible of course has much more to say about these things; indeed the whole story of Scripture is the story of God's people working out God's plan in a world that doesn't honour the creator as he deserves. Although CMF's expertise mainly relates to challenges at the interface of Christian faith and medicine, other questions arise throughout our lives. If Jesus is

CMF Files



CMF Files are a series of papers tackling questions at the interface of Christianity and medicine. There are now 66 files available at www.cmf.org.uk/resources/publications/cmf-files

CMF File No. 54 – Christian doctors in the post-Christian society – explores the questions posed here in more depth.

really Lord over all our lives, then what he says applies not just to our lives in church, or even to medicine, but to everything we do; whether that's in politics or economics, music or sport. Much thought is likely to be needed to discern and live out the truth.

As we are 'transformed by the renewing of our minds',⁹ we can really apply our faith to all areas of our lives. Not just to church, or to study, or to medicine, but to everything we do. It is by this way of engagement, rather than retreat from the world, that we will truly thrive in exile. ■

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on the frontline

CMF caught up with some people who have 'been there, done that, got the T-shirt'

a junior doctor

Dr Phoebe Owen



What area of medicine are you in?

I am a core trainee in psychiatry (CT2).

Why did you choose this area?

At medical school I enjoyed so many areas but when I got a foundation rotation with a psychiatry placement I found I loved it, that I was good at it and it suited my personality. I have always felt challenged about Isaiah 61:1-3 and how I could use the skills God has given me to bind up broken hearts, proclaim freedom for captives and release the prisoners from darkness.

What motivates you in your work?

I spend more time at work than at church or anywhere else, so it's my place of witness and opportunity. Also, I am motivated by my patients. Many areas of their lives have broken down. I want to be some part of their journey towards restoration, and it is wonderful to see someone recover from a very severe mental illness and gain their life back.

What does a typical day look like?

We have a ward round with the consultant and discuss all of the patients on a Monday morning. Then as juniors we do our own mini 'ward reviews' during the week. Because I'm currently on a dementia ward, a significant part of my day is spent meeting with families, giving them updates, and talking to them about quite important decisions (eg end of life care).

What are the challenges in your workplace?

Our patient group can be challenging. They don't want to be in hospital and it's not a specialty where patients thank you for 'fixing them'! Your satisfaction has to come from elsewhere, which can also be tough at times.

I think there can still be a lot of stigma attached to mental health and so one of the privileges and challenges of working within this field is to encourage people to think differently about mental illness in the church.

What are the blessings in your workplace?

I love my colleagues: many are very different to me, most are not Christians, but we share day-to-day life and difficulties, and we laugh every day – which is really important. I am also increasingly enjoying sharing my faith with colleagues. The more I do it, the more encouraged I am to do it and I have certainly had more positive interactions than negative ones!

Do you have any advice for students currently going through medical school?

Press on! I found medical school extremely tough at times, but it is worth it. Invest in those good solid relationships, and also stay connected to your church. It's easy to miss church when exams are coming up, but those pressures will always be there (I'm still doing exams now, four years after med school!) and new pressures will be added. Remember always to 'seek first his kingdom and his righteousness and all these things will be given to you as well' (Matthew 6:33). ■

a nurse

Gill Crouch



What area of nursing are you in?

Paediatric diabetes, mostly community with some hospital work.

Why did you choose this area?

I wanted a change from ward work, and wanted to become an expert in a specialised field. I also enjoy the variety in ages: ten months to 19 years.

What motivates you in your work?

Making a contribution in education and support to families living with the very challenging condition of type 1 diabetes – being there for them on the long journey as the child grows and develops.

What does a typical day look like?

Ward visit with an in-patient teenager admitted for stabilisation of diabetes as he's not looking after himself; phone calls and admin; then a school visit to teach staff about managing diabetes for a school residential trip, finishing with a home visit to a child and family for their annual review, going through all the aspects of diabetes management in the context of their individual routines at home, school, hobbies etc. We also have an on-call phone which we take in turns to carry, from 8am – 10pm. The days can often be long!

What are the challenges in your workplace?

We work with families for the long haul so I must retain a working relationship even when they are being very difficult. I can't make them better. It can be very draining work providing all the emotional support required.

What are the blessings in your workplace?

Really getting to know families and watching them grow in their ability and confidence. Working with young people through childhood and adolescence can be a joy and a challenge – assisting young people living a normal life with their condition.

Do you have any advice for students currently going through nursing school?

Spend a couple of years consolidating your training after qualifying, then find an area of nursing you are truly passionate about and get stuck in! ■

a consultant

Dr Idris Baker



What area of medicine are you in?

Palliative medicine.

Why did you choose this area?

I think it chose me. We had a one-off therapeutics lecture where the Prof took two themes – opioid pharmacology, and the art of prescribing as a matter of human engagement, not just signing a piece of paper. He brought these together in the context of the care of the dying. It was like a beam of light and I was hooked.

What motivates you in your work?

Did you know that about a third of hospital inpatients, for example, are in the last year of life – although you often don't know which ones? They have physical symptoms, psychological problems, social dysfunction and spiritual distress. Making a difference to these things in someone's last days and months is one of the biggest things you can do for someone, I am also driven to find ways to improve areas of unmet need, as we know that not everyone who needs this care gets it.

What does a typical day look like?

There's no such thing! I often start the day hearing about patients or helping manage the department. That's usually followed by a mix of seeing patients, taking phone calls, an outpatient clinic and holding meetings.

I enjoy spending a lot of my time seeing patients at home. Supporting families is so vital – family members are the ones who will be left with the memories of how someone was cared for as they were dying.

What are the challenges in your workplace?

The top one is probably the same anywhere, there are more things to do than time available. I try to focus on what's most important and not to lose too much sleep over the things that won't help anyone. I also get frustrated by the way people sometimes treat each other, and themselves badly and the way that contributes to ill health. I can feel powerless to do much about it so instead focus on what difference I can make.

What are the blessings in your workplace?

The people I work with, and above all the patients and their families. A very wise Christian once told me 'It's not for no reason that we're called human beings and not human doings'. My patients are a constant reminder of that because they are often able to do very little. Yet, however great the losses imposed by their illness, they display the glory of God in his creation.

Do you have any advice for students currently going through medical school?

Enjoy every minute and make the most of it. You'll never have quite the same opportunities or be surrounded by so many people wanting to teach you without the pressures of a day job interfering. Whatever your future plans, learn everything you can about every part of medicine now because nothing will be wasted. Finally, if you believe that God has called you into medicine, remember that calling as you study, and keep your eyes fixed on Christ. Sustaining and recognising the reason for your studies will set the tone for your career and more. ■

a GP

Dr Emma Hayward

***What area of medicine are you in?***

I am a GP and clinical educator, so I see patients two days per week and teach undergraduates the rest of the time.

Why did you choose this area?

I love the variety in general practice – who else gets to do a newborn check directly followed by visiting a 92-year-old in their home? I also love to teach and general practice is flexible enough to allow me to do both.

What motivates you in your work?

Being able to get alongside people when they are facing difficulty or distress; using clinical skills to make diagnoses; watching medical students having 'light-bulb moments' when they understand a new concept.

What does a typical day look like?

A day at the surgery begins with a nice drive across the Leicestershire countryside ready to start with a cup of tea and paperwork at 7.45am. I start seeing patients at 8.30am then do visits at lunchtime. After that I check blood results, sign prescriptions, write referral letters and file incoming post until I see my afternoon patients. I usually leave at about 6.30pm and get home in time to read my children bedtime stories.

When I'm at the university, I usually start at 8am but there is no typical day because I teach on such a wide variety of courses. Every semester is different.

What are the challenges in your workplace?

Keeping up-to-date with everything, running on time, balancing patients' needs with practice targets.

What are the blessings in your workplace?

An amazing team who really work well together and recognise that everybody has a vital part to play. Our patients are generally very grateful for our help and it's good to get their positive feedback when we've done a good job.

Do you have any advice for students currently going through medical school?

Medicine can fill 24/7 if you let it. I took every Sunday off at medical school (even the day before finals) and never failed an exam. I really felt the benefit of observing a Sabbath rest and would recommend that you try it. That said, I do not advise telling your tutor that the reason you failed your exams is that Dr Hayward told you to take Sundays off – you will have to work the other six days of the week! ■

why join CMF?

John Greenall is about to try and convince you to join CMF. Will he succeed? Read on to decide...

You are entering a profession with multiple challenges and opportunities. From day one, you can join CMF, a movement of like-minded students, to grow in faith, speak for Jesus and serve others.

CONNECT

'when you come together... let all things be done for building up' (1 Corinthians 14:26)

CMF is here to *unite* Christian doctors, nurses and medical students. Members can meet with local Christian medics and nurses for advice and support. Beyond your university or city, you can also connect through regional and national events.

Being able to sit with friends, look at the Bible and ask 'how does this connect with what my lecturer said an hour ago... how can we work through the fog of the worldview we were being taught'.

Matt, CMF student member, Newcastle

Further afield, our outreach trips to Eastern Europe or Central Asia, as well as your elective, give you the chance to meet students from other countries. CMF is also linked to many similar organisations around the world through the International Christian Medical and Dental Association (ICMDA), who organise European and World Congresses every four years.

Most local groups have their own Facebook group. Monthly e-newsletters are also sent out with brief updates of what's going on.

Knowing I am part of something bigger than just at my medical school is a real encouragement to me when I sometimes feel like I'm on my own.

Sarah, CMF student member

As we face increasing pressure to compromise our faith, it becomes more important for us to be part of a fellowship that can equip and encourage us in the good times and the bad.



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

GROW

‘grow up in every way... into Christ’ (Ephesians 4:15)

CMF also exists to *equip* Christian doctors, nurses and students. We want you to grow in faith and see God move powerfully through you.

But how do we grow? The mainstay of CMF is local group meetings centred around the Bible, often with the input of graduates. Every group differs, but most do things you won’t get at CU or church – perhaps a course like The Human Journey, or studies on medical ethics. Our publications include *Triple Helix*, *CMF Files* (a series of ethical papers), and *Nucleus* (specifically for students). Back issues are online, along with multimedia resources such as conference talks. We also publish books sold both in the UK and overseas.

CMF’s publications and resources really help me to grow as a Christian medic, not just a Christian and a medic separately.

Ella, CMF student member

National and regional conferences offer Bible teaching and seminars focus on aspects of life as a Christian medical or nursing student. Our summer opportunities provide in-depth teaching on a range of issues. Our Deep:ER Fellowship training programme helps you to integrate your faith and medicine – why not consider it if you intercalate?

SPEAK

‘whoever speaks, as one who speaks oracles of God’ (1 Peter 4:11)

I find this the most daunting part. Daniel was ready to speak in the midst of an empire hostile to God. He didn’t hide his faith, though his colleagues wished he would.

We want to equip you to be confident in speaking about your faith. Our day conferences (Saline Solution, Confident Christianity and Answering Other Faiths) seek to do this. I found

these courses paradigm-shifting and so worthwhile when I was a student.

Saline looks at evidence that faith is beneficial for health and how we as doctors and medical students can approach issues of faith with patients.

Andrew, Saline Solution attendee



why join CMF?

CONNECT

GROW

SPEAK

SERVE

SERVE

'as each has received a gift, use it to serve one another' (1 Peter 4:10)

All this connecting and growing... what's it for? It's so that we can more effectively serve Christ and his kingdom!

Whilst in many membership organisations 'what I get' is paramount, CMF offers an opportunity to serve others.

By simply *being* a member, you add strength to our voice. Your subscriptions and gifts help pay for the work of CMF. More importantly, by being informed of what's happening, you are better able to pray. And as a member you will be better equipped to do the work.

You could lead your local group, write for *Nucleus*, do an elective in the developing

world, go on a summer team, or encourage your church to engage in issues where faith and healthcare meet.

CMF makes us look outside of ourselves, linking us up to people we can serve well and also benefit from knowing.

Liz, CMF student member

I don't think we should ever be just receivers, passive members – we are all called to be in it together.

Ella, CMF student member

so what?

I'm not concerned about building a CMF 'kingdom'. But I am convinced that standing together is the way forward, and that CMF allows us to do that, both as students and beyond.

Student membership is open to all medical and nursing students studying in the UK or Ireland who are in agreement with the membership declaration, which states:

- I wish to join the Christian Medical Fellowship
- I am in sympathy with the aims of the Christian Medical Fellowship
- I declare my faith in God the Father, in God the Son – the Lord Jesus Christ who is my Saviour – and in God the Holy Spirit

- I accept the Bible as the supreme authority in matters of faith and conduct

Have I convinced you? If so, why not visit www.cmf.org.uk/join and join today – a scandalously cheap £6 per year (that's 1.64 pence per day!) thereafter for your student years. As members you get a £15 discount on student conference – the maths works. ■

I want to be a Christian doctor in the future. Not just a Christian who happens to be a doctor, or a doctor who happens to be a Christian. And that is so exciting, because that is what I am going to be spending most of my life doing.

Chris, CMF student member, London

local groups

what are they all about?

You may still be wondering what CMF is all about. Well, there are CMF student groups in more than 25 English, seven Irish, five Scottish and two Welsh medical schools, and a growing number of nurses groups.

Church? CU? CMF?

The CMF group is not a church, nor is it the same as a Christian Union (CU).

We think that it's vital that all Christian medical and nursing students are committed to their local church, and to their CUs. The aims and tasks of a CU are very similar to some of CMF's aims, and CMF groups can be seen as faculty sub-groups of a CU; part of the wider mission of a CU, praying for and reaching your friends with the gospel. As a student, CMF is complementary to church, not an alternative.

CMF is for life

Medicine and nursing are vocational; nearly all of us will go on to be doctors or nurses. And so CMF is not just a sub-group of CU, it is also a professional group. We want to integrate fully our faith with medicine, to be Christian doctors or nurses. Becoming Christian healthcare professionals is a career-long process and it's important to understand and practise our vocation in a Christian way from the very beginning.

So the CMF group exists as both a faculty sub-group of the CU, while you are at university, and as a professional group from the beginning of your career in medicine or nursing and beyond.

life-on-life

Real discipleship happens as we are involved in people's lives – 'life-on-life discipleship' if you like. It is key to involve local doctors and nurses. We encourage you to get to know them, invite yourselves to their homes, eat all their food and bleed them dry! Seriously.

Anyway, each group is different in the way they organise themselves, so here's a few examples of what groups get up to in a typical term:

BIRMINGHAM

- **Week 1:** Freshers' welcome curry – getting to know the new freshers
- **Week 3:** Junior doctors' evening – some F1s and F2s come back and have a Q&A on life as a junior doctor, how we can best prepare, any tips etc
- **Week 5:** Day away – go away for a Saturday, have a speaker for 2-3 talks, worship and prayer plus fun, games and food
- **Week 7:** 'Life Matters' – a one off event aimed at Christian students who are not medics, to think about a biblical approach to medical ethics and what it might mean for them as patients, friends, etc
- **Week 9:** Saturday breakfast – prayer

CAMBRIDGE

Weekly

- **Bible study:** applying God's Word to our lives
- **Prayer:** praying for CMF, our friends, the wider world etc
- **Sharing:** discuss challenges/encouragements we've faced as medical students and opening the Bible to see God's wisdom on such issues

- **Evangelism/discipleship:** The Human Journey course
- **Weekly prayer meetings** (Monday mornings 8-8.30am): Bible thought and prayer for the week ahead

Evangelistic events

'Talks @ One': a series of three evangelistic talks

- **Week 3:** God, pain and suffering
- **Week 4:** Where is God in natural disasters?
- **Week 5:** Mind, brain and the search for God

SOUTHAMPTON

Weekly

Prayer meetings, both at the hospital and on campus

Monthly

On the first Monday of the month a local consultant and his family welcome us into their home. They cook us a delicious meal and a guest speaker talks on a topics such as:

- The transgender agenda
- When doubts arise
- Sharing faith with patients and colleagues

Why it works?

First, CMF groups do not replace church or CU, they are entirely complementary. We think it's really important to stress this early on, so we keep our events well-spaced yet regular and always try and make them suitable to invite our non-Christian friends to.

Second, our local links with doctors and nurses have meant mentoring, support, and sometimes subsidies on our conference costs!

SHEFFIELD

Month 1

- **Prayer breakfast:** Praying for the academic year and freshers

Month 2

- **Freshers' welcome brunch**
- **Welcome back meal**
- **Weekly meetings start:** The Human Journey

Month 3

- **Evening meeting:** What is a person? – discussion group led by local doctor
- **Evening meeting:** When does life begin? Thinking biblically about contraception
- **Bonfire night:** Fireworks and bonfire at a doctor's house, people are encouraged to bring friends along

Month 4

- **Christmas events:** Meal at a doctor's house, sometimes joint with graduates CMF
- **Carol singing**

OXFORD MEDICS

Dinner discussions

Every other month at a local doctor's house. They provide a lovely home-cooked main and we all bring puddings and drinks to share. The discussion topics are inspired by the things the students want to discuss and include:

- Working abroad as a Christian medic/student
- Living with integrity in seasons of ambition
- The moral dilemma of IVF
- Assisted dying
- Hierarchy within healthcare

Other events

- **Brunches:** in intervening months, typically at a student's house.
- **Annual CMF carol service:** we organise this in association with the medical student society. We involve doctors, healthcare

workers and students in all the readings and prayers, and have a choir. It's a great event!

- **Thought for the week:** this has worked really well in keeping our Facebook community active. We ask a student to share a brief thought on the wall and it's sparked some really interesting conversations.

Both medical and nursing students are welcome to groups, however sometimes they will meet separately. This will either be for geographical reasons (and some schools are medical or nursing only) and sometimes to cover more specialised topics. Nursing-specific groups are growing by the day. Here's an example of a group that regularly meets specifically as student nurses and midwives.

OXFORD NURSES/MIDWIVES

The group meets every month at a local midwife's house. Local graduate midwives and nurses usually provide a lovely home-cooked main and students bring puddings to share. The discussion topics are inspired by the things the students want to discuss and have included:

- New technologies
- How to thrive in your faith as a Christian nurse or midwifery student
- Compassionate care Bible study
- Socials with sharing and prayer

In between monthly meetings, the group has arranged some socials such as a Sunday afternoon walk, as well as joining in regional CMF breakfasts and meetings. Plans have been made for a joint social with local CMF medical students. They also have initiated the 'Once' Encourager scheme (see below) so Encouragers also meet up with their student.

'Once' Encourager scheme

The 'Once' Encourager scheme is an initiative being introduced to CMF nursing groups. The Encourager is an older 'buddy' or 'mentor' in the same discipline as them (nursing or midwifery, but could equally be medicine) who commits to pray for them. Older students can be Encouragers of younger students as well as being Encouraged themselves, with a graduate being their own Encourager.

The following is the suggested minimum commitment requested of the Encourager, to allow for even busy graduates to get involved, lasting three terms:

- **ONCE a week:** pray specifically for the student you're encouraging
- **ONCE a month:** text, message or phone your student
- **ONCE a term:** meet in person to chat, encourage and pray

The need was felt by some (particularly younger) students to have someone they could phone or message when in need of support or prayer in between the monthly group evenings, who would understand the work situation they were in. By this scheme we are hoping to meet that need and for our students to know they are cared for and prayed for regularly. ■

We hope this has given you a feel of what can happen locally. To find out who your local student links are visit www.cmf.org.uk/students/cmf-local-contacts

CMF regions

Jennifer Rossiter describes how the north west has linked up as a region



Jennifer Rossiter is former CMF NSC Chair and a junior doctor in Dorset.

CMF splits the country into nine regions, identical to the ones that UCCF does for CUs.

Recently, the different student CMF groups in the north west have been building closer relationships with one another. This began with a weekend away in the autumn, bringing together medical and healthcare students from the four groups in the north west: Manchester, Lancaster, Liverpool and Preston. We spent the weekend socialising, partaking in a CMF day course (Saline Solution) and going on a very rainy walk! This was the first time in a while that the region had done something like this. Within an hour or so friendships were already deepening.

Since the weekend, a Facebook group for the region has been created, and through this we've been able to keep up-to-date with what different groups are doing, and some of us have had the chance to go to events at different universities. A group of us all went to the student conference in February and this gave us a great chance to spend more time together. Each of the CMF groups in the north west is quite small, but as we were more linked as a region, we knew there would be more people we'd know at the conference.

Being more integrated as a region has brought many advantages. We are able to run events that would be unfeasible as a smaller group, we can share ideas for events and activities between different groups and we have a larger group of people to be friends and connect with. We also have more opportunities to attend CMF events at different universities (this is a particular plus for clinical students



who can be placed in hospitals quite far from their own university).

We are hoping to have another weekend away every autumn (if you're in the north west, ask your CMF leader for details) and I hope we can continue to grow closer as a region. It's been a fantastic year! ■

Saline Solution

bringing faith into healthcare

SALINE
SOLUTION



Every week, more people walk through the doors of hospitals and GP surgeries than through the doors of churches.

This course will prepare you to share your faith with patients from day one, looking at questions like: Is talking about faith legitimate? Is it good medicine? Is it practical? Would I have time? How can I learn more?

maxing the summer

Alex Bunn share some ideas



Alex Bunn is CMF Associate Head of Student Ministries and a GP in London

Other students always love to point out that Oxford and Cambridge preclinical students have three eight week terms, which (in theory) equals twenty-eight weeks holiday! Not everyone gets quite such a generous entitlement. But wherever you study, the summer holidays during the early years of medical school are the longest you'll ever have before you retire or die (whichever comes first!).

Of course, it is important that some time is used for rest and to see family; many of you will need to earn some money during this time as well. Think carefully before you are tempted by a long lab project. Despite what others say, work done at this stage is unlikely to make a big difference to your CV; in the current job application system you get very little credit for such things. For a few who might plan an intercalated PhD and research career, lab may be the right place to spend the summer; but for most Christian students it is better spent learning and serving.

why not see if you can do something?

CMF has several options. Each year, a number of **summer teams** travel for 7-14 days. Some are involved in medical work, for instance, each summer a CMF medical school link helps with prison healthcare in the Phillippines. Previously a team has visited a

refugee camp in Lebanon/Iraq, while other teams have gone to support Christian medical groups running conferences, or evangelistic summer camps for local students in Eastern Europe. Look out for our e-bulletins or our SVT webpage for opportunities: www.cmf.org.uk/international/short-term-vision-trips

Closer to home, we welcome **impact volunteers** to help in the CMF office; projects have included cataloguing previous CMF Files, or chasing up graduating students.

Still in the student world, CMF student links are welcome at **UCCF's Forum** in early September, attended by about 1000 CU leaders and UCCF staff from around the UK. UCCF also runs evangelistic summer teams.

Further afield, a number of agencies offer short-term mission trips during the summer. These need planning and can be costly, but can be a great chance to learn from those living and ministering in another culture.

Students are often a key part of the leadership team of many summer camps for children and teenagers, being among the few people who can easily spare long periods in the summer.

Even though long trips abroad may be hard in the clinical years with less holiday time, it is still often possible to fit in a youth camp or vision trip with a bit of planning.

Find out more details about CMF summer events at:
cmf.org.uk/international/short-term

clinical conundrums

Laurence Crutchlow suggests answers to some difficult questions

can I pray with a patient?

A patient might ask for prayer. Perhaps with a GP they know to be a Christian. Or perhaps from a student who they've got to know well. These situations are the exception, not the rule. But prayer can be greatly valued by patients at the right time.

The GMC's *Personal Beliefs and Medical Practice* gives reasonable freedom to discuss spiritual things in these circumstances, and affirms the relevance of spirituality to patient care; there is no specific prohibition on praying.

But there is tension between our role as believers, naturally wanting to tell others about Jesus or pray with them, and as medical and nursing students who primarily meet patients to learn and care for them. A middle way is to offer brief prayer ourselves, and then refer to a chaplain (so it's worth getting to know which chaplains are helpful).

can we talk about the gospel with a patient?

Conversations about the gospel fall into a similar vein. CMF's Saline Solution course looks in more detail about how we can sensitively discuss Christian things with patients, and when it might be appropriate. A profound discussion of faith may be rather out of place when dealing with an

infected insect bite.

But when dealing with severe distress, or end of life care, the answer to a simple question like 'do you have a faith that helps you at times like this?' may open up a discussion (or make it clear that the conversation should move on).

what do I do when someone asks me a medical question at church?

From your first day as a medical student, some people will assume that you are the fount of all knowledge about all medical matters. Don't worry. You never will be. I qualified 16 years ago and there is plenty I still don't know!

Most Christians will be aware that a) you are still learning, and b) you are not at work when you are at a church service. But some people will come to you asking for advice. How you respond depends on your stage of training, who is asking, and your own choices about what boundaries you want to have in your relationships at church. Several short scenarios illustrate this:

- A linguistics student is getting married next month, and she asks you a general question about how effective the contraceptive pill is. You've just finished a placement in a family planning clinic at the end of your fourth year.

Although not qualified, you probably know the



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

answer, and you don't need to ask any personal questions to clarify. Give the answer, perhaps with the caveat that she might want to talk about contraception with her GP.

- A mother who thinks she is noticing autistic traits in her son comes to you asking what you think of him. You've only seen him a couple of times as you usually attend different services. Your paediatric placement didn't include any real community work.

This is tricky ground. You are well out of your depth, and shouldn't get medically involved. But this is clearly a member of your church family who is very worried. Though you should be careful not to give specific advice, you may be a great encouragement if you spend some time talking through her worries, and direct her towards a health visitor or GP.

- An elderly gentleman, too embarrassed to visit his GP, confides that he has had PR bleeding for the last two weeks.

You don't need much experience to know that this is a serious symptom warranting further investigation. It isn't unreasonable to make this clear to him, and encourage him to see his GP, perhaps seeing if there is someone he knows well in the congregation who could take him to an appointment (or even doing this yourself).

- Every couple of weeks, a middle-aged lady seeks you out after the service. She spends at least 15 minutes pouring out her health worries, and her difficulties with local doctors. You begin to try to hurry away before coffee...

The 'heartsink' patient isn't confined to general practice. This illustrates the importance of determining some boundaries over how far your professional role reaches, at church and elsewhere. These will not be the same for every

student, though in this case I would suggest ensuring that you don't undermine other doctors in conversation is essential. Explain to her that while you want to be supportive, you prefer to avoid discussing medical matters in church. As a student, it is easy enough to plead ignorance! Such boundaries become more difficult when qualified, particularly if you are a GP living close to your practice, as some members of your church will probably also be your patients.

what does healing mean today?

The gospels contain a number of accounts of Jesus healing physical illnesses, and healing is mentioned by Paul when discussing spiritual gifts in 1 Corinthians 12. The theological question of whether such gifts operate today is controversial. Former CMF General Secretary Dr Andrew Fergusson's *Hard Questions about Health and Healing* is a good starting point for those who are new to this topic (see page 12).

Christians would agree that we are ultimately healed as we are reconciled to God through Jesus' death on the cross. Many would point to occasions where they feel physical or mental illness has been healed through prayer. There is also some evidence of a link between Christian faith and health.

But it will become very clear early on as a medical student that not everyone is physically healed; that Christians do suffer illnesses and eventually die just as everyone else does, and that sometimes prayers for healing may feel unanswered. Thinking through suffering is particularly important for the medic – start here with this video: bit.ly/2akpPc3 ■

what is 'whole-person medicine'?

Laurence Crutchlow describes real spiritual care





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

At first glance it appears relatively uncontroversial. After all, the World Health Organisation (WHO) describes health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity',¹ which isn't so different. In some parts of the NHS spiritual care is embraced. Yet the world's definition of whole-person medicine is often quite different from our own.

how does the world see whole-person medicine?

We can easily just focus on the physical material of our bodies. Many drugs are best understood at molecular level, so it is not surprising that we try to reduce our bodies to the smallest particles we can understand. This is helpful in research, but how many of our patients (or us) really live as if the body was nothing more than a collection of atoms?

UK medical school curricula recognise this, with the GMC's *Tomorrow's Doctors*² requiring that students are able to apply to medical practice not only biomedical scientific principles, but also psychological, social health and population health ideas.

Though the WHO's definition doesn't include 'spiritual', there is reference to 'spiritual care' in the NHS. Questions about faith are routine in psychiatry and palliative care, but are increasingly asked in other areas as well.

what is real whole-person medicine?

So does the 'whole-person medicine' that we see in the NHS bear any relation to whole-person medicine as we might understand it

from the Bible? The main tension is in defining spiritual health and care. Even respected Christian authorities agree that the term 'spirituality' is not easily defined.³

Throughout Scripture, true spirituality cannot be separated from the Holy Spirit. Paul clearly differentiates between the spirit of the world, and the Spirit of God.⁴ He goes on to say that only those who are truly spiritual – with the Holy Spirit – can 'make judgments about all things'.⁵

In the secular world, there are numerous (and often vague) definitions of spirituality. A Royal College of Psychiatrists booklet puts it: 'Spirituality involves experiences of:

- a deep-seated sense of meaning and purpose in life
- a sense of belonging
- a sense of connection of "the deeply personal with the universal"
- acceptance, integration and a sense of wholeness'⁶

true spirituality cannot be separated from the Holy Spirit

There is nothing wrong with these things in isolation; indeed they may look 'Christian' to the casual observer. But they are at best a pale shadow of real spirituality – of the Holy Spirit dwelling in us.

what are the challenges to true spiritual care?

There are two major obstacles. The first are those who feel that spiritual care, of any kind, has no place in the NHS, such as the Secular

Medical Forum.⁷ The second is the temptation to think that we have done enough because we have fulfilled NHS definitions of spiritual care. However, real spirituality includes Jesus; other forms of care, however well-intentioned, cannot be called 'spiritual care' in any true sense. When Jesus healed ten people of leprosy, it was the one who praised God that Jesus told 'your faith has made you well'.⁸

what might whole-person medicine look like in practice?

Unlike a number of years ago, patients and colleagues now come from many differing faith backgrounds; some have no faith; many are unsure; many are devoted followers of other religions. To say true spirituality only comes from the Holy Spirit is usually met with hostility.

How then do we practise genuine whole-person medicine? Do we have to talk about faith with every patient we meet? Do we have to ensure we get spirituality into every question we ask in a lecture?

This can be answered on two levels.

First, we need to make sure that our faith really permeates every area of our life. Our faith should be apparent in our conduct, our words and our attitude to those around us. This is important even for the pre-clinical student with no patient contact. In clinical practice such attributes may well lead to opportunities to talk about true spirituality; often with colleagues, sometimes with patients. So our spirituality is present in everything we do.

Second, we must make sure we respond to the presenting complaint of the patient in front of us. Most clinical encounters don't go much

beyond physical medicine; jumping straight from a question about how an ankle was twisted to a direct question about spiritual things would be disconcerting and probably unhelpful.

But suppose the ankle sprain occurred after a fall, which had occurred when the patient was drunk. Further questions reveal that this isn't just a one-off night out, but that the patient is lonely and developing a dependency on alcohol. A sensitively-asked question about faith may well provide an opportunity for real spiritual care – sometimes given by us, perhaps more often by a referral to someone else.

We mustn't forget patients' physical needs. When we deal with their physical needs appropriately and compassionately, it may well open the door for more genuine whole-person medicine. Not every patient will want spiritual care; if the answer to a gentle question about faith is a clear 'No', then we should respect that and move on.

As students, study well so that you can practise good quality physical medicine. Don't dismiss emotional and social aspects. To truly provide spiritual care, we must make sure that we are spiritually fed ourselves, and willing to share the joy in us with everyone we meet, patients included. ✨

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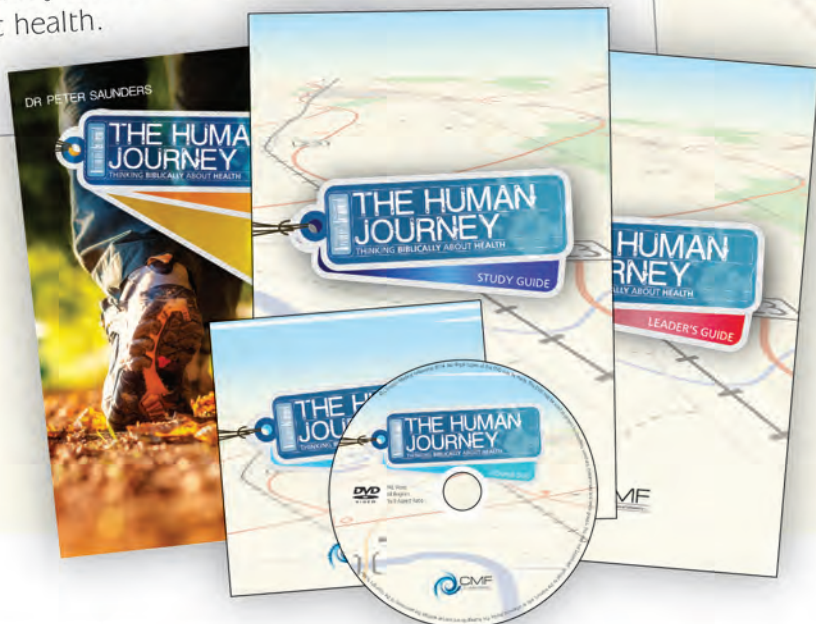
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We all have questions about health:

- Is it wrong to feel so depressed?
- Who will care for me when I'm dying?
- Why can't we have children?
- What if I get cancer?

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medical ethics for beginners

Giles Cattermole explains the basis of medical ethics

It's easy to think that prescribing antibiotics is a 'scientific' decision, without the need for ethics or 'value judgments'. But if the patient is foreign, unconscious, terminally ill, with life-threatening pneumonia, and if the antibiotics are very expensive with nasty side-effects, all sorts of ethical considerations become apparent: consent; entitlement to NHS treatment; how good and bad outcomes ought to be balanced. Value judgments are intrinsic to medicine. 'Patient' implies a particular relationship of duty and care. Medicine presupposes that disease is 'bad' and health is

'good', and that clinicians 'ought' to help people from disease to health. These are value judgments, this is ethics.

Ethics is about deciding what is morally right and wrong, what we should or shouldn't do. It relates to obvious issues like abortion, cloning, and euthanasia. But also what life is and what a person is; our attitudes to disability and mental illness; justice and rationing; confidentiality, consent, truth-telling, professionalism and much more.



Giles Cattermole is an emergency medicine consultant, UCCF London team leader and former CMF Head of Student Ministries

how can we know what is right?

Morality was once generally accepted to be 'revealed'; God tells us (in the Bible or in nature) what is right and wrong. Enlightenment deism saw morality as 'discovered'; there is moral truth 'out there', but God won't tell us what it is; we have to work it out for ourselves. Postmodernity says that there is no absolute moral truth; morality is 'chosen'. Ethics becomes no different from aesthetics.

what is truth?

Some philosophers use the categories of 'factual' and 'value' judgments. Factual judgments concern scientific truth (determined empirically) and logical truth (self-evident). Value judgments concern aesthetics and ethics.

For example:

- Wales is west of England
 - scientific truth, observed on a map
- $2 + 2 = 4$
 - logical truth, assuming the rules of mathematics
- Coffee is nicer than tea
 - aesthetic judgment, 'true' for some but not all
- Murder is wrong
 - ethical or moral judgment

For some, value judgments are matters of personal preference. But in practice few people consistently live as though there is no moral truth at all. Just ask them whether rape or racism are acceptable. Instead, most people still think that some actions really are 'right' or 'wrong', even if they disagree about which are which. They operate according to some sort of moral framework, even if they don't know it.

humanist ethics

There are three major theories.

■ virtue¹

Virtue ethics are concerned with the character of the moral agent. By becoming the 'right' sort of person one will naturally behave correctly.

Many people think this too vague and incomplete for practical use, yet there is still an assumption that doctors and nurses should be competent, compassionate, altruistic people.

■ duty²

Duty-based ethics are concerned only with the rightness or wrongness of an action itself, not with its outcomes. Some things are universally right, some universally wrong. The Hippocratic Oath was a list of duties. But many people object to the idea of absolute duties without exceptions: would you lie to prevent murder?

■ utility³

Consequence-based ethics look to the outcome of any action to determine whether it is right or wrong. The end justifies the means. A common form is 'utilitarianism' – the greatest good for the greatest number. Yet, one can never be sure that an action will achieve its desired end. Even if it did, it's difficult to measure 'happiness' and 'sadness' for each individual. This sort of thinking is also very dangerous for individuals and minorities.

For many, virtue ethics were too vague and duty-based ethics were too absolute. The driving ethic became more utilitarian as governments took over the role of providing healthcare, and sought to maximise efficiency.

■ principles

Virtue, duty and utility-based ethics are ethical theories, from which principles and rules can be derived for practical decision-making. Beauchamp and Childress⁴ famously promoted the idea of ‘principles’ of medical ethics: most people, of any religious or cultural background, tend to agree on certain basic ethical principles. The standard four principles they described were: autonomy (respect for a person’s choices); beneficence (doing good); nonmaleficence (not doing harm); justice (fair distribution of resources).

■ principle-based ethics

Beneficence is what clinicians have always wanted: to bring healing. Non-maleficence was Hippocrates’ first aphorism: *primum non nocere*⁵, (first do no harm). This is the attitude that safety comes first. These two principles can be put together as ‘balancing risks and benefits’. People want fairness, even if they don’t agree how it’s best defined. But autonomy is sometimes criticised as being too Western and individualistic. Another problem with this approach is that sometimes the principles conflict. Autonomy is often assumed to trump the others.

In practice, decision-making involves ‘blended ethics’, using different theories and principles to support an argument, or to suit different circumstances. What seems to be an attempt to discover what is really the right thing to do (as the Enlightenment philosophers intended), becomes instead an exercise in justifying one’s own preferences. Ethics becomes relative, a matter of personal choice.

what should Christians do?

Our starting point must be God. He has told us what is good. But we also need to recognise that human nature is sinful, in rebellion against God.

Secular ethical approaches take no account of sin. Utilitarianism ignores God’s concern for the weak and helpless. Duty ethics fail to recognise that we cannot rely on ‘virtuous’ clinicians, because we are sinful. Similarly, autonomy assumes that we can determine what is right and wrong ourselves. Rights and autonomy are also essentially selfish; we prioritise our own needs over others. Autonomy is not the solution to ethical dilemmas; it’s the cause of the problem!

But there is at least a glimmer of truth in these approaches too.

The end result we’re concerned with is God’s glory – our decisions should seek to maximise this. We can trust God because he is glorified in his actions too, and is concerned with each individual. God has given us duties. But they are not a mechanical check-list. Despite our sinfulness, they are in response to Jesus’ work on the cross and God enables us to obey him by the power of the Spirit. Finally, Christian ethics seek to be those of Jesus. As we become more and more like him, we will act in the way that is most pleasing and glorifying to God. ■

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engaging the public square

Philippa Taylor considers the public dimension of a student's faith



Philippa Taylor is CMF Head of Public Policy



Arriving at university you will become aware, if you aren't already, of a vast number of ethical issues: drug policies, mental health, abortion, reproductive technologies, genetic engineering, slavery, gender dysphoria, freedom of conscience, end of life decisions and organ donation, to name but a few.

My question is: 'Should we engage with ethical issues?' But it also asks: 'Should we

engage with ethical issues? (ie as individual students and as CMF?)

Let me answer both questions by suggesting just four reasons that I believe should drive us as Christians, individually and as a fellowship, to engage with ethical issues in the public square:

- for self-defence
- for the sake of others
- for moral reasons
- for stewardship and citizenship reasons

for self-defence

Much of society in the UK is growing increasingly hostile to the Christian message and its values. There seems to be increasing pressure on Christians to go against their consciences. For example, when talking about faith or praying with patients, considering abortion referral requests or perhaps even gender reassignment. When faced with such challenges, what should our reaction be? Do we escape or assimilate, or is there another option?

it is important that Christian health professionals speak up for others

for the sake of others

Being created in God's image means that we are all wonderful, mysterious, precious and unique beings, from conception through to death. But in God's creation plan it seems we are also designed to be fragile, frail, vulnerable and dependent. Because healthcare acts as one way through which human communities care for vulnerable people, it is important that Christian health professionals speak up for others.¹

We do this 'not with judgment in our voices but with tears in our eyes. We treat with respect the malformed baby, the person in a persistent vegetative state, the profoundly demented individual, the destitute homeless heroin addict'.²

The wider need for care clearly goes well beyond the vulnerable at the beginning and end of life and those with immediate medical needs. It needs to reach those being trafficked, abused, tortured, people who are homeless, lonely, in debt, in prison, hungry, struggling with pornography, alcohol abuse or poverty.

There is no lack of opportunity to help others, and to love our neighbour as ourselves.

for moral reasons

We are engaged because we recognise that universal standards of right and wrong exist. Morality matters and when we fail to uphold what is right (as a society and individually), harm often follows. It is not always easy to uphold Christian moral views. But when challenged, rather than escaping or assimilating, John Stott gives another option: 'The calling of Christians is to be morally distinct without being socially segregated'.³

What might this mean for actual engagement? The lifestyle choices people make affect their lives and usually affect those around them too. Hence the involvement of many Christians in policy-making. Some are involved in restricting access to pornography, harmful drugs, online gambling and prostitution or, more positively, encouraging marriage, family life, health and wellbeing.

This is not to say people cannot make choices – people do not become moral simply through a change in law. But law and policies can encourage behaviour that is good and restrain immoral behaviour, and its impact on others.

for stewardship and citizenship reasons

We engage because we have been entrusted by God to care for his world. We are responsible to manage his world well and according to his desires and purposes.

Our role as stewards in the public square derives from our understanding that God instituted and designed government⁴ and we are to respect and be subject to governing authorities.⁵ Owners have rights, but stewards

have responsibilities. We engage because we are responsible stewards, with respect, care and humility, and within the confines of the law.

We are citizens because we are created to be in community. We are not only individuals doing our own thing; we are individuals in community, bound by duties of care, responsibility and compassion to others.

What might this mean for engagement as students? This should drive concern for justice and a willingness to speak out against anything that leads to unjust treatment of colleagues or patients. It should encourage Christians to (continue to) promote a culture of care for others and to love and care for our beautiful world.

But, undoubtedly, our most powerful citizenship tool is prayer.

promote a culture of care for others and to love and care for our beautiful world

‘Seek the peace and prosperity of the city to which I have carried you into exile. Pray to the Lord for it, because if it prospers, you too will prosper’.⁶

Lastly, *how* can we engage with ethical issues in the public square?

Being informed is a good place to start! Be aware of what is going on around you, of local and national debates, of resources that can help – *CMF blogs*, CMF Ethics and Public Policy Newsletter or CARE’s Impact Direct. For more in-depth reading, look at CMF’s submissions to policy consultations, The Human Journey course or CARE’s Finishing Line study on the end of life.

To engage practically, we encourage members to respond to public consultations (see the CMF website), to email or write to

biblical teaching, relevant issues



Four booklets by Peter Saunders, CMF Chief Executive. Available online: £2.00 each +P&P. Available from the CMF website: cmf.org.uk/resources/bookstore

decision-makers,⁷ to visit local MPs, to join medical organisations and/or stand for election on key committees and the BMA, to write articles and engage with social media and, of course, to pray.

The better informed you are, the better you will know how to engage and what to pray for. ■

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international medical mission

Vicky Lavy describes an urgent need





Vicky Lavy spent ten years working in palliative care in Malawi and was formerly CMF Head of International Ministries

Endocrinology. You know, a subspecialty that a few will pursue, but most won't. Sadly, that is how many people see medical mission. But is that how God is calling us to think?

what's the problem?

The vast majority of the world live in low or middle income countries (LMICs). In the UK we enjoy a standard of living, level of education and quality of healthcare that most of the world will never experience. Indeed, the vast majority of deaths and disabilities due to treatable diseases occur in LMICs where there are fewest resources – and doctors.

Here are some incredible statistics. It has been estimated that in sub-Saharan Africa, 3% of the world's health workforce care for 10% of the world's population bearing 24% of the global disease burden, with less than 1% of global health expenditure.¹ In addition, LMICs see 99% of maternal deaths, 95% of HIV infections, 90% of people with visual impairment... the list goes on.²

why medical mission as a Christian?

Throughout the Bible we read of Jesus' care for the vulnerable and downtrodden; over 300 passages speak about his concern for justice and his heart for the poor. We see that he calls us to 'make disciples of all nations.'³ This means that both evangelism and social action are part of God's all-encompassing mission to restore the whole of creation.

When Jesus explained what he had come to do, he described a holistic mission; bringing the good news of the gospel, restoring broken people, and bringing justice in broken

communities.⁴ The exciting thing is that he chooses to use his people to accomplish this mission. Jesus said 'As the Father has sent me, I am sending you'.⁵

Christian doctors and nurses are part of the plan, bringing God's love to a needy world through competent, compassionate healthcare. In one sense, we are called to do 'medical mission' wherever we are. We are sent by God into a broken world to play a part in its restoration, both through our medical skills and as we share the good news of God's love when there is opportunity – living and speaking for Jesus both at home and away.

God asks his people to care for the poor, and to work for justice. He doesn't call all of us to live and work in a poor country. But he does call all of us to be engaged.

what can I do as a student?

So as a medical or nursing student, how can you begin to think about getting involved from the off? Here are some thoughts:

develop relationships

The best way to do this is to develop a passion for prayer. Pray, perhaps through *Operation World*,⁶ for the nations. But also develop relationships with medical missionaries so you can pray for and with them. CMF has over 250 members living and working overseas. Why not read their blogs and newsletters, or even write to them yourself? You can also pray and develop relationships with students and healthcare professionals around the world through our connection with over 80 Christian medical movements through the International Christian Medical and Dental Association (ICMDA).

attend a course

CMF run a number of courses to help medics and nurses engage in medical mission. For example, *Who is my Neighbour?* explores medical mission and international work. This can be organised by your local CMF group.

The yearly Developing Health Course equips doctors, nurses and allied health professionals for work in resource-poor settings. This is an excellent opportunity to connect with others and grow in knowledge, skill and experience.

read about it

We've published some short, readable guides:

- *Short-Term Medical Work* outlines practice guidelines for short visits
- *The Working Abroad Handbook* is a comprehensive guide to working overseas
- *The Electives Handbook* is a terrific resource for medical students
- *Off the Beaten Track* offers advice for juniors on how to go overseas soon after qualification

go

As well as numerous short-term options throughout your studies, an elective to a developing country is a golden opportunity to do something different, to see life and medicine in another setting, and to look at the world from a different perspective. For many students, it's an experience that changes the way they live, and shapes their future.

Deciding what to do, where to go and how to get there can seem a daunting task but CMF has lots of resources to help.

The CMF website contains a database of over 80 Christian hospitals around the world that accept elective students and inspiring elective reports from former students.

Who is my Neighbour?



How can we respond to the enormous needs we see in other parts of the world?

Both now, and as future healthcare professionals, we can play a vital part in bringing God's love and care

to some of the poorest people in the world. Come along and be equipped to go, give, pray, partner, teach and train.

how will you be involved?

We are all called to engage in global mission, be it through going, giving, praying or simply being informed. Indeed, the history of medical missions shows that medical and nursing missionaries have always been at the forefront of changes in medical science and practice.⁷

The opportunities that lie ahead are numerous.⁸ The world needs committed, God-honouring, well-trained medics and nurses who are prepared to live out transformed lives for the sake of the gospel. Let's support each other, asking God to use our gifts throughout our training and wherever we end up in the future as we join him on his mission in a hurting world. ▶

Find our international resources at:
www.cmf.org.uk/international

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the Christian contribution to healthcare

Rosie Knowles describes the history of Christian healthcare

Christian doctors and nurses, inspired by the example and teaching of Jesus, have been at the forefront of efforts to alleviate human suffering, cure disease, and advance knowledge and understanding.

the hospital movement

Before Christianity, there were several hospital-like centres in Buddhist regions. The ancient Greeks practised a very simple form of medicine. The Romans are believed to have established some military hospitals. However, by their radically different outlook, it was Christians who began to change society's attitude towards the sick, disabled and dying.

The Graeco-Roman world was often cruel and inhumane. The weak and the sick were despised. Abortion, infanticide and poisoning were widely practised. The doctor was often

also a sorcerer, and the power to heal equally conferred the power to kill. Among the pagans of the classical world, only the Hippocratic band of physicians had a different attitude – they swore an oath to heal and not to harm, and to carry out their duty of care to the sick.

However, it wasn't until the 'conversion' of Constantine that Christians were publicly able to express ethical convictions and undertake social reform. Even before that, stories of Christians caring for people had an enormous impact. In the second century, when the plague hit the city of Carthage, pagan households threw sufferers onto the streets. The entire Christian community responded. They were seen on the streets, offering comfort and taking them into their own homes to be cared for. After Constantine, Julian, who came to power in AD 355, was the last Roman Emperor who tried



Rosie Knowles is a GP in Sheffield

to reinstitute paganism. In his *Apology*, Julian said that if the old religion wanted to succeed, it would need to care for people even better than the way Christians cared.

As political freedom increased, so did Christian activity. The poor were fed and given a free burial. Orphans and widows were protected and provided for. Elderly men and women, prisoners, sick slaves and other outcasts, especially the leprous, were cared for. These acts of generosity and compassion impressed many Roman writers and philosophers.

In AD 369, St Basil of Caesarea founded a 300 bed hospital. This was the first large-scale hospital for the seriously ill and disabled. It cared for victims of the plague and was the first of many built by the Church.

In the so-called Dark Ages (AD 476-1000) rulers influenced by Christian principles encouraged the building of hospitals. Charlemagne decreed that every cathedral should have a school, monastery and hospital attached. Members of the Benedictine Order dedicated themselves to the service of the seriously ill; to 'help them as would Christ'. Monastic hospitals were founded on this principle.

In the later Middle Ages, monks began to 'profess' medicine and care for the sick. Monastic infirmaries were expanded to accommodate more of the local population. A Church ban on monks practising outside their monasteries gave the impetus to the training of lay physicians. It was contended that this interfered with the spiritual duties of monks. So, gradually, with the support of the city fathers, more cathedral cities began to provide

large public hospitals. This moved medical care towards the secular domain.

Nevertheless, expansion of healthcare continued to be stimulated by the Church's example. Eventually, there were few major cities or towns without a hospital. And there were particular diseases where the Church took a lead. Leprosy is an example of this. In England, Henry VIII's suppression of the monasteries caused great suffering. Patients from hospitals that were founded and run by monastic orders were thrown onto the streets. The onus for healthcare was placed firmly on the city fathers, and municipalities were forced to pay more attention to the health problems of the community.

It was not until the 18th century that the Christian hospital movement re-emerged. Christian revival, sparked in England by the preaching of John Wesley and George Whitefield, was part of an enormous unleashing of Christian energy throughout the 'enlightenment' of Western Europe. It reminded Christians to remember the poor and needy in their midst. They came to understand afresh that bodies needed tending as much as souls.

A new 'age of hospitals' began, with new institutions built by devout Christians for the 'sick poor', supported mainly by voluntary contributions. Christians were at the forefront of the dispensary movement (the prototype of general practice), providing medical care for the urban poor.

The altruism of these initiatives was severely tested when cholera and fever epidemics appeared. Larger hospitals often closed their doors for fear of infection. While wealthy physicians often left the cities for their own

safety, doctors and the staff of these small dispensaries, driven by Christian compassion, continued to care for the sick and dying. Christians identified specific needs, which led to the opening of specialist units: maternity and gynaecology hospitals, and institutions for sick and deserted children. When the National Health Service eventually took over most voluntary hospitals, it became clear just how indebted the community was to these hospitals, and the Christians that supported them over centuries.

advance of medical knowledge

Together, Jews and Christians took the lead in collecting and copying manuscripts from all over Europe after the burning of the great library in Alexandria. This rescued much medical knowledge for the religiously-tolerant Arabic Empire, and for later generations.

During the Dark Ages, Arabic medicine advanced considerably due to their access to these documents. In Europe, however, progress was comparatively slow. It was Christian thought that led to the formation of Western universities. Founding of medical faculties was often due to Christian initiative. So too were attempts to raise standards of research and care.

In the Middle Ages, a clash emerged between those who relied dogmatically on ideas passed down from classical sources and new attitudes to research, fostered by the growing influence of what is now called modern science. The Royal Society was founded to encourage research, and the majority of its early members were Puritan or Anglican in origin. The invention of the printing press and the reformation were major forces in promoting intellectual liberty. By the 16th century medical progress was advancing rapidly.

clinical medicine and patient care

Throughout the ages, their commitment to love and serve those weaker than themselves, as Christ did, placed Christians at the forefront of advancing standards of clinical medicine and patient care.

Christian doctor Thomas Sydenham is sometimes hailed as the 'English Hippocrates'. He stressed the importance of personal scientific observation and holistic care for patients. He was also one of the brave 'plague doctors' who did not desert the sick and dying during the Great Plague. Others followed in Sydenham's footsteps. Dr Herman Boerhaave was influential in pioneering modern clinical medicine, while Dr William Osler taught all medical students to base their attitudes and care for their patients on biblical standards.

public health, preventative medicine and epidemiology

Early on, Christians realised the connection between health and hygiene. Girolamo Fracastoro, a very versatile student in the 16th century, began to investigate the spread of contagious diseases. In the next century his work was continued by Dr Thomas Sydenham. Ministers also advocated personal hygiene. It was John Wesley who said 'Cleanliness is, indeed, next to godliness.' John Howard had a great concern for prisons, where overcrowding and typhus were rife, and successfully promoted two prison reform acts of Parliament. Edward Jenner, a devout man, was responsible for the beginnings of immunology and ridding the world of smallpox.

social need

In the 19th century, the Industrial Revolution led to a drift towards the inner cities, with

intense social needs among the poor. A nationwide movement of Christian missions to help the poor was founded. Huge sums of money were raised and volunteers went to slum areas to offer practical help. The Salvation Army, founded by William Booth in 1865, provided much-needed medical care in impoverished inner city areas and homes for women forced into prostitution. Dr Thomas Barnardo set up a children's home after seeing the terrible plight of thousands of hungry and homeless children in the East End of London.

In 1967, Dame Cicely Saunders founded St Christopher's Hospice, with the aim of providing, as far as possible, a peaceful atmosphere for those with terminal illnesses, while offering an environment of Christian love and support.

developing world missions

Jesus commanded his followers to go and make disciples of all nations,⁴ (and exhorted them to love their neighbours as themselves). There have been several waves of missionary work across two millennia with medical work playing a key part.

Dr John Scudder was one of the first Western missionaries of the modern era. In 1819, he went to Ceylon (modern day Sri Lanka). Among the best-known pioneer medical missionaries were Dr David Livingstone (Central Africa), Dr Albert Schweitzer (who devoted his life to people living in the remote forests of Gabon) and Dr Albert Cook (who founded Mengo Hospital in Uganda). Dr Ida Scudder founded the world-famous Vellore Medical College in India. Dr Henry Holland and his team, working along the north-western frontier of the Indian sub-continent, operated on hundreds of cataracts every day.

nursing

Similarly, modern nursing owes much to Christian influences. For centuries the majority of nursing, like most medicine, was carried out by monastic orders in their own hospitals. In AD 650, a group of devout nuns volunteered to take care of the sick in Paris, and most other nursing followed this pattern. In the 19th century, 'modern nursing' was born, in no small measure due to the work of Elizabeth Fry and Florence Nightingale. Fry was deeply influenced by a small Christian hospital at Kaiserswerth in Germany, run by 'deaconesses', a group of Protestant women. Their response to biblical commands to care for the sick and educate neglected children provided the template for modern daily hospital nursing. Nightingale encouraged better hygiene, improved standards and night-nursing, and also founded the first nursing school. Many missionary nurses such as Mother Teresa and Emma Cushman worked tirelessly, bringing hygiene and Western medicine to the four corners of the globe.

a new allegiance

Christianity gives men and women a new perspective and allegiance; their lives are spent in joyful, grateful service of the God who has redeemed them. In many ways, Christianity and medicine are natural allies; medicine offers people unique opportunities to express their faith in practical caring for others, embodying the command of Christ: 'whatever you did for one of the least of these brothers of mine, you did for me'.⁵

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